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ANNEX 4

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 Digital Health Solutions for Pandemic Preparedness and Health System Strengthening in Sub-Saharan Africa

MULTI ANNUAL PLAN

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

1 SYNOPSIS

1.1 Action Summary Table

1. Title CRIS/OPSYS business reference Basic Act	Digital Health Solutions for Pandemic Preparedness and Health Systems Strengthening in Sub-Saharan Africa OPSYS number: ACT-62363 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	Team Europe Initiative on Digital Health for Health Systems Strengthening and Universal Health Coverage (UHC)
3. Zone benefiting from the action	The action shall be carried out in Sub-Saharan Africa
4. Programming document	Regional multi-annual indicative program for Sub Saharan Africa 2021-2027
5. Link with relevant MIP(s) objectives / expected results	Priority area 1 - specific Objective 1 – Strengthen the African health security architecture, and public health capacity, contributing to stronger health systems and improved health. Result 1.1: The African architecture for health security and pandemic preparedness is strengthened sustainably. Priority Area 4 - specific objective 1 – Support an inclusive and human-centric Digital transformation in Africa. Result 1.1: Secure, human-centric and harmonised digital standards, legal and regulatory frameworks are promoted at regional/continental levels.
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	Priority area 1 Human Development Priority area 4 Digital and science, technology and innovation DAC 120 health DAC 22040 ICT
7. Sustainable Development Goals (SDGs)	Main SDG (1 only): SDG 3 Good health and wellbeing Other significant SDGs (up to 9) and where appropriate, targets: SDG 4 Quality education and lifelong learning

	SDG 5 Gender Equality SDG 9 Industry, innovation and infrastructure SDG 10 Reduced inequalities SDG 17 Partnership			
8 a) DAC code(s)	DAC code 12220 Basic health– 50% DAC code 22040 ICT – 50%			
8 b) Main Delivery Channel	20000 - ONG 60000 – Private sector 41100 - WHO			
9. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Human Rights, Democracy and Governance			
10. Markers (from DAC form)	General policy objective	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disaster Risk Reduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation @	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Internal markers and Tags:	digital connectivity	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	digital governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	digital entrepreneurship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	digital skills/literacy digital services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Connectivity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity energy transport health education and research	YES <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUDGET INFORMATION

12. Amounts concerned	<p>Budget line(s) (article, item):</p> <p>14.020120:</p> <p>Year N: EUR 6 000 000</p> <p>Year N + 1: EUR 3 500 000</p> <p>14.020121:</p> <p>Year N: EUR 6 000 000</p> <p>Year N + 1: EUR 3 500 000</p> <p>14.020122:</p> <p>Year N: EUR 3 000 000</p> <p>Year N + 1: EUR 3 000 000</p> <p>Total estimated cost: EUR 25 000000</p> <p>Total amount of EU budget contribution: EUR 25 000 000</p> <p>The contribution is for an amount of EUR 15 000 000 from the general budget of the European Union for financial year N and for an amount of EUR 10 000 000 from the general budget of the European Union for financial year N+1, subject to the availability of appropriations for the respective financial years following the adoption of the relevant annual budget, or as provided for in the system of provisional twelfths.</p> <p>The overall indicative contribution to the TEI by Member States amounts to is EUR 126 900 000. Nine EU Member States are involved in the TEI: Belgium (EUR 21 000 000), France (EUR 51 000 000), Germany (EUR 36 900 000), Portugal (EUR 300 000), Luxembourg (EUR 12 700 000), Sweden (EUR 5 000 000), Spain (tbd), Malta (tbd), Netherlands (tbd).</p>
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MANAGEMENT AND IMPLEMENTATION

13. Type of financing	<p>Direct management through:</p> <ul style="list-style-type: none"> - Grants - Procurement
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	Indirect management the entity(ies) to be selected in accordance with the criteria set out in section 4.4.3
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1.2 Summary of the Action

This proposed action falls under the Global Gateway Health Package, a collaborative effort established during the 6th EU-AU Summit, aligning with the Africa CDC's 2023 Digital Transformation Strategy. Likewise, the action is aligned with the Global Gateway commitment to address gender equality throughout its five priority sectors.

It embodies the EU's commitment to the Team Europe Initiative (TEI) on Digital Health for Health Systems Strengthening and Universal Health Coverage (UHC). The primary objective is to facilitate the implementation of sustainable digital health solutions in sub-Saharan Africa (SSA). These solutions aim to bolster healthcare systems, expedite progress towards Universal Health Coverage, enhance pandemic preparedness, and contribute to SDG3 – improving population health and well-being.

The action comprises two key components. The first component will be implemented by the World Health Organization (WHO), collaborating closely with SSA countries that were not connected to the EU Digital Covid Certificate (EUDCC) Gateway. Its primary focus is to enable these countries to join the recently launched WHO Global Digital Health Certification Network, utilising the EU DCC model. This will involve offering technical assistance, advocacy efforts, setting standards and guidelines, conducting readiness assessments, updating policies, and assisting countries in establishing the necessary infrastructure for issuing digital health certificates.

The second component of the action aims to enhance digital capabilities within primary healthcare systems. It will support the development and deployment of digital applications, facilitating more efficient health promotion and primary health service delivery, continuity of care, and fostering ethical gender responsive and human-centric digital transformation. This component is also designed to empower countries to assert greater control over their digital health infrastructure.

For the implementation of this action, the EU, including Commission services and the EU Delegation (EUD) to AU, and other relevant EUDs in SSA, will lead efforts. Contract management responsibilities are divided between the Commission for component 1 and the EUD to the AU or selected EUDs in specific countries for component 2.

This Action will contribute to the implementation of the Gender Action Plan (GAP) III for the EU's External Action¹, specifically to its key thematic area of engagement 'Strengthening economic and social rights and empowering girls and women' and "Addressing the challenges and harnessing the opportunities offered by the green transition and the digital transformation".

1.3 Zone benefitting from the Action

The Action shall be carried out in Sub Saharan Africa. All countries are included in the list of ODA recipients.
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2 RATIONALE

2.1 Context

The significance of digital transformation in healthcare has become increasingly apparent, particularly in the wake of the COVID-19 pandemic. This global health crisis underscored the pivotal role that those digital solutions play in strengthening health systems, enhancing health security, and advancing progress towards universal health coverage. The effective deployment of digital COVID certificates during the pandemic not only facilitated the seamless movement of individuals but also demonstrated the transformative potential of digital technologies.

¹ Gender Action Plan III: https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2184.

These technologies have emerged as fundamental enablers of robust health systems and heightened health security on both national and international scales.

