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THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 1

to the Commission Implementing Decision on the financing of the multiannual action plan in favour of Sub-Saharan Africa for 2024-2025

Action Document for Fighting antimicrobial resistance and strengthening the One Health workforce in Africa

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

1 SYNOPSIS

1.1 Action Summary Table

1. Title **CRIS/OPSYS business reference** **Basic Act**	Fighting antimicrobial resistance and strengthening the One Health workforce in Africa OPSYS number: ACT-62356 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	Yes Regional Team Europe Initiative (TEI) with Africa on sustainable health security using a One Health approach
3. Zone benefiting from the action	The action shall be carried out in Africa
4. Programming document	Sub-Saharan Africa Multi-Annual Indicative Programme 2021-2027
5. Link with relevant MIP(s) objectives / expected results	Priority Area 1: Human development - Health Specific Objective 1: Strengthen the African health security architecture, pharmaceutical systems and public health capacity, contributing to stronger health systems and improved health, including sexual and reproductive health rights (SRHR) outcomes. Result 1.1: The African architecture for health security and pandemic preparedness is strengthened sustainably
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	Priority area 1: Human development – Health Health - 120
7. Sustainable Development Goals (SDGs)	Main SDG (1 only)**:** SDG 3: Ensure healthy lives and promote well-being for all at all ages. Other significant SDGs (up to 9) and where appropriate, targets: SDG 2: Zero Hunger SDG 4: Quality education (especially target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human

<table>
<tr><td></td><td>rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development)
SDG 5: Gender Equality
SDG 6: Clean Water and Sanitation
SDG 10: Reduced inequalities
SDG 13: Climate action
SDG 15: Life on Land</td></tr>
<tr><td>8 a) DAC code(s)</td><td>12250 - Infectious disease control - 30%
31195 - Livestock/ veterinary services- 25%
12110 - Health policy and administrative management -20%
41080 Environmental education/training 15%
11430 - Advanced technical and managerial training – 10%</td></tr>
<tr><td>8 b) Main Delivery Channel</td><td>European Union Institution - 42000
Other public entities in donor country – 11004
Non-Governmental Organisations (NGOs) and Civil Society - 20000</td></tr>
<tr><td>9. Targets</td><td>☐ Migration
☒ Climate
☒ Social inclusion and Human Development
☒ Gender
☐ Biodiversity
☒ Education
☐ Human Rights, Democracy and Governance</td></tr>
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(from DAC form)</td><td>
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<tr><td>Aid to environment @</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Gender equality and women's and girl's empowerment</td><td>☐</td><td>☒</td><td>☐</td></tr>
<tr><td>Reproductive, maternal, new-born and child health</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Disaster Risk Reduction @</td><td>☐</td><td>☒</td><td>☐</td></tr>
<tr><td>Inclusion of persons with Disabilities @</td><td>☐</td><td>☒</td><td>☐</td></tr>
<tr><td>Nutrition @</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><th>RIO Convention markers</th><th>Not targeted</th><th>Significant objective</th><th>Principal objective</th></tr>
<tr><td>Biological diversity @</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Combat desertification @</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Climate change mitigation @</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Climate change adaptation @</td><td>☐</td><td>☒</td><td>☐</td></tr>
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</table>

<table>
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digital entrepreneurship
digital skills/literacy
digital services</td><td>YES
☐
☐
☐
☐
☐</td><td>NO
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☒
☒
☒</td><td rowspan="5"></td></tr>
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health
education and research</td><td>YES
☐
☐
☐
☐</td><td>NO
☒
☒
☒
☒</td><td rowspan="5"></td></tr>
<tr><td>Migration @</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Reduction of Inequalities @</td><td>☐</td><td>☒</td><td>☐</td></tr>
<tr><td>Covid-19</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td colspan="5">BUDGET INFORMATION</td></tr>
<tr><td>12. Amounts concerned</td><td colspan="4">Budget line(s) (article, item):
14.020120: EUR 14 875 000
14.020121: EUR 14 875 000
14.020122: EUR 12 750 000

Total estimated cost: EUR 42 500 000

Total amount of EU budget contribution: EUR 42 500 000

Four EU Member States are involved in the Regional Team Europe Initiative with Africa on sustainable health security using a One Health approach including Denmark, France, Germany, Spain. The combined indicative financial contributions towards the TEI amount to EUR 309 710 566.
<table>
<tr><th>TEI member</th><th>TEI indicative financial contribution (EUR)</th></tr>
<tr><td>Denmark</td><td>5 242 408</td></tr>
<tr><td>France</td><td>92 165 000</td></tr>
<tr><td>Germany</td><td>78 135 000</td></tr>
<tr><td>Spain</td><td>7 948 158</td></tr>
<tr><td>European Commission</td><td>126 220 000</td></tr>
</table></td></tr>
<tr><td colspan="5">MANAGEMENT AND IMPLEMENTATION</td></tr>
<tr><td>13. Type of financing</td><td colspan="4">Direct management through:
- Grants</td></tr>
</table>

	Indirect management with the entities to be selected in accordance with the criteria set out in section 4.4.2

1.2 Summary of the Action

This regional action is proposed in the framework of the health pillar of the Global Gateway Africa-Europe Investment Package presented at the 2022 EU-AU Summit, where the AU and EU adopted "A Joint Vision 2030"[1] declaration with strong commitments on health security and the One Health approach. The regional TEI with Africa on sustainable health security using a One Health approach (as defined by the One Health High Level Expert Pannel (OHHLEP)[2]) has a strong EU Member states (MS) support: five EU MS are involved in the TEI (EUR 309 million indicative financial contributions by the EU and Member States in a Team Europe Approach (TE)). This TEI aims to develop further the EU's strategic partnership with the Africa Center for Disease Control and Prevention (CDC), public health agency of the AU, and to align with the AU call for a New Public Health Order in Africa. Priority areas of support have been identified jointly by TE members and Africa CDC. The intention is also to substantiate the partnership with other African organizations for Health security using a One Health approach.

The overall objective of this action is to contribute to sustainably strengthen health security in Africa through two main interventions:

- A first component will focus on improving the surveillance, prevention and control of Antimicrobial Resistance (AMR) using an integrated, systems strengthening One Health approach at national, regional and continental levels. This component will thereby particularly focus on providing support to the AMR Control programme of the Africa CDC and to its effective roll-out at regional and national levels in alignment with Global standards.
- A second component will focus on improving the skills and capacities of relevant professional groups from various sectors in applying the One Health approach.

As this will be the second package of action financed by the European Commission under the framework of the TEI with Africa on sustainable Health Security using a One Health approach (TEIA HSOH), it consciously builds on the RIP AAP23 Action for "Strengthening One Health surveillance, early detection and prevention of emerging zoonotic diseases in Africa" and further substantiates EU's strategic partnership with Africa CDC in particular the existing collaboration with its European counterpart the European Center for Disease Prevention and Control (ECDC). Furthermore, it leverages expertise available among European and national institutes and agencies relevant to the One Health approach and TEI Member States' development agencies (see section 2.2 on stakeholders).

1.3 Zone benefitting from the Action

The Action shall be carried out in Africa, out of which all countries included in the list of ODA recipients.

2 RATIONALE

2.1 Context

This action is proposed in the context of:

- The SDGs. The action will contribute to the EU human development target and primarily SDG 3 (Good Health and Well-being), target 3.d (Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks), but also notably SDG 2 (Zero Hunger), SDG 4 (Quality Education) and SDG 15 (Life on Land). as well as to SDG 13 (Take urgent action to combat climate change and its impacts), Target 13.3 (Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning).

