



EN

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX II

to the Commission Implementing Decision on the financing of the multiannual action plan for the Global Challenges (People) thematic programme for 2025-2027

Action Document for Health System Strengthening for Universal Health Coverage (UHC) Programme – Phase V (2025-2028)

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	Health System Strengthening for Universal Health Coverage (UHC) Programme – Phase V (2025-2028) OPSYS number: ACT-62974 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe) Regulation
2. Team Europe Initiative	No
3. Zone benefiting from the action	The action shall be carried out in Eastern and Central Europe, Africa, Asia and Latin America. The list of currently 119 countries is subject to change according to the regional and national contexts
4. Programming document	NDICI Global Challenges Multiannual Indicative Programme (MIP) 2021-2027
5. Link with relevant MIP(s) objectives / expected results	This action will contribute particularly to the specific objectives 1 (Health), 3 (Gender Equality) and 4 (Youth & children) of the People's chapter of the MIP on Global Challenges, and in particular to the following three results: <ul style="list-style-type: none"> • Result 1: Reinforced support to universal health coverage for all • Result 2: Improved preparedness and response capacity to enhance global health security. • Result 3: accelerated progress towards universal access to basic health services to achieve UHC.
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	120 - Human Development – Health
7. Sustainable Development Goals (SDGs)	Main SDG (1 only): 3 Good Health and Well-being Other significant SDGs (up to 9) and where appropriate, targets: <ul style="list-style-type: none"> • SDG 1: No poverty

	<ul style="list-style-type: none"> SDG 5: Gender equality SDG 13: Climate SDG 16: Peace, justice and strong institutions 			
8 a) DAC code(s)	12110 Sector: Health policy and administration management DAC code 1 – 112110: Health policy and administration management – 100%			
8 b) Main Delivery Channel	Multilateral organisation - 41000			
9. Targets	<input type="checkbox"/> Migration <input checked="" type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input type="checkbox"/> Education <input type="checkbox"/> Human Rights, Democracy and Governance			
10. Markers (from DAC form)	General policy objective @	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Aid to environment @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Internal markers and Tags:	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	digital connectivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	digital governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	digital entrepreneurship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	digital skills/literacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	digital services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>14.020240 – Global Challenges People: EUR 64 million</p> <p>14.020130 - Middle East & Central Asia: EUR 5 million</p> <p>14.020131 - South & East Asia: EUR 5 million</p> <p>14.020132 – Pacific: EUR 5 million</p> <p>The contribution is for an amount of EUR 40 million from the general budget of the European Union for 2025 and EUR 39 million from the general budget of the European Union for 2027, 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>Total amount of EU budget contribution EUR 79 million.</p> <p>This UHC-P has been co-financed so far by:</p> <ul style="list-style-type: none">• Belgium with an amount of USD 4 700 000• Canada with an amount of USD 42 600 000• France with an amount of USD 6 500 000• Germany with an amount of USD 3 400 000• Ireland with an amount of USD 4 700 000• Japan with an amount of USD 58 600 000• Luxembourg with an amount of USD 32 400 000• UK with an amount of USD 26 500 000 <p>Since 2017 the action is increasingly co-financed by other public (such as Belgium, Canada, France, Germany, Ireland, Japan, Luxembourg, United Kingdom) and private donors with an annual expenditure of approx. EUR 50 million. It is expected that all donors of the Universal Health Coverage-Partnership (UHC-P) programme maintain their current level of commitment for the next phase which would complement the Commissions contribution described in this Action Document with EUR 162.8 million. During phase IV the Commissions contribution represented 56% percent of the total income towards the UHC-Partnership programme.</p>			
MANAGEMENT AND IMPLEMENTATION				
13. Implementation modality	Indirect management with an entrusted entity			

1.2 Summary of the Action

This action aligns with the Multi-Annual Financing Framework 2021-2027 and will continue crucial EU support for the UHC-Partnership with the World Health Organization (WHO) starting in 2025. The action aligns with the 2022 EU Global Health Strategy (GHS), utilising the Global Gateway and the Team Europe approach, funded by the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe). Launched in 2011, the programme is currently active in more than 120 countries across Africa, the Caribbean, Latin America, Asia, and Europe, with participation from EU Member States such as Belgium, France, Germany, Ireland, and Luxembourg,

as well as the United Kingdom, Canada, and Japan. The action aims to support the implementation of WHO's 14th General Programme of Work (2025-2028) in partner countries, enhancing efforts to build resilient health systems and achieve Universal Health Coverage (UHC).

The general objective of this action is to promote the well-being of people and establish strong health systems while strengthening existing ones. The action will contribute to Priority Area 1 (Health) of the People priority of the Global Challenges MIP and to the following specific objectives (SO) in particular:

SO 1: Reinforced support to universal health coverage for all.

