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**THIS ACTION IS FUNDED BY THE EUROPEAN UNION**

**ANNEX 1**

to the Commission Implementing Decision on the financing of the annual action plan in favour of the Republic of Guinea-Bissau for 2024

**Action Document for “Strengthening the health system towards universal health coverage”**

**ANNUAL ACTION PLAN**

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

## 1 SYNOPSIS

### 1.1 Action Summary Table

<b>1. Title CRIS/OPSYS business reference basic act</b>	Strengthening the health system towards universal health coverage OPSYS number: ACT-62626 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
<b>2. Team Europe Initiative</b>	No
<b>3. Zone benefiting from the Action</b>	The Action shall be carried out in Guinea-Bissau
<b>4. Programming document</b>	Multiannual Indicative Programme (MIP) 2021-2027 for Guinea-Bissau <sup>1</sup>
<b>5. Link with relevant MIP objectives / expected results</b>	MIP specific objective: to contribute to the development of a universal health coverage system that provides efficient and equitable quality care for all, in particular to adolescent girls, women of reproductive age and children under 5, as well as vulnerable groups. MIP expected result: the coverage of primary healthcare is increased, in particular on reproductive, maternal and child health (including nutrition health).
<b>PRIORITY AREAS AND SECTOR INFORMATION</b>	
<b>6. Priority area / sector</b>	Priority area 1: Human development DAC 120: Health
<b>7. Sustainable Development Goals (SDGs)</b>	Main SDG: 3 (Good health and well-being) Other significant SDGs: 1 (No poverty), 2 (Zero hunger), 5 (Gender equality), 10 (Reduced inequalities).
<b>8.a) DAC code</b>	DAC 120: Health – 100%
<b>8.b) Main delivery channel</b>	Third country Government (Delegated co-operation) – 13000

<sup>1</sup> [https://international-partnerships.ec.europa.eu/system/files/2022-01/mip-2021-c2021-9363-guinea-bissau-annex\\_en.pdf](https://international-partnerships.ec.europa.eu/system/files/2022-01/mip-2021-c2021-9363-guinea-bissau-annex_en.pdf)

<b>9. Targets</b>	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and human development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input checked="" type="checkbox"/> Education <input type="checkbox"/> Human rights, democracy and governance				
	<b>10. Markers (from DAC form)</b>	<b>General policy objective @</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
		Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Aid to environment @	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Disaster risk reduction @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inclusion of persons with disabilities @		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nutrition @		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>RIO Convention markers</b>		<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>	
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"/>	
<b>11. Internal markers and tags:</b>	<b>Policy objectives</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>	
	Digitalisation @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services	YES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Connectivity @	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
	digital connectivity energy transport health education and research	YES <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Reduction of inequalities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Covid-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>BUDGET INFORMATION</b>				

<b>12. Amounts concerned</b>	Budget line: 14.020120 Total estimated cost: EUR 11 000 000 Total amount of EU budget contribution: EUR 11 000 000
<b>MANAGEMENT AND IMPLEMENTATION</b>	
<b>13. Type of financing</b>	<b>Indirect management</b> with the entities to be selected in accordance with the criteria set out in section 4.4.1.

## 1.2 Summary of the Action

Guinea-Bissau is marked by a chronic political instability and scarcity of funds leading to a health system that is unable to provide basic healthcare services. The proposed Action aims to enhance the efficiency, quality and accountability of the national health system towards the realisation of the Universal Health Coverage (UHC). It will notably strengthen health system's leadership and governance and foster evidence-informed decision-making in the health sector, including nutrition, it will provide equitable access to essential medical products, especially in the primary health care, and it will enhance the equitable distribution of efficient healthcare workers, especially at Primary Health Care (PHC) level, to facilitate the access of disadvantaged segments of population to quality health care.

The country's health system faces persistent challenges related to low public spending, poor infrastructure, inadequate supply and distribution of health workers, inadequate clinical and managerial training systems, malfunctioning referral system, non-operational health-information systems, weak governance and inadequate management capacity. In this context of fragility, the most critical areas addressed by the Action are : i) capacity of the Ministry of Health (MoH) to collect and analyse data for needs assessment, risks anticipation and sound management of resources for the health system, ii) management of the entire medical products supply chain, which jeopardises the availability of essential medicines especially for the most vulnerable populations and in PHC services, and iii) availability in quantity, rational allocation and appropriate qualification of healthcare human resources.

The Action will therefore reinforce capacities of the Ministry of Health at national and subnational level on planning, budgeting, supervision and management of health facilities and resources, and will strengthen public health institutions capacity for an efficient and resilient health information system, with a specific focus on public health and nutrition surveillance follow-up mechanisms. It will also enhance institutional capacities and regulatory framework to ensure equitable access to medicines and health products and technologies, as well as distribution system of pharmaceuticals, with backup mechanisms to ensure medicine supplies, storage, and distribution in case of crisis. It will finally strengthen capacities of MoH and School of Public health to ensure updated health workforce skills, and will contribute to an efficient health workforce. The action will ensure that it tracks and responds to the needs of all vulnerable populations including but not exclusive to: children, adolescent girls, women, people living with disabilities, people living in rural areas or small islands with limited connectivity, people living with chronic co-morbidities, more at risk to environmental and climatologic risks.

The Action will build on previous and ongoing European Union (EU) funded initiatives in the health sector (Ianda Guiné Saúde and PIMI), scaling the results obtained through an operational approach mainly implemented by Non-Governmental Organisations (NGOs), by strengthening institutional capacities of public health sector. It will also complement the regional programme to support National Public Health Institutes in Africa and other global initiatives, such as the UHC Partnership, one of WHO's largest initiatives on international cooperation for universal health coverage and primary health care of which the EU is the biggest funder.

The Action is closely coordinated with EU's and other international partners' efforts in the field of public financial management (PFM) and public administration reform. In particular, under the Economic Governance project, which implementation will start by end of 2024, the Action will contribute to improving the budgetary process with a focus on key Ministers such as health and education, while pushing a broader PFM agenda. There will also be a close coordination with World Bank projects and IMF technical assistance in the fields of domestic revenue mobilisation (DRM) and of human resource management in the public sector, both key issues for sustainability.

The Action is aligned with the Global Gateway strategy, which among others aims at boosting secure digital connections and strengthen health systems across the world. Likewise, the Action is aligned with the EU Gender

Action Plan III 2021-2025<sup>2</sup> in particular to its thematic area of engagement “Promoting economic and social rights and empowering girls and women”. It will also contribute to the implementation of the EU Global Health Strategy: Better Health for All in a Changing World<sup>3</sup>, the EU Strategy on the Rights of Persons with Disabilities, and the EU’s Action Plan on Human Rights and Democracy 2020-2024<sup>4</sup>.

Within the Team Europe framework, the Action seeks complementarity with regional EU programmes, namely the Team Europe Initiative on National Public Health Institutes in Sub-Saharan Africa, which is part of flagship programme "Strengthening health systems and capacities for pandemic preparedness, digital health and public health" under the "Global Gateway - Health Investment package", presented at the 6th EU-AU summit in 2022<sup>5</sup>.

### 1.3 Zone benefitting from the Action

The Action shall be carried out in Guinea-Bissau, included in the list of ODA recipients.

## 2 RATIONALE

### 2.1 Context

Guinea-Bissau has a history of political and institutional fragility dating back to its independence from Portugal in 1974. Since then, four successful coups have been recorded, with another 17 coups attempted, plotted, or alleged. After 5 years of relative stability, the 2019 presidential elections were followed by a political crisis that ended in April 2020 with the Economic Community of West African States (ECOWAS) recognition of Umaro Sissoco Embaló as President of the Republic. Following a political crisis and the dissolution of Parliament by President Sissoco in May 2022, early legislative elections took place in June 2023. In December 2023, Parliament was dissolved and closed following a constitutional crisis, and a presidential initiative government was appointed.