[1] final_declaration-en.pdf (europa.eu)

[2] https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health

- The FAO-UNEP-WHO-WOAH One Health Joint Plan of Action (2022-2026)[3] in particular the action track 1: Enhancing One Health capacities to strengthen health systems and the action track 5: Curbing the silent pandemic of AMR which complements the 2022 FAO-WOAH-WHO-UNEP Strategic Framework for collaboration on AMR[4].
- The renewed African health security architecture. The New Public Health Order in Africa (NPHO) formulated by Africa CDC calls for 'respectful, action-oriented partnerships' to address Africa's priorities. The technical support package defined in this action responds directly to Africa CDC's request for support to strengthen African institutions for public health and the African public health workforce.
- The African Union Framework for AMRControl 2020-2025[5]
- Africa CDC officially launched its Framework for AMRControl, 2018 – 2023 and the African Union Framework for AMR Control 2020-2025. These Frameworks describes strategies for Africa CDC to improve surveillance, delay emergence, limit transmission, and mitigate harm of antimicrobial resistant pathogens. Africa CDC's Framework for AMR, therefore, focuses primarily on advocacy, policy, and strengthening laboratory capacity for AMR and antimicrobial use (AMU) surveillance in Member States.
- The technical support package defined in this action directly supports the recommendations stated in the 2020 Africa CDC's Framework for One Health Practice in National Public Health Institutes (NPHIs) for zoonotic disease prevention and control[6] particularly the Objectives #2 and #3 Develop and strengthen surveillance systems and data-sharing mechanisms with all relevant stakeholders; and Strengthen laboratory systems and networks to ensure early detection, surveillance, and response to priority zoonotic diseases using a One Health approach; and the Goal#5: to Strengthen and support workforce development using a One Health approach to prevent and control priority zoonotic diseases.
- The new EU Global Health Strategy[7] adopted in November 2022, which reasserts EU commitment to tackle key global health challenges, notably pandemic prevention, preparedness and response (PPR) using a One Health approach[8].
- It will contribute to the EU's commitment to allocate 20% of its Official Development Assistance (ODA) under NDICI to social inclusion and human development, including health.[9]
- The Global Gateway Health Package and the AU-EU "Joint Vision 2030" declaration adopted at the 2022 EU-AU Summit.
- The Council Recommendation on stepping up EU actions to combat AMR in a One Health approach[10] adopted in June 2023 encouraging EU MS to provide development capacity and support AMR actions in low-and-middle income countries, in particular through engaging the TEI with Africa on sustainable Health Security using a One Health approach and supporting the implementation of AMR One Health National Action Plans in low and middle-income countries.
- The action will contribute to the realisation of the EU Gender Action Plan 2021-2025 GAP III[11], in particular Promoting economic and social rights and empowering girls and women, Promoting equal participation and leadership and to Addressing the challenges and harnessing the opportunities offered by the green transition and the digital transformation.
- It is part of the regional TEI with Africa on sustainable health security, using a One Health approach (TEI HSOH). The TEI also aims to achieve greater efficiency of European programming by coordinating programmes and promoting synergies, while empowering the Africa CDC to become a fully operational continental Public Health Agency coordinating international, regional and national efforts and building a long-lasting partnership with other key African regional and international organisations mandated to improve health

[3] "https://iris.who.int/bitstream/handle/10665/363518/9789240059139-eng.pdf?sequence=1"https://iris.who.int/bitstream/handle/10665/363518/9789240059139-eng.pdf?sequence=1

[4] https://iris.who.int/bitstream/handle/10665/352625/9789240045408-eng.pdf?sequence=1

[5] https://africacdc.org/download/african-union-framework-for-antimicrobial-resistance-control-2020-2025/

[6] https://africacdc.org/download/framework-for-one-health-practice-in-national-public-health-institutes/

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

[8] A full definition of One Health is provided by OHHLEP under https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health

[9]https://commission.europa.eu/strategy-and-policy/eu-budget/performance-and-reporting/programme-performance-statements/neighbourhood-development-and-international-cooperation-instrument-global-europe-performance_en

[10] https://data.consilium.europa.eu/doc/document/ST-9581-2023-INIT/en/pdf - https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32023H0622%2801%29

[11] join-2020-17-final_en.pdf (europa.eu)

security. Instead of creating new networks, the TEI also aims to build on existing ones and work on harmonizing methods and protocols, extend the geographical scope and expand the multisectoral dimension of existing programs while building bridges between programmes and partnerships to reduce fragmentation.

2.2 Problem Analysis

Short problem analysis:
Gaps in AMR surveillance, prevention and control:

With the highest burden of deaths associated to AMR in the world[12] and an estimated direct contribution to 1.27 million deaths in sub-Saharan Africa in 2019, dedicated collaborative action is needed to support the African continent in detecting, mitigating and reducing the burden of AMR.
Many factors contribute to the emergence, reemergence, persistence, and transmission of AMR. Although AMR strains arise naturally due to genetic changes in microorganisms, their emergence is accelerated by inappropriate use of antimicrobial agents in humans, animals, and plants, including self-treatment of illness by lay persons, non-indicated administration by healthcare providers, and addition of antibiotics to feed to "promote growth" and prevent illness among animals reared for food consumption. The environmental aspects of AMR encompass various sources of pollution, including hospital and community wastewater, waste from pharmaceutical production, runoff from agricultural activities involving plants and animals, and other types of waste and discharges. These sources may carry not only microorganisms resistant to antimicrobials but also antimicrobial substances, pharmaceuticals, microplastics, metals, and other chemicals. All these elements collectively heighten the risk of AMR in the environment.
Climate change significantly contributes to AMR through multiple avenues. Firstly, it facilitates the transmission of zoonotic and vector-borne diseases by increasing human-animal contact, potentially triggering pandemics. These outbreaks might escalate the improper use of antimicrobials. Secondly, climate change leads to heightened concentrations of contaminants such as microplastics in natural water bodies, stemming from increased use of antibiotics and protective equipment during events like the COVID-19 pandemic. These pollutants challenge wastewater treatment plants, potentially perpetuating the spread of AMR. Lastly, the impact of climate change on AMR disproportionately affects vulnerable populations, especially those in low- to medium-income countries with limited resources and action plans against AMR. Additionally, individuals with existing health conditions and strong ties to their environment bear a heavier burden due to climate change, underscoring the urgent need for global action that recognizes the intricate links between socio-economic status, environmental vulnerability, and health impacts.
Although gains have been made in collecting data on AMR as it relates to TB and malaria, several challenges remain, including inadequate: demand by clinicians for diagnostic testing; laboratory infrastructure; resources to continuously collect, transport and test specimens for AMR surveillance; use of standardised protocols, quality assurance; and collaboration between human and animal health sectors.
Gender norms profoundly affect many aspects of women's lives, including their vulnerability to infectious diseases and AMR. For example, as women occupy two-thirds of positions involving caregiving, social support, and working in frontline healthcare settings, they are at higher risk of occupational exposure to pathogens in healthcare facilities. Furthermore, the current inadequate standard of care for most curable STIs in sub-Saharan Africa due to inaccessible diagnostic testing and an increased focus on symptom management exposes women, including women with disabilities, to inappropriate antibiotic treatments and increases their risk of developing AMR[13]. However, unequal access to health care facilities mostly affecting women and people from vulnerable groups such as people with disabilities and lesbian, gay, bisexual, transgender, queer (or questioning), and intersex (LGBTIQ) persons affects negatively the AMR testing and related information regarding these groups.
In 2019, AMR contributed to more deaths than those related to HIV and malaria combined. Unequal gender norms and power relations create different exposure risks to AMR and influence who is able to access and benefit from preventative measures. However, the evidence base to inform this is still lacking and AMR studies are often gender and disability blind. Better research evidence on the interplay between AMR and gender can guide relevant,

[12] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext
[13] Women and Antimicrobial Resistance, March 2023, https://onehealthtrust.org/news-media/blog/women-and-antimicrobial-resistance/

impactful and sustainable mitigation strategies.[14] AMR also exacerbates inequities within societies. Marginalised groups, including women, children, those with disabilities, migrants, refugees, and those living in informal settlements, are particularly vulnerable to drug-resistant infections and may have less access to health systems. Uncontrolled and untreated sewage exacerbates the problem.[15]That is why the WHO recommends adopting an intersectional gender and disability lens to better understand the complex, overlapping ways social identities shape the progression and treatment of infectious diseases[16]. This helps avoid a one-size-fits-all approach in research, policy and programmes, instead shedding light on the interplay of AMR, gender and other socio-behavioural factors, and how these are shaped by structural conditions such as economic and other inequalities[17].
About 16% of the global population have disability, and persons with disabilities experience important inequities in health outcomes, including due to AMR and NCDs. Many health inequities are due to unjust and unfair factors, and can be avoided through developing more equitable and inclusive health systems[18]. Such investments will also benefit other groups of the population, such as the increasing older population, migrants, refugees or iinternally displaced as they often face similar barriers to access prevention services and treatment.

