



EN

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 1

to the Commission Implementing Decision on the financing of the multiannual action plan in favour of Sub-Saharan Africa for 2023-2025

Action Document for Strengthening One Health surveillance, early detection and prevention of emerging zoonotic diseases in Africa

MULTIANNUAL PLAN

This document constitutes the multiannual 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 SYNOPSIS

1.1 Action Summary Table

1. Title CRIS/OPSYS business reference Basic Act	Strengthening One Health surveillance, early detection and prevention of emerging zoonotic diseases in Africa OPSYS Number: ACT-61914 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	Yes Regional Team Europe Initiative with Africa on sustainable health security using a One Health approach
3. Zone benefiting from the action	The action shall be carried out in Africa ¹
4. Programming document	Sub-Saharan Africa Multi-Annual Indicative Programme 2021-2027 ²
5. Link with relevant MIP(s) objectives / expected results	The Action will contribute to the following priorities/objectives and expected results of the MIP: Priority Area 1: Human development - Health Specific Objective 1: Strengthen the African health security architecture, pharmaceutical systems and public health capacity, contributing to stronger health systems and improved

¹ North Africa will not be directly targeted but could benefit through the Africa CDC and its Regional Collaborating Centers (RCCs in North, West, Central, East and Southern Africa), at different stages of operationalisation.

² Commission Decision adopting a multiannual indicative programme for Sub-Saharan Africa for the period 2021-2027.

	health, including sexual and reproductive health rights (SRHR) outcomes. Result 1.1: The African architecture for health security and pandemic preparedness is strengthened sustainably			
PRIORITY AREAS AND SECTOR INFORMATION				
6. Priority Area(s), sectors	Human development – Health DAC sector: Health - 120			
7. Sustainable Development Goals (SDGs)	Main SDG: SDG 3: Good Health and Well-being. Other significant SDGs (up to 9) and where appropriate, targets: SDG 2: Zero Hunger SDG 15: Life on Land SDG 5: Gender Equality SDG 10: Reduced inequalities SDG 16: Peace, Justice and strong institutions			
8 a) DAC code(s)	<ul style="list-style-type: none"> - 12250 (Infectious disease control) 30% - 31195 (Livestock/ veterinary services) 25% - 12110 (Health policy and administrative management) 20% - 41030 (Biodiversity) 15 % - 11430 (Advanced technical and managerial training) – 10% 			
8 b) Main Delivery Channel	<ul style="list-style-type: none"> - WOA – 47148 - Consortia of EU member States (Development agencies Germany/France) 			
9. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Biodiversity <input type="checkbox"/> Education <input type="checkbox"/> Human Rights, Democracy and Governance			
10. Markers (from DAC form)	General policy objective @	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aid to environment @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nutrition @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective

	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Internal markers and Tags:	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Connectivity @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	digital connectivity energy transport health education and research	YES <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Reduction of Inequalities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUDGET INFORMATION

12. Amounts concerned	<p>Total estimated cost: EUR 33 500 000³</p> <p>Total amount of EU budget contribution: EUR 30 000 000:</p> <ul style="list-style-type: none"> - West Africa (35%): BGUE-B2023-14.020120-C1-INTPA: EUR 10 500 000 - East and Central Africa (35%): BGUE-B2023-14.020121-C1-INTPA: EUR 10 500 000 - Southern Africa and Indian Ocean: (30%): BGUE-B2023-14.020122-C1-INTPA: EUR 9 000 000 <p>The action is co-financed in joint co-financing for EUR 3 500 000</p> <p>Five EU Member States are involved in the Regional TEI on health security/One Health including Belgium, Denmark, France, Germany and Spain. The combined indicative financial contributions towards the TEI amount to EUR 391 million, of which 38% consists of the Commission's ongoing and planned contributions.</p>
------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

MANAGEMENT AND IMPLEMENTATION

³ 3 500 000€ are co-financed by AFD and GIZ (joint co-financing).

13. Type of financing	<ul style="list-style-type: none"> - Indirect management with World Organisation for Animal Health (WOAH) - Indirect management with European Member States Agencies: AFD for France and GIZ for Germany
------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1.2 Summary of the Action

This regional action is proposed in the framework of the **Global Gateway health package** presented at the EU-AU Summit in 2022 and of the **regional Team Europe Initiative** with Africa on sustainable health security using a One Health approach, which aims to develop the EU's strategic partnership with African organisations, which are mandated to strengthen African's health security architecture. It is also proposed in the context of the **new EU Global Health Strategy**⁴ adopted in November 2022, which reasserts EU commitment to tackle key global health challenges, notably pandemic prevention, preparedness and response (PPR).

The action will contribute to the EU human development target and primarily SDG 3 Good Health and Well-being, Target 3.d (*Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks*), but also notably SDGs 2 Zero Hunger and SDG 15 Life on Land. It will also contribute to strengthening African health systems as prioritised in the Africa Regional Indicative Programme (RIP), and more specifically the African architecture for health security and pandemic preparedness is strengthened sustainably as described in the RIP Result 1.1.

Zoonotic diseases threats in Africa. 75% of emerging diseases are of animal origin⁵. Particularly vulnerable to climate change and suffering from environmental degradation in many regions, Africa is particularly exposed to zoonoses which continue to challenge its health systems, particularly the most fragile ones, and continue to impose a heavy toll on the populations both directly in terms of morbidity and mortality but also economically as highlighted by the 2018-2019 Public Health Emergency of International Concern in Democratic Republic of Congo (DRC), the 2022 Ebola outbreak in Uganda, the 2023 Marburg outbreak in Tanzania, etc. While most current COVID-19 pandemic related initiatives, actions and funding streams focus on preparedness and response taking place post spill-over of pathogens from wildlife or livestock, it is now reckoned essential to allocate more efforts on upstream prevention where millions can save billions. A multisectoral approach is essential to strengthen countries' core capacities to implement the International Health Regulations (IHR) and address the risk posed by zoonotic threats.

Emerging African health security architecture. This action has been identified in the context of the ambitious New Public Health Order in Africa (NPHO) agenda and notably the call for 'respectful, action-oriented partnerships' to address Africa's priorities. The institutional support package defined in this action responds directly to Africa CDC's request to be supported in its role of coordinator of the continental health security architecture. Further technical collaboration programs should be identified in subsequent years between the EU, Member States, EIB and EBRD in a Team Europe approach, Africa CDC and other key African partners.

The overall objective of this action is to contribute **to strengthen durably health security in Africa** through three main interventions:

- **A first component focusing on strengthening early detection systems for wildlife and livestock and strengthen public services** –notably health and veterinary services- involved in this detection, in order to prevent outbreaks of zoonotic diseases with epidemic potential. This component will expand geographically and thematically an ongoing program in ten West and Central African countries.
- **A second component focusing on reinforcing Africa CDC's institutional and operational capacities** to support One Health coordination mechanisms and manage partnerships at continental –headquarters- and regional –Regional Collaborating Centres- levels. The focus on Africa CDC's organisational development is essential in the context of the NPHO agenda and Africa CDC's evolution into a continental public health

⁴ https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world_en

⁵ 1. Jones KE, Patel N, Levy M, et al. Global trends in emerging infectious diseases. Nature 2008; 451:990-94 (<https://pubmed.ncbi.nlm.nih.gov/18288193/>)

agency which is operationally autonomous from AU Commission procedures.

- **A third component focusing on improving the coordination of the partners in a Team Europe approach**, by establishing a dedicated support unit for the TEI on health security/One Health, cost shared with EU Member States. This higher efficiency of European programming by coordinating programmes, promoting synergies and reducing duplications should maximise the impact of European engagement on improving health security in Africa, and facilitate the joint dialogue with African partners on health security policies.

This action will be the first under the framework of the regional TEI on health security/One Health. It consciously expands an ongoing successful EU programme (instead of starting from scratch and creating new networks, the TEI aims to build on existing ones and work on harmonising methods and protocols, extending the geographical scope, and expanding the multisectoral dimension of existing programmes). It leverages expertise available among Member States' development agencies and scientific/public institutes (*see section 2.2 on stakeholders*). And it adds a new component to the Commission's growing partnership with the Africa CDC, after *ECDC 4 Africa CDC*, the A USP (AU Support Programme) support to the continental COVID response, and MAV+ support to the PAVM (Partnership for Africa Vaccine Manufacturing) Secretariat hosted by the Africa CDC.

The action will contribute to the carrying out of the EU Gender Action Plan 2021-2025 GAP III⁶, in particular to its thematic area of engagement 'Addressing the challenges and harnessing the opportunities offered by the green transition and the digital transformation, Digitalisation, Climate change and environment'.