Digital health technologies have proven to be versatile tools in bolstering health security by supporting preparedness and response to health emergencies. They contribute to various facets of healthcare, including prevention, diagnosis, treatment, monitoring, data analysis and evidence-based management of health-related issues. Moreover, they offer valuable insights into lifestyle habits that impact health outcomes. Beyond this, digital health and care has the potential to revolutionise healthcare service delivery by improving equitable access, enhancing care quality, promoting accountability, facilitating the responsibilities of health professionals and reducing costs.

Recognising the transformative potential of digital solutions, the European Union (EU) has integrated digital health as a core component and guiding principle within its Global Health Strategy. This strategic approach calls upon the EU to champion digitalisation as a fundamental enabler for achieving health-related Sustainable Development Goals (SDGs). The EU's commitment extends to supporting the global adoption of new health technologies, underlining the importance of digital solutions in advancing healthcare on a global scale.

Sub-Saharan Africa stands out as a region where the impact of digital health transformation is particularly significant. The region faces numerous healthcare challenges, including higher vulnerability to climate change impacts, risks of emergent and re-emergent diseases, inadequate funding, insufficient infrastructure and capacities, and a shortage of skilled healthcare professionals. At the same time, it faces strong pressure on its natural resources and suffers from the impact of environmental degradation and climate change. In response to these pressing issues, African partners have recognised the urgency of fostering a digital health transformation to improve health outcomes for millions of people.

To harness the potential of digital solutions while ensuring interoperability and information exchange across the continent, the Africa Centres for Disease Control and Prevention (Africa CDC) initiated the 2023–2030 Africa CDC Digital Transformation Strategy under the African Union framework. This strategy is designed to enhance public health outcomes in Africa by leveraging digital technology. One of its flagship initiative focuses on person-centred primary health digitalisation, aiming to support African countries in overcoming healthcare and public health barriers. The strategy firmly believes that digital health solutions can play a transformative role in improving disease surveillance and response, healthcare delivery, and sustainable development in Africa.

Additionally, the action is aligned with the vision for health described in the Agenda 2063 – The Africa We Want, more specifically with Aspiration 1 “A prosperous Africa based on inclusive growth and sustainable development, focusing on Goal 1 “A high standard of living, quality of life and well-being for all”, Goal 3 “Healthy and Well-nourished citizens, expanding access to quality health care services, particularly for women and girls” and Goal 17 ‘Full Gender Equality in All Spheres of Life’, as it intends to promote equitable health services as well as ensure gender equality of the health workforce in access to training opportunities².

Furthermore, the action is aligned with the Protocol to the African Charter on Human and People’s rights on the rights of persons with disabilities in Africa, specifically through the Article 17 “Right to health”³. In alignment with this ambitious endeavour, global partners are intensifying their support for Africa CDC, the African Union, and African stakeholders. For example, the European Union set up the Team Europe Initiative (TEI) on Digital Health for Health Systems Strengthening and Universal Health Coverage. This initiative, aligned with the African Union's vision, seeks to accelerate health system strengthening and achieve universal health coverage by fostering digital health transformation across Africa.

Additionally, the World Health Organization (WHO) is taking steps to bolster global health preparedness in response to emerging health threats. WHO is establishing a Global Digital Health Certification Network (GDHCN) that builds upon the solid foundations of EU interoperable COVID-19 certificates, known as the 'EU Digital COVID-19 Certificate' or 'EU DCC.' The EU DCC will be integrated in the GDHCN and cease to exist. The GDHCN encompasses framework principles, specifications, and open technologies to facilitate the adoption of

² [Goals & Priority Areas of Agenda 2063 | African Union \(au.int\)](#)

³ [36440-treaty-protocol to the achpr on the rights of persons with disabilities in africa e.pdf \(au.int\)](#)

digital technologies, including digital health certificates. It aims to develop digital health infrastructures and capacities while ensuring convergence among various digital solutions, further emphasising the critical role of digital health in global healthcare preparedness.

2.2 Problem Analysis

The adoption of digital technologies, including digital certificates, presents a significant opportunity to enhance health outcomes across Africa⁴. However, several substantial challenges must be collectively addressed, focusing on their economic, social, and environmental dimensions, while also considering efficiency gains.

Cross-Border Data Sharing, financial Constraints, Interoperability, and Legal Regime Updates: Beyond national borders, the challenge of cross-border data sharing is magnified. Ensuring the trustworthiness of health data shared across borders is paramount, especially in the context of verifying the origin and authenticity of the data through digital signatures and secure mechanisms. The absence of robust verification measures can compromise the integrity of cross-border data exchanges, hindering efforts to leverage digital technologies for improved health outcomes (vis a vis continuity of care). At the national level, health authorities often lack an adequate IT infrastructure such as a Public Key Infrastructure (PKI) to enable digital signature and verification of health documents. Additionally, there is a lack of fiscal space for necessary running costs of essential health services (between € 200-300 Bn annual gap in Sub-Saharan Africa) and investments, necessitating discussions on mechanisms to provide the necessary resources for digital health infrastructure development. Further, there is a substantial risk of investing in dead-end digital health solutions with unclear impact on health outcomes such as continuity of care, efficiency of health services, adherence to guidelines. Therefore, interoperability should be embedded in the system from the outset to ensure that various components work seamlessly together, preventing fragmentation and ensuring sustainability. Lastly, the legal framework, including data protection, data integrity, data sharing and cybersecurity policies, requires comprehensive updates. Learning from each other's experiences, as done in Europe, can guide the development of robust legal regimes that safeguard data privacy and security.

Inadequate National Health Information Systems and Capacity Building: Within national health information systems, there are limitations in technical capacities, data flow channels and analysis, inadequate healthcare infrastructures, and constrained resources. Ministries of Health often struggle with determining priorities and building critical health data infrastructure components. These components include patient registries, case reports on notifiable diseases, health facility registries, health workers registries, health terminologies services, and other essential building blocks. This challenge hinders not only personal and public health outcomes but also impacts the economic aspect, as efficient health systems contribute to overall economic development. Furthermore, suboptimal health data systems may lead to inefficiencies. Another essential element is the analysis (including the use of geographical information systems) of population needs, especially through the reach out of Primary Health Care workers through Community Health Diagnosis and household surveys. In this sense, the data collection should be disaggregated by gender and disabilities, as well as systematised in such a way that ensures the integration of an inclusive and intersectional perspective. Such studies provide the health risks and health care needs (felt and identified) and geographic and population distribution enabling a better planning of more equitable health services. It will also be essential to assess how services can be made available to people with disabilities such as sight or hearing impairments, with poor access to electricity or poor network coverage, who cannot afford mobile devices or charges to use them, and people, especially women and girls, who have limited autonomy, for example because their access to devices is controlled by another person.