Africa CDC and the Mapping antimicrobial resistance and antimicrobial use partnership (MAAP) supported by the Feming fund undertook the retrieval of retrospective data for 2016-2019 AMR and Antimicrobial use and consumption (AMU/C) data[19]. MAAP reviewed records from 205 laboratories across 14 countries: Burkina Faso, Ghana, Nigeria, Senegal, Sierra Leone, Kenya, Tanzania, Uganda, Malawi, Eswatini, Zambia, Zimbabwe, Gabon and Cameroon. Low testing volumes, poor implementation of quality assurance activities, reporting challenges associated with paper-based recording of test results and inconsistent capture of clinical data reported were some of the major challenges in AMR control programs. From the recent data, more than 261 million people across the 14 countries are estimated to be deprived of AMR testing services, the projected population growth of 238 million additional persons by 2035 will further aggravate the deprivation rate of AMR testing services, in the absence of interventions to increase the number and geographical distribution of bacteriology testing services. Less than 50% of laboratories reported availability of methods for testing antimicrobial resistance mechanisms; electronic laboratory information systems; and formal quality management system (QMS) certification or ISO accreditation. Overall, the gaps in pathogen identification and antibiotic susceptibility testing (AST) and electronic-based laboratory information system (LIS) were the most critical gaps, reported by more than 75% of the laboratories.

Most African countries have developed AMR National Action Plans (NAPs) in alignment with the 2016 WHO Global Action Plan on AMR[20], the FAO-UNEP-WHO-WOAH One Health Joint Plan of Action (2022-2026) and the AU Framework for AMR Control 2020-2025, but face challenges in ensuring that AMR NAPs are sufficiently implemented, funded and informed by local data. The necessity for diverse sectors (public health, veterinary, agriculture, industry, WASH, etc.) which usually work in silos at different levels, to coordinate and collaborate in a harmonised way requires a central steering function/stewardship beyond the health sector alone. This is an intensive task and requires authority and political commitment from the highest level. In addition to insufficient political commitment, implementation is challenged by significant gaps with regards to prevention (poor infection prevention and control measures and inadequate water, sanitation, and hygiene services), detection (inadequate surveillance systems and laboratory capacity to conduct proper testing to support public health decisions), and response measures (limited capacity to optimize antimicrobial prudent and responsible use and access to such antimicrobials). Furthermore, these challenges are aggravated by limitations in coordination, which is required to effectively tackle AMR, develop and implement AMR NAPs and to effectively use newly created human capacity in epidemiology.

[14] HSRC, Co-creating a gender toolkit to amplify the impact of antimicrobial resistance research, 2023, https://hsrc.ac.za/news/latest-news/co-creating-a-gender-toolkit-to-amplify-the-impact-of-antimicrobial-resistance-research/
[15] What is fuelling the world's antimicrobial resistance crisis?, 23 November 2023, UNEP, https://www.unep.org/news-and-stories/story/what-fuelling-worlds-antimicrobial-resistance-crisis
[16] WHO 2022. Global report on health equity for persons with disabilities https://www.who.int/publications/i/item/9789240063600
[17] https://hsrc.ac.za/news/latest-news/co-creating-a-gender-toolkit-to-amplify-the-impact-of-antimicrobial-resistance-research/
[18] WHO 2022. Global report on health equity for persons with disabilities https://www.who.int/publications/i/item/9789240063600
[19] https://africacdc.org/download/mapping-antimicrobial-resistance-and-antimicrobial-use-partnership-maap-country-reports/
[20] https://www.who.int/publications/i/item/9789241509763

These challenges are addressed in the Africa CDC Framework for AMR 2018-2023, which highlights the need to improve surveillance across both humans and animals, improve capacity to enhance integrated laboratory networks, delay the emergence and limit transmission of AMR and mitigate harm among patients infected with AMR organisms – and that in order to do so, strengthened human resources and policies that enable long-term prevention are crucial. Furthermore, the challenges are addressed by the African Common Position on AMR from 2019 and the African Union's establishment of a taskforce for coordinating policies related to AMR with representation from all relevant human, animal, and environmental agencies.

Altogether these sources highlight the wide spectrum of action required to sustainably address AMR on the African continent, including efforts to (1) enhance AMR NAPs implementation, including supporting antimicrobial stewardship programmes at national level and implementation research using the One Health approach and to (2) strengthen AMR surveillance systems (including Health Associated Infections and Antimicrobial Use), and to improve the establishment of capacity within integrated laboratory networks to effectively detect and identify AMR in an integrated approach with other infectious diseases to avoid as much as possible inefficient and verticalized efforts.

The need for action in these areas is widely recognized by Africa CDC, the RECs as well as other key stakeholders (such as the Pandemic Fund, the Fleming Fund, the AMR Multi-Partner Trust Fund (AMR MPTF), and ReAct Africa Network). The Joint Intervention Logic (JIL) of the TEI HSOH[21] clearly reflect these challenges. Specifically, a TEI mapping of ongoing AMR activities funded by the EU, Germany, France and Denmark in African countries showed that less attention is currently directed towards strengthening of integrated laboratory networks and capacity to conduct research and evaluation generating context and gender-sensitive evidence for policy making for solutions needed to be scaled-up.

<u>One Health Workforce needs</u>

While certain African Union Member States have made progress in applying the One Health approach to tackle health threats at the human-animal-environment interface, gaps in program funding, political commitment and lack of coordination across sectors continue to seriously limit the institutionalization of One Health at the various levels (regional, national, community). It remains critical to ensure countries have sufficiently diverse workforces well trained to counter health threats at the human-animal-environment interface and differences persists in resource allocation in education and training opportunities between relevant professional (e.g medical, paramedical, veterinarian, agriculture, environment fields) which have hindered their ability to coordinate effectively in order to sustainably balance and optimize the health of people, animals and ecosystems (which is the aim of the One Health approach according to the One Health High Level Expert Panel OHHLEP[22]).

In its "Framework for One Health Practice in NPHIs" Africa CDC identifies the responsibility of NPHIs in ensuring that their country is prepared to prevent, control and respond to zoonotic diseases by ensuring a diverse workforce -comprising physicians, veterinarians, laboratory technicians, epidemiologists and other relevant professions such as wildlife health specialists and social scientists- is available[23]. According to this framework, Africa CDC and RCCs will need to notably support and facilitate the deployment of a multisectoral workforce to support response to public health emergencies using the African Volunteer Health Corps (AVoHC) and to develop training materials to help build One Health workforce capacities across all Member States.
This could be also done through the following actions: the African Epidemic Service (AES) fellowships [24]

Mandated to fill workforce gaps of selected disciplines, Africa CDC developed a continental technical guide "Framework for Public Health Workforce Development 2020-2025" to guide continental efforts in strengthening One Health. Africa CDC assessed there the challenged faced by applied epidemiology programmes, noting there

[21] https://capacity4dev.europa.eu/resources/team-europe-tracker/partner-countries/sub-saharan-africa/sustainable-health-security-africa_en
[22] https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health
[23] Africa CDC Framework for OH Practice in NPHIs, Goal #5
[24] An elite workforce hosted and directed by the African Union. The AES has three tracks namely, Epidemiology, Laboratory Leadership and Public health informatics. The AES – Epidemiology track is a two-year competency based applied epidemiology training program that aims to strengthen the disease prevention and response capacity of African Union member states.

the need to expand not only quantitatively but also qualitatively so that their scope of training includes social sciences (including gender and intersectionality), emergency management, inclusive risk communication, injury epidemiology, occupational health and safety, health economics, non-communicable diseases, One Health (to include veterinarian-epidemiologists), health security, and health policy. The Framework proposed to Initiate New FETP (by 2017 (58%) of 55 African countries had launched FETPs; 18) and to Improve Existing FETPs. The goal is to have 1 FETP programme minimum accredited by RCC.

In the framework of the '*EU for Health Security in Africa: ECDC for Africa CDC'* project, the ongoing collaboration between the European Centre for Disease Prevention and Control (ECDC) and Africa CDC have started building a partnership in 2020 based on the following areas of work:

1. Preparedness, outbreak response, and emergency operations
2. Surveillance, data management and sharing, epidemic intelligence
3. Public health workforce development and capacity building

Based on this 3rd area of work and together with the Team Europe member states[25], ECDC has mapped existing initiatives in the area of One Health workforce development showing still a lack of fully integrated support that works towards strengthening a continental African Union One Health strategy, rather than targeting individual member states and their priority zoonotic diseases. Building on recent advances made in One Health competency development[26] and capacity-building mechanisms, and working closely with Africa CDC, its RCCs and regional actors, this Action will focus on developing sustainable, coordinated and streamlined intersectoral, One Health training opportunities in particular across four key areas identified by Africa CDC as priorities: AMR, emerging and endemic zoonotic diseases, climate change and food safety. An inclusive and gender responsive approach should also be taken in consideration.