2 RATIONALE

2.1 Context

This action intends to contribute to strengthening African health systems as prioritised in the **new EU Global Health Strategy**⁷, the **Africa MIP**⁸, the **Political Declaration of the EU-AU Summit**⁹, and as committed through the **EU-Africa Global Gateway Health Package**, various Council Conclusions and European Parliament Resolutions. It is the first new program formulated in the framework of the regional **TEI with Africa on sustainable health security**, which aims to strengthen systems and capacities for sustainable, risk-informed prevention, preparedness, and response to infectious threats and antimicrobial resistance in African countries, using a One Health approach. The TEI also aims to achieve greater efficiency of European programming by coordinating programmes and promoting synergies, while empowering the Africa CDC to become a fully operational continental Public Health Agency coordinating international, regional and national efforts and building a long-lasting partnership with other key African regional and international organisations mandated to improve health security. Instead of creating new networks, the TEI also aims to build on existing ones and work on harmonising methods and protocols, extend the geographical scope and expand the multisectoral dimension of existing programs while building bridges between programmes and partnerships to reduce fragmentation. In particular, synergies with relevant actions supported by the European Health Emergency Preparedness and Response Authority (HERA) are to be ensured to avoid duplication.

The need to prevent emergence of infectious diseases with epidemic/pandemic potential.

The past two decades have witnessed a global increase in the frequency of emerging and re-emerging infectious-disease epidemics. African countries have experienced the devastating impact of successive epidemics that are projected to have caused a loss of over 227 million lives and an annual productivity loss of over USDUS800 billion

⁶ The [Gender Action Plan III](#) is a Joint communication by the Commission and the High Representative of the Union for Foreign Affairs and Security Policy which was welcomed through [EU Presidency Conclusions](#) of 16 December 2020. Drafting was led by European Commission in close consultation with EU Member States, EEAS, civil society organisations, partner governments, and international organisations (UN entities, International Finance Institutions among others). The different parties contributed to the drafting of the document through meetings and through responses to a survey conducted during the process.

⁷ https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world_en

⁸ https://international-partnerships.ec.europa.eu/system/files/2022-01/mip-2021-c2021-9373-sub-saharan-africa-annex_en.pdf

⁹ https://www.consilium.europa.eu/media/54412/final_declaration-en.pdf

across the continent. Between 2016 and 2018 for example, over 260 infectious-disease epidemics, disasters and other potential public-health emergencies were identified in Africa, with 41 (79%) of the 52 countries in the region recording at least one epidemic during that period. The 2014–2016 West African outbreak of Ebola virus disease, other recent and continuously ongoing outbreaks on the continent, such as Monkeypox and Yellow Fever, as well as and the ongoing COVID-19 pandemic have further exposed the vulnerability of health systems in Africa and have amplified the threat posed by infectious diseases to the health and economic security of the continent. Increasing trade and migration of people between and among African nations increases the risk that disease outbreaks within Africa rapidly cross international borders to impact global health security.

The zoonotic threat.

Over the past decades 75% of the emerging diseases are of animal origin involving both wild fauna and livestock. Zoonotic infectious diseases¹⁰ represent a serious threat to public health at various scales, especially given their transboundary nature. Particularly vulnerable to climate change and suffering from environmental degradation in many regions, Africa is particularly exposed to zoonoses of epidemic potential¹¹. Those diseases continue to challenge its health systems, particularly the most fragile ones, and continue to impose a heavy toll on the populations as highlighted by the recent Ebola outbreaks but also on a larger scale by the COVID 19 pandemic. While most current COVID-19 pandemic related initiatives, actions and funding streams focus on preparedness and response taking place post spill-over of pathogens from wildlife or livestock, it is now reckoned essential to allocate more efforts on upstream prevention where millions can save billions. Within a ‘One Health’ framework, a multi-sectoral approach is now also considered essential to strengthen countries’ core capacities to implement the International Health Regulations (IHR)¹² and Animal Health Codes and therefore address the risk posed by zoonotic threats by breaking down silos between human, animal and environmental health sectors.

In 2017 the EU financed the Project *Capacity building and surveillance for Ebola Virus Disease – EBO-SURSY11* (EUR 10 million). Until beginning of 2024, WOAHA implements EBO-SURSY in 10 West and Central African countries¹², in partnership with veterinary services, health institutes and laboratories (human and veterinary) from those countries¹³, and 3 European partners: CIRAD¹⁴, IRD¹⁵, and Pasteur Network. The project’s overarching objective is to reinforce capacity of surveillance in the countries covered using the One Health approach. It involves multi-sectorial coordination between the partners working across the animal and the human health sectors that focuses on communicable disease surveillance and research, as well as translating knowledge into policies to improve global health security. With respect to capacity building and diagnostic testing, veterinary and human health laboratories filling in the criteria of quality assurance, biosafety and biosecurity have cooperated and provided expertise and training in the fields of epidemiology, risk assessment and risk communication. Initiated around Ebola Virus following the pandemic in West Africa, the scope of the project was first extended to other viruses causing haemorrhagic fevers and finally to Coronaviruses in the context of the COVID-19 pandemic.

Building on the results to date and lessons learned of EBO-SURSY, another phase of the project is now proposed. This new phase, entitled ZOO-SURSY, would continue to reinforce multisectoral surveillance systems in the same 10 Western and Central African countries, but also expand geographically this support to 8 new countries in Sahel, East and Southern Africa and enlarge the thematic focus to emerging and re-emerging zoonotic diseases representing a risk at the animal-human-environment interface and considered as a high priority based on regional and national assessments¹⁶. In this respect, WOAHA will strive for strengthening multisectoral cooperation across animal and public health authorities including environmental services. It will work to raise the standards for animal and human health surveillance and inform all stakeholders engaged in surveillance systems. Beyond the existing

10 Infectious disease that is transmitted between species from animals to humans.

11 [EBO-SURSY Project - WOAHA - Africa](#)

12 Senegal, Guinea, Sierra Leone, Liberia, Côte d’Ivoire, Cameroon, Gabon, CAR, Congo Brazza, DRC.

13 INRB (RDC), CREMER, Centre Pasteur (Cameroun), INSP, CERFIG, OGUIPAR, Institut Pasteur (Guinea), CIRMF (Gabon), INSP, UMNG (Congo), Institut Pasteur (CAR).

14 Centre de Coopération Internationale en Recherche Agronomique pour le Développement.

15 Institut de Recherche pour le Développement.

16 e.g., Rift valley fever virus, West-Nile fever virus, Influenza viruses, Monkeypox, etc.

partnerships developed in the initial phase of the project, ZOO-SURSY will explore partnerships with other UN agencies of the Quadripartite alliance¹⁷ and various local actors. Actions proposed will be in line with strategic plans on prevention of zoonotic diseases established by the AU¹⁸ specialised technical institutions, i.e., Africa-CDC¹⁹ and AU-IBAR²⁰.

The New African health security architecture.

The Africa Centre for Disease Control and Prevention (Africa CDC) was established by the AU in 2017 as a specialised technical institution to support public health initiatives of Member States and to strengthen the capacity of their public health institutions to detect, prevent, control, and respond effectively to disease threats. Over the years, the Africa CDC has evolved considerably amidst significant challenges and opportunities especially in the context of the COVID 19 pandemic, Ebola public health emergency of international concern (2018-2019 in DRC), and ebola, cholera, monkey pox and other outbreaks across Africa. In February 2022, the 35th Ordinary Session of the Assembly of Heads of State and Government of the African Union granted the Africa CDC full powers and mandate to operate autonomously allowing greater capacity and flexibility to respond to public health emergencies on the continent. Since its launch, Africa CDC has established a network of partners and donors who have significantly contributed to supporting the mandate of Africa CDC in fulfilling its mission and vision.

The decision of the AU to confer Africa CDC with the status of an autonomous health body of the AU means there is renewed momentum and opportunity for the institution to better respond to the needs and demands of AU Member States. While Africa CDC will continue to operate within the overall guidelines and regulations of the AU, key fiduciary and legal aspects will be amended to give the entity more decision-making autonomy. This will help to accelerate the implementation of priority activities and exercise a stronger convening role when working with development partners and donors, including the European Commission (DG INTPA, HERA), in supporting the achievement of key continental objectives around the preparedness agenda. This includes mobilising and harmonising financial resources to be focused on regional needs and priorities. This will require to continue to support Africa CDC to finance key positions to ensure sufficient organisational capacity to effectively undertake key agendas with continental and global partners.

The potential and opportunities for the Africa CDC to achieve a lot more is immense. As articulated in its Strategic Plan 2022-26, it will focus on six strategic pillars with an emphasis on careful prioritisation and sequencing of outputs and activities for better performance. The Pillars are: a. Surveillance and Disease Intelligence; b. Information Systems; c. Laboratory Systems and Networks Emergency; d. Preparedness and Response; e. National Public Health Institutes and Research; f. Disease Control and Prevention. Supporting the Africa CDC in all its programmatic areas of intervention by Member States and Partners is thus critical to effective delivery of this mandate. Africa CDC plans to roll out bigger and bolder initiatives under the new strategic plan period (2022-26)

To effectively and efficiently deliver its strengthened mandate, the Africa CDC is working on expanding its operational capacity and support systems in human resources, finance, administration, and procurement. In doing so, the Africa CDC will need to continue building upon strong and sustainable engagements with AU Member States and strengthen partnerships, collaboration and support with development partners, and various stakeholders including non-state actors.