African countries are making rapid progress in digital health, but there is a challenge concerning the capacity of both the system and those using it. Health workers, especially women require digital skills, and efforts should be made to avoid creating digital divides and to ensure equitable access

There is also a common understanding that Primary Health Care holds the greatest potential to drive progress towards achieving Universal Health Coverage, yet we share Africa CDC's perception it is also the area where digitalisation efforts have been relatively underemphasised. While significant investments have historically been

⁴ Heinrichs H, Mueller F, Rohfleisch L, Schulz V, Talbot SR, and Kiessling F. 2022. "Digitalization Impacts the COVID-19 Pandemic and the Stringency of Government Measures." Scientific Reports 12(1): 21628. <https://www.nature.com/articles/s41598-022-24726-0>

directed toward other health services such as upper-level health facilities or reporting of aggregated data, insufficient attention has been given to enhancing digital capabilities within PHC settings and ensuring their linkage to integrated disease surveillance and response information systems⁵.

Efficiency Gains: It is essential to highlight the efficiency gains of developing digital solutions, not only in terms of cost savings but also in terms of improved resource allocation, streamlined processes, monitoring and evaluation and enhanced healthcare delivery. Emphasizing the positive economic impact of digital health solutions is crucial in driving their adoption and sustainability.

These multifaceted challenges collectively impede the full realisation of the potential benefits of digital health interventions in Africa. Addressing these issues collectively while emphasizing efficiency gains is crucial for advancing digital health solutions and improving health outcomes, and economic development at both national and regional levels.

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

Duty bearers

- EU Implementing Agencies, including organizations such as Enabel and GIZ, have, within the scope of the Team Europe Initiative ongoing activities in digital health at regional and country level. Close collaboration and coordination will be fostered to ensure the harnessing of synergies for maximum impact at country and regional level.
- The members of the Team Europe initiative, including the relevant DGs of the European Commission, together with ACDC will provide oversight and guidance and will ensure coordination of the Team Europe Initiative.
- EU Delegations may act as the cornerstone to coordinate the activities of Specific Objective 2 at the country level and ensure an overall consistent and effective programming for the health and the digital sectors and complementarity with bilateral health and/or digital programmes.
- WHO Headquarters (HQ): Based in Geneva, Switzerland, the WHO Headquarters team in the Digital Health and Innovations Department is intended to support global level coordination and technical development of the GDHCN. HQ will provide direct support to AFRO and CO to strengthen their ability to support Ministries of Health and any relevant in country stakeholder to adopt the standards and technologies required to connect to the GDHCN and utilize interoperable health documents relevant for PHC. They will work closely with African CDC to ensure interoperability between the different existing platforms.
- WHO African Regional office (AFRO): AFRO is responsible for regional, multi-country-level coordination, whereby the key resources will be made available at the regional level to support multiple countries in the region to connect to the GDHCN.
- WHO Country offices (CO): CO are responsible for direct interface with a country's MOH to ensure support needs and gaps are sufficiently captured and the necessary resources are provided to MOH in a coordinated manner with other in-country stakeholders, such as other donors, technology partners, UNDP, UNICEF, EU Delegations, in country Team Europe Initiatives, etc. WHO will harness synergies with other initiatives such as the UHC partnership (WHO - The European Union, Canada, Luxembourg, Japan, Ireland, Belgium, Germany, France and the United Kingdom) which also supports digital health initiatives in some beneficiary countries. The next phase of the UHC partnership, currently under discussion, will also emphasise digital solutions to strengthen PHC.
- African Union: The African Union, with its responsibility to coordinate and harmonise the policies between the Regional Economic Communities, has the role to facilitate a clear delineation of roles and division of labour and the effective collaboration between the AU, the Regional Economic Communities (RECs) and the pan African organisations such as the African CDC on digital health to avoid duplications and overlap of mandates.

⁵ <https://www.afro.who.int/publications/technical-guidelines-integrated-disease-surveillance-and-response-african-region-third>

- **RECs: Regional economic communities** (e.g., EAC, IGAD, ECOWAS): The RECs have a well-founded legal mandate in health and the health sector is a key component of the public policy functions of most of the RECs. These sub-regional bodies have ongoing initiatives that can be leveraged for cross-border network needs. Collaboration with WHO and other stakeholders strengthens these initiatives, promoting regional health initiatives and cross-border data sharing.
- **Africa CDC:** Africa CDC plays a central role in coordinating health initiatives across the African Union Member States. As such, they are key partner to facilitate knowledge sharing and exchanges of best practices among Member States. It collaborates closely with various stakeholders, including WHO, to ensure aligned support to African Union Member States. It developed its own digital transformation strategy in 2023 which could provide reference for national digital health strategies and road maps.
- **Ministries of Health (MOH):** Are the key stakeholders in the programme. They lead the national digital health agenda in close collaboration with other relevant ministries in the respective countries. The intention is to support MOH to strengthen their Digital Health architecture with a focus on PHC and on connecting existing systems together, and to connect to the GDHCN for COVID-19 and other health-related certificates. Collaboration with various partners enables MOH to prepare for additional use cases such as digitized health records.
- **Other relevant governmental entities** (e.g., Ministries of ICTs, Ministries analogous to the Ministry of Women regional public health authorities): These entities are also important stakeholders. Collaboration with WHO and relevant partners ensures their active involvement and coordination for the success of digital health initiatives.

Right holders

- **People in vulnerable situations:** The unique needs of people in vulnerable situations (e.g., key populations, people with disabilities, refugees, migrants, etc.) must be considered throughout the policies and implementations of digital health certificates in GDHCN participants. Collaboration with various stakeholders ensures inclusivity.
- **Women organizations, and persons with disabilities organisations, NGO's and CSO's** at regional, national or local level, to ensure women's representativeness, empowerment and long-term sustainability,
- **Health care professionals and community health workers:** Healthcare professionals and community health workers play a critical role in implementing digital health solutions. Their involvement and perspective needs to be considered in the development and implementation of digital solutions.
- **General public:** Building trust in the GDHCN and other digital applications and governments participating in it is crucial. Trust-building mechanisms and effective communications for the general public should involve collaboration with relevant institutions and stakeholders.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The Overall Objective of this action is to enable digital health solutions in sub-Saharan Africa (SSA) to sustainably strengthen health systems, accelerate the achievement of Universal Health Coverage (UHC), and improve pandemic preparedness based on lessons learned from digital tools used during the COVID-19 pandemic in line with the 2023 – 2030 Africa CDC Digital Transformation Strategy.

The Specific Objectives of this action are:

1. To contribute to building capacity for SSA countries or regions to participate in the WHO Global Digital Health Certification Network (GDHCN) for the verification of health documents
2. To strengthen health systems through integrated, patient-centred digital solutions development at the Primary Health Care (PHC) level, in line with the Africa CDC Digital Transformation Strategy,

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

- 1.1. contributing to Outcome 1 (or Specific Objective 1): Enhanced capacity of countries' or regions to establish a national/regional Public Key Infrastructure (PKI), which can be used as a foundation for current and future trusted services for PHC and pandemic readiness (e.g., COVID-19 certificates, ICPV, routine immunisations, etc.).