With an area of 36,125 km<sup>2</sup> and a population of population of about 1.9 million spread over a continental portion and additional 88 islands, the county hosts a large variety of ethnic groups, languages, and religions. Guinea-Bissau has a tiny economy, with a gross domestic product (GDP) of \$1.63 billion in 2022 (\$775.83 per capita), according to official World Bank data. The countries Human Development Index is estimated at 0.461 and ranks 175th out of the 189 countries<sup>6</sup>, while real economic growth remains 4.2%<sup>7</sup>. Administratively, Guinea-Bissau is divided into 9 regions: Bissau, Bafatá, Biombo, Bolama-Bijagós, Cacheu, Gabu, Oio, Quinara, and Tombali; which are further divided into 36 sectors. The health sector, however, is divided into 11 regions including Bissau, and these 11 health regions are divided into 114 health areas, the closest level to communities. Even though the country can count on a network of 140 public health centres, only 40% of the population live within a radius of less than 5 kilometres from the closest primary health-care unit.

The right to health is recognised in Guinea-Bissau under the country’s Constitution. The National Health Development Plan (PNDS) considers that health is an integral part of socio-economic development and aims to improve the quality of life. However, the allocation to health as a proportion of the State budget is 8,9%, well below the 15% African Union (AU) target of Abuja Declaration of 2001, while Out of Pocket spending is quite high (64,4%). Existing resources are more concentrated at the central level, with little involvement from those responsible at the intermediate, regional and community levels. Hence, the reality of healthcare provision through the National Health System does not reflect the Constitution engagement and the main health indicators paint a rather disheartening picture. Estimated maternal mortality rate is 667/100.000 live births<sup>8</sup>, one of the highest in the world, and under-five estimated mortality rate is 74/1000 live births<sup>9</sup>, while the coverage of essential health services is around 40%. The utilization of obstetric services by pregnant women in Guinea-Bissau is significantly

<sup>2</sup> [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_20\\_2184](https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2184).

<sup>3</sup> [https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world\\_en](https://health.ec.europa.eu/publications/eu-global-health-strategy-better-health-all-changing-world_en).

<sup>4</sup> [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12122-Human-rights-and-democracy-in-the-EU-2020-24-action-plan\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12122-Human-rights-and-democracy-in-the-EU-2020-24-action-plan_en).

<sup>5</sup> [https://international-partnerships.ec.europa.eu/system/files/2023-10/GG\\_Factsheet\\_Africa\\_Health.pdf](https://international-partnerships.ec.europa.eu/system/files/2023-10/GG_Factsheet_Africa_Health.pdf).

<sup>6</sup> UNDP, 2021 statistics.

<sup>7</sup> World Bank, 2024 statistics.

<sup>8</sup> World Bank, 2023, Modelled estimates (WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division). Trends in Maternal Mortality 2000 to 2020.

<sup>9</sup> World Bank, 2021, estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division).

low, since only 45% of the deliveries take place within health facilities. The disproportionate burden of disease borne by women of childbearing age combined with their specific needs for access to sexual and reproductive health care of standard quality means that women are much more exposed to the weak health system than men. Their needs deserve extra attention and concentrated efforts by the State<sup>10</sup>.

Guinea-Bissau is classified by the World Health Organization as one of the 30 high-burden countries for tuberculosis and HIV co-infection. Poor immune systems as a result of HIV infection or weakened by poverty have made it difficult to slow down the progression of tuberculosis, and new cases continue to climb (although mortality rates have remained relatively stable since 2016). Women are disproportionately affected by HIV (prevalence among adolescent girls and young women is three times that of their male counterparts), and retention in treatment remains challenging. In 2019 the life expectancy at birth was 60.2 years, and six of the 10 top causes of deaths were infectious diseases<sup>11</sup>. However, this trend is projected to significantly decrease in the next 10 years and particularly for diseases such as HIV and tuberculosis<sup>12</sup>. In addition to that, Guinea-Bissau is predisposed to epidemics and natural disasters and although these are seasonal, they heighten the levels of unpredictability. These include the recurrence of cholera outbreaks and the threat of cross-border spread of diseases such as Ebola and yellow fever.

Poor health service conditions, especially in the country's rural areas, impact disproportionately negative on women. Bissau-Guinean women bear on average five children (6.8 in rural areas), without access to basic infrastructure of water, sanitation, electricity and transport<sup>13</sup>. Regarding the situation of people with disabilities, a UNICEF Situation Analysis of Children's Rights and Wellbeing in Guinea-Bissau, 2019 observed that, although Guinea-Bissau signed and ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2014, demonstrating a commitment to the rights of persons with disabilities, this was yet to be translated into specific policies or plans. According to the data made public, there are 11,584 people with disabilities in all regions of the country<sup>14</sup>.

Overreliance on cashew nut production, high vulnerability to climate change impacts and environmental degradation translate into widespread food insecurity and a high prevalence of malnutrition, particularly among children, rural women, older people and people living with HIV, tuberculosis or disabilities. However, reduced fiscal space leaves fewer resources for pro-poor government spending and many vulnerable groups are unable to access basic health services.

These figures reflect a chronic inability of the health system to provide basic health care. This is coupled with political events such as frequent coups, heavy political interference in the management of health facilities and weak leadership. In addition, there is poor execution of an already constrained budget due an extremely tight fiscal space. The chronic scarcity of funds and political instability has led to frequent disruptions in public health service provision, stockouts of essential medical products and inconsistent mechanisms for training and deploying health personnel. In the absence of a sound governance, health workers have resorted to embezzling funds and running the health system without any supervision or sanction.

In terms of health system governance, two pillar and guiding strategic instruments have been drawn up for Guinea-Bissau based on the National Health Policy, approved in 2017. These instruments, defined in accordance with SDG 3, are the PNDS 2023-2028 and the National Health Human Resources Development Plan 2023-2032 (PNDRHS), both validated by the Council of Ministers in June 2024. In 2023, the second National Strategic Plan to strengthen the health information system (PENSIS 2023-2027) was developed and the Global Fund is engaged in supporting the implementation of part of the interventions.

The EU's partnership with Guinea-Bissau in the health sector has a long history. It is currently developed along two main lines: support for primary health care, with an emphasis on maternal and child health, and support for the governance of the health system, with particular attention to improving mechanisms for planning, financing and management of human and material resources, including the supply and distribution of medicines. The EU health programme contributed to equip 5 regional hospitals and 7 health centres with water supply and solar

<sup>10</sup> [UNDP Guinea-Bissau Gender Analysis | United Nations Development Programme](#)

<sup>11</sup> World Health Statistics (who.int), 2019

<sup>12</sup> Guinea-Bissau | Institute for Health Metrics and Evaluation (healthdata.org) accessed 9 May 2022

<sup>13</sup> [UNDP Guinea-Bissau Gender Analysis | United Nations Development Programme](#)

<sup>14</sup> [Launch of database of persons with disabilities in Guinea-Bissau | United Nations Development Programme \(undp.org\)](#)

electricity systems and provide quality medical equipment and health supplies for maternal and childcare to 132 health centres.

The EU is financing, under the AAP 2021, the PIMI III programme (2022-2025, EUR 10 million), which takes into consideration the achievements and challenges of the previous PIMI programmes that have supported maternal and child health (MCH) since 2013. A key aspect of the current PIMI phasing-out strategy towards UHC is the transfer of implementation methodologies, technical know-how and management procedures to the various regional and central structures of the Ministry of Health (MoH). This approach aims to ensure a solid appropriation of the programme by the State, guaranteeing the sustainability of the activities and the consolidation of its results.

Bearing in mind the existing challenges, bottlenecks and lessons learned from past EU investments on health in the country, the Action intends to move from the provision of health services on behalf of the State, to an overarching approach based on capacity building, with particular emphasis on sustainability, ownership and complementarity with national and international partners' initiatives.