The New Public Health Order in Africa agenda.

Accompanying Africa CDC's organisational development and evolution into a continental public health agency that is operationally autonomous from AUC procedures is essential in the context of the ambitious New Public Health Order (NPHO) in Africa called by the African Union to address health security and health inequities on the continent. This call entails the following priorities:

- Harness public health assets in Africa through strengthened national public health institutes and regional

17 WHO, FAO, UNEP and WOA. H.

18 African Union.

19 Africa Centre for Disease Control.

20 African Union – Inter African Bureau for Animal Resources

integrated surveillance and laboratory networks;

- Support public health decision and policies through quality data and science;
- Expand local manufacturing of vaccines, therapeutics, and diagnostics;
- Build African health workforce capacity;
- Increase domestic resources for health and build public-private philanthropic partnerships to leverage resources; and
- Coordinate and enhance partnerships (call for ‘respectful and action-oriented partnerships’ to build sustainable and results oriented partnerships to address Africa’s priorities)

This last emphasis on the coordination of partners and donors and the alignment of their support with African priorities is particularly important. The increasingly complex challenges posed by infectious disease threats take place in an environment fragmented by a myriad of attempts to deliver often piecemeal improvements. More coherent and coordinated investments, in an interoperable and inter-sectoral health security architecture, are needed to enable African partner countries to be durably prepared to prevent, detect, and respond to future epidemics, taking account of the potential impacts of climate change and environmental degradation.

The full operationalisation of the NPHO requires strengthening capacities at all levels (continental, regional, national and sub-national), and the new mandate of Africa CDC places the agency in central position in coordinating and supporting such efforts.

2.2 Problem Analysis

Gaps in the prevention of zoonotic diseases

It is assumed that about 60% of emerging infectious diseases come from animals and part originates from wild animals²¹. The Ebola outbreak in West Africa from 2014 to 2016, the Covid-19 global pandemic and the recent Monkeypox episode spotlighted the deep connection between animals, humans, and their environment. This has shown on one hand the relevance of a holistic approach like One Health but on the other hand, it also proved that the concept is still largely theoretical, and that transversal coordinated actions between sectors has to be developed, the animal health and environment sectors, including their link with human health, are not given the investments needed to truly achieve One Health approach: it appears that poor disease surveillance²² has a direct impact on public health and zoonotic disease monitoring and prevention.

There is a strong variety of wild animals living on the African continent including bats, monkeys or rodents which can be reservoirs or transmit infectious diseases. Bush meat consumption common in some part of the continent, deforestation and habitat destruction increase the risk of interaction and a disease transmission from wild animals to humans. In zoonotic diseases, there is also a link of transmission from wild animals to livestock as interface with human contamination. Africa has an important cattle population (around 371 million heads) and the largest number of small ruminants in the world (around 389 million goats and 418 million sheep). Small ruminants and poultry and to a lesser extent, pigs constitute important elements for food security in the continent.

Chronic under-investment in public services (veterinary, public health) linked to the prevention and the management of zoonotic infectious diseases creates gaps in the system abilities to react. This is especially the case for the public services managing environment (including wildlife and vectors).. In addition, the lack of proper and clear legislation to address specifically wildlife health and therefore ensuring streamlined actions by clearly identified national authorities is also an issue in many countries. This situation contributes to the many roadblocks in establishing functional surveillance systems. Each of the three authorities involved in health – human, livestock and environment– may have a delineated mandate for managing its respective sector but generally works rarely with the other sectors.

Surveillance systems rely heavily on data information flows and communication structures. However, many countries in Africa lack appropriate systems to monitor animal health especially wild species. This lack of capacity to collect and analyse information on disease directly prevents proper prevention of emerging zoonotic disease

21 Jones, K.E. et al. (2008) ‘Global Trends in Emerging Infectious Diseases’, Nature 451: 990–4. Available at: <https://www.nature.com/articles/nature06536>

22 Action for Animal Health, Report: The case for investing in animal health to support One Health. 2023 – available at: https://actionforanimalhealth.org/wp-content/uploads/2023/02/A4AH-Report_FINAL-2023.pdf

outbreaks.

Knowing pathogens life cycles, including reservoirs, hosts and vectors ecology, transmission mechanisms, environmental influence as well as general epidemiology is critical to the development of relevant and adapted protocols of surveillance both for animals and humans. However, there are still many gaps in the knowledge on some emerging and re-emerging pathogens. More scientific investigations are therefore needed to better understand these mechanisms and identify the missing links that would allow for better targeted surveillance and preparation for zoonotic outbreaks but in some countries, the lack of scientific training available does not allow to develop.

Gaps in the emerging African health security architecture

Recent assessments have revealed widespread gaps in the preparedness capacities of African countries that disproportionately impact the poorest and more vulnerable. Regional approaches to health policies and interventions in complementarity with country and global efforts underscore the value of a strong Africa CDC geared towards safeguarding the health of the continent.

The assessment of the implementation of the Africa CDC inaugural Strategic Plan (2017-2021) revealed that lack of human resource capacity, inadequate financial mobilisation and the African Union's systems, policies and procedures are the crucial challenges that have limited its performance. Even though there is a plan under the newly proposed organisational structure to have a staff complement of 290 personnel, so far only 62 of those positions have been approved, and the rest of positions are filled through partner support and secondments. This high proportion of short-term and seconded staff limits the institutional learning, knowledge management and evaluation systems. Coupled with the long and bureaucratic recruitment, procurement and low retention of staff, this leads to loss of critical skills and capacities.

Given the evolution of Africa CDC's institutional architecture and the ever- expanding range of partnerships, improved systems and platforms for stakeholder coordination have become critically important. This includes tailored engagement and communication with both internal and external stakeholders and partners, enabling the Africa CDC to capitalise on its unique value proposition, and assist its grow into an autonomous agency with sufficient resources. The organisational assessment of the Africa CDC has indicated the need for building stronger and more sustainable stakeholder engagement systems that can adapt to public-health emergency demands. According to the stakeholder mapping conducted by Africa CDC in 2021, Africa CDC deals with a large number of stakeholders with a wide range of concerns, various levels of technical knowledge and expectations. Based on this mapping, Africa CDC has identified 274 key stakeholders (internal and external), out of these stakeholders 75 active partnerships exist.

Currently, all the stakeholder engagement and partnership management is coordinated by a new Partnership Unit that is hosted in the Executive Office. The different technical divisions also manage initiatives with their various partners. This fragments the coordination mechanisms and results in weak and inconsistent engagement, and sub-optimal coordination of stakeholders, risking a mismatch of resources. These unclear coordination mechanisms cause unnecessary burden on Africa CDC technical staff. This indicates the importance of having robust coordination mechanisms in place to effectively manage all stakeholders and partnerships. Africa CDC has identified need in critical areas of the enablers such as governance, management, oversight and partnership coordination as well as resource mobilisation.

Program management in any organisation is central and critical in delivery of results – more so, when those results circle around the health of people across a continent such as with Africa CDC. Among the key priority areas that need critical capacities for better delivery of results are the One Health coordination mechanisms and knowledge hubs. Despite the known benefits and progresses that have been achieved over the past decade, institutionalisation and operationalisation of the One Health approach can be challenging. Breaking down established professional and programmatic silos that currently exist within governments and non-governmental agencies and institutions remains a true challenge. Differences in resource allocation between human, animal and environmental health programmes, as well as disparities in education and training in the various fields and disciplines, exacerbate the ability of these sectors to coordinate effectively.

During a joint visit in a Team Europe approach²³ to Africa CDC on 1-2 December 2022, Africa CDC acknowledged these crosscutting challenges, in particular the areas related to institutional capacity development.

²³ Denmark, France, Germany, EU

The Africa CDC clearly requested partners following a Team Europe approach to help with better coordination of European stakeholders, and to strengthen its administrative capacity, emphasising the current need to strengthen the current core staff of its headquarters and RCCs. They expressed interest in receiving long-term program support instead of continuously losing good staff after project ends and to align ongoing and forthcoming programmes on continental priorities. The options for channeling funds were reviewed, considering the current legal framework of Africa CDC vis-a-vis the AUC, and the EC rules for financing directly entities. Africa CDC and partners following a Team Europe approach agreed that for programming in the coming couple of years, the most convenient modality is channeling INTPA funds through EU Member States development agencies. Considering the available resources and programming timeline of the Commission, a progressive approach was agreed between partners following a Team Europe approach and Africa CDC:

- Short-term component: joint formulation of a package of support to Africa CDC's role of coordinator of the continental health security architecture through partners following a Team Europe approach under AAP 2023
- Medium-term component: joint identification and formulation of a Team Europe-Africa CDC programme of support to technical areas, for programming under AAP 2024.