1.2. contributing to Outcome 1 (or Specific Objective 1): Assessed readiness of countries' or regions' to connect to the GDHCN and improved core infrastructure to enable connection of additional countries to GDHCN and other trusted services beyond the COVID-19 use case (e.g., international certificate of vaccination and prophylaxis, routine immunisations, personal health records, international patient summary).

1.3. contributing to Outcome 1 (or Specific Objective 1): Established capacity in at least three countries or regions (to be selected and agreed upon) that reflect different levels of readiness to connect to the GDHCN through targeted collaboration, technical support, training, and coordination efforts.

2.1. contributing to Outcome 2 (or Specific Objective 2): Enhanced development and deployment of integrated registry services such as shared health records (e.g. Electronic Immunisation Registries), patient registries, health worker or health facility registries, and interoperability services.

2.2. contributing to Outcome 2 (or Specific Objective 2): Increased efficiency and quality of PHC service delivery through adopting digital health solutions, contributing to improved health promotion services and gender sensitive campaigns, community health services (including geographical information systems), patient care and the continuity of healthcare services.

2.3. contributing to Outcome 2 (or Specific Objective 2): Strengthened equitable and gender responsive Health Information Systems at the PHC level, including regulations development or update, workforce training, access to digital means, and the dissemination of knowledge to countries within the action's scope, promoting data protection and patient privacy while ensuring compliance with international standards and best practices.

These outputs are to be achieved in close coordination with the Africa CDC to ensure alignment with the African Union and African partners' strategies and ownership of the intended results at the national and regional levels.

3.2 Indicative Activities

Activities relating to Output 1.1

1. Provide technical support to countries to establish PKI technology and supporting policies to participate in the WHO GDHCN and learn from existing technologies from Africa CDC and EAC.
2. Provide technical support to update/change their existing systems to be compatible with interoperability standards and interoperable health documents, particularly in relation to use cases associated to the WHO GDHCN.
3. Leverage existing systems from regional efforts from Africa CDC and EAC to expand upon and augment the GDHCN.
4. Identify possible use cases, which may be operationalized by the WHO GDHCN, of priority at the country and/or regional level through coordination at the regional and sub-regional levels with the WHO African Regional Office, Africa CDC, EAC, and any other regional or sub-regional bodies as relevant.
5. Provide technical support to support policy development at the country or regional (AU or REC) level to enable the use of trusted services on top of the trust architecture.

Activities relating to Output 1.2:

1. Develop a maturity model to assess the country's readiness to adopt certification mechanisms for digital health documents, e.g., assessment of countries policy environment, existing digital tools for health certificates, and lessons learned from COVID-19.
2. Undertake in-country travel and organise workshops to conduct readiness assessments; some countries will be engaged remotely through guided walkthroughs. Depending on the level of engagement required, the intention is to assess at least ten countries remotely and a smaller number of countries in person.
3. Coordination with Africa CDC and EAC depends on countries' current systems to augment GDHCN core infrastructure to enable technical connection to regionally deployed systems.
4. Continue to update core infrastructure technical specifications to enable other trusted services.
5. Continue to update GDHCN core infrastructure to support the ability for countries to connect.

Activities relating to Output 1.3:

1. Deep dive capacity building of at least three countries (to be selected and agreed upon) that reflect different levels of readiness to connect to the GDHCN. Countries will reflect a diversity of readiness (those with or without existing certificates). Provide technical support to countries to establish certificate issuance systems and PKI technologies that would allow countries to participate in the WHO trust network.
2. Support policy development to enable trusted services, including a detailed assessment of policy environments in the country for use cases for COVID-19 and beyond (See Activity 3 under Output 1.1).
3. Develop guidance on cross-border data sharing agreements where relevant within existing policy frameworks set by Africa CDC and/or EAC or other RECs.
4. Support the development of systems in countries compatible with interoperability standards leveraging existing WHO guidance. E.g., technical support for countries to develop electronic immunisation registries (EIRs) using SMART Guidelines, lab information systems, patient-level information systems for primary health care using the Digital Implementation Investment Guide and Handbook on Digitizing PHC (in progress).
5. Leverage SMART Guidelines for Immunizations and Digital Documentation of COVID-19 Certificates where applicable.
6. Based on the maturity model assessment (Output 1.2), support countries to develop a blueprint and roadmap for the adoption of key technologies and policies to enable the use of digital health certificates (e.g., for COVID-19 but also routine immunizations, international patient summary, yellow booklet/ICVP) in anticipation of leveraging other trusted services.
7. Organise convergence of partners to plan action items given assessment results using the Digital Implementation Investment Guide (DIIG) methodology.

Activities relating to Output 2.1

1. Provide technical expertise and training to help countries develop and implement the building blocks of health information exchange systems effectively.
2. Assist in the development of policies and governance structures that promote the secure, confidential and ethical exchange of health information. This includes helping countries establish data sharing agreements, privacy protections, and regulatory frameworks.
3. Support the strengthening of necessary infrastructure for health information exchange, such as data centres, and secure communication channels.
4. Promote the use of international interoperability standards and assisting countries in adopting these standards to ensure seamless data exchange between different healthcare systems.
5. Provide training programs for healthcare workers to effectively use health information exchange systems, including electronic health records (EHRs) and clinical decision support tools.
6. Support data quality initiatives to ensure that the data being exchanged is accurate, complete, and reliable.

Activities relating to Output 2.2

1. Assisting in the development and deployment of applications to improve health promotion, community health services (including geographical information systems), and access to primary health care services, particularly in remote areas.
2. Integrate digital health solutions with existing healthcare systems to ensure seamless data exchange and continuity of care.
3. Facilitate partnerships between the public sector, private sector, and civil society organizations to leverage resources and expertise in strengthening health information exchange.
4. Conduct research and evaluation studies to assess the impact of digital health interventions on healthcare outcomes.

Activities relating to Output 2.3

1. Offer technical assistance to facilitate coordination among technical and financial partners, ensuring alignment with the country's digital health priorities and strategies.
2. Collaborate with Ministries of Health to develop clear digital health roadmaps, set priorities, and establish a project portfolio management system to track progress and outcomes
3. Collaborate with the country's health authorities and legal experts to develop and update regulations and policies related to health information systems and data management. Provide technical assistance in aligning regulations with international standards for data protection and privacy. Facilitate stakeholder consultations and workshops to ensure regulatory frameworks are comprehensive and well-informed.