## 2.2 Problem Analysis

### Short problem analysis:

The country's health system faces persistent challenges related to low public spending, poor infrastructure, inadequate supply and distribution of health workers, inadequate clinical and managerial training systems, malfunctioning referral system, non-operational health-information systems, weak governance and inadequate management capacity and systems (such as budgeting, public financial management and human resources management). According to World Bank<sup>15</sup> public spending accounts for about 20% of total health spending and is mostly used to pay staff salaries, while donors finance nearly 90% of the recurrent costs of the sector, including medicines and other critical health inputs. This situation generates serious obstacles to the achievement of UHC, namely the access of all to essential health services with no financial hardship. In this context of fragility, the main areas that have been identified as very critical are:

#### 1- Evidence-based decision making and governance of the health system

The capacity of the MoH to allocate, mobilise and manage resources for the health system is weak. The internal funding comes from the General State Budget, which is almost fully absorbed in the payment of staff salaries. Existing resources are more concentrated at the central level, with little involvement from those responsible at the regional and community levels. The capacity to invest in infrastructure is almost non-existent, with MoH ending up carrying out small tasks within projects funded by external partners. External funding comes mostly from international aid through direct or indirect support for health programmes, and a large part of these resources do not pass through the Government's management instruments. The State does not exercise any control over the revenues of the health centres, which are essentially generated from payments made by patients for medical care, and these revenues are used for ordinary and extraordinary maintenance, the purchase of consumables and sometimes even to privately contract health staff.

The capacity of the government both at the national and sub-national levels is not sufficient to ensure a well-established referral system, regular supervision, and efficient health service delivery. Lack of funds allocated for commodities such as drugs, medical equipment, water, energy, and major health infrastructure improvement/repairs hamper service delivery through drug stock-outs and idle equipment that need repairs and reliable energy to function.

The National Institute of Health (INASA) was set up to respond to public health challenges, as the structure should manage the national health information system in order to gear the decision-making process. However, the PENSIS (2023-2027) reveals several constraints linked to data collection, both in terms of the sources that provide part of the routine information and in the different subsystems. Epidemiological surveillance data is not of the highest quality, despite the fact that it enables outbreaks to be detected, and routine data flow from health structures still needs to be better controlled. Despite efforts to implement the District Health Information System 2 (DHIS2) and harmonization into a single platform, the health information management system, including the surveillance system, is weak. Challenges identified include low reporting rates, poor quality of data, parallel reporting systems,

<sup>15</sup> See Public Expenditure Review for Guinea Bissau, December 2022:

<https://documents1.worldbank.org/curated/en/099090723141535862/pdf/P17726604e686502e091f70c5b7833f486e.pdf>



and limited capacity (numbers and skills) at sub-national levels to generate and use health data for action. There are still other weak elements, such as the particular case of the Civil Registry subsystem, with minimal coverage of deaths and a lack of information on the causes of deaths inside and outside the national health structures, as well as the registration of births that take place outside the health structures. The epidemiological surveillance system provides rather inconsistent data and the information system for surveillance on nutrition: SISSAN (Food Security and Nutrition Monitoring System), providing geographically specific data on food insecurity and malnutrition, is totally dependent on external aid. Also, the analysis and dissemination of data is insufficient and not structured enough. The current gaps in the efficiency of the systems undermine the capacity of decision makers.

## **2- Provision, access and distribution of essential medical products, especially in primary health care**

Access to medicines has experienced serious constraints linked to stock-outs resulting from a low level of supply and control of the entire supply chain, which has jeopardised the availability of essential medicines and supplies for the diagnosis and treatment of diseases such as malaria, HIV/AIDS and tuberculosis. And this continues to be the case despite all the investment that has been made in the Purchasing Centre for Medicines (CECOME), which was recently dissolved due to inefficiency and high corruption and is being restructured in 2024, as a new semi-autonomous structure with a new statute and a new administration. Other issues have to do with the non-fixing of prices for medicines and the non-traceability of the origin of certain medicines. There is also a lack of effective regulation and supervision of the pharmaceutical sector, despite the efforts of the West African Economic and Monetary Union (WAEMU) effort to establish a harmonized regulatory framework across its member states, leading to the appearance on the market of pharmaceutical products of dubious origin, as well as the sale of fake medicines at low prices throughout the country, thus contributing to a serious problem for the health of the population. Despite the World Health Organisation (WHO) updating the national list of essential medicines, an efficient mechanism to measure the needs for medicines and medical products is lacking. Purchasing at controlled prices and distributing medicines and medical products equitably and efficiently through the public health system, remain major challenges. Additionally, weaknesses persist in storage capacity and stock management.

## **3- Development of human resources for health**

Human resources for health are still insufficient in number and poorly qualified. There is a shortage of specialised doctors and qualified nurses, and their distribution throughout the country does not allow an equitable access to primary health care. Moreover, there is poor human resources retention capacity, and salaries are low and often paid late. The budgetary constraints have contributed to a rather precarious, low-skilled and unmotivated health workforce. The lack of an effective mechanism for hiring and managing the health workforce and the consequent supervision, the absence of career paths and a mechanism for regulating the activities of the different professional groups make the health professions unattractive and drive many health professionals towards behaviours that do not comply with professional ethics.

The conditions for minimum international standards for provision of services are lacking and deserve to be reinforced especially at primary health care level. A health human resources reform is claimed at all levels, to establish standards for professional practice, recruitment, career path and national distribution in all levels of health care delivery services.

The distribution of health workers across regions is not proportional to the number of facilities. Bissau capital has 43.6% of all the country's health workers in only 11 facilities, while Quinara has only 5.1 % of all health workers in nearly the same number of facilities. The large majority of health workers (86.5%) are concentrated in urban areas<sup>16</sup>. The distribution of health centres is also quite uneven, with 66% of the population with difficult access to a health structure. This situation has a particular impact on the percentage of women who decide to give birth in a health facility, which is estimated to be around 45%, with disastrous consequences on the maternal and infant mortality rate.

In this context, improving health system governance and quality of training should take precedence over expanding human resources for health. A bloated and ineffective workforce must be better managed and upskilled, in order to improve skills and productivity, and a gender-responsive reform should lead to the construction of a system capable of providing responses to the strong demand for sexual and reproductive health services.

<sup>16</sup> World Bank, Guinea-Bissau: Service Delivery Indicators Report, 2019.

Identification of **main stakeholders** (Right holders and Duty bearers) and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the Action:

- **MoH (MINSAP):** is the "central body of governance and public administration, which should be responsible for defining the sector's policies and strategies, mobilising the resources needed to implement them, as well as regulating, standardising, providing general guidance, supervising, inspecting and controlling the entire national health system, including the provision of health care by the national health service or by private entities. MoH main services involved in the action are the following:
  - Directorate general of administration (DGAAS), Planning directorate (DEEP), Management committee of PNDS (CG PNDS): Departments of the Ministry of Health responsible for financing the health sector, to identify good practices and financing alternatives to increase the sustainability of the sector and to propose concrete measures.
  - DGPPS (directorate general of prevention and promotion), pharmaceutical directorate, which has been established very recently and the mission is still not well defined as not defined are also the relations with ARFAME (Regulatory Agency for Pharmaceuticals) and CECOME.
  - Service for Human Resources (at Secretary General Office): Responsible for all HR management of the entire health system under the guidelines of the National Human Resources Development Plan for Health.
  - DRS (Regional directorates of health): the regional level is responsible for analysing the regional situation, regional plans with resource forecasts, annual programming and evaluation/monitoring.
- **INASA** (National Public Health Institute): was created in 2008 to organize the National Health Information System (SNIS) service. Its mission is to “generate, absorb and disseminate scientific and technological knowledge in health in order to provide the tactical and strategic information necessary for decision-making within the framework of the National Health System, contributing to the improvement of the quality of life of the population and the full exercise of citizenship”.
- **ENS** (National School of Health): created in 1995, is a collective establishment under public law with scientific, administrative, financial, educational, disciplinary and financial autonomy under the supervision of the National Institute of Public Health (INASA) and of the Ministry of Public Health. The ENS provides initial training, continuing training and technical specialization.
- **ARFAME** (Regulatory Agency for Pharmaceuticals): regulate pharmaceutical policy and the legal regime for pharmaceutical activity and will be in charge of the approval/registration of medicines for human use, the implementation pharmacovigilance and quality control of medicines, including the establishment of a specified laboratory.
- **CECOME:** it is a public enterprise that was designated by the government as the main local supplier and was also responsible for strengthening state structures. Inadequate management leads to frequent stock shortages in health facilities. It was recently dissolved and a new hybrid entity is being created with the support of the Global Fund and UNDP. The strategy of the new entity, with new governance structure and new purchasing mechanisms in place, should be officially approved in July-August 2024.
- **Ministry of Finance:** responsible for macro-economics and public finance management though mobilization and allocation of public resources, including on health.
- **Ministry of Women, Family and Social Cohesion:** is the institution responsible for formulating, proposing, coordinating, and executing Government’s policy with a view to promoting integration and social cohesion, protecting women and families and reducing poverty.
- **Gender focal points** of the listed institutions and ministries.
- **CSOs** active in the health sector, including those prioritizing women’s organizations and organizations of persons living with disabilities. This is important considering the recent WHA resolution: At the Seventy-



seventh World Health Assembly, Member States endorsed a resolution to implement, strengthen and sustain regular and meaningful social participation in decision-making processes for health.<sup>17</sup>