Gaps in the Team Europe Initiative coordination

The co-creation and operationalisation of the TEI on health security/One Health has required a certain traction force to ensure focus on identifying critical common priorities that would ensure results with a transformative impact. So far, this coordination has been ensured by the Commission who has been facilitating the collaborative dynamics through the TEI working group gathering partners following a Team Europe approach. The co-creation process has proven to be time-consuming. Support is needed in the form of a dedicated team to support the joint, collaborative processes, the day-to-day management and coordination between partners following a Team Europe approach. This team should contribute to ensuring the coherent articulation of all TEI HS/OH components (e.g. knowledge management, theory of change and programme monitoring, stakeholder outreach, further identification of activities for the programming of the TEI components, development and implementation of a communication plan, etc.). Such team/support unit would actively support the TEI steering and management structures that are articulated in two levels: 1) an Oversight and Coordination Committee (internal EU Committee) and 2) a Management Working Group.

A support unit will also prepare the TEI participation in the AU-EU Health Flagships High Level Steering Committee, the overarching political steering committee of all health regional TEIs: MAV+, Public Health Institutes, Health Security with a One Health approach, Digital Health and Sexual and Reproductive Health and Rights (*see section 4.5*).

TEI members are exploring possibilities to cost share the costs of the support unit, via seconded national experts (Germany) or a co-financing (France). These contributions should fill the gap between the time of this AD formulation and the actual start of the action implementation, and subsequently the costs of the Support Unit should be cost shared in the coming years.

Identification of main stakeholders

The main stakeholders involved in this action are:

African partners

- **Africa CDC**, the Africa Centres for Disease Control and Prevention, is the technical organisation of the African Union working on public health at the scale of the continent. Given its unique positioning on the continent, its expanded mandate and institutional autonomy, it is playing a key role in driving the continent's health security agenda and in providing the crucial political link to the AU Member States. The Africa CDC is structuring the African health security architecture in 3 levels: headquarters in Addis, five Regional Collaborating Centres (RCCs in North, West, Central, East and Southern Africa, at different stages of operationalisation) and National Public Health Institutes (also more or less functional). Africa CDC (headquarters and 5 RCCs) will be the main beneficiary of the Specific Objective 2 of the Action. Africa CDC works with a myriad of technical and financial partners. For the mobilisation and recruitment of human resources (for instance for the rapid deployment of responders to an outbreak), it regularly collaborates with AFENET (African Field Epidemiology Network) and AMREF.
- **AU-IBAR**, the Inter African Bureau for Animal Resources, is the technical organisation of the African Union working on animal disease and livestock. AU-IBAR and Africa CDC jointly host the secretariat of the African Union Interagency Group on One Health for the implementation of the African Union One Health Strategy for Zoonotic Disease Prevention and Control
- **WAHO**, the West African Health Organisation, is the health agency of ECOWAS responsible for health promotion and disease prevention in the West African region. Its Regional Centre for Surveillance and Disease Control is also the West Africa RCC of Africa CDC. Other RECs will be involved through their health department and link with the RCCs of Africa CDC.
- **African public health/scientific institutes** will be at the same time implementers and direct beneficiaries of the Specific Objective 2 of the Action, notably: INRB in DRC, CREMER & Centre Pasteur in Cameroun, INSP, CERFIG, OGUIPAR & Institut Pasteur in Guinea, CIRMF in Gabon, INSP & UMNG in Congo, Institut Pasteur in CAR, Institut Pasteur in Dakar and other national scientific institutes working on One Health, zoonotic diseases and public health in the new countries covered by Zoo-Sursy.

European partners

- **Members of the TEI** (Belgium, Denmark, France, Germany, Spain and the European Commission) have engaged and are engaging significant capacity and investments in health security, research on zoonoses and AMR as well as several One Health initiatives at community, national, and regional level across Africa.
- **Germany** is strongly involved in pandemic PPR in Africa through ongoing continental and regional programs in partnership with various RECs. Two programs support directly the Africa CDC: the continental program Strengthening crisis and pandemic response in Africa and the Global program on pandemic prevention and response, One Health. Through these 2 programs, GIS provides organisational development and project management capacities of the Africa CDC, strengthening of Africa CDC partnership management, and strengthening the Africa CDC One Health Programme
- **France** has similarly a substantial portfolio of ongoing health security programs in various African regions. In addition, AFD has started to support directly Africa CDC on two areas: strengthening the Africa CDC's Health Economics Programme (HEP) and mobilising continental efforts to strengthen health economics capacity, and support to Africa CDC's Saving Lives and Livelihoods programme. France also leads the international initiative PREZODE (Preventing ZOonotic Disease Emergence) and its first project AFRICAM, funded by AFD and implemented by CIRAD and IRD, will notably work in Cameroon, Guinea, Madagascar and Senegal to study the risk of emergence of zoonotic diseases and pilot solutions to prevent it to spillover from wildlife and livestock to people.
- **ECDC**, the European Centre for Disease Prevention and Control, is implementing the EU-funded ECDC 4 Africa CDC project (EUR-10 million), which aims to contribute health security in Africa by sharing EU practices and strengthening Africa CDC capacities in preparedness, surveillance and health threats posed by communicable diseases.
- **EU scientific partners**: CIRAD, IRD, Institut Pasteur and its international network, Helmholtz Institute, University of Helsinki, other scientific institutes working on One Health, zoonotic diseases and public health, will be part of the consortium implementing the Specific Objective 1 of the Action.

International partners

- **WOAH**, the World Organisation of Animal Health, is an intergovernmental organisation and the global authority on animal health and animal diseases. WOAH will implement the Specific Objective 1 of the Action. They implemented the Ebo-Sursy project, and they will involve the 3 other UN members of the Quadripartite Alliance for 'One Health':
 - The UN Food and Agriculture Organisation is focused on ensuring food security (**FAO**)
 - The UN World Health Organisation is in charge on human health at the global level (**WHO**)
 - The UN Environment Programme covers various aspects on climate, nature, pollution, sustainable development (**UNEP**)
- **WHO Regional Office for Africa (AFRO)** has launched a continental strategy for Integrated Disease Surveillance and Response (IDSR) 2020-2023, implements Joint External Evaluations (JEEs) and other IHR-related activities across the continent, and collaborates with Africa CDC.
- **The World Bank** is supporting the strengthening of Africa CDC's RCCs to ensure collaboration for effective execution of Africa CDC's strategic plan which link the CDC with Public Health Institutions and stakeholders within the African Union Member States. The Bank is also funding a EUR 100 million Africa CDC Support Program to combat Current and Future Public Health Threats.²⁴

As duty bearers

- National and sub-national Veterinary and Public health authorities and laboratories in countries covered by the action.
- Local communities with particular attention to women in contact with livestock and wild fauna affected by the risk of contamination
- People who may be affected by emerging or re-emerging infectious zoonotic diseases (including livestock breeders, pastoralist communities, etc.)
- Women scientists' associations in Africa.

²⁴ This project has put in resources to contribute to the development and operationalization of the transition roadmap for Africa CDC in relation to the process of institutional autonomy. This relates to the development of organizational framework, systems, structures, human resources and ways of working. The project will support staffing in the Partnership Unit; the development of M&E policy framework and reporting guidelines/standards; strengthening internal capacity to improve planning and reporting and the development of key policy guidelines.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The Overall Objective (Impact) of this action is to strengthen health security in Africa through strengthening One Health surveillance and early detection of emerging threats from wildlife and livestock, and by strengthening Africa CDC institutional and operational capacities for coordination of emerging zoonotic disease surveillance, prevention, preparedness and response.

The Specific Objectives (Outcome) of this action are to:

SO1: to strengthen the integration of One Health surveillance systems at the interface with wildlife and livestock reservoirs

SO2: to strengthen technical capacities and systems of Africa CDC to support regional and national One Health coordination mechanisms and manage partnerships

SO3: to improve the coordination of the Team Europe Initiative on health security using a One Health approach

The **Outputs** to be delivered and contributing to the corresponding Specific Objectives are set out below:

Contributing to Specific Objective 1:

- **Output 1.1:** Multisectoral cooperation is practiced across animal and public health authorities as well as environmental services when preparing for and responding to emerging and re-emerging zoonotic diseases outbreaks at the animal-human-environment interface.
- **Output 1.2:** National, regional and international standards and policies for animal and environmental, (including wildlife) health surveillance are implemented
- **Output 1.3:** Informed stakeholders are actively engaging in surveillance systems while acknowledging the importance of wildlife for ecosystem health

Contributing to Specific Objective 2:

- **Output 2.1:** Improved continental and regional One Health coordination and knowledge management.
- **Output 2.2:** Improved core capacities for Africa CDC's partnership management and programme delivery.

Contributing to Specific Objective 3:

- **Output 3.1.** TEI Support Unit is established and implemented

3.2 Indicative Activities

This Action will have activities implemented at continental, regional and national levels. It will include the following activities - this list is indicative and non-exhaustive and additional activities can be implemented that are consistent and coherent with the delivery of the established outcomes.