4. Identify and support individuals who can serve as champions and leaders in the digital health space. This includes training healthcare professionals to take on roles as health informaticians and digital health experts.
5. Conduct training programs for healthcare workers, including community health workers (CHW), IT professionals, and policymakers on the use of health information systems at the primary healthcare (PHC) level.
6. Support the access to digital means (as smart phones and wifi connectivity), particularly in remote areas, to enable PHC and Community Health workers to apply the capacities developed under 2.3.5.
7. Facilitate the exchange of knowledge and best practices between countries and regions to accelerate the adoption and improvement of health information exchange systems.
8. Conduct a thorough assessment of the primary healthcare system and existing digital health infrastructure in the target country. Identify gaps and weaknesses in the system's capacity for digital health interventions.

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.

3.3 Mainstreaming

Environmental Protection & Climate Change

All activities included in this action document will be designed and implemented in accordance with environmental sustainability and protection, and climate resilience best practices. Given the nature of this digital health programme, which primarily focuses on enhancing health systems and digital solutions, there is no requirement for conducting specific assessments such as a SEA, EIA, or CRA. The program's core objectives and activities are not inherently linked to environmental or climate-related impacts, and therefore, no further assessments are deemed necessary. However, digital health solutions have the potential to reduce health care's global greenhouse gas emissions and to address the impact of climate change on health⁶.

Gender equality and empowerment of women and girls

As per the OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. The activities outlined in this action document prioritize the incorporation of gender perspectives and considerations throughout their implementation. Gender equality and the empowerment of women and girls remain important and inherent aspects of the action, especially through its component related to primary health Care, where reproductive and sexual health care are key cornerstones. Besides, the action is committed to fostering an inclusive and representative team, ensuring that gender equality and the empowerment of women and girls are actively supported within the program's framework.

Human Rights

Ensuring the highest attainable standard of health for all is a fundamental human right. This action actively supports the adoption of digital technologies to strengthen health systems and achieve Universal Health Coverage in Africa, thus contributing to the realization of this right across the continent. Moreover, all activities outlined in this action document will be meticulously planned and executed in alignment with the principles of a rights-based approach, good governance, human rights, and the inclusion of socially or economically disadvantaged groups.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D0. While the action aims to strengthen access to services of vulnerable groups, specific work on formulating strategies and policies may not specifically focus on disability but more generally on inclusiveness. Nevertheless, attention will be paid to ensure and enable the participation of persons with disabilities in the activities (accessibility of actions, consulting with disabilities organisations and encourage inclusive communication)

⁶ [Designing Digital Health Applications for Climate Change Mitigation and Adaptation \(mja.com.au\)](https://mja.com.au)

Reduction of inequalities

This action is dedicated to upholding the fundamental right to the highest attainable standard of healthcare for all, with particular attention to underserved populations and vulnerable groups. Focusing on primary care promotes equitable access while adhering to a rights-based approach, good governance, and human rights principles, ensuring the realization of this fundamental human right. Simultaneously, the objectives of this action actively aim to reduce inequities and inequalities inherent in the implementation of digital solutions for pandemic preparedness and health system strengthening. Addressing the inability of certain countries to connect digitally rectifies a significant inequity, with potential implications for individuals facing challenges when crossing borders.

Democracy

Although this action does not directly address democratic processes, it will play a role in enhancing good governance by bolstering national health systems and capabilities for health security. Additionally, it will empower individuals to have greater control over their health information, fostering a sense of open and interactive government in this regard.

Conflict sensitivity, peace and resilience

This action will enhance health systems resilience, bolster pandemic preparedness, and contribute to global health security by strengthening the capacities, regulatory frameworks, and infrastructures of countries to more effectively prevent, prepare for, and respond to health emergencies.

Disaster Risk Reduction

As demonstrated by the COVID-19 pandemic, health emergencies have the potential to cause extensive harm to societies and economies on local, regional, and global scales. It is crucial to halt the further transmission of infections and effectively address health risks to ensure global health security. This initiative aims to facilitate the adoption of digital health technologies, which will play a pivotal role in fortifying health security. By providing tools and platforms that enhance preparedness and response to emergencies, as well as improving prevention, diagnosis, treatment, monitoring, and management of health-related issues, this action contributes to bolstering global health resilience.

Other considerations if relevant

Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
External environment	Numerous initiatives focusing on digital health can lead to overlaps, duplication of efforts and inefficiencies in the support provided.	Medium	Medium	The Team Europe approach will promote strong coordination of European initiatives on digital health at country and regional level. This will be done in close coordination with ACDC and other relevant regional institutions. WHO's role as the lead UN agency for health will also contribute to effective coordination between global, regional and national initiatives in

				support of digital health to ensure synergies and mitigate duplication.
External environment	Overlapping institutional mandates (between EU, Africa CDC, RECs WHO and other organisations) can lead to undesired fragmentation and inefficiencies.	Medium	Medium	EU and WHO to leverage the strategic and technical dialogue organised with the African Union, Africa CDC and other partners to mitigate the issue of overlapping mandates. Alignment around the main continental strategies will prevent a fragmented project focus. Using the existing institutional cooperation framework between WHO and Africa CDC, WHO will leverage its global mandate to coordinate with Africa CDC and ensure synergies across relevant initiatives.
Planning, processes and systems	The high level of complexity with many stakeholders (governments/institutions, services providers, national authorities...) introduce risks of overlap with programmes and interventions from other donors and partners	Low/ Medium	Low	EU is active partner in different digital health fora, such as the digital donors and partners group as well as the ACDC flagship coordination platforms. These network will allow improved coordination among partners and donors and limit the risk of overlaps.
Communication and information	Communication methods and channels; - Quality and timeliness of information. Risk of low visibility inherent in supporting a multilateral/UN organisation level.	Medium	Low	It will be mitigated by actively engaging with implementing partners to ensure the EU has a primary role in policy dialogue at HQ and EUD/country, notably on the promotion of EU interest when it comes to technology transfer and innovation for local production.
Dependency	Participation in the GDHCN is voluntary, thus there is a risk that eligible participants may not want to participate in the GDHCN, even after capacity building activities.	Medium	Low	Conduct demand generation activities to communicate the value of the GDHCN to all eligible participants and highlight the potential use beyond the COVID-19 use case, as well as the necessity for preparedness for future health crises (e.g., regional epidemics, pandemics).
External environment	Absence of buy-in of national governments and of a robust enabling environment	Medium	Medium	The selection process of beneficiary countries will take into account government ownership as one of the main criteria for selection.