#### **Additional stakeholders:**

- WHO: it supports the implementation of the medical certificate of death and the International Code of Diseases-10 (ICD-10). WHO also provides geographic information system (GIS) tools such as Kobo, ArcGIS, ODK/Survey123, as well as technical assistance to map emergency activities such as measles and polio. WHO also supports the group purchasing of essential medicines in the context of Small Island Developing States (SIDS). In Guinea Bissau, WHO is responsible for coordinating international partners in the health sector and, as part of the EU-funded PIMI III project, provides technical assistance to the Ministry of Health to strengthen health financing
- World Bank: it supports pandemic preparedness by building and maintaining capacity to ensure rapid detection, verification and response to public health risks, and by supporting notification of events of international public health significance, in alignment with and complementing the Regional Disease Surveillance Systems Improvement (REDISSE) programme. In addition, since 2018, it has been leading another initiative related to the promotion of maternal and child health. The World Bank also supports community health, in collaboration with the Global Fund and UNICEF.
- The Global Fund: current portfolio aims to strengthen the country's health systems and extend hard-won progress in the fight against HIV, tuberculosis and malaria. In 2023 the Global Fund supported the development of the PENSIS 2023-2027) and is supporting the implementation of some of the interventions grouped under a network of 5 strategic objectives.
- UNICEF: it supports birth registration. However, birth coverage varies between 24% and 36%. It is digitised using the mobile phone application managed by UNICEF, but the data is not transferred to the SIS/INASA. In addition, data relating to the mapping of public health structures and drinking water wells in Guinea Bissau, collected via the m/Water application, is not submitted to INASA. Mortality estimates are collected via Multiple Indicator Cluster Surveys (MICS) commissioned by UNICEF.
- Portugal - Within the framework of the Ianda Guiné Saúde programme (12/2019 to 01/2024), funded by the European Union with a contribution from Instituto Camoes and the Instituto de Higiene e Medicina Tropical (IHMT) of Lisbon and implemented by Instituto Camoes in partnership with IHMT and Escola Superior of Enfermagem de Coimbra (ESENFC), advanced training was carried out in management for head nurses (24 beneficiaries), in management for directors of hospital establishments (24 beneficiaries) and an international specialization course in public health (26 beneficiaries). A new programme, called "Força Saude" (2024-2026) will contribute to support the Public Health Institutes of Portuguese-speaking countries (including Guinea Bissau) for strengthening global security. The main activities focus on training of Health human resources and the transfer of most advanced methodologies for epidemiologic and laboratory surveillance, as well as specific skills for laboratory.
- BHP/PSB (Bandim Health Project/Projeto Saude Bandim): it is a research institution with financial and administrative autonomy. BHP exists on the basis of collaboration between the Ministry of Health, Guinea-Bissau and the University of Southern Denmark. Since 2006, BHP has been implementing a national health and demographic surveillance system (HDSS) in Guinea-Bissau, collecting data on pregnancies, births, deaths and the use of health services. Data is collected during regular home visits to a nationally representative sample of the Guinean population.

## **3 DESCRIPTION OF THE ACTION**

### **3.1 Objectives and Expected Outputs**

The **Overall Objective** of this Action is to increase Universal Health Coverage.

The **Specific Objectives** of this Action are to:

<sup>17</sup> [29-05-2024-world-health-assembly-endorses-resolution-on-social-participation](#)

- 1) Strengthen inclusive and gender sensitive **leadership, governance** and evidence-informed decision-making in the health sector, including nutrition;
- 2) Increase **equitable access to quality essential medical products**, especially in the primary health care, with particular focus on women and persons with disabilities;
- 3) Enhance the equitable and effective distribution of **healthcare workers** with adequate knowledge, competence and motivation, especially at primary health care level, with particular focus on women.

The **Outputs** to be delivered by this Action contributing to the corresponding Specific Objectives are:

**1.1 Contributing to Specific Objective 1:** Increased **capacities of the Ministry of Health at national and subnational level** on planning, budgeting, supervision and management of health facilities and resources.

**1.2 Contributing to Specific Objective 1: Strengthened public health institutions capacity** for an efficient, resilient and gender responsive health information system, with a specific focus on public health and nutrition surveillance follow-up mechanisms.

**2.1 Contributing to Specific Objective 2:** Enhanced **institutional and policy development capacities relevant for equitable access to medicines and health products and technologies**.

**2.2 Contributing to Specific Objective 2:** Strengthened system for equal and nationwide **procurement logistics and stock management of medical products**, including for nutrition-specific programmes, as well as backup mechanisms in case of crisis, such as disease outbreaks, conflicts and climate-change related events.

**3.1 Contributing to Specific Objective 3:** Increased **capacities of MoH and School of Public health** for development of **health workforce skills** in accordance with minimum international standards and actual needs.

**3.2 Contributing to Specific Objective 3: Improved systems for equal distribution and effective management of human resources** at all levels of health care delivery, including a **gender-responsive standard for professional practice**.

## 3.2 Indicative Activities

### *Activities relating to Output 1.1*

- Providing technical assistance to the Ministry of Health and the relevant structures in charge of the PNDS, for the effective setting up and implementation of the main strategic instruments established for its governance, including roadmap, budgeting and follow-up, including for the Regional Operational Plans.
- Specialised expertise to support the improvement of the strategic and regulatory framework of the health system targeting UHC, such as updating Basic Health Law and Statute of National Health Service and designing policies for equitable healthcare delivery.
- Support to the process of definition of strategic and sustainable health sector financing plans based on robust needs assessments, including on nutrition and taking into account environmental and climate events, with a focus on service delivery and financial protection mechanisms for the most vulnerable people.

### *Activities relating to Output 1.2*

- Providing technical assistance to INASA to develop knowledge management and disaggregated health information tools responsive to gender and socio-economic inequalities, based on an analysis of its institutional and organizational capability and to ensure effective public health emergency preparedness and response.
- Capacity building to strengthen the national Health Information System for an effective monitoring of health outcomes and practices and for informed health policy steering, notably by setting up tools and improving systems on gender responsive and disability inclusion data collection, management and reporting and identifying digital solution for healthcare follow-up, including among vulnerable populations.

- Strengthening strategic and operational capacities to manage the public health and nutrition information system, namely by implementing surveillance and follow-up mechanisms including oversight on data quality as well as uptake and use of the information for Action in order to strengthen coverage, quality and continuity of nutrition programmes (including monitor emergency nutrition in ‘hotspots’) .

#### ***Activities relating to Output 2.1***

- Providing technical assistance to the MoH and relevant stakeholders to carry out a capacity needs review of the pharmaceutical sector and value chains including regulatory, procurement, logistics and supply chain management functions across the Regulatory and Central Medical store.
- Specialised expertise to finalise, strengthen and implement the National Pharmaceutical Policy and support key policies to address barriers to the UHC, such as affordability of medicines for the most vulnerable, supply and distribution mechanisms and adequate infrastructure for storage and distribution of medicines and health products throughout the country.
- Support the mechanism to regularly update the national list of essential medicines, including nutrition-related health products (the medical products that are part of the nutrition packages) that shall be included in the List of “essential drugs/medical products”, and designing tools and mechanisms to prevent the distribution of substandard and falsified products.
- Supporting the dissemination and sensitisation of the population on regulation, prices and the list of essential national medicines, and promote regional and international networking and exchanges on best practices in medical products management towards UHC.