Activities relating to Output 1.1: *Multisectoral cooperation is practiced across animal and public health authorities as well as environmental services when preparing for and responding to emerging and re-emerging zoonotic diseases outbreaks at the animal-human-environment interface.*

- Capacity development of laboratories, sampling, training and diagnostic on relevant zoonotic diseases:
- Training of students and young professionals including women for scientific research on One Health in targeted countries:
- Strengthening capacities of public services to respond to and detect the emergence of zoonotic diseases by implementing a One Health approach

Activities relating to Output 1.2: *National, regional and international standards and policies for animals and environmental, including wildlife, health surveillance are implemented*

- Translation of scientific findings into practical recommendations supporting more efficient surveillance systems
- Report zoonotic diseases, including those originating from wildlife, through a streamlined reporting system
- Update of legislation and international standards or guidelines on zoonotic diseases

Activities relating to Output 1.3: *Informed stakeholders are actively engaging in surveillance systems while acknowledging the importance of wildlife for ecosystem health:*

- Raise awareness of local communities of risks and modalities of zoonoses emergence at the animal-human-environment interface with particular attention to women, as crucial actors in the prevention of zoonoses linked to the consumption of bushmeat, livestock management and their role in the preparation of food and with the family management
- organiseRaise awareness of the complementary roles of stakeholders involved in surveillance at regional and national levels
- Enhance the communication and operationalization of the outputs of applied scientific research on zoonotic diseases

Activities relating to Output 2.1: *Improved continental and regional One Health coordination and knowledge management.*

- Support the implementation of the AU One Health Strategy on Zoonotic Diseases:
 - Support Africa CDC capacities in its Division of Surveillance and Disease Intelligence and in the RCCs by the provision of staff (4 P2 Positions - Technical Officer - 2 One Health and 2 AMR) with a gender-based approach.
 - In each RCC: regional yearly coordination workshops for the implementation of the AU One Health Strategy on Zoonotic Diseases.
 - Development of One Health training materials on the e-learning platform.
- Support full operationalisation of the Regional Coordinating Centres including technical capacities and staffing for the Regional Knowledge Hubs with a gender-based approach:
 - Support Africa CDC capacities in the RCCs through the provision of staffs (5 P2 Positions - Senior Technical Officer - 1 in each Regional Coordinating Centre) to support the implementation of the Regional Knowledge Hubs and regional coordination of One Health approaches implementation.
 - Advocacy and Information, Education and Communication materials on One Health.
- Support the implementation of the Africa Union Framework on AMR in Member States and RECs:
 - Advocacy and IEC (Information, Education and Communication) materials on AMR.

Activities relating to Output 2.2: *Improved core capacities for Africa CDC's partnership management and program delivery.*

- Support to the implementation of the Africa CDC institutional capacity and development strategy with gender base approach:
 - Support Africa CDC M&E capacities by provision of staff.
 - Support Africa CDC finance and internal control capacities.
- Support Africa CDC partnership management
 - Finalisation and implementation of the Africa CDC partnership strategy as well as a Partnership Management Information System (PMIS)
 - Support Africa CDC capacities in the Partnership Unit by provision of staff.
 - Develop a partnership engagement toolkit/manual to guide staff in their engagement with partners.
 - Strengthening and institutionalisation of the Africa CDC Partners Forum
- Support enhancement of Africa CDC skills in project management, resource mobilisation, knowledge management, communication/visibility
 - HR development training and other capacity building activities considering gender balance participation
 - Procurement of laptops, printers and software.

- Support adoption of user-friendly knowledge management, communication and visibility strategies and tools
- Establish systems to track awards, disbursements, and shortfall of funds – efficient and effective resource mobilisation
- Develop resource mobilisation strategies, systems, and structures that align with the Africa CDC budget and AU Financial Rules and Regulations.
- Support greater efficiency in and across Africa CDC technical divisions
 - Develop, update, and refine Standard Operating Procedures and Service Level Agreements across divisions
 - Invest in and adopt new technologies, hardware and software to improve efficiencies and cross collaboration among teams

Activities relating to Output 3.1: TEI Support Unit is established and implemented.

Implementation of the Support Unit of the TEI that will:

- Support drafting of key documents for discussion and agreement by the TEI management.
- Facilitate knowledge management and learning within the TEI.
- Organise TEI joint reporting or other monitoring and evaluation activities
- Logistically support the TEI by organising regular meetings, joint missions and policy dialogues
- Liaise with TEI members to coordinate actions and interlink components of the TEI to encourage overall coherence.
- Maintain a financial overview of the TEI and follow up with partners following a Team Europe approach in the frame of their respective programming/funding cycles on potential contributions.

The commitment of the EU's contribution to the Team Europe Initiative to which this action refers, will be complemented by other contributions from partners following a Team Europe approach. It is subject to the formal confirmation of each respective member's meaningful contribution as early as possible. In the event that the TEI's and/or these contributions do not materialise, the EU action may continue outside a TEI framework.

3.3 Mainstreaming

Environmental Protection & Climate Change

By recognising that health threats are also strongly impacted and driven by anthropogenic changes such as deforestation and expansion of agricultural land, intensification of livestock production, unsustainable use of wildlife and climate change, this action will work on the environmental angle of the One Health approach. Changes in climate are likely to impact the transmission of certain zoonotic diseases such as vector-borne diseases.

The 1st specific objective of the Action will increase the scientific knowledge of the impact on climate, natural disasters and ecosystem degradation on wildlife in line with the risk of zoonotic diseases emergence. Projections for the impact of climate, natural disasters and ecosystem degradation on wildlife and livestock will be considered.

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. G1 means that gender equality will be mainstreamed across this Action, defining specific activities aiming at gender equality.

Under Specific Objective 1 of the Action women are key stakeholders of the local communities involved in raising the awareness on risks and modalities of zoonoses emergence at the animal-human-environment interface. For example, women are crucial actors in the prevention of zoonoses linked to the consumption of bushmeat, given their role in the preparation of food and family management. In those communities the specific role played by women allows them to develop different perspectives and to communicate with specific audiences. The Action will ensure that women are fully participating to the debates and the exchanges with the

local communities.

For the various training activities planned in view of scientific research including receipt of scholarship, gender equality of access will be ensured at the by the implementing partner. Similarly, the capacity strengthening in laboratories or public services (human and animal health, environment) will ensure to consider gender balanced participation.

In the exchanges within the services involved and between the public services (public health, veterinary, environment), the laboratories, the scientific researchers and the communities, the Action will ensure that there is an equality of treatment for women and men.

Under Specific objectives 2 and 3, the Action will also ensure the equality of access for women and men.

Human Rights

Rights and Freedoms of Minority communities

A human rights-based approach will be applied throughout the Action, among others, by focusing on:

- advancing social rights, including protection of socio-economic rights and empowerment of members of communities in contact with animals and presenting a risk in zoonotic disease emergence;
- building the capacity of duty-bearers to respect, protect, and fulfil the social rights of communities concerned;
- making sure the non-discrimination principle is applied with regard to the selection of target groups and involvement in Programme activities, prioritising inclusive and participatory methodologies of engaging with beneficiaries.

Inclusivity and Participation

The dialogue and exchanges with the local communities in contact with wild animals and livestock to sensitise them to the risks linked to the emergence of zoonotic diseases is only possible with an inclusive participation.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D0.

Reduction of inequalities

N/A

Democracy

N/A

Conflict sensitivity, peace and resilience

The first Specific objective of the Action aims at reinforcing the detection systems for zoonotic diseases. In this respect it addresses partially the fragility induced by the emergence of serious diseases in local populations in poor regions of Sub-Saharan Africa. Activities planned will allow to work closely with public services and local communities. It will strengthen the resilience of individuals, households, communities, society and the state in the case of emergence of a zoonotic disease. In principle, the dialog with the local communities aims at reducing potential hostility from populations when a zoonotic disease such as Ebola appears. Misunderstanding of the disease effects and management by the populations affected by this type of disease was one of the most difficult points to overcome in the management of Ebola crisis in West Africa.

Disaster Risk Reduction

The consequences of disasters on environment degradation and the consecutive risk of disease emergence will be considered in the Action.