Planning, processes and systems	Proliferation of unconnected systems with a considerable negative impact on the effectiveness and sustainability of digital tools	Low	Low	Country level actions will be based on clear identification of health systems challenges or bottlenecks to be addressed through digital solutions to advance the Universal Health Coverage.
Lessons Learnt: <ul style="list-style-type: none"> Digital transformation has emerged as a critical tool for strengthening health security while accelerating health system strengthening and the achievement of universal health coverage. During the COVID-19 pandemic, the development and use of digital COVID certificates in support of the fight against the outbreak facilitated free movement of people and effective response to the pandemic. This illustrated the transformative impact of digital technologies on health as fundamental enabler of stronger health systems and improved health security at country, regional and global level to improve the health and well-being for all. Digital health technologies enhance health security by providing tools and platforms to support preparedness and response against health emergencies, and improve prevention, diagnosis, treatment, monitoring and management of health-related issues and help monitor and manage lifestyle-habits that impact health. Further, digital health and care improve healthcare is transforming how health services are delivered, improving access and enhance the quality of care, improve accountability and reduce costs. However, first and foremost the identification of health systems challenges or bottlenecks to be addressed through digital solutions to advance the Universal Health Coverage agenda remains critical and in the absence of a robust enabling environment, there is the risk of a proliferation of unconnected systems with a considerable negative impact on the effectiveness and sustainability of digital tools. This also implies the importance of ownership and coordination from Ministries of Health in the digitalisation of health systems. Digital tools have to be taken up by users, and need to add value, and facilitate the desired change or action. Many digital investments were made without inclusion as part of a country's digital health strategy and roadmap which result in a lack of clarity of the mandate or priority of the digital health investment Strengthening of primary health care and health systems with digital interventions: The increased use of digital technologies for health has shown that integrated solutions geared towards systemic and scalable implementations of digital health interventions can be effective. Digital transformation, not digitization: many digital investments have focused on digitization of existing paper-based business processes without optimizing and redesigning those business processes to take advantage of potential efficiency gains measured, for example, in terms of data timeliness or burden placed on the health worker for information management. Avoid "pilotitis" and design for scale: many digital investments were made considerations of the costs scaling and recurrent operational costs; Lack of digital health champion: many digital health investments have been made without ensuring that there was a digital health champion within the ministry that would help drive forward prioritized digital health investments. 				

3.4 The Intervention Logic

The underlying intervention logic for this action is centred around the overarching goal of enabling sustainable digital health solutions in sub-Saharan Africa (SSA) to strengthen health systems, accelerate progress towards Universal Health Coverage (UHC), and enhance pandemic preparedness. This logic is predicated on a multi-faceted approach that seeks to address the various challenges hindering the adoption of digital health technologies in the region.

The action aims to prepare countries for future pandemics by advocating for connectivity to the GDHCN, strengthening Health Information Systems, developing policies for digitalised primary healthcare and supporting the implementation of software aligned with national digital health strategies. These activities are expected to contribute to increased efficiency and quality of primary healthcare, in line with the Africa CDC Digital Transformation Strategy, and ultimately enhance the continuity of care.

Key assumptions underpinning the success of both specific objectives include the willingness of countries to adhere to international standards and the desire to leverage existing systems.

In terms of the overall intervention logic, this action seeks to create a foundational building block of digital public health infrastructure in SSA. By addressing capacity gaps, promoting the adoption of international standards, and supporting the development of regulations and core digital infrastructure, it aims to facilitate the sustainable adoption of digital health solutions. This, in turn, is expected to strengthen health systems, improve the quality of care, enhance pandemic preparedness, and contribute to the achievement of UHC in SSA.

The action adopts an approach that spans regional and national levels and encourages collaboration with local and regional partners. It recognises the importance of an integrated system approach, alignment with the Africa CDC Digital Transformation Strategy, and the potential for a Team Europe approach to maximise impact.

For Specific Objective 1, the intervention logic is rooted in the recognition that digital health solutions, including the use of digital Covid-19 certificates, have faced obstacles due to insufficient capacities, inadequate infrastructure, and limited resources. The action aims to build the capacity of SSA countries or regions to participate in the WHO Global Digital Health Certification Network (GDHCN) for verifying health documents. It also emphasizes that the need for digital certificates related to COVID-19 has evolved, and it now seeks to broaden the certification to other use cases like Electronic Immunisation Registries (EIR), ICVP for Yellow fever, and personal health records. The assumption here is that countries are interested in extending the use of digital health solutions beyond COVID-19 certificates to improve primary healthcare services.

Key assumptions include the belief that countries lack the capacity and resources to participate in such networks, as evidenced by the interest expressed by several SSA countries in joining similar initiatives during the pandemic.

The action intends to achieve this by conducting readiness assessments and providing technical support for the establishment or enhancement of health certificate issuance systems. These activities are expected to result in enhanced capacity to establish national Public Key Infrastructure (PKI) and assess readiness for countries to connect to the GDHCN, ultimately strengthening health systems in SSA.

For Specific Objective 2, the intervention logic emphasises the need for enhancing the development and deployment of integrated registry services and interoperability solutions at the country level. These improvements contribute to increased efficiency and quality of PHC service delivery, aligning with the Africa CDC Digital Transformation Strategy. For PHC services to become more digitally enabled, Health Information Systems must be strengthened through regulatory development, workforce training, and knowledge dissemination, making the best of international standards and good practices and enhancing patient care and data protection. This interconnected approach promotes integrated healthcare system enhancement in SSA. Through supporting Africa CDC and relevant RECs at regional level, the coordination of the TEI and the exchange of knowledge and best practices between countries and regions will be fostered to accelerate the digital transformation process.

The process of identifying the 5-6 countries for Specific Objective 2 is guided by a strategic and systematic approach, aligning with the action's key principles and criteria. This approach ensures that the selection of countries maximises the impact of the intervention while considering various factors. The process of identification of potential beneficiary countries is ongoing and will be done in close collaboration with Africa CDC and members of the Team Europe Initiative.

First and foremost, the action prioritises alignment with the African Union (AU) and Africa CDC Digital Health strategies, emphasising the importance of harmonising efforts with regional priorities. To achieve this, the identification process seeks to engage in a Team Europe approach, promoting coordination and involvement of EU member states' implementation agencies.

The action places a strong emphasis on adhering to international and open standards and practices, such as the WHO Digital Implementation Investment Guide, WHO SMART guidelines, and Digital Public Goods. Therefore, the selection process prioritises countries that demonstrate an interest in adopting these standards, as this aligns with the action's overarching objectives.

Encouraging local partnerships is a cornerstone of SO2. The identification process explores the potential for partnerships or consortia with local or regional vendors, fostering collaboration with stakeholders who have a deep understanding of the local context and needs.

Considering the limited budget envelope for SO2, it is essential to select countries strategically. The process aims to cover 5-6 countries while seeking geographic coverage across Western Africa, East and Central Africa, and Southern Africa. This geographic diversity ensures that the action's impact is spread across different regions within SSA.

The identification process is also closely tied to the scope of the action. SO2 focuses on improving access and quality of Primary Health Care, and on strengthening Health Information Systems. Therefore, countries that align with these objectives and have a genuine interest in advancing their healthcare systems will be prioritised.