#### ***Activities relating to Output 2.2***

- Technical assistance to identify best practices and implement effective mechanisms for medicines needs assessment, efficient procurement, storage and distribution of medical products, including on health crisis such as disease outbreaks, conflicts and climate-change related events, aligned with WHO guidelines, for possible integration into standard national procedures.
- Provide tools and training to services in charge of supply and distribution chain system and to MoH staff to efficiently purchase, manage and distribute medical products to health centres.
- Support the supply, storage and distribution of medical products for maternal and child health and nutrition, with a focus on the systematisation and institutionalisation of targeted mechanisms, practices and measures for vulnerable populations, that can contribute to the design of a national reform on healthcare financing towards UHC.

#### ***Activities relating to Output 3.1***

- Technical assistance to support the preparation of a national policy on human resources for health, as well as for the setting up of the governance instruments for the effective implementation of the National Plan for the Development of Human Resources for Health (PNDHRH), including on its budgetisation.
- Updating curricula of health professionals in priority areas, including adequate integration of nutrition module and taking into account environmental and climate change issues and gender and disability perspectives, based on sound needs and priorities assessments, in particular at PHC level.
- Technical guidance to National Health School in pre-service training, Continuous Professional Development programmes and in-service training of health professionals at all levels, including community healthcare workers at PHC level and topics as nutrition, also through distance learning and the promotion of digital skills.

#### ***Activities relating to Output 3.2***

- Specialised expertise to support MoH, in coordination with the Ministry of the Public Administration and the Ministry of Finance, in defining an institutional framework, drawing up and implement a gender sensitive HRH recruitment management, career and salary plan based on actual needs and performance.

- Technical support to MoH, in coordination with the Ministry of the Public Administration and the Ministry of Finance, to streamline career paths for health and nutrition professionals to promote career progression and retention.
- Enhancing mechanism for equal and effective distribution of health workforce in the health regions, in particular in PHC services, taking into account the real needs of the system.

### 3.3 Mainstreaming

#### **Environmental Protection & Climate Change**

Increased temperatures and humidity will increase malaria transmission, flooding will incite the spread of waterborne diseases, drought will escalate the risk of meningitis which can cause the emergence of infections and epidemics, and increased temperatures will worsen air pollution and increase the threat of acute respiratory illnesses and other cardiovascular and non-communicable diseases. Heavy rainfall events occur often in the country and causes flooding that have severe impacts on public health. In this context, environmental issues and “green” practices will be mainstreamed through environmental and climate event responsive budgeting practices (Output 1.1), the setup of a stable backup mechanism to ensure medicine supplies, storage, and distribution in case of crisis (Output 2.2), and the update of health professionals’ curricula according to environmental and climate change issues (Output 3.1).

Hence, institutional capacity building at national and regional level on health planning, budgeting and supervision will be also aimed at increasing resilience to climate-sensitive health risks. In addition to that, technical support will be provided to improve policies and regulation mechanisms for a more equitable and regular access to essential medicines and their efficient management, taking into account the need to increase the system readiness to adapt to the impacts from climate change, and to train or up-skill Human Resources for Health.

**Outcomes of the Environmental Impact Assessment (EIA) screening:** the EIA screening classified the Action as Category C (no need for further assessment).

**Outcomes of the Climate Risk Assessment (CRA):** the CRA screening concluded that this Action is no or low risk (no need for further assessment).

#### **Gender equality and empowerment of women and girls**

As per the OECD Gender DAC codes identified in section 1.1, this Action is labelled as G1. The Action contributes to the EU Gender Action Plan III, notably in its key thematic policy areas 3.1 Ensuring freedom from all forms of gender-based violence, and 3.2 Promoting sexual and reproductive health and rights. This implies that a gender perspective will be mainstreamed throughout the Action and that transformative Actions for gender equality addressing sexual and reproductive health and rights and nutrition will be promoted, as well as Actions to prevent and respond to sexual and gender-based violence.

To this regard, Actions will be promoted through Output 1.2 (strengthened capacity for a gender responsive health information system), 2.2 (efficient mechanisms for purchase and fair distribution of medicines, including for sexual and reproductive health), 3.1 (gender responsive health professionals’ curricula) and 3.2. (equal distribution of staff at all levels of health care delivery and gender-responsive standards for professional practice).

#### **Human Rights**

Access to health is one of the foundations of human rights. The right to health includes entitlements, such as the right to control one's health, informed consent, bodily integrity, and participation in health-related decision-making. The Action acts on the main determinants of poverty through the promotion of Universal Health Coverage, and integrates the principles of sustainability and "leaving no one behind", at the level of the regulatory framework, and the provision of health services. In particular, issues such as access to health, mitigation of the environmental impact, gender equality and decent jobs, are embedded in the Action. By strengthening the UHC approach, namely fostering access to essential medicines (Output 2.1), equal and timely access to basic health services (Output 3.2) and improving the system for prevention, treatment and control of diseases (Output 1.1), the Action will integrate the principles of the human rights based approach.

## **Disability**

As per OECD Disability DAC codes identified in section 1.1, this Action is labelled as D1, as it has a significant objective related disabilities. The Action will be implemented following an inclusive approach, taking into account the needs of different categories of people including the most vulnerable. In particular, in the activities related to planning, supervision, data management. In this sense, the action will take in consideration that the activities will facilitate the participation of person with disabilities as e.g. in its seminars and workshops. CSOs with and for persons with disabilities will be included in the consultation processes. Furthermore, capacity-building activities supported by the action will be accessible and addressed also to these organisations. This will require ensuring accessible venues, training material, transport and budget for reasonable accommodation.

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## **Reduction of inequalities**

Reduction of inequalities is targeted in this particular intervention (I-1). The Action intends to create the conditions for the introduction in Guinea-Bissau of Universal Health Coverage. This could reduce inequality due to its large redistributive role by strengthening primary care. In addition to that, an effective and transparent health system, supported by the reforms and the capacity building activities promoted by the Action, can contribute significantly to reduce inequalities by promoting equitable resource allocation, improved service delivery, and enhanced accountability and oversight. In particular, access to basic services in the rural areas – promoted by a better distribution of Health staff (Output 3.2) – will have an important impact on social and economic development.

The impact of the intervention on some targeted groups (youth, women, persons with disabilities) will be specifically measured during monitoring and evaluation.

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## **Democracy**

The Action aims to contribute to strengthening democracy and the rule of law through improving Health governance and fighting corruption within Health structures and Health administration. In particular, by reinforcing capacities of the Ministry of Health on planning, budgeting, supervision and management, and by improving mechanisms for medicines procurement and stock management, the Action will strengthen accountability from the Government, improve transparency of public expenditure, and strengthen the democracy dynamics.

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## **Conflict sensitivity, peace and resilience**

The Action will contribute to getting public finance management processes (in particular, health financing and administration) on track in ways that encompass sound public budgeting, execution, and accountability to support reconstruction and poverty reduction objectives that are vital to building a well-functioning state and producing a durable peace.

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## **Disaster Risk Reduction**

Prevention and management of disaster risks is a relevant component of the Action. The implementation of a resilient Health system and enhancing the fight against corruption in health management, with particular reference to drugs procurement and Human Resources management, will promote the rationalization of available and already limited public resources, to reinforce national response mechanisms and disaster resilience financing. The development of preparedness plans and the setup of a backup mechanism to ensure medicine supplies, storage, and distribution in case of crisis (Output 2.2) is likely to ensure the responsiveness of the health system, helping to mitigate the various risks. Adaptation and mitigation practices will ensure the health system is responsive to the broad array of climate risks (flooding, excess heat/drought that create disruptions in electricity, and/or supply chains and/or the provision of services). To the extent possible, any future infrastructure supported by the Action will be low carbon.