Other considerations if relevant

N/A

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
External environment	Political instability in the countries where the Action will be implemented on the field.	Medium	Medium	This is a key risk beyond the control of the Action that can generate a detrimental turnover of civil servant main partners. Identification and regular monitoring of political key events will help anticipate potential issues and adapt activity implementation. Should the political landscape alter dramatically in one target country, the implementing partners will reassess the context and related risks and, if need be, will realign activities or target countries.
External environment	Security and terrorism in the countries where the Action will take place	Medium	Medium	Monitoring of security, including geographic scope of terrorist groups, in all targeted countries will be ongoing through the UN Security network and other security monitoring tools. Timelines for major social and political events (civil unrest, elections) will be recorded and implementation plans modified accordingly, as appropriate, in discussion with the implementing partners.
External environment	Sanitary environment and health conditions for implementing Specific objective 1 of the Action.	Low	High	Infectious disease outbreaks of epidemic capability in a target country could result in an inability to conduct field investigations, trainings, or implement surveillance systems. Same can happen in the event of another global pandemic such as COVID-19. However, along with putting into place essential public health control measures, alternative investigative protocols for collecting data and information must be foreseen. The undertaking of outbreak investigations, and infection backtracking could generate useful information and contribute to enhance capacity building opportunities for national partners.
Planning, processes and systems	SO2: Multiplicity of initiatives focusing on health security and institutional strengthening of Africa CDC (Specific objective 2) can lead to overlaps,	Medium	Medium	The main aim with the Team Europe approach is to promote coherence and coordination in the support to Africa CDC and the coordination with other partners working with Africa CDC should be promoted. The Africa CDC partnership unit is being reinforced and is playing a key role in facilitating exchange

	duplication of efforts and inefficiencies in the support provided.			of information and alignment with partners, and this should be further strengthened.
Planning, processes and systems	<p>SO1: Risk of misalignment with countries prioritising endemic diseases rather than zoonotic diseases of epidemic potential</p> <p>SO2: Limited ownership and sustainability of the core support to Africa CDC</p>	Medium	Medium	<p>SO1: Zoosursy will align with outcome of national zoonotic diseases prioritization exercises, selecting from there the zoonotic diseases of epidemic potential</p> <p>SO2: The identification and formulation of the action involved the participation of key Africa CDC interlocutors throughout the process. The proposed support areas are extracted from the priorities identified in the Africa CDC Strategic Plan, and a capacity need assessment. In addition, discussions are ongoing with Africa CDC to assess the integration of the staff positions that will be supported through this action into the formal organisation structure.</p>
Planning, processes and systems	Delays in key decisions regarding the Africa CDC reform agenda , including the implementation of the operational and financial autonomy. Delays in the adoption of new organisational structure and in the recruitment process.	Medium	High	Dialogue ongoing to get complementary information concerning the new statutes of Africa CDC, in order to get a clear view about the nature and the degree of autonomy and the evolving mandate of the organisation
Planning, processes and systems	The high level of complexity in working with many stakeholders (governments/ institutions, regional bodies, CSOs and international partners) introduces risk of conflict of interest.	Medium	High	The partnership unit of Africa CDC is playing a key role is facilitating the coordination with different stakeholders. The unit has undertaken stakeholder mapping analysis, and based on this a partnership strategy will be developed. As part of the SoP of this action clear and transparent communication channels will be developed by establishing open and clear lines of communication between stakeholders in order to identify and address potential conflicts of interest before they become problematic. Moreover, Africa CDC can leverage the vast experience with engaging governments/institutions, regional bodies, CSOs and international partners, to support the implementation of the activities.
Planning, processes	Duplication, overlap between	Medium	Medium	Upstream coordination and mapping of strategies and activities planned by all actors

and systems	UN/Quadripartite-led health security/One Health normative frameworks, strategies & initiatives and AU/RECs-led strategies and initiatives			involved.
People and the organisation	SO1: Weak national One Health coordination platforms with limited coordination and cooperation between public health and veterinary services at country level (objective 1 of the action)	Medium	Medium	Regular coordination meetings between sectors at political/ operational level and clarification of responsibilities of each national actor.
People and the organisation	SO2: Lacking human resources and absorption capacity, Potential high administrative cost caused by third-party implementation partner approach	Medium	High	<p>EU as strategic partner, together with stakeholders following a Team Europe approach, will continue to hold dialogues with Africa CDC and AU hierarchies, including key AU Member States, to fast track the process of operationalisation of institutional autonomy and implementation of the reform, that will give Africa CDC the necessary resources, systems and procedures to better deliver on its programmes.</p> <p>This will include developing a detailed implementation plan. This will help identify potential obstacles and develop strategies to overcome them. Africa CDC, jointly with partners following a Team Europe approach may consider outsourcing required capacities. However, there is need for careful vetting of potential partners and ensure that their fees are reasonable and align with budget. The use of EU MS agencies is found to be an effective solution in the short term; the long-term vision is to build in-house capacities of Africa CDC to implement programmes.</p>

Lessons Learnt

Evidence have suggested that there are challenges in the implementation of One Health approaches at national, regional and continental levels. These include lack of awareness among policymakers and the public of One Health issues such as hygiene, biosecurity and antimicrobial resistance; inadequate contribution of financial, human and material resources by governments; a lack of One Health related policies, guidelines and strategic plans in many African countries; weak linkages and unhealthy rivalry between various sectors, poor data sharing and communication among relevant sectors, and scarcity of data about zoonoses to guide One Health policymaking.

Experience and lessons learned from implementation of EBO-SURSY

During the implementation of EBO-SURSY considered as the first phase of the programme before the extension proposed under Specific objective 1 of this Action, a mid-term evaluation was conducted to draw lessons and make recommendations for a potential next phase. The second phase will address some of the recommendations formulated for improvement as regards:

- strengthening the expertise in the surveillance of zoonoses in wildlife, by:
 - developing partnerships at the international, regional, and country levels;
 - expanding training for veterinary services on wildlife issues and developing training for wildlife services;
 - developing policy and advocacy strategies to promote multi-sectoral responses to zoonoses.
- pursuing the strengthening of national capacities for the detection and identification of emerging zoonoses with relevant training activities, by:
 - improving quality aspects of trainings as part of a broader capacity development strategy;
 - encouraging good practices in terms of implementing and disseminating learning following trainings.
- tailoring interventions to country contexts and adequately involve key stakeholders.
- improving community awareness-raising activities including knowledge, attitudes and practices changes sought, and diversify the partnerships to implement this component with stakeholders working with the communities.
- exploring how to further align the efforts to the objective of reinforcing zoonotic diseases surveillance protocols as well as their contribution to local capacity on zoonotic diseases research and surveillance by:
 - further focussing on operations research (e.g., communities' participation in wildlife surveillance);
 - expanding the partnerships with universities and the development of training modules on zoonoses.
- developing a strategy for scaling-up and sustaining the project's contributions through:
 - holding consultation meetings on the lessons learned with relevant country stakeholders;
 - focusing on developing an explicit theory of change as part of an exit and sustainability strategy;
 - reviewing the composition of the partnership approach in order to sustain the project's contributions in terms of capacity building.

EU experience of collaboration with Africa CDC

The EU is a strategic partner of Africa CDC. The partnership has been expanding over the recent years reflecting the ever-growing importance and role of Africa CDC in ensuring the health security of the continent. The partnership that started with the ECDC for -Africa CDC capacity building project and the support to the continental response to COVID-19 is now being further developed with new initiatives in the area of local manufacturing of vaccines and medicines, strengthening pandemic preparedness and response, digital health, research and scientific collaboration and health workforce development.

Throughout the engagement so far, the underlying challenge has been the lack of adequate capacities in Africa CDC structures causing implementation delays and low absorption of funds. To mitigate these challenges different implementation modalities are being used including third party implementing partners.

Given the expanded mandate and the new institutional status of Africa CDC, there is a recognition of the need to engage Africa CDC not only as a technical partner, but also at political level, since it will have key role in facilitating the dialogue with Member States and other regional organisations. Discussions are ongoing to set up joint strategic dialogue platforms between AU/Africa CDC and EU to follow up on the delivery of health-related commitments of the AU-EU Summit.

An internal preliminary mapping of ongoing support identified various EU-funded health security and One Health projects across African countries. Furthermore, other important technical and financial partners are supporting surveillance or laboratory systems strengthening projects. While all existing projects are of high value on their own, they also contribute to the fragmented health security landscape. This initiative strives to achieve a higher efficiency of European programming by coordinating programmes and promoting synergies, reducing duplications and gaps, and increasing value for money for all involved members. It also seeks to enhance coordination with other key stakeholders, notably international organisations.

3.5 The Intervention Logic

For the first objective of this action (ZOO-SURSY project), the underlying logic is that the extension of an ongoing (finishing) project, EBO-SURSY will allow to build on achievements in 10 West and Central African countries and to extend its most impactful activities to new countries in East and Southern Africa. EBO-SURSY considered mainly Ebola, other viruses causing viral haemorrhagic fevers, and coronaviruses. It is proposed to **extend the scope to a wider range of emerging and re-emerging zoonotic pathogens** representing a risk and seen as a priority based on regional and national assessments. The interventions will be structured around **a three-fold methodological approach:** scientific investigations and research, strengthening multisectoral institutional capacities in particular for public services and raising awareness on the risks of zoonotic spill over at the human-animal-environment interface to better involve stakeholders in surveillance systems. The overarching strategy aims to strengthen integrated surveillance systems and reporting tools, while using the One health approach. A key element for that is a close work with local communities living at the human-animal-environment interface, to inform and involve them in the surveillance system. While the partners involved in EBO-SURSY will continue their activities in the ten countries where the activities were initiated in 2017, new African and European partners will be involved in the extension of the project, depending on the countries selected (see section 2.2). In addition, technical organisations from the RECs (WAHO) and African Union (Africa CDC, AU-IBAR) will be engaged to ensure the relevance of the activities within their strategic planning.