These selection criteria include:

1. Interest from the Ministry of Health and Ministry of ICT, demonstrating a commitment from the national government.
2. Ensuring a balanced geographic distribution to cover different countries in different regions, taking into account, as much as possible, the proposed geographical allocation of 35% for Western Africa, 35% for East and Central Africa and 30% for Southern Africa.
3. Assessing pre-existing institutional support in the health sector from the EU.
4. Exploring opportunities for collaboration with neighbouring countries, promoting regional cooperation.
5. Considering the existence of basic IT infrastructure as a foundational requirement for digital health initiatives.

Additionally, desirable criteria, such as shared topics across selected countries, bridges with the regional Technical Team Europe Initiative Public Health Institutes (PHI), preference for European member state implementers, existing National Digital Health Strategies, and potential for co-funding, further inform the selection process.

Outside the scope of the action, significant investments in IT infrastructure and vertical health interventions are not within the purview of this selection process and will seek to leverage existing pre-existing capabilities in selected countries, or ongoing investments in the topic by partners or other initiatives.

3.5 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 enable digital health solutions in sub-Saharan Africa (SSA) to sustainably strengthen health systems, accelerate the achievement of Universal Health Coverage (UHC), and improve pandemic preparedness based on lessons learned from digital tools used during the COVID-19 pandemic in line with the 2023 – 2030 Africa CDC Digital Transformation Strategy	1 Universal Health Coverage Index	1 Tbd	1Tbd	1 WHO	<i>Not applicable</i>
Outcome 1	Increased capacity for SSA countries or regions to participate in the WHO Global Digital Health Certification Network (GDHCN) for the verification of health documents	1.1 Number of countries onboarded onto the GDHCN 1.2 Number of additional use cases identified and prioritised for use in the GDHCN	1.1 0 1.2 0	1.1 3 1.2 2	1.1 WHO Project management tool 1.2 WHO Project management tool	

Outcome 2	Strengthened health systems through integrated, patient-centred digital solutions development at the Primary Health Care (PHC) level in line with the Africa CDC Digital Transformation Strategy	2.1 Proportion of consultations supported by digital tools 2.2 Number of point of service solutions integrated in countries	2.1 tbc 2.2 tbc	2.1tbc 2.2 tbc	2.1 Project reports 2.2 Project reports	
Output 1 relating to Outcome 1	1.1 Enhanced capacity of countries' ability to establish a national PKI, which can be used as a foundation for current and future trusted services for PHC and pandemic readiness (e.g., COVID-19 certificates, ICVP, routine immunizations, etc.).	1.1.1 Number of countries with use cases for the GDHCN clearly identified 1.1.2 Number of countries using a private certificate authority or have a government capability to maintain their PKI	1.1.1 Zero 1.1.2 Zero	1.1.1 Ten 1.1.2 Ten	1.1.1 WHO Project management tool 1.1.2 WHO Project management tool	
Output 2 relating to Outcome 1	1.2 Assessed readiness of countries' ability to connect to the GDHCN and improved core infrastructure to enable connection of additional countries to GDHCN and other trusted services beyond the COVID-19 use case (e.g., international certificate of vaccination and prophylaxis, routine immunizations, personal health records, international patient summary).	1.2.1 Number of countries assessed for readiness 1.2.2 Number of countries with a high level roadmap to address gaps identified in the readiness assessment	1.2.1 Zero 1.2.2 Zero	1.2.1 Ten 1.2.2 Ten	1.2.1 WHO Project management tool 1.2.2 WHO Project management tool	
Output 3 relating to Outcome 1	1.3 Established capacity in at least three countries (to be selected and agreed upon) that reflect different levels of readiness to connect to the GDHCN through targeted collaboration, technical support, training, and coordination efforts.	1.3.1 Number of countries that have identified interoperability standards compatible with GDHCN 1.3.2 Number of costed roadmaps established for countries to leverage GDHCN 1.3.3 Number of countries trained to leverage PKI technology for GDHCN	1.3.1 Zero 1.3.2 Zero 1.3.3 Zero	1.3.1 Three 1.3.2 Three 1.3.3 Ten	1.3.1 WHO Project management tool 1.3.2 WHO Project management tool 1.3.3 WHO Project management tool	

Output 1 relating to Outcome 2	2.1. Enhanced development and deployment of integrated registry services such as shared health records (e.g. Electronic Immunisation Registries), patient registries, health worker or health facility registries, and interoperability services.	2.1.1 Number of integrated registry services developed and deployed 2.1.2 Number of systems using integrated registry services	2.1.1 0 (2023) 2.1.2 0 (2023)	2.1.1 3 (2027) 2.1.2 6 (2027)	Project reports Health centre records	Data privacy and security protocols in place
Output 2 relating to Outcome 2	2.2. Increased efficiency and quality of PHC service delivery through adopting digital health solutions, contributing to health promotion services and campaigns, community health services (including geographical information systems), improved patient care and the continuity of healthcare services.	2.2.1 Time spent on data management and reporting by health care workers (HCW) 2.2.2 Satisfaction of HCW with information systems in place	2.2.1 tbc 2.2.2 tbc	2.2.1 tbc 2.2.2 tbc	2.2.1 Project reports 2.2.2 Project reports	Healthcare staff adaptability to digital transformation Patient willingness to engage with digital health tools
Output 3 relating to Outcome 2	2.3. Strengthened Health Information Systems at the PHC level, including regulations development, workforce training, access to digital means, and the dissemination of knowledge to countries within the action's scope, promoting data protection and patient privacy while ensuring compliance with international standards and best practices.	2.3.2 Number of staff trained disaggregated by sex in the utilisation of digital tools 2.3.3. number of coordination meetings between the MoH and its financial and technical partners related dedicated to the Digital Health topic, per country	2.3.1 tbc 2.3.2 tbc	2.3.1 tbc 2.3.2 tbc	2.3.1 Project reports 2.3.2 minutes of the meetings	Government support for policy development and implementation Availability of training resources and materials

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 60 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 in duly justified cases.

4.3 Implementation of the Budget Support Component

N/A

4.4 Implementation Modalities

The Commission will ensure that the EU rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures⁷.

4.4.1 Direct Management (Grants)

Grants: (direct management)

(a) Purpose of the grant(s)

The grants will contribute to the achievement of the specific objective 2 “to strengthen health systems through integrated, patient-centred digital solutions development at the Primary Health Care (PHC) level in line with the Africa CDC Digital Transformation Strategy” and its related expected outputs.

(b) Type of applicants targeted

Potentially eligible candidates are international organizations as defined in Article 156 of the Financial Regulation of the European Union and NGOs and economic operators such as SMEs established in eligible countries as indicated in the basic act.

(c) Justification of a direct grant

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to an NGO and/or an international organisation selected using the following criteria: (i) technical and financial capacity; (ii) particular technical competence, specialisation in the field of activity; (iii) particular knowledge of and experience in a particular country; (iv) particular experience in working closely with local and regional authorities.