Through the activities proposed, and the inherent networking that will occur during training opportunities, this Action aims to break down the silos between human, animal and environmental sectors and create a diverse workforce that advocates nationally for a multidisciplinary equitable and inclusive approach to combat health threats.

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

African Stakeholders

- Africa CDC, the Africa Centers for Disease Control and Prevention, public health agency of the African Union working on public health at the scale of the continent. Given its unique positioning on the continent, its expanded mandate and institutional autonomy, it is playing a key role in driving the continent's health security agenda and in providing the crucial political link to the AU Member States.
- Regional Economic Communities (RECS) with mandates for health and other relevant sectors for the One Health approach.
- AU-IBAR, the Inter African Bureau for Animal Resources, is the technical organisation of the African Union working on animal disease and livestock. AU-IBAR and Africa CDC jointly host the secretariat of the African Union Interagency Group on One Health for the implementation of the African Union One Health Strategy for Zoonotic Disease Prevention and Control
- African public health institutes: it will be especially important for the workforce development component to understand local context and facilitate a design that can adapt to diverse landscapes by engaging directly with national institutes.
- AFENET: African Field Epidemiology Network is a not-for-profit networking and service organization dedicated to improving health outcomes of the communities we serve in liaison with ministries of health and other partners. Strengthening capacity for public health preparedness and response through Field Epidemiology (and Laboratory) Training Programs {FE(L)TPs}, and other applied epidemiology training programs is one of their core activities.

[25] Belgium, France, Germany, Spain

[26] One Health capacities for field epidemiologists: The FAO/WHO/WOAH competency framework https://bulletin.woah.org/?panorama=03-3-2023-1_field-epidemio

- African national laboratories: including the African Society of Laboratory Medicine (ASLM).
- Civil Society: in the first component, the advocacy to raise awareness and behaviour change activities targeted at the general public should include the engagement of civil society. This means paying particular attention to the inclusion of women and persons with disabilities' organisations, as well as organisations for the rights of other marginalized groups. In the second component, civil society, , in particular women, people with disabilities and, where possible and safe, LGBTIQ rights organisations, should be involved in the training programs for community-based workers from human/animal/environmental health fields.

European stakeholders

- ECDC, the European Centre for Disease Prevention and Control, is implementing the EU-funded ECDC 4 Africa CDC project (EUR-10 million, including a 1 million staffing grant for Africa CDC), which aims to contribute health security in Africa by sharing EU practices and strengthening Africa CDC capacities in preparedness, surveillance and health threats posed by communicable diseases.
- EFSA, the European Food Safety Authority, is the agency of the European Union that provides independent scientific advice and communicates on existing and emerging risks associated with the food chain, from farm to fork. It organises the 12 months European Food Risk Assessment (EU-FORA) Fellowship Programme
- EEA, the European Environment Agency agency that delivers knowledge and data to support Europe's environment and climate goals.
- DG SANTE - BTSF (Better Training for Safer Food) is a European Commission training initiative to improve the knowledge and implementation of EU rules covering food safety, plant, animal, and One Health. The European Health and Digital Executive Agency (HaDEA) administers all phases of BTSF training contracts, from the launch of calls for tender, the evaluations of offers and the awarding of contracts to their conclusion. HaDEA is also responsible for BTSF ACADEMY administration.
- HERA is supporting the Pathogen genomic initiative (PGI) of the Africa CDC through a EUR 6 million agreement to be implemented in partnership with the African Society for Laboratory Medicine and the Africa Public Health Foundation. The initiative aims to strengthen pathogen surveillance and public health laboratory capacity across the continent. Further, HERA is collaborating with Africa CDC on the strenghtening of capacities for wastewater monitoring and the establishment of a global consortium for wastewater monitoring. Both initiatives are developed for a broad range of threats, including AMR.
- HERA is supporting WHO AFRO with EUR 2 million to support the scale-up of laboratory capacities both for clinical and environmental surveillance in several African regions. This action contributes to WHO/AFRO's Flagship Project, Transforming African Surveillance Systems (TASS) – one of three multi-partner projects that WHO/AFRO is launching to build Member State capacity across the full cycle of health emergencies.
- Global Health EDCTP3[16]: the Global Health European and Developing Countries Clinical Trials Partnership 3 Joint Undertaking works to deliver new solutions to reduce the burden of infectious diseases in sub-Saharan Africa and to strengthen research capacities to prepare and respond to re-emerging infectious diseases. It is a €1.6 billion partnership between the European Commission, representing the European Union, and the EDCTP Association, representing the governments of European and sub-Saharan African countries participating in the partnership.
- Members of the TEI (Denmark, France, Germany, Spain and the European Commission) have engaged and are engaging significant capacity and investments in health security, research on zoonoses and AMR as well as several One Health initiatives at community, national, and regional level across Africa.
    - Denmark - ICARS: Denmark has two bilateral health programmes in the African region, in Kenya and Tanzania, focusing on health system strengthening as well as primary health care. Furthermore, Denmark supports the work of the International Centre for Antimicrobial Resistance Solutions (ICARS) to partner with LMICs in their efforts to tackle and mitigate AMR across the One Health spectrum, including their partnership with a number African countries: Benin, Tanzania, Zambia, Zimbabwe, Ghana, Kenya and South Africa.
    - Germany is involved in pandemic preparedeness and response (PPR) in Africa through ongoing continental and regional programs in partnership with various RECs. Two programs support directly the Africa CDC: the continental program Strengthening crisis and pandemic response in Africa and the Global program on pandemic prevention and response, One Health. Through these 2 programs, GIS provides organisational development and project management capacities of the Africa CDC,

strengthening of Africa CDC partnership management, and strengthening the Africa CDC One Health Programme
    - France has similarly a substantial portfolio of ongoing health security programs in various African regions. In addition, AFD has started to support directly Africa CDC on two areas: strengthening the Africa CDC's Health Economics Programme (HEP) and mobilising continental efforts to strengthen heath economics capacity, and support to Africa CDC's Saving Lives and Livelihoods programme. France also launched the international initiative PREZODE (Preventing Zoonotic Disease Emergence).
- European and African scientific partners: Universities and established Academic partnerships who are already organising One Health training activities and programmes in the continent, or intend to do so, are potential sources of faculty as subject matter experts and/or reference training materials. Liaising with them can also help finding complementarity and avoiding duplication of efforts.

International stakeholders
- The Members of the One Health quadripartite and its secretariat:
    - UN Food and Agriculture Organisation is focused on ensuring food security (FAO)
    - The UN World Health Organisation is in charge on human health at the global level (WHO)[27]
    - The UN World Organisation for Animal Health (WOAH)
    - The UN Environment Programme covers various aspects on climate, nature, pollution, sustainable development (UNEP)
- United States Centers for Disease Control and Prevention (USCDC) and Defense Threat Reduction Agency (DTRA) funded the tripartite FAO-WHO-WOAH One Health field epidemiology competency framework
- ILRI, the International Livestock Research Institute, headquarters are in Nairobi and Addis Abeba, they implement the EU funded COHESA[28] (Capacitating One Health in Eastern and Southern Africa).

As duty bearers in countries covered by the action
- Regional, National and sub-national Veterinary and Public health authorities and laboratories
- Medical, paramedical, veterinary and para veterinary including community (animal/environment) health workers
- Local communities and professionals (farmers, butchers, hunters, etc.) in contact with livestock and wild fauna affected by the risk of zoonotic diseases with particular attention to gendered practices and exposure pathways, person with disabilities, and displaced populations

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The Overall Objective of this action is to contribute to strengthen health security in Africa, using a One Health approach, by strengthening systems for an inclusive AMR prevention, detection and response and by improving skills and capacities of relevant professional groups in human/animal and environmental health.
The Specifics Objectives of this action are to

1. Improve the surveillance, prevention and control of AMR using an integrated, systems strengthening One Health approach at national, regional and continental levels
2. Improve the skills and capacities of relevant professional groups from various sectors in applying the One Health approach, to address shared health threats at the human/animal and environmental interface such as zoonotic diseases, food safety, AMR and to adapt to climate induced health threats

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

[27] WHO Regional Office for Africa (AFRO) has launched a continental strategy for Integrated Disease Surveillance and Response (IDSR) 2020-20230, a regional strategy to ramp up action against antimicrobial resistance[17], implements Joint External Evaluations (JEEs), and other IHR-related activities across the continent, and collaborates with Africa CDC
[28] Capacitating One Health in Eastern and Southern Africa (COHESA) - ACP (oacps-ri.eu); Capacitating One Health in Eastern and Southern Africa (COHESA) (ilri.org)

Outputs contributing to Specific Objective 1:

1.1: Regional and national levels supported in the development, improvement and implementation of AMR NAPs and other AMR strategic frameworks in line with the AU Framework for AMR Control

1.2: Guidelines on Antimicrobial Stewardship (AMS) and Infection Prevention and Control (IPC) adapted to include a One Health Approach and implemented in selected countries and regions.