Criteria for determining geographic scope. The implementing consortium will continue their activities in the ten West and Central African countries of the EBO-SURSY project: Côte d'Ivoire, Cameroon, Central African Republic, Democratic Republic of the Congo, Gabon, Guinea, Liberia, Republic of the Congo, Senegal and Sierra Leone. For the geographic expansion to eight (having the budget available in mind) East and Southern Africa countries, the following criteria are being proposed: prioritise countries showing weaknesses in human and animal disease surveillance and health systems, located in a hotspot area of potential disease emergence at the human-animal-environment interface; the choice of target countries should also allow the representation of various ecosystems thus expanding the scope of diseases and pathogens to consider; in addition, political and institutional stability may become a key criterion to ensure other national stakeholders' engagement and strong national leadership and buy-in. Based on these criteria the following countries are provisionally proposed: Chad, Kenya, Mozambique, Burundi, Rwanda, Tanzania, Uganda, Zimbabwe. Finalisation of this list is contingent upon consultations with national partners such as veterinary services, further consultations of EU Delegations, and other stakeholders such as the Africa CDC.

For the second objective (core support to Africa CDC), the underlying logic is to improve health security in Africa by focusing on strengthening core continental (headquarters) and regional (RCCs) technical/operational capacities of Africa CDC for partnership management, institutional development and staff competences, and strengthening also capacities of One Health coordination mechanisms and regional knowledge hubs. The key assumptions are that this is best achieved by investing sustainably in the continental health architecture that is being structured by the Africa CDC, which has demonstrated its continental leadership these past years, and as for the 1st objective by building on existing initiatives such as GIZ's programme on Strengthening Crisis and Pandemic Response in Africa. This component covers the continental (HQ) and subregional (RCCs) levels of the new African health security architecture.

For the first phase of the support (see progressive approach agreed, section 2.2), Africa CDC identified a need to reinforce systems, structures, capacities, and skills at Africa CDC headquarters and RCCs. This is a necessary pre-requisite for fulfilling Africa CDC's mandate along the new statutes potential to become an autonomous body which can receive and manage resources directly and implement their building the strong architecture that is required the strategic plan. The areas for support are aligned with the Strategic Plan 2022-26, therefore aligning with political direction and enhancing sustainability. The latter being secured through this harmonised approach along new strategic documents, the new statutes and in line with the new organigram of the agency. The support

will complement and benefit from wider investments being made to operationalise Africa Union's New Public Health Order which is the core focus for this support as a strategy to safeguard the continent's health security.

For the third objective (TEI support unit), the underling logic is to provide dedicated resources that are necessary condition for the success of the TEI in terms of efficiency and visibility. The members of the TEI have engaged and are engaging significant capacity and investments in health security, research on zoonoses and AMR across African Union Member States. While all existing projects are of relevance on their own, they also contribute to the fragmented health security landscape. The TEI strives to achieve a higher efficiency of European programming by coordinating programmes and promoting synergies, reducing duplications and gaps, and increasing value for money for all involved members. It also seeks to enhance coordination with other key stakeholders, notably international organisations. It is also expected that acting together will increase the impact of the dialogue with African partners on health security policies. This joint effort –co-creation and coordination of programs, joint monitoring, joint communication, etc.- requires dedicated human resources. The contribution to the costs of this support unit by several TEI members (the Commission, DE, FR) is a positive indication of the shared commitment.

Contribution to the One Health TEI Joint Intervention Logic (JIL). As noted, the action responds to the main Strategic Objective of the TEI JIL: to strengthen systems and capacities for sustainable risk-informed prevention, preparedness and response to infectious threats and antimicrobial resistance in African countries, using a One health approach. The various components of this action contribute to the 5 main result areas of the TEI: 1. Improved One Health coordination, 2. Improved skills, capacities and engagement in relevant fields, 3. Strengthened new and existing surveillance systems, 4. Strengthened integrated OH laboratories, 5. Strengthened capacities to conduct research. Aspects of this action complement the TEI on Public Health Institutes (PHI). Synergies with the PHI TEI and other planned regional health TEIs will be explored and maximised.

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)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To strengthen health security in Africa through strengthening One Health surveillance and early detection of emerging threats from wildlife and livestock, and by strengthening Africa CDC institutional and operational capacities for coordination of emerging zoonotic disease surveillance, prevention, preparedness and response	1. SDG 3D.1 International Health Regulations (IHR) capacity and health emergency preparedness (Continental average of 13 International Health Regulations core capacity scores, SPAR version)	1	1	1 e-SPAR tool	<i>Not applicable</i>

Outcome 1	Strengthened integration of One Health surveillance systems at the interface with wildlife and livestock reservoirs	<p>1.1 IHR e-spar tool: C3: Zoonotic Events and the Human-animal interface: C 3.1 Collaborative effort on activities to address zoonoses</p> <p>1.2 IHR e-spar tool: C 6.2 Mechanism for event management (verification, risk assessment analysis, investigation)</p> <p>1.3 IHR e-spar tool: C10.Risk Communication: C10.1 Capacity for emergency risk communication</p>	<p>1.1 tbd</p> <p>1.2 tbd</p>	<p>1.1 tbd</p> <p>1.2 tbd</p>	<p>1.1 e-SPAR tool</p> <p>1.2 e-SPAR tool</p> <p>1.3 e-SPAR tool</p>	
Outcome 2	Strengthened OH continental coordination capacities and mechanisms	2.1 Number of national, regional, continental One Health coordination mechanisms supported financially or technically	2.1 tbd	2.1 tbd	2.1 Africa CDC report	
Outcome 3	Improved coordination of the Team Europe Initiative on HS using a OH approach	<p>3.1 Number of national and regional stakeholders that participate in joint activities with TEI</p> <p>3.2 Number of joint additional programmes jointly designed and implemented by TEI members</p> <p>3.3 Number of European countries joining the TEI</p>	tbd	tbd	TEI report	
Output 1 relating to Outcome 1	1.1 : Multisectoral cooperation is practiced across animal and public health authorities as well as environmental services when preparing for and responding to emerging and re-emerging zoonotic diseases outbreaks at the animal-human-environment interface.	<p>1.1.1 Number of multisectoral surveillance protocols implemented for one or more projects targeted diseases in the target countries</p> <p>1.1.2 Number of countries in which national authorities used the Surveillance and Information Sharing Operational Tool</p> <p>1.1.3 Number of joint risk assessments carried out through the Quadripartite</p>	<p>1.1.1 tbd</p> <p>1.1.2 tbd</p>	<p>1.1.1 tbd</p> <p>1.1.2 tbd</p>	<p>1.1.1 tbd</p> <p>1.1.2 tbd</p>	

Output 2 relating to Outcome 1	1.2: National, regional and international standards and policies for animal and environmental (including wildlife) health surveillance are implemented	1.2.1 Average time between confirmation of exceptional epidemiological events for zoonotic listed diseases and submission of the corresponding immediate notification to (for the previous year) by targeted countries 1.2.2 Average percentage of listed zoonotic diseases for which targeted countries reported information about the situation in animals (for the previous year) 1.2.3 Average percentage of non-listed zoonotic diseases for which targeted countries reported information about the situation in wildlife (for the previous year) 1.2.4 Number of updated (science based) policy documents submitted for adoption to Member	1.2.1 tbd 1.2.2 tbd	1.2.1 tbd 1.2.2 tbd	1.2.1 tbd 1.2.2 tbd	
Output 3 relating to Outcome 1	1.3: Informed stakeholders are actively engaging in surveillance systems while acknowledging the importance of wildlife for ecosystem health	1.3.1 Number of targeted countries in which communication tools targeting priority zoonotic diseases are produced, translated and used by national authorities 1.3.2 Number of people benefitting from awareness raising activities conducted under this project in the targeted countries	tbd	tbd	Tbd	
Output 1 relating to Outcome 2	2.1 Improved continental and regional coordination and knowledge management.	2.1.1 Number of supported countries that have an endorsed One Health strategy. 2.1.2 Number of activities of knowledge management: publication of policy briefs, public engagement activities,	2.1.1 tbd 2.1.2 tbd	2.1.1 tbd 2.1.2 tbd	2.1.1 Africa CDC report 2.1.2 Africa CDC report	

Output 2 relating to Outcome 2	2.2 Improved core capacities for Africa CDC's partnership management and program delivery.	2.2.1 The rate of absorption of partners' fund. 2.2.2 Number of operational guidelines developed and adopted to facilitate functioning of Africa CDC Partnership Unit; 2.2.3 Percentage of partner organisations reporting that they have gained new and valuable information or skills as a result of participating in partnership activities 2.2.4 Number/percentage of partner organisations using information/knowledge produced from partner activities	2.2.1 tbd 2.2.2 tbd	2.2.1 tbd 2.2.2 tbd	Africa CDC report, Partnership surveys & Financial reports.	
Output 1 relating to Outcome 3	3.1 : TEI Support Unit is established and implemented	3.1.1 Number of joint events and activities organised by the TEI 3.1.2 Number of joint statements/communications by TEI partners	tbd	tbd	TEI reports	

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with 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 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 measures²⁵.