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified because:

- 1) the beneficiary country is recognized as being in a “crisis situation” by a crisis declaration, in line with article 195(a) of the Financial Regulations on the date of the financing decision;

⁷ 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.

- 2) the action may be implemented in the selected beneficiary country which has specific characteristics requiring a specific type of beneficiary for its technical competence, specialisation or administrative power or nature of the action in line with article 195(f) of the Financial Regulation

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 criteria defined in section 4.4.1.c above.

4.4.2 Direct Management (Procurement)

Direct management through procurement will contribute to the achievement of the specific objective 2 "to strengthen health systems through integrated, patient-centred digital solutions development at the Primary Health Care (PHC) level in line with the Africa CDC Digital Transformation Strategy" and its related expected outputs.

4.4.3 Indirect Management with an entrusted entity

A part of this action may be implemented in indirect management with³ WHO. This implementation entails the activities contributing to the achievement of specific objective 1 "to contribute to building capacity for SSA countries or regions to participate in the WHO Global Digital Health Certification Network (GDHCN) for the verification of health documents" and the related expected results (see section 3.1).

The envisaged entity has been selected using the following criteria: operational capacity to deliver the project at regional level with relevant health and ICT competences and being a holder of important normative and standard setting mandates. This is in line with the EU Global Health strategy putting WHO at the centre of the Global Health Architecture and their mandate in standard setting, providing guidelines and building capacity of their Member States to adhere to them.

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

4.44.4.24.4.4

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

In the event of failure to conclude direct grants and procurements indicated in paragraph 4.4.1 and 4.4.2, for unforeseen circumstances, outside the Commission's control, indirect management with an entrusted entity may be considered. These entrusted entities will be selected based on the following criteria:

- Demonstrated track record in active engagement in the field of digital health
- Prior experience implementing EU funded support in the health sector.
- To provide complementary bilateral support in the area of health systems strengthening in the targeted countries in order to increase synergies and complementarity among programmes in the health sector
- To have operational capacity on the ground in targeted countries to carry out the envisaged activities, in-country presence across most countries.
- Track record in delivering with value for money.

4.5. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions. The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated

cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.6. Indicative Budget

Indicative Budget components	EU contribution from 2024 budget (amount in EUR)	EU contribution from 2025 budget (amount in EUR)	Total (amount in EUR)
Implementation modalities – cf. section 4.4			
Specific objective 1: to contribute to building capacity for SSA countries or regions to participate in the WHO Global Digital Health Certification Network (GDHCN) for the verification of health documents 1 composed of	8 000 000		8 000 000
Indirect management with WHO - cf. section 4.4.3	8 000 000		8 000 000
Specific objective 2: to strengthen health systems through integrated, patient-centred digital solutions development at the Primary Health Care (PHC) level in line with the Africa CDC Digital Transformation Strategy composed of	7 000 000	10 000 000	17 000 000
Grants – cf. section 4.4.1	7 000 000	10 000 000	
Procurement – cf. section section 4.4.2			
Grants – total envelope under section 4.4.1	7 000 000	10 000 000	
Procurement – total envelope under section 4.4.2			
Evaluation – cf. section 5.2 Audit – cf. section 5.3	may be covered by another Decision		
Contingencies	n/a	n/a	n/a
Totals	15 000 000	10 000 000	25 000 000

4.7 Organisational Set-up and Responsibilities

This action is part of the regional Team Europe initiative on supporting Digital Health in Sub Saharan Africa that is the general framework to which the 2 specific objectives of this action contribute. This action as a whole will therefore be embedded in the overarching coordination and management structure of both the digital health TEI

- The Technical Working Groups (TWG) will be 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 policy dialogue with key African partners, including delivery of joint messages to support the TEI ambition, and ensure alignment of its priorities with those of the partner regions. The TWG will be supported by the D4D Hub to facilitate the organisation of meetings and events and provide logistical and secretariat support.

- Above this particular TEI, a High-Level Steering Committee of the EU-AU Health Flagships is being established to provide high level political steer and strategic guidance of the health programmes pertaining to AU-EU relations, including health TEIs.
- A support structure, the TEI operational management group (OMG), responsible of the implementation, management, coordination, the monitoring and the communication of the TEI will be established.

A specific Programme Steering Committee will be established for this action with a mandate to monitor progress and ensure strategic direction. The Steering Committee will meet at least once a year and will be comprised on major stakeholders including members from the participating countries, and the main implementing partners. The overall implementation, supervision and oversight of the project will be co-led by WHO and African CDC in cooperation with the European Union, including the European Commission and EU Delegations and national authorities in the targeted African countries.

Operational day-to-day management of the programme. The implementing partners will be responsible for the day-to-day management of the action in close coordination with the EU Delegations in beneficiary countries and the national and regional authorities. In this regard, it will hold responsibilities for the management of funds, delivery of results and achievement of programme outcomes.

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:

Performance and monitoring of the Action will be based on the intervention logic and the log frame matrix, including its indicators. It will aim at informing the list of indicators that are part of the log frame matrix.

The EU will request implementing partners working under the same specific objective to ensure coordination in the reporting and monitoring of the action. Partners will ensure consistent reporting formats and timeframes.

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

5.2 Evaluation

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

Mid-term evaluation may be carried out for problem solving and learning purposes, 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 this action supports addressing country level priorities (bottom up) as well as regional priorities (top down) that will meet through regional networking activities and thus may influence regional priority agenda setting and whether this leads to more coordinated and joint action.

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 the implementing partner at least 2 months in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

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

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

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

5.3 Audit and Verifications

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

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

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

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

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

Appendix 1 REPORTING IN OPSYS

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

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

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

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

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

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

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

Action level (i.e. Budget Support, blending)		
<input type="checkbox"/>	Single action	Present action: all contracts in the present action
Group of actions level (i.e. top-up cases, different phases of a single programme)		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#): <Present action> <Other action(s)>
Contract level		
<input checked="" type="checkbox"/>	Single Contract 1	Specific objective 1
<input checked="" type="checkbox"/>	Single Contract 2	Specific objective 2
<input checked="" type="checkbox"/>	Single Contract 3	Specific objective 2
<input checked="" type="checkbox"/>	Single Contract 4	Specific objective 2
<input checked="" type="checkbox"/>	Single Contract 5	Specific objective 2
<input checked="" type="checkbox"/>	Single Contract 6	Specific objective 2
<input checked="" type="checkbox"/>	Single Contract 7	Specific objective 2
	(...)	
Group of contracts level (i.e. series of programme estimates, cases in which an Action includes for example four contracts and two of them, a technical assistance contract and a contribution agreement, aim at the same objectives and complement each other)		
<input type="checkbox"/>	Group of contracts 1	Specific objective 2