1.3: Evidence-based, context-specific, inclusive and cost-effective solutions to prevent and mitigate AMR developed, tested and adapted into policies and programs at country, regional and continental levels using a One Health approach.

1.4: Improved microorganisms testing capacity, equipment and quality management systems (QMS) in Public health, environment and veterinary laboratories and increase the coverage and strengthen the structure of the tiered laboratory network

1.5: Surveillance systems for AMC/AMU, AMR and Healthcare-Associated Infections (HAI) using a One Health approach strengthened and expanded.

Outputs contributing to Specific Objective 2:

2.1: Africa CDC capacity strengthened to support the development of One Health training programmes addressing shared health threats at the human/animal and environmental interface such as zoonotic diseases, food safety, AMR and to adapt to climate induced health threats

2.2: Increased availability and competences of One Health Workforce through inclusive competency-based training programmes and through the support to the African Epidemic Service (AES) programme

2.3: Developed or updated regional and national strategies for One Health Workforce development in alignement with Africa CDC framework(s).

3.2 Indicative Activities

Activities relating to Output 1.1:

- Provision of support for the implementation of the Africa CDC AMR strategies at national and regional levels
- Support selected countries to develop (update if existing), cost and implement AMR NAPs and strategies basing on an inclusive and gender- sensitive approach
- Facilitation of at least one annual continental high-level AMR at continental with a focus on political advocacy for national, regional and continental AMR priorities.
- Preparation and implementation of public AMR awareness raising campaigns reaching a substantial proportion of the involved countries for different stakeholders including communities (e.g. patients, farmers, students, women, persons with disabilities), health and veterinary workforce, basing on an inclusive and gendered-responsive approach.

Activities relating to Output 1.2:

- Support Africa CDC in developing/updating/disseminating guidelines on Antimicrobial Stewardship and Infection Prevention and Control to human, plant and animal health professionals, especially clinicians and prescribers
- Support countries/RECs/RCCs to establish regional, national and health facility AMS and IPC programs Provide training to prescribers and clinicians on utilizing laboratory results effectively adhering to prudent antimicrobials use guidelines.

Activities relating to Output 1.3:

- Support national and regional priorities through intervention and implementation oriented research on AMR to address knowledge gaps in AMR prevention and mitigation across the One Health spectrum.
- Strengthen Health Economics Capacity and Evidence in the context of One health in the Africa Union Member States, including on costs for reaching the most marginalized groups of the population.
- The specific projects will be based on national or regional priorities in collaboration with Africa CDC teams, in particular the AMR and the health economicsunits and aligning with their frameworks.

- Technical cooperation with and support to national ministries and research institutions to build national research capacity to implement and sustain the interventions and to develop national AMR control sustainability plans basing on an inclusive and gender-responsive approach.
- Facilitation of scale-up of successful interventions via the adaptation or the development of AMR NAPs, regulatory frameworks, regional or continental coordination mechanisms etc.

Activities relating to Output 1.4:

- Improvement of the capacity of AMR laboratories through refurbishments, equipment upgrades and lab consumables to standardise and harmonise techniques and practices at national and subnational levels
- Support the networking of AMR supra-national (regional) reference laboratories to provide specialty testing, training, and capacity building in national laboratories and sentinel testing sites by increasing the coverage and structure
- Increase the coverage and structure of the tiered laboratory network at country level (any of MAAP countries and additional countries)
- Improvement of capacity to perform Drug Sensitivity Testing (DST) and target pathogen identification testing in human and veterinary labs (including in primary care through laboratory training and implementation of External Quality Assessment (EQA) programme and pilot sites
- Initiate laboratory mapping (LabMaP), lab readiness assessment in line with the MAAP findings in new countries and/or extending LabMaP in already participating countries and develop a roadmap for LabMaP as orientation for participating countries and utilise LabMaP data at regional and continental levels to inform public health planning and policy to advocate for laboratory resources particularly focusing on bacteriology or sequencing capacity

Activities relating to Output 1.5:

- Development and implementation of minimum requirement standards for AMR sentinel surveillance and Africa CDC protocols on HAI surveillance in selected pilot sites. Such standards will improve knowledge on the burden of AMR and understanding of profiles of sensitivity and resistance of strains related to associated symptoms and syndromes (MAAP protocols, PPS (Point Prevalence Survey)).
- Development of recommendations for integrated surveillance systems based on analysis of gender disaggregated and inclusive data at national levels and shared with relevant authorities at national, regional, continental and international levels to inform public health action and build an integrated surveillance system.
- Strengthen and improve country reporting and data sharing through the Global Antimicrobial Resistance and Use Surveillance System (GLASS) and AMRSNET through trainings on WHONET and support for digitalisation of AMR surveillance systems

Activities related to Output 2.1:

- Evaluate existing competency frameworks, choose the most relevant and adapt it to align with the programme's goals and target audiences.
- Update the framework for OH practice in NPHI to include the extended priorities of Africa CDC to AMR, Food Safety and climate change.
- Design curriculum and training materials for the One Health training programmes
- Establish a comprehensive framework for monitoring and evaluation of the One Health training programme.
- Prepare and maintain an accessible digital platform for learners and content management, based on the Africa CDC e-learning platform hosted by Africa CDC and the AU OH coordination group
- Fellows receive financial support to undertake the training

Activities relating to Output 2.2:

- Faculty, supervisors, and mentors of the African Epidemic Service (AES) have acquired advanced mentoring and fellowship management skills, and awareness about One Health principles to apply at AES.
- Develop a training programme, disability and gender mainstreamed, for Faculty, supervisors and mentors of the AES launched by Africa CDC.

- Conduct an in-depth analysis of the competencies required for effective mentorship and program coordination within AES
- Develop a curriculum tailored to the specific needs of AES faculty, supervisors, and mentors, including modules on mentorship techniques, program management, leadership, intersectoral collaboration, health and gender, and communication skills, based on an inclusive approach.
- Organise sessions on One Health principles that must be applied to the AES, to increase awareness about their relevance (possibly to also increase skills on how to instil them to the trainings).
- Create training materials aligned with AES goals, incorporating practical exercise
- Support Africa CDC Learning Management Systems (LMS) to deliver online training/courses on zoonoses, AMR, food safety and climate health.
- Training on AMR mitigation strategies for health care workers, media people and community representatives (including representatives of most marginalised groups) to create awareness and disseminate best practices, taking into account gender and disability specific health aspects.
- Training of laboratory personnel in One Health concept on the laboratory quality management system, microbiology and molecular techniques techniques for confirmation of priority zoonotic and food-borne diseases
- Provide training on sequencing and data analytics for priority zoonotic and food-borne diseases
- Expand One Health training programs to Member States targeting IHR focal personnel, surveillance focal points from all sectors, programs leads at MOH, NPHIs and relevant sectors.
- Support community of practice on early warning surveillance using a One Health approach in all regions of Africa
- Expand training for surveillance focal points and community health workers on early warning surveillance using a one Heath approach

Activities related to Output 2.3:

- Support countries and regions to sustainably integrate One Health training Programme that address zoonotic diseases, AMR, Food Safety and Climate and ecological change into relevant training programmes.
- Analyse possible accreditation mechanisms at regional and national levels of One Health training programmes and make recommendations for specific contexts

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

3.3 Mainstreaming

Environmental Protection & Climate Change

Outcomes of the SEA screening (relevant for budget support and strategic-level interventions)
The Strategic Environmental Assessment (SEA) screening concluded that no further action was required.

Outcomes of the EIA (Environmental Impact Assessment) screening (relevant for projects and/or specific interventions within a project)
The EIA (Environment Impact Assessment) screening classified the action Category C (no need for further assessment).