4.3.1 Indirect Management with entrusted entities

SO1: to strengthen the integration of One Health surveillance systems at the interface with wildlife and livestock reservoirs

This part of this action may be implemented in indirect management with the World Organisation for Animal Health (WOAH)

The envisaged entity has been selected using the following criteria:

- experience with the integration of the collaboration with scientific institutions both in Africa and Europe for setting up surveillance systems for zoonotic diseases
- experience to involve local laboratories in human and animal health
- proven and extensive experience working in Sub-Saharan countries

SO2: to strengthen technical capacities and systems of Africa CDC to support regional and national One Health coordination mechanisms and manage partnerships

and

SO3: to improve the coordination of the Team Europe Initiative on health security using a One Health approach

This other part of this action may be implemented in indirect management with a partnership of two EU Member States agencies (GIZ and AFD) (Multi-Party Contribution Agreement –MPCA- with Pillar assessed organisations)

Both these envisaged entities have been selected using the following criteria:

²⁵ 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.

- proven and extensive experience in implementing regional programmes in the domain of Health Security;
- proven and extensive experience working in Sub-Saharan countries
- established relationship with Africa CDC (Centre for Disease Control and Prevention)
- operational capacity to deliver the project at regional level
- ability to engage and mobilise technical and financial resources to top-up this project

The choice of these entities also contributes and is aligned with the approach of the Team Europe Initiative (TEI).

In case the envisaged entities would need to be replaced, the Commission's services may select another replacement entity using the same criteria. If the entity is replaced, the decision to replace it needs to be justified.

4.4 Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)	Third-party contribution (indicative amount in EUR)
Implementation modalities – cf. section 4.3		
Objective 1 composed of		
Indirect management with entrusted entity (WOAH)- cf. section 4.3.1	20 000 000	
Objective 2 is composed of		3 500 000 ²⁶
Indirect management with entrusted entities (AFD and GIZ) - cf. section 4.3.1	9 000 000	
Objective 3 is composed of		
Indirect management with entrusted entities (AFD and GIZ) - cf. section 4.3.1	1 000 000	3 500 000 tbc
Evaluation – cf. section 5.2 Audit – cf. section 5.3	may be covered by another Decision	
Totals	30 000 000	3 500 000

4.5 Organisational Set-up and Responsibilities

This action is part of the *Regional Team Europe initiative with Africa on sustainable health security using a*

²⁶ Both France and Germany envisage co-financing the action

One Health approach that is the general framework to which the three specific objectives of this action contribute with a structured and coherent approach. This action as a whole is therefore also embedded in the overarching Steering and management structure of the TEI.

- The TEI Oversight and Coordination Committee (OCC) responsible to provide and adjust the longer- term vision of the TEI in consistency with relevant strategic orientations by TEI members and partners, and facilitate the dialogue with the partner region, including delivery of joint messages to support the TEI ambition, and ensure alignment of priorities of the TEI with those of the partner region.
- The TEI Operational Management Group (OMG) responsible of the implementation, management, coordination and for the monitoring and the communication of the TEI.
- Above this particular TEI, a High-level Steering Structure of the EU-AU Health Flagships is being established to provide high level political steer and strategic guidance of the health programmes pertaining to AU-EU relations, including health TEIs.

Each specific objective of the Action having also has its own specificities and identified partners collaborating within a dedicated steering and management structure:

Specific Objective 1 (Outcome 1):

A Steering Committee will be set up and will meet at least twice a year to coordinate and follow progress in the implementation, and to provide overall strategic guidance on programme implementation.

The steering committee shall indicatively be made up of:

- Representatives of the EC
- Representatives of the WOAHA
- Representative of Africa CDC
- Representatives of the UN Quadripartite

The terms of reference of the steering committee will be drafted by the WOAHA programme management Team and approved by the above-mentioned representatives.

A scientific Advisory Board will be set up and will meet on a quarterly basis to provide programmatic and operational oversight, monitoring of the project implementation and accountability. It will be responsible for making programmatic decisions on key operational issues, identify risks, deliver advice and recommendations on corrective measures to be adopted.

The scientific Advisory board shall indicatively be made of:

- WOAHA's Project Management team members
- Representatives from CIRAD
- Representatives from IRD
- Representative from the Pasteur Institute
- Representatives from the Helmholtz Institute for One Health
- Representatives from University of Helsinki
- Other scientific partners (including in the targeted countries)

Procedures governing this scientific Advisory Board will be defined through a Terms of Reference.

The Management Team will be responsible for the day-to-day management and implementation. They will also monitor and coordinate the outputs of specific Objective 1. This Team will be composed of staff from WOAHA Headquarters and WOAHA's Regional Representations.

Specific Objective 2 (Outcome 2)

A Steering Committee will be set up and will meet at least twice a year to coordinate and follow progress in the implementation, and to provide overall strategic guidance on programme implementation.

The steering committee shall indicatively be made up of:

- Representatives of the Africa CDC
- Representatives of the European Commission (EU Delegation to the AU and Commission headquarters)
- Representatives of France (MAE, AFD) and Germany (BMZ, GIZ)
- Others if necessary, as observers

The terms of reference of the steering committee will be drafted by the implementing agencies and approved by the above-mentioned representatives. The Committee will be co-chaired by EC and Africa CDC.

The secretariat of this steering committee will be the responsibility of the implementing agencies.

The operational day-to-day management will be the responsibility of the EU Member States partnership and will be carried out according to the partnership agreement to be signed.

The decisions regarding the division of labour amongst EU Member States will be decided and agreed by the implementing agencies (GIZ and AFD) and the European Commission.

Specific Objective 3 (Outcome 3)

The TEI support Unit will respond directly to the Oversight and Coordination Committee of the TEI health security/One Health (see above).

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action and may sign or enter into joint declarations or statements, for the purpose of enhancing the visibility of the EU and its contribution to this action and ensuring effective coordination.

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

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 aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) 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 logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

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).

Roles and responsibilities for data collection, analysis and monitoring:

The EU will request implementing partners working under a same component to ensure coordination in the reporting and monitoring of the action. Partners will ensure consistent reporting formats and timeframes. Joint implementation will be promoted and mechanisms to ensure the joint reporting may also be put forward.

All monitoring and reporting shall assess how the action is considering the principle of gender equality, a human rights-based approach and the rights of persons with disabilities including inclusion and diversity. Indicators shall be disaggregated at least by sex and age, and disability if possible.

5.2 Evaluation

Having regard to the importance and nature of the action, a mid-term and a final evaluation may be carried out for this action or its components via independent consultants contracted by the Commission.

Mid-term evaluation may be carried out for problem solving and learning purposes.

Final evaluation may be carried out for accountability and learning purposes at various levels (including for policy revision).

As part of the TEI, evaluations jointly with contributing Member States will be the preferred option to provide an overview of the action within the larger impact of the TEI.

The Commission shall inform the implementing partner at least 1 month in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination⁶⁴. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

In addition, all evaluations shall assess to what extent the action is taking into account the human rights-based approach as well as how it contributes to gender equality and women's empowerment and disability inclusion. Expertise on human rights, disability and gender equality will be ensured in the evaluation teams.

The financing of the evaluation may be covered by another measure constituting a Financing Decision

5.3 Audit and Verifications

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

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

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

In line with the 2022 '[Communicating and Raising EU Visibility: Guidance for External Actions](#)', it will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. 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.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.

Appendix 1 REPORTING IN OPSYS

A Primary Intervention (project/programme) is a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Identifying the level of the primary intervention will allow for:

Articulating Actions or Contracts according to an expected chain of results and therefore allowing them to ensure efficient monitoring and reporting of performance;

Differentiating these Actions or Contracts from those that do not produce direct reportable development results, defined as support entities (i.e. audits, evaluations);

Having a complete and exhaustive mapping of all results-bearing Actions and Contracts.

Primary Interventions are identified during the design of each action by the responsible service (Delegation or Headquarters operational Unit).

The level of the Primary Intervention chosen can be modified (directly in OPSYS) and the modification does not constitute an amendment of the action document.

The intervention level for the present Action identifies as (tick one of the 4 following options);

Action level (i.e. Budget Support, blending)		
<input type="checkbox"/>	Single action	Present action: all contracts in the present action
Group of actions level (i.e. top-up cases, different phases of a single programme)		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#): <Present action> <Other action(s)>
Contract level		
<input type="checkbox"/>	Single Contract 1	<foreseen individual legal commitment (or contract)>
<input type="checkbox"/>	Single Contract 2	<foreseen individual legal commitment (or contract)>
	(...)	
Group of contracts level (i.e. series of programme estimates, cases in which an Action includes for example four contracts and two of them, a technical assistance contract and a contribution agreement, aim at the same objectives and complement each other)		
<input type="checkbox"/>	Group of contracts 1	<foreseen individual legal commitment (or contract) 1> <foreseen individual legal commitment (or contract) 2> <foreseen individual legal commitment (or contract) #>