### 3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
External environment	1. Political and institutional instability	High	High	Structured policy dialogue with the Government and other key stakeholders, including private sector and civil society on key reforms relating to the Health sector.  Designation of technical focal points within the Ministries (national officials occupying strategic positions) and establishment of a management committee including all relevant institutions for implementation. Increase international donors' coordination.
	2. Effects of climate change	Medium	Low	Promotion of sustainable practices and measures according to PNDS and setup of backup mechanism to ensure medicine supplies and to readiness of laboratory networks, in line with the priorities established by the COES, the national risk mapping and the national contingency plan for emergency management. Training and capacity building at all levels incorporates climate adaptation and mitigation.
	3. Effects of Pandemic	Medium	High	Support pandemic preparedness by strengthening and maintaining the capacity for ensuring rapid detection, verification and response to public health risks, and supporting reporting events of international public health importance, in alignment and complementary with existing national and regional programmes.
	4. Worsening of the economic crisis at international level, affecting the external support to the health system of Guinea-Bissau	Medium	Medium	Regular follow up of donor's dynamics and strengthened coordination with international partners for better use of (domestic and external) available resources. Increase coherence of country/regional and global programmes across all donors
Planning, processes & systems	5. Corruption or malpractice undermine partners confidence	Medium	Medium	A parallel programme of the EU on economic governance focusing on public financial management and anti-corruption. Awareness raising campaigns about corruption and ethics issues in the health sector.
	6. Lack of sustainability of the project due to lack of resources and capacity at the central level and at the level of Health centres	Medium	High	Implementation of a credible political and policy dialogue Support the institutional and legal framework to increase the fiscal space and advocacy to increase health budget.

People & organisation	7. Insufficiently qualified human resources within Ministry of Health hinder the improvement of health services	High	High	Efficient recruitment will be encouraged and supported, as well as retention practices and corporate culture. Technical assistance and peer learning should help strengthen the technical and administrative team, increasing their motivation.
	8. Resistance by Health staff to adopt more modern practices and protocols, including supervision (ethics).	Low	Medium	Prioritization of demonstrative activities based on successful experiences, as well as practices being developed based on the recognition of the importance of innovative techniques, protocols and procedures. Support the development and implementation of ethical standards of behaviour, including ethical clinical, leadership, management, research and quality-improvement practices.
	9. Resistance of target groups in participating in the implementation of the Action	Low	High	Intervention methodologies based on participatory mechanisms and prioritizing activities that can bring benefits in the short term and that can increase the level of confidence in the Action.
Legal & regulatory	10. Implementation of the project may require legal and regulatory changes in the Health sector	Medium	Medium	An initial diagnostic identifying gaps, bottlenecks and challenges for a policy and regulatory framework more conducive for changes in the health administration and management of Human Resources. Availability of technical assistance to support the relevant authorities to address them. Strengthened policy dialogue and advocacy.

### Lessons Learnt:

In the last 10 years, two components of the national health system (treatment of the main infectious diseases - HIV, tuberculosis and malaria, and maternal and child health) have been able to maintain a minimum access to quality services for the most vulnerable population, contributing to a significant improvement in certain public health indicators. Both of these components have received substantial support from the EU. In particular, maternal and child health has been addressed for more than a decade through PIMI programme, aimed at reducing maternal, new-born and infant mortality.

Based on the latest data shared by WHO Africa, the country's rates of mortality decline are higher than the West African averages, and the evaluations of EU-funded programmes PIMI I and II showed impressive increases in the uptake of essential MCH services over time. For example, the overall proportion of women having obtained four or more antenatal care (ANC) visits increased markedly from 32% in 2013 before the introduction of the programme to 45% in the first phase of PIMI (2014-16) and 56% in the second phase (2017-19). Likewise, the proportion of facility births increased markedly from 33% (2013) to 39% (2014-16) and 49% (2017-19). The EU intervention has furthermore resulted in a good balance between the increase of demand for services and improvement of quality, and in the valid key prioritisation of standards and protocols by Ministry of Health.

Yet, despite this remarkable progress, which the government is unable to maintain in the absence of external aid, service coverage remains suboptimal and Guinea-Bissau must do much more to achieve the SDGs and reduce malnutrition, which remains one of the main underlying causes of infant mortality in Guinea Bissau.

The Ministry of Health fully recognizes the role of the EU in the financial, logistical and methodological support to maternal and child health, as well as in health governance, thanks to the support provided in drafting the National Development Health Plan 2023-2028 (PNDS) and the National Development Plan for Health Human Resources 2023-2032 (PNDRHS) through the project Ianda Guiné Saúde (2019-2023). The process of drafting the two documents



began in 2017, but the content needed to be revised in order to ensure that it was in line with the country's current reality. Thus, with the support of the EU through Ianda Guinea Health, the two Plans were finalised in 2023 and now only await approval by the Council of Ministers.

Hence, the MoH has shared its willingness to build on PIMI and Ianda Guiné Saúde achievements and engage with the EU in a strategic dialogue, in order to implement the activities of the PNDS in selected areas and continue to guarantee minimum levels of assistance to pregnant women and children under five years of age through the strengthening of the PHC network.

The Action will therefore consolidate the EU as a key partner, and position the EU at the centre of the policy and strategic dialogue on the health sector, contributing to strengthen the system in its main functions, to gradually achieve universal health coverage.

The gradual transfer of responsibility to MoH in managing services and protocols, to eventually strengthen and ensure its resilience, is based on a capacity building Action aimed at strengthening three of the six building blocks of the healthcare system (health workforce, health information systems, access to essential medicines), and on accompanying the MoH towards autonomous MCH service delivery. It is also expected to build a credible political and policy dialogue on human rights and gender equality.

An enhanced coordination with national and international stakeholders, in order to gradually move away from a “substitution approach” and progressively contribute to building a country led UHC system, will allow the best use of available resources, while the MoH will have to strengthen its leadership capacity to implement stronger advocacy and obtain more resources.

Synergies and complementarities will be sought with World Bank, WHO, the Global Fund, GAVI, UNFPA Supplies, UNICEF, and WFP, while complementarity with Regional TEIs (on Public Health Institutes and One Health) and EU Member States initiatives (i.e. Telemedicine, supported by the Portuguese cooperation), will contribute at expanding the scope and increasing the impact of the Action. In particular, the TEI to support the National Public Health Institutes in Africa will contribute to strengthen the scope of the Action by reinforcing the development of INASA capacities to carry out essential public health functions, effectively use digital healthcare tools, and manage digital data systems.

The Action is closely coordinated with EU's and other international partners' efforts in the field of Public Financial management (PFM) and Public Administration Reform. In particular, with the EU-funded Economic Governance project (AAP 2023) that will start its implementation in 2024 and will improve the budgetary process with a focus on key Ministers such as health and education, and will also push a broader agenda of PFM reform. There will also be a close coordination with World Bank projects and IMF technical assistance in the fields of Domestic Revenue Mobilisation (DRM) and of human resource management in the public sector, both key issues for sustainability.

Finally, lessons learnt also point out the importance of ensuring regular monitoring in coordination with MoH and sharing information at all levels, being realistic in defining the objectives in order to make Actions more "owned" by an extremely weak system.

### 3.5 The Intervention Logic

The Action proposes a five-year intervention to further consolidate PIMI's achievements and pave the way towards a UHC system. This is based on the assumptions that the country will remain stable and also, among others, that a strengthened governance of the health system is crucial to the improvement of UHC. The underlying intervention logic for this Action is that:

**IF** technical support is provided to the public health institutions for their governance and regulation at national and subnational levels, including on data and knowledge management; support is ensured on the policy and regulatory framework related to pharmaceutical and health products and technologies, as well as to the infrastructure for their storage and equitable distribution; expertise is supplied to operationalise the policy framework for effective management of human resources in the health sector and a modern skills development system for competent health workforce, **AND** the assumptions related to the planned activities hold true, **THEN** the capacities of public health institutions on planning, budgeting, supervision and management of health facilities and resources and on a gender responsive health information system will be strengthened; institutional and policy development capacity to ensure

equitable access to medicines and health products and technologies will be enhanced and the system for equal and nationwide procurement logistics and stock management of medical products, including for nutrition and crisis situations, will be strengthened; the public system ability to develop health workforce skills in accordance with minimum international standards and actual needs will be increased and systems for equal distribution and effective management of human resources at all levels of health care delivery will be improved.