Outcome of the CRA (Climate Risk Assessment) screening (relevant for projects and/or specific interventions within a project)
The Climate Risk Assessment (CRA) screening concluded that this action is no or low risk (no need for further assessment)
The whole action is about promoting the One Health approach at continental level in Africa.
According to WHO, FAO, UNEP and WOAH, One Health is "an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to

work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development."
By recognising that health threats are also strongly impacted and driven by anthropogenic changes such as deforestation and expansion of agricultural land, intensification of livestock production, unsustainable use of wildlife and climate change, this action will work on the environmental angle of the One Health approach. Changes in climate are likely to impact the transmission of certain zoonotic diseases such as vector-borne diseases. Climate change is one of the four key areas identified by Africa CDC for health workforce training using a One Health Approach.

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. This implies that the Action will ensure the equality of access and treatment for women and men.
For the One Health training activities, AMR activities with laboratories staff, prescribers and clinicians, gender equality of access will be ensured by the implementing partners. Similarly, the capacity strengthening for Africa CDC, the RECs and national public actors will ensure gender balanced participation. Implementation research activities will take into account, where relevant gender aspects of Antimicrobial use and consumption and infection prevention and control.
In the exchanges within the services involved and between the public services (public health, veterinary, environment), the laboratories, the scientific researchers and the communities, the Action will ensure that there is an equality of treatment for women and men.

Human Rights
N/A

Disability
As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. because persons with disabilities are not the main objective of this action. However, through an inclusive approach, the action will pay, to raise the awareness about AMR for most marginalized groups such as persons, and particularly women, persons with intellectual disabilities, mental heath conditions, or people who are deaf and specifically ensure they can access prevention and promotion services, to include persons with disabilities' organizations throughout the action implementation specifically in raising their awareness and their capacities, and ensure disability equity in health forms part of capacity development activities.

Reduction of inequalities
The action will aim at reducing inequalities of access to adequate microorganism diagnostics and treatment in Africa. This will require a constant attention to gender, disability inclusion and other marginalized groups and consultation with their representative organisations to understand barriers they face to access AMR prevention, promotion and treatment.

Democracy
N/A

Conflict sensitivity, peace and resilience
This Action aims to facilitate the adoption of the One Health approach, which will play a pivotal role in optimising human health in balanced manner with animal and ecosystem's health, allowing rapid response to health crisis and other health related issues that could prevent conflict or increase the resilience of conflict-affected communities (competition over water bodies and livestock grazing areas or climate change related displacement can be triggers of conflicts).

Disaster Risk Reduction
N/A

Other considerations if relevant

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
Institutional	Overlapping institutional mandates (between AU and other regional organisations –RECs, Africa CDC, Member States etc.) can lead to undesired fragmentation and inefficiencies.	Low	Medium	EU and TEI Member States to leverage the strategic dialogue to mitigate the issue of overlapping mandates. Alignment around the main continental strategies.
Institutional	Limited interest of various countries to implement AMR measures for fear of economic loss for the national population	Medium	Medium	Use convening power and political leadership of the Africa Union and RECs to stress supranational/regional interest for implementation of AMR measures
Operational	High level of complexity given the range of different issues, stakeholders and partners. This could lead to challenges in implementation and the realisation of impact.	Medium	Medium	The action of the TEI will focus on key actors and levers to achieve impact. Course corrections will be implemented if the need arises. Follow-up actions will be informed by the collective learnings of the TEI.
Coordination	Multiplicity of initiatives focusing on health security, AMR, and workforce development can lead to overlaps, duplication of efforts and inefficiencies in the support provided.	Medium	Medium	The main aim with the Team Europe approach is to promote coherence and coordination in the support to Africa CDC and the coordination with other partners working with Africa CDC should be promoted. The Africa CDC One Health unit is being reinforced under the AAP 2023 action and is playing a key role in facilitating exchange of information and alignment with partners, and this should be further strengthened.
External environment	The high level of complexity in working with many stakeholders (governments/ institutions, regional bodies, CSOs and international partners) introduces risk of conflict of interest.	Medium	High	The Partnership and One Health unit of Africa CDC is playing a key role in facilitating the coordination with different stakeholders. Moreover, Africa CDC can leverage the vast experience with engaging governments/institutions, regional bodies, CSOs and international partners, to support the implementation of the activities. Ensure diversity in CSO consultations, and making them fully accessible for representatives of womens of .

	Risk of not including most marginalised groups in the coordination resulting in them not accessing health benefits on equal way to others			
Planning, processes and systems	Weak national One Health coordination platforms with limited coordination and cooperation between public health and veterinary services at country level	Medium	Medium	Regular coordination meetings between sectors at political/ operational level and clarification of responsibilities of each national actor.
Data sharing	Establishing systems for the integrated collection, analysis, and sharing of data can be complex, particularly with so many partners, significant differences in legal regulations and when existing systems are fragmented or underdeveloped.	Medium	Medium	Ensure that legal agreements are negotiated and established very early in the project to prevent data-sharing delays and disputes. Develop a comprehensive data sharing framework or policy that outlines the principles, procedures, and responsibilities for sharing data among relevant stakeholders. Establish legal agreements to define data ownership, access, use, and privacy rights. Promote the use of standardized data formats, metadata, and terminologies to facilitate interoperability between different data systems and ensure that data can be easily shared and integrated. Create data governance structures that include representatives from the different partners to oversee data sharing activities, resolve disputes, and enforce data sharing agreements. Define where the data will be hosted. Can we use what is already in place (for instance Africa CDC's LMS)? Just one platform or many that will communicate between them? Do we need to develop secure and user-friendly data access platforms or portals where authorized users can access and share data? These platforms should have features for data authentication and access controls. Implement robust data security measures, including encryption, access controls, and audit trails, to protect sensitive data. Ensure compliance with data privacy regulations and ethical standards. Would training be needed for data managers or other individuals who will work with this data?
Lessons Learnt:				

The Commission and Member States have a track record of supporting health systems and systems for AMR and other health threats in Africa (see Chapter 1.2). This action will seek synergies with ongoing country level actions, regional actions and continental actions.
The African Union, Africa CDC and AU Member States have paid increasingly more attention towards the detection and control of AMR and other infectious diseases. Progress has been made in the development of AMR NAPs and regional and continental guidance, e.g. through the Africa CDC Framework for AMR 2018-2023. However, challenges remain in the implementation of such framework strategies (see Chapter 1.2) and progress is lagging, demonstrating that there are issues that need to be addressed. This points to the importance of engaging at the political and operational level to facilitate progress at the technical and institutional levels. The TEIA HSOH will help to address these challenges and barriers in order to support better DST, surveillance and mitigation of AMR and other infectious diseases in African regions and countries.

EU experience of collaboration with Africa CDC
The Commission and Member States have established a working relationship with the Africa CDC.
The partnership has been expanding over the recent years reflecting the ever-growing importance and role of Africa CDC in ensuring the health security of the continent. The partnership that started with the ECDC-for-Africa CDC capacity-building project and support to the continental response to the COVID-19 crisis is now being further developed with new initiatives in the area of local manufacturing of vaccines and medicines, strengthening pandemic preparedness and response, digital health, research and scientific collaboration and health workforce development.
Throughout the engagement so far, the underlying challenge has been the lack of adequate capacities in Africa CDC structures causing implementation delays and low absorption of funds.
Given the expanded mandate and the new institutional status of Africa CDC, there is a recognition of the need to engage Africa CDC not only as a technical partner, but also at political level, since it will have a key role in facilitating the dialogue with Member States and other regional organisations. Discussions are ongoing to set up joint strategic dialogue platforms between AU/Africa CDC and EU to follow up on the delivery of health-related commitments of the AU-EU Summit.
An internal preliminary mapping of ongoing support identified various EU-funded health security and One Health projects across African countries. While all existing projects are of high value on their own, they also contribute to the fragmented health security landscape. This initiative strives to achieve a higher efficiency of European programming by coordinating programmes and promoting synergies, reducing duplications and gaps, and increasing value for money for all involved members. It also seeks to enhance coordination with other key stakeholders, notably international organisations.
The Africa CDC has demonstrated commendable leadership in coordinating Africa's response to the COVID-19 pandemic. However, Africa CDC relies on good partnerships with international organizations and development partners to operationalize their autonomy. The Africa CDC needs to demonstrate its value to AU Member States by providing technical assistance to public health policy and implementation challenges in various countries across various themes including pandemic prevention, preparedness and response and AMR control.