**IF** the capacities of public health institutions on planning, budgeting, supervision and management of health facilities and resources and on a gender responsive health information system are strengthened; institutional and policy development capacity to ensure equitable access to medicines and health products and technologies are enhanced and the system for equal and nationwide procurement logistics and stock management of medical products, including for nutrition and crisis situations, is strengthened; the public system ability to develop health workforce skills in accordance with minimum international standards and actual needs is increased and systems for equal distribution and effective management of human resources at all levels of health care delivery is improved, **AND** the assumptions that MoH promotes a continuous health policy debate among key policy makers, health implementers and health care consumers, Ministry of Finance (MoF) accompanies implementation of interventions with adequate resources and Government, supported by its partners, continues to strengthen the national resilience against epidemics, hold true, **THEN** leadership, governance and evidence-informed decision-making in the health sector, including nutrition, will be strengthened, equitable access to quality essential medical products, especially in the primary health care, with particular focus on women and persons with disabilities, will be increased and equitable and effective distribution of healthcare workers with adequate knowledge, competence and motivation, especially at primary health care level, will be enhanced, **BECAUSE** lessons learnt from previous interventions suggests that this change is possible where the MoH is committed and engaged in fighting corruption and improving the management of the health sector, the MoF ensures an increasing financial support to the health sector, and the strengthened coordination among international partners allows to make better use of available resources.

**IF** leadership, governance and evidence-informed decision-making in the health sector, including nutrition, is strengthened, equitable access to quality essential medical products, especially in the primary health care, with particular focus on women and persons with disabilities, is increased and equitable and effective distribution of healthcare workers with adequate knowledge, competence and motivation, especially at primary health care level, is enhanced **AND** the assumptions that institutional stability for the implementation of health policies and cooperation with the EU remains and financial support to the health sector at least will not decrease and political will to implement programmes in support of Human Resources for health remains, hold true, **THEN** the Action will contribute to increase the Universal Health Coverage. This is **BECAUSE** lessons learnt and capitalisation of previous experience confirm that the national health system, to be able to meet the basic needs of the population, must improve resource management, increase internal and external financial resources, and ensure predictability and sustainability of health interventions, anticipating crises and reacting in time to them. The availability of funding, information, infrastructure, equipment, qualified human resources, material, and medicine as well as proper governance is essential for reducing high morbidity and mortality rates and equally increasing the population's life span, in a structured approach toward UHC.

### 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
<b>Impact</b>	Increased Universal Health Coverage.	1. Universal Health Coverage (UHC) Index (GERF 1.27, SDG 3.8.1)  2. Proportion of births attended by skilled health personnel (SDG 3.1.2)	1. 37 (2021)  2. 54% (2019)	1. 55 (2030)  2. TBD in the inception phase (2030)	1. WB report  2. WHO report	Not applicable
<b>Outcome 1</b>	Strengthened gender-sensitive leadership, governance and evidence-informed decision-making in the health sector, including nutrition.	1.1. Timeliness of reporting (health structure to DRS and DRS to MoH)  1.2. % of health services/facilities using digitalised systems	1.1. TBD in the inception phase (2024)  1.2. TBD in the inception phase (2024)	1.1 TBD in the inception phase (2030)  1.2. TBD in the inception phase (2030)	1.1 Annual MINSAP and DRS reports  1.2. Annual INASA report	Institutional stability for the implementation of health policies and cooperation with the EU remains.
<b>Outcome 2</b>	Increased equitable access to quality essential medical products, especially in the primary health care, with particular focus on women and persons with disabilities.	2.1. Number of days stock-out per reporting period of essential medicines  2.2. Out-of-pocket payments for essential medicines	2.1 TBD in the inception phase (2024)  2.2 TBD in the inception phase (2024)	2.1 TBD in the inception phase (2030)  2.2 TBD in the inception phase (2030)	2.1 MINSAP and CECOME reports  2.2. WB report; National Health Accounts	Financial support to the health sector at least will not decrease.
<b>Outcome 3</b>	Enhanced equitable and effective distribution of healthcare workers with adequate knowledge, competence and motivation, especially at PHC level, with particular focus on women.	3.1. Health worker density disaggregated by sex and health worker category (SDG 3.c.1)  3.2. % of PHC with all healthcare professional positions fulfilled (doctors, nurses/skilled birth-attendants)	3.1. 12 724/10 000 (2.198/10 000 doctors, 10.526/10 000 nurses and midwives) (2021)  3.2. TBD in the inception phase (2024)	3.1. TBD in the inception phase (2030)  3.2. TBD in the inception phase (2030)	3.1. WHO report  3.2. Annual MINSAP and DRS reports	Political will to implement programmes in support of Human Resources for health remains.
<b>Output 1 relating to Outcome 1</b>	Increased capacities of the Ministry of Health (MoH) at national and subnational level on planning, budgeting, supervision and management of health facilities and resources.	1.1.1 Number of staff from MoH and the relevant structures in charge of the PNDS trained by the EU-funded intervention with increased knowledge and/or skills on planning, budgeting, supervision and	1.1.1 0 (2025)  1.1.2 TBD in the inception phase (2024)	1.1.1. TBD in the inception phase (2030)  1.1.2. TBD in the inception phase (2030)	1.1.1 Pre- and post-training test reports  1.1.2 Annual MINSAP and DRS reports	Capacity of MINSAP to identify needs for technical assistance MINSAP promotes a continuous health policy debate among key policy makers,

		management of health facilities and resources, disaggregated by sex  1.1.2 % of Health Districts supported by the EU-funded intervention that present annual operational and financial report to MoH				health implementers and health care consumers.  Capacities of MINFIN and respective staff to accompany implementation of interventions with adequate resources.
<b>Output 2 relating to Outcome 1</b>	Strengthened public health institutions capacity for an efficient, resilient and gender-responsive health information system, with a specific focus on public health and nutrition surveillance follow-up mechanisms.	1.2.1. Number of health facilities equipped by the EU-funded intervention with health information system tools  1.2.2. Number of hot spot areas at subnational level with functional public health nutrition surveillance to support coverage, quality and continuity of nutrition programmes set up with support of the EU-funded intervention	1.2.1. TBD in the inception phase (2024)  1.2.2. 0 (2025)	1.2.1. TBD in the inception phase (2030)  1.2.2. TBD in the inception phase (2030)	1.2.1. INASA report  1.2.2. Annual MINSAP and INASA reports; Progress reports for the EU-funded intervention	Government, supported by WHO and World Bank, continues to strengthen the national resilience against epidemics.
<b>Output 1 relating to Outcome 2</b>	Enhanced institutional and policy development capacities relevant for equitable access to medicines and health products and technologies.	2.1.1 Number of policies addressing equitable access to quality medicines and health products and technologies, elaborated or revised with the support of the EU-funded intervention  2.1.2. Number of MoH and relevant stakeholders staff trained by the EU-funded intervention, with increased knowledge and/or skills on capacity needs review of the pharmaceutical sector and value chains including regulatory, procurement, logistics and supply chain management functions across the Regulatory and Central Medical store, disaggregated by sex, disability status and institution	2.1.1. TBD in the inception phase (2025)  2.1.2. 0 (2025)	2.1.1 TBD in the inception phase (2030)  2.1.2. TBD in the inception phase (2030)	2.1.1. Text of strategies and policy documents, laws and regulations  2.1.2. Pre- and post-training test reports	
<b>Output 2 relating to Outcome 2</b>	Strengthened system for equal and nationwide procurement logistics and stock management of medical products, including for nutrition-specific programmes, as well as	2.2.1. Number of MoH and stakeholders staff trained by the EU-funded intervention on practical aspects of procurement, distribution, stock management of medical products and crisis response, disaggregated by sex, disability status and institution	2.2.1. 0 (2025)	2.2.1. TBD in the inception phase (2030)	2.2.1. Pre- and post-training test reports	