3.5 The Intervention Logic

The underlying intervention logic for this action is that:
This action proposes to reinforce the African architecture for health security, a key priority of the African Union. Two components are foreseen, the first component will focus on providing comprehensive support to the Anti-Microbial resistance (AMR) Control programme of the Africa CDC. The second component will focus on reinforcing the One Health (OH) workforce by supporting the training of diverse relevant professionals for human, animal, and environmental health. This action will complement the AAP2023 support package and substantiate further EU's strategic partnership with Africa CDC.

AMR: the 'silent pandemic', has a strong impact on African countries and their economies. AMR and in particular antibiotic resistance, a growing cause of concern worldwide, is a major threat to global health and food security, with an attendant impact on morbidity and mortality rates. In Africa, the AMR challenge is even more alarming as it is exacerbated by the triple burden of the high prevalence of communicable diseases, weak health systems and climate change driving emergence and spread of new diseases and resistant bacteria. By adopting an African Common Position on AMR in 2019 to provide a continental strategy for combatting it, the African Union has put

AMR high on its health agenda[29]. The necessity for diverse sectors which usually work in silos, to coordinate and collaborate in a harmonised way requires a central steering function/stewardship beyond the health sector and the mandate of Africa CDC.

In line with the Africa CDC Strategic Plan 2023-2028, Africa CDC aims to support AU Member States to implement comprehensive strategies to control AMR including strengthening AMR surveillance:

- Advocate for AMR and Antimicrobial Use (AMU) capabilities: Advocate for Member States to implement the Africa Union framework on AMR Control and invest in AMR surveillance capabilities including improving bacteriology laboratory infrastructure and quality management systems for AMR sentinel surveillance.
- Implement AMR National Action Plans: Support Member States for the implementation of National Action Plans for AMR control.
- Adopt stewardship and IPC guidelines: Help Member States adopt the Africa CDC IPC policy guideline and stewardship guidelines as a core strategy for Antimicrobial Resistance (AMR) control.

The underlying intervention logic of this first component is, thus, that by supporting the AMR Control Programme of Africa CDC, and supporting AU Member states to enhance AMR surveillance, the Action will help to improve the detection and mitigation of AMR and infectious diseases

One Health (OH) Workforce: Africa experiences insufficient number of OH professionals to adequately prevent, detect, and respond to disease outbreaks, and silos between relevant professional groups from medical, paramedical, veterinarian, environment fields still need to be broken to collectively strengthen and protect animal, environmental and human health. The development of an African OH workforce is a major priority for implementing the International Health Regulations (IHR 2005) and other health commitments. Mandated to fill the gaps in critical mass of workforce of selected disciplines including field epidemiology and laboratory experts, Africa CDC developed a Framework for Public Health Workforce Development 2020-2025 to guide continental efforts to strengthen the public health workforce.

By providing multidisciplinary training and tailored courses to address specific skills and knowledge gaps, the Continuous Professional Development (CPD) programme aims to enhance the competencies of professionals from different sectors. It also fosters collaboration and interdisciplinary approaches to address health challenges, including AMR, emerging and endemic zoonotic diseases, climate change and food safety. This action will increase the resilience of health systems through workforce training to enhance addressing public health threats, including also those triggered by climate change. The curriculum's customisation and adaptation to local contexts, along with the establishment of a robust monitoring and evaluation framework, are expected to facilitate the development of these essential skills.

The underlying intervention logic of this second component is, thus, to improve health security in Africa through comprehensive One Health training programmes, improving skills and capacities and enhancing collaboration among diverse professionals.

The success of this intervention relies on several key assumptions, including the willingness of stakeholders to collaborate, the availability of necessary resources and infrastructure, the commitment of Africa CDC leadership, the availability of time and dedication from faculty, supervisors, and mentors, active participation of partner institutions.

[29] It has set up a taskforce for coordinating policies related to AMR with representation from all relevant human, animal, plant, and environmental agencies. AU Member States continue to face challenges in ensuring that National Action Plans on AMR are fully developed, funded, implemented, and measured.

3.6 Logical Framework Matrix

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

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

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

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

Results	Results chain (@): Main expected results (maximum 10)	Indicators (@): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To contribute to strengthen health security in Africa, using a One Health approach, by strengthening systems for AMR prevention, detection and response and by improving skills and capacities of relevant professional groups in human/animal and environmental health	1 SDG 3D.1 International Health Regulations (IHR) capacity and health emergency preparedness	1 2	1 2	1 2	*Not applicable*
Outcome 1	1 Improved surveillance, prevention and control of AMR using an integrated, systems strengthening One Health approach at national, regional and continental levels	1.1 Number of National AMR surveillance sites (systems capacity) (by region) reporting data to the Global Antimicrobial Resistance and Use Surveillance System	1.1 1.2	1.1 1.2	1.1 1.2	
Outcome 2	2 Improve the skills and capacities of relevant professional groups from various sectors in applying the One Health approach, to address shared health threats at the human/animal and environmental interface such as zoonotic diseases, food safety, AMR	2.1 Competency assessment scores: Conduct pre- and post-training competency assessments for participants. Measure the improvement in their skills and knowledge related to One Health concepts and field epidemiology. A higher post-training	2.1 2.2	2.1 2.2	2.1 2.2	

	and adapt to climate induced health threats	score indicates improved capacities. Participants disaggregated by gender. 2.2 Engagement index: Develop an engagement index to assess the active participation of professionals in cross-sectoral activities and collaborative projects. A higher index score reflects increased engagement and commitment to One Health principles. Professionals disaggregated by gender.				
Output 1 **relating to Outcome 1**	1.1 Regional and national levels supported in the development, improvement and implementation of AMR NAPs and other AMR strategic frameworks in line with the AU Framework for AMR Control	1.1.1 Number of countries supported to implement NAPs. 1.1.2 Number of accessible and inclusive consultations with CSOs on the national plan, disaggregated by type of CSO (women, disability, LGBTQI, etc.)	1.1.1 1.1.2	1.1.1 1.1.2	1.1.1 1.1.2	
Output 2 **relating to Outcome 1**	1.2 Guidelines on Antimicrobial Stewardship and Infection Prevention and Control adapted to include a One Health Approach and implemented in selected countries and regions.	1.2.1 Number of countries that adopted and implemented the Africa CDC guidelines.	1.2.1 1.2.2	1.2.1 1.2.2	1.2.1 1.2.2	
Output 3 **relating to Outcome 1**	1.3 Evidence-based, context-specific and cost-effective solutions to prevent and mitigate AMR developed, tested and adapted into policies and programs at country, regional and continental levels using a One Health approach.	1.3.1 Number of solutions development and integrated in to policies and programmes.	2.1.1 2.1.2	2.1.1 2.1.2	2.1.1 2.1.2	
Output 4 **relating to Outcome 1**	1.4 Improved microorganisms testing capacity, equipment and quality management systems (QMS) in Public health, environment and veterinary laboratories increase the coverage and strengthen the structure of the tiered laboratory network	1.4.1.Number of laboratories supported with improved infrastructure and quality management systems.	2.2.1 2.2.2	2.2.1 2.2.2	2.2.1 2.2.2	
Output 5 **relating to Outcome 1**	1.5 Surveillance systems for AMR and Healthcare-Associated Infections using a One Health approach strengthened and expanded.	1.5.1.				

Output 1 **relating to Outcome 2**	2.1 Africa CDC capacity strengthened to support the development of One Health training programmes addressing shared health threats at the human/animal and environmental interface such as zoonotic diseases, food safety, AMR and adapt to induced health threats					Partner institutions participate actively in the development and implementation of the programme. Trained trainers can be integrated into national and regional public health systems, animal health and environmental health structures,
Output 2 **relating to Outcome 2**	2.2 Increased availability and competences of One Health Workforce through inclusive competency-based training programmes and through the support to the AES programme	2.2.1. Trainer feedback and performance: Gather feedback from participants, disaggregated by gender, who received training from certified trainers. Evaluate the trainers' effectiveness and their ability to transfer knowledge and skills to others Participation rate: Track the number of professionals, disaggregated by gender, from diverse sectors who participate in the Continuous Professional Development (CPD) training programmes, segmented by their respective disciplines. Skill proficiency surveys: Conduct surveys among participants, disaggregated by gender, and their supervisors to assess the perceived improvement in specific skills acquired during the training (Likert scale…) Pre- and post-training knowledge assessment: Administer a knowledge assessment test before and after the training programme. Measure the percentage increase to evaluate the extent of knowledge gain. Adoption of One Health practices: Monitor the adoption of One Health				Key stakeholders from various sectors will be willing to collaborate and engage in the Continuous Professional Development (CPD) training programmes for One Health The necessary resources, such as funding, materials, and technology infrastructure, are available and can be put to use (no roadblocks/bottlenecks) to develop and deliver the training programs.

		practices and principles in the participants' professional roles after completing the training programme. This can include changes in policies, procedures, or project approaches.				
Output 3 **relating to Outcome 2**	2.3 Developed or updated regional and national strategies for One Health Workforce development in alignement with Africa CDC framework(s)	2.3.1. Number of countries supported in development strategies on One Health Workforce development in alignement with Africa CDC framework(s)				.