	backup mechanisms in case of crisis					
<b>Output 1 relating to Outcome 3</b>	Increased capacities of MoH and School of Public health for development of health workforce skills in accordance with minimum international standards and actual needs.	<p>3.1.1. Extent to which EU-funded intervention contributed to updating curricula of health professionals</p> <p>3.1.2. Number of training programmes developed by the public health institutions for healthcare skills development with the support of the EU-funded intervention</p>	<p>3.1.1. No contribution (2025)</p> <p>3.1.2. 0 (2025)</p>	<p>3.1.1. TBD in the inception phase (2030)</p> <p>3.1.2. TBD in the inception phase (2030)</p>	<p>3.1.1. Text of document; Progress reports for the EU-funded intervention</p> <p>3.1.2. Pre- and post-training test reports</p>	
<b>Output 2 relating to Outcome 3</b>	Improved systems for equal distribution and effective management of human resources at all levels of health care delivery, including a gender-responsive standard for professional practice.	<p>3.2.2 Supervision reports regularly produced</p> <p>3.2.1. Status of the recruitment management plan</p> <p>3.2.2. Status of the career and salary plan</p>	<p>3.2.1. TBD in the inception phase (2025)</p> <p>3.2.2. TBD in the inception phase (2025)</p>	<p>3.2.1. A draft gender-sensitive HRH plan elaborated/updated with the support of the EU (2030)</p> <p>3.2.2. A draft career and salary plan elaborated/updated with the support of the EU (2030)</p>	<p>3.2.1. Text of document; Progress reports for the EU-funded intervention</p> <p>3.2.2. Text of document; Progress reports for the EU-funded intervention</p>	

## 4 IMPLEMENTATION ARRANGEMENTS

### 4.1 Financing Agreement

In order to implement this Action, it is envisaged to conclude a financing agreement with the partner country.

### 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 entry into force of the financing agreement.

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 of the Budget Support Component

N.A.

### 4.4 Implementation Modalities

The Commission will ensure that the EU rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the Action with EU restrictive measures<sup>18</sup>.

#### 4.4.1 Indirect Management with an entrusted entity

This Action may be implemented in indirect management with an entity, which will be selected by the Commission's services using the following criteria:

- Specific expertise in the areas of support to health systems strengthening and reforms towards UHC;
- Expertise in the areas of institutional development for public health governance, equitable access to medicines and health workforce capacity building;
- Ability to mobilise highly specialised multidisciplinary teams, including expertise from the European administration;
- Specific experience in the West Africa sub-region and/or in Portuguese speaking countries (PALOP, CPLP).
- Significant experience in and understanding of the Bissau-Guinean context.

The implementation by this entity entails the whole action.

#### 4.4.2 Changes from indirect to direct management mode (and vice versa) due to exceptional circumstances (one alternative second option)

If negotiations with the entrusted entity for indirect management described in section 4.4.1 fail for circumstances outside the Commission's control, the Commission's services may use direct management as follows:

- **Procurement (direct management)**

<sup>18</sup> [www.sanctionsmap.eu](http://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.



The procurement will be used to contribute to specific objective 1 “Strengthen leadership and governance, including planning and supervising capacities, and foster evidence-informed decision-making in the health sector, including nutrition” and specific objective 3 “Enhance the equitable distribution of healthcare workers with adequate knowledge, competence and motivation, especially at PHC level, in order to facilitate the access of disadvantaged segments of population to quality health care”.

- **Grants (direct management)**

(a) Purpose of the grant:

The grant will be used to achieve the specific objective 2 “Provide equitable access to essential medical products, especially in the primary health care”.

(b) Type of applicants targeted:

Civil society organisations and non-governmental organisations.

#### 4.5. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission’s authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realisation of this Action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

#### 4.6. Indicative Budget

<b>Indicative Budget components</b>	<b>EU contribution (amount in EUR)</b>
<b>Implementation modalities</b> – cf. section 4.4	
<b>Specific Objective 1</b> “Strengthen leadership and governance”, composed of Outputs 1.1 and 1.2	
Indirect management with an entrusted entity - cf. section 4.4.1	4 000 000
<b>Specific Objective 2</b> “Provide equitable access to essential medical products”, composed of Outputs 2.1 and 2.2	
Indirect management with an entrusted entity - cf. section 4.4.1	4 000 000
<b>Specific Objective 3</b> “Enhance equitable distribution of healthcare workers”, composed of Outputs 3.1 and 3.2	
Indirect management with an entrusted entity - cf. section 4.4.1	2 800 000
<b>Evaluation</b> – cf. section 5.2	200 000
<b>Audit</b> – cf. section 5.3	
<b>Totals</b>	<b>11 000 000</b>

#### 4.7 Organisational Set-up and Responsibilities

The programme will set up a Steering Committee involving the European commission service and the key stakeholders, notably the implementing partners and relevant national counterparts including Ministry of Health. The Steering Committee will be the policy decision-making body of the programme. It will assess the overall implementation of the programme and will approve the annual work plans of the Action, risk analysis and mitigation measures. Meetings will be organised yearly and when requested by one of the members.

A Technical Committee will be established in order to quarterly discuss implementation technical issues, to analyse and monitor implementation of the programme, to decide how to manage new challenges and to share information. Programme managers and other technical staff from the institutions belonging to the Steering Committee will take part at the quarterly meetings. Extraordinary meetings will be organised if requested by one of the members.

Other partners and donors could be invited to both groups as observers and external experts could be invited if considered necessary. The implementing partners will assist both groups and will act as the Secretariat.

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/Specific Objectives) 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 implementing partners in charge of each of the three different components of the Action (civil society, parliament and elections) will have specific responsibilities with regards to monitoring, evaluation, knowledge management and reporting. It is expected that the implementing teams for each component will count with a dedicated Knowledge Management, Monitoring and Evaluation (KME) officer, which in articulation with her/his Team Leader/Action Coordinator will advise the planning, management and conduct the monitoring and reporting. Each component is expected to have its own logical framework (logframe), aligned with the global logframe of the Action, and an internal monitoring system. The monitoring system will assess gender equality and disability results and will be designed and implemented adopting a human-rights based approach according to working principles such as applying all human rights for all, meaningful and inclusive participation and access to decision-making, non-discrimination and equality, accountability and rule of law for all and transparency and access to information supported by disaggregated data, focusing on key target groups, with specific procedures and tools to guide and support data collection. The respective logframes and monitoring systems shall be used as management tools not only to monitor the implementation, but also to support its planning and management with a learning view.

The systems will be fed by data coming from the implementation of the different Actions – collected on a regular basis by the KME officer and other relevant partners - as well as through specific monitoring activities aimed at collecting baseline, current values for indicators and endline surveys, to be funded under the regular budget of the Action (through specific budget lines identified for this purpose). Common indicators, including from the European Union Roadmap for engagement with Civil Society in the Guinea-Bissau and Gender Action Plan III/ CLIP, shall be used as much as possible to allow for a comprehensive yet specific reporting. Furthermore, whenever applicable, the internal monitoring systems and tools must contain indicators disaggregated by gender, disability status, age groups, and geography. Special attention should be paid to consulting women and youth as well as persons with disabilities, with a view to breaking gender and youth inequalities and strengthening the role of women and girls as drivers of change. In order to monitor development and equal access, data/indicators will be disaggregated even further when applicable.

Monitoring and reporting shall assess how the Action under each component is being implemented both at regional and central levels and its performance/contribution for the achievement of results.

## 5.2 Evaluation

Having regard to the importance of the Action, mid-term and final evaluations may be carried out for this Action or its components by independent consultants contracted by the Commission. A mid-term evaluation will be carried out for problem solving and learning purposes, in particular with respect to determining the degree to which the Action is on track (and where adaptation may be required) and whether or not activities need to be redesigned or budget reallocated to ensure that outputs and outcomes will be met. A final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the need to verify to which degree the Action may continue to be supported under any potential further phase.

The Commission shall inform the implementing partners at least two (2) months in advance of the dates envisaged for the evaluation missions. The implementing partners 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.

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 evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination<sup>19</sup>. The implementing partners and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

Evaluation services may be contracted under a framework contract.

## 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.

<sup>19</sup> See best [practice of evaluation dissemination](#).

## 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);

Contract level		
<input checked="" type="checkbox"/>	Single Contract 1	Contribution agreement on institutional support to the national health system (indirect management): awarded to an entrusted entity