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

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

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of the adoption by the Commission of this Financing Decision.
Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Implementation of the Budget Support Component [For Budget Support only]

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[30].

4.4.1 Direct Management (Grants)

Grants: (direct management)

(a) Purpose of the grant

The grant will contribute to the Specific Objective 1 of the Action: Output 1.4*:* Improved microorganisms testing capacity, equipment and quality management systems in public health, environment and veterinary laboratories and increase the coverage and strengthen the structure of the tiered laboratory network

(b) Type of applicants targeted

Not-for-profit organisations, foundations, non-governmental organisations, diagnostic laboratories - with experiene in capacity building for bacteriological diagnostic and testing.

The part of the action under the budgetary envelope reserved for grants may, partially or totally and including where an entity is designated for receiving a grant without a call for proposals, be implemented in indirect management with an entity, which will be selected by the Commission's services using the following criteria:

- proven and extensive experience in implementing regional programmes in the domain of Health Security and AMR
- proven and extensive experience working in African countries
- established relationship with Africa CDC
- operational capacity to deliver the project at regional level

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

4.4.2 Indirect Management with an entrusted entity

4.4.2.1 Indirect Management with an entrusted entity

A part of this action may be implemented in indirect management with entity(ies), which will be selected by the Commission's services using the following criteria:

- proven and extensive experience in implementing regional programmes in the domain of Health Security and AMR;
- proven and extensive experience working in African countries
- established relationship with Africa CDC
- operational capacity to deliver the project at regional level

The implementation by this entity entails activities under Specific Objective 1:

Output 1.1: Regional and national levels supported in the development, improvement and implementation of AMR NAPs and other AMR strategic frameworks in line with the AU Framework for AMR Control

Output 1.2: Guidelines on Antimicrobial Stewardship (AMS) and Infection Prevention and Control (IPC) adapted to include a One Health Approach and implemented in selected countries and regions.

Output 1.3: Evidence-based, context-specific and cost-effective solutions to prevent and mitigate AMR developed, tested and adapted into policies and programs at country, regional and continental levels using a One Health approach.

Output 1.5: Surveillance systems for AMR and Healthcare-Associated Infections (HAI) using a One Health approach strengthened and expanded.

4.4.2.2 Indirect Management with an entrusted entity

A part of this action may be implemented in indirect management with entity(ies), which will be selected by the Commission's services using the following criteria:

The envisaged entity(ies) has been selected using the following criteria:

- in-house expertise and extensive experience in implementing regional programmes in the domain of Health Security; prevention and control of communicable diseases
- experience in collaborating with CDC
- established relationship/collaboration with Africa CDC
- operational capacity to deliver the project at regional level

This implementation entails activities under Specific Objective 2**:** Improve the skills and capacities of relevant professional groups from various sectors in applying the One Health approach, to address shared health threats at the human/animal and environmental interface such as zoonotic diseases, food safety, AMR and adapt to climate induced health threats.

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

If the Outputs 1.1, 1.2, 1.3, 1.5 and the Specific Objective 2 cannot be implemented in indirect management due to circumstances outside of the Commission's control, the alternative implementation modality will be direct management (grants: the purpose of which will be to implement activities under Outputs 1.1, 1.2, 1.3, 1.5 and the Specific Objective 2) with the type of applicants targeted: Not-for-profit organisations, foundations, inter-governmental organisations, laboratories, governmental organisations – specialised in public health.

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 provision.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or 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

Indicative Budget components	**EU contribution (amount in EUR)**
Implementation modalities – cf. section 4.4	
Specific Objective 1 "Improve the surveillance, prevention and control of AMR using an integrated, systems strengthening One Health approach at national, regional and continental levels" composed of	25 500 000
Grants (direct management) – cf. section 4.4.1	10 500 000
Indirect management with an entrusted entity- cf. section 4.4.2.1	15 000 000
Specific Objective 2 "Improve the skills and capacities of relevant professional groups from various sectors in applying the One Health approach, in particular for zoonotic diseases, food safety, AMR and adapt to climate induced health threats composed of	17 000 000
Indirect management with an entrusted entity(ies) - cf. section 4.4.2.2	17 000 000
Grants – total envelope under section 4.4.1	10 500 000
Evaluation – cf. section 5.2 **Audit** – cf. section 5.3	may be covered by another Decision
Contingencies	N/A
Totals	42 500 000

4.7 Organisational Set-up and Responsibilities

This action is part of the *Regional Team Europe initiative with Africa on sustainable health security using a One Health approach* that is the general framework to which the three specific objectives of this action contribute with a structured and coherent approach. This action as a whole is therefore also embedded in the overarching Steering and management structure of the TEI.

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

A specific Steering Committee for each component of this Action will be set up and will meet at least twice a year to coordinate and follow progress in the implementation, and to provide overall strategic guidance on programme implementation.
The steering committee for Component 1, Specific Objective 1 shall indicatively be made up of

- Representatives of the Africa CDC

- Representatives of the European Commission (EU Delegation to the AU and Commission headquarters)
- Representatives of the implementing partners
- Others if necessary, as observers

The steering committee for Compnent 2, Specific Objective 2 shall indicatively be made up of

- Representatives of the Africa CDC
- Representatives of the European Commission (EU Delegation to the AU and Commission headquarters)
- Representatives of European CDC
- Representatives of the implementing partners
- Others if necessary, as observers

As much as possible these steering structures will build on other existing structures of the TEI Actions. Where and whenever possible efforts will be made to consolidate these streering structures with the overall governance mechanism of this action and the TEI.

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

The secretariat of this steering committee will be the responsibility of the implementing agencies (in close coordination with the Support Unit of the TEI that will be established as part of AAP2023 support).

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

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

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

Roles and responsibilities for data collection, analysis and monitoring:

Joint implementation will be promoted and mechanisms to ensure the joint reporting may also be put forward Partners will ensure consistent reporting formats and timeframes in order that the lead partner can compile coordinated reports.

All monitoring and reporting shall assess how well the action promotes the principle of gender equality which lies at the heart of this programme and takes a human rights-based approach and enables the rights of persons with disabilities including through strengthening inclusion and diversity. Data collected, where appropriate and possible, will be disaggregated by sex and age, and by disability if tenable.

5.2 Evaluation

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

Mid-term evaluation may be carried out for problem solving and learning purposes, in particular with respect to progress made in contribution to larger programme goals including the potential value of extending to a second phase.

Final evaluation may be carried out for accountability and learning purposes at various levels (including for policy revision, taking into account in particular the fact that the elements of the programme have varying measures of success; where piloting new approaches, a formative-summative final evaluation will contribute to decision-making about future scale up, for example in relation to pooled procurement mechanisms.

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

The Commission shall inform implementing partners at least 1 month in advance of the dates envisaged for the evaluation missions. 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.

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

In addition, all evaluations shall assess to what extent the Action is taking into account human rights-based approaches as well as whether and how the Action contributes to gender equality and women's empowerment and disability inclusion. The evaluation process will include expertise on human rights, disability and gender equality assessment.

Evaluation financing may be covered by another measure constituting a Financing Decision.

5.3 Audit and Verifications

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

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

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

In line with the 2022 "Communicating and Raising EU Visibility: Guidance for External Actions", it will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

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

Appendix 1 REPORTING IN OPSYS

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

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

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

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

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

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

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

Action level (i.e. Budget Support, blending)		
☐	Single action	Present action: all contracts in the present action
Group of actions level (i.e. top-up cases, different phases of a single programme)		
☐	Group of actions	Actions reference (CRIS#/OPSYS#):
Contract level		
☒	Single Contract 1	SO1 : Indirect Management
☒	Single Contract 2	SO1 Output 1.4: Direct Management (Grant)
☒	Single Contract 3	SO2: Indirect management
Group of contracts level (i.e. series of programme estimates, cases in which an Action includes for example four contracts and two of them, a technical assistance contract and a contribution agreement, aim at the same objectives and complement each other)		
☐	Group of contracts 1	