SO2: Improved preparedness and response capacity to enhance global health security

SO3: Accelerated progress towards universal access to basic health services to achieve UHC

To achieve these specific objectives, the action will focus on the following outputs:

- 1.1 Strengthened health systems through improving governance by facilitating a comprehensive policy dialogue in all six building blocks of the health system¹; ensuring appropriate hazardous waste management; ; and advanced health information systems including digital health solutions, and support the prevention and reduction of antimicrobial resistance.
- 1.2 Supported the International Health Partnership for Universal Health Coverage 2030 (UHC2030) to coordinate policy dialogue and alignment between all stakeholders at country, regional and global level in line with the five shifts² of the Lusaka Agenda for the Future of Global Health Initiatives.
- 2.1 Strengthened health systems to ensure durable, sustainable capacities for risk reduction, surveillance and management of health risks, including those emerging because of climate change.
- 3.1 Strengthened health service delivery systems to ensure integration of nutrition, Sexual and Reproductive Health and Rights, vaccination and non-communicable disease (NCD) prevention, management and care at all levels.

The action will prioritise cross-cutting issues such as equity, gender, human rights, and climate change adaptation, ensuring they are integrated into all activities. Collaboration will be emphasised with the European Union's Team Europe Initiatives (TEIs) in health, with WHO playing a key role in initiatives such as MAV+ (Manufacturing & Access to Vaccines, Medicines & Health Technologies), Health Security / One Health and TEI Digital Health strengthening Health Systems and pandemic preparedness, fostering an enabling environment for Sexual and Reproductive Health and Rights and for Public Health Institutes in Central Africa, East Africa, West Africa and Southern Africa. EUR 15 million provided by Central Asia, Middle East/ South Asia, South East Asia, North Asia/ Pacific will support actions in the Asian region. Additionally, the action will work closely with the Pandemic Fund³, ensuring that actions under the UHC Partnership complement actions implemented by WHO through Pandemic Fund support and the Health Impact Investment Platform, ensuring that UHCP interventions at country level can inform health investments plans. The UHCP interventions will not be looking at Prevention, Preparedness, Response as a matter of priority, unless deemed an essential block of UHC at country level by WHO health policy focal point.

The action works with both public and private healthcare providers.

1.3 Zone benefitting from the Action

The Action shall be carried out in currently 119 countries all included in the list of ODA recipients. The detailed list of eligible countries can be found in appendix 1 of this action document. The list of countries is subject to change according to the regional and national contexts.

¹ <https://extranet.who.int/nhptool/BuildingBlock.aspx>

² https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/12/26-Nov-Lusaka-FGHI_Final.pdf

³ <https://www.thepandemicfund.org/>

2 RATIONALE

2.1 Context

In accordance with the 2022 Communication and Council Conclusions on the 'Global Health Strategy' and the 2017 European Consensus on Development, the EU adopted a human rights-based approach to health. EU's support for health programmes is delivered through various instruments, including geographic programmes, contributions to Global Health Initiatives and UN organisations, as well as grants to Civil Society Organisations.

This action aligns with the priorities outlined in the Global Challenges thematic programme and its multi-annual indicative programme (MIP) for the period 2021-2027. The selected priorities for EU funding under Chapter 4.1 People, particularly Objective 1: Health, emphasise that “EU action at the global level will strengthen EU leadership in global health and contribute to “...the achievement of SDG 3 to ensure healthy lives and promote well-being for all...” This includes the goal of universal health coverage (UHC) as articulated in SDG 3.8, which encompasses financial risk protection, access to quality essential health services, and access to safe, effective, affordable essential medicines and vaccines for all.

This action supports the objectives of the 2022 EU Global Health Strategy⁴ to strengthen EU leadership in global health, support the achievement of the SDG 3, and the Global Gateway initiative, positioning WHO at the heart of the Global Health Architecture to establish norms and standards for climate-resilient health systems, including measuring their performance and to guide WHO Member States in meeting these standards. It also aligns with the EU's Global Gateway strategy to enhance smart, clean, and secure connections in digital, energy, and transport sectors, while strengthening global health, education, and research systems. The action will engage with the regional health TEIs in Africa of the EU Global Gateway, including local production of medicines and vaccines, digital health enhancement, health security, Sexual and Reproductive Health and Rights (SRHR), One Health and public health institutes.

Furthermore, the Action is aligned with the EU Gender Action Plan III 2021-2025⁵, in particular to its thematic areas of engagement “Promoting economic and social rights and empowering girls and women” and “Promoting sexual and reproductive health and rights”. It will contribute to the implementation of the EU Strategy on the Rights of Persons with Disabilities⁶, and the EU's Action Plan on Human Rights and Democracy 2020-2024⁷. The WHO recognises that gender influences people's access and experience to healthcare. Women and girls face barriers to accessing health information and services. The health policy workers advising national ministries of health can raise awareness on gender, disabilities and human rights aspects in the planning and implementation of national policies, based on existing European and WHO guidelines and factsheets and data.

Additionally, this action will support health system transformations through digital health components tailored to partner countries' priorities, in line with the Digital for Development (D4D) Hub's strategic platform. The D4D Hub aims to strengthen digital cooperation between the EU, its Member States, and partners in Africa, Asia-Pacific, Latin America, and the Caribbean, advocating for a human-centric digital transformation. Likewise, the D4D aims to promote women's empowerment and enhance gender equality through digital technologies and solutions by: (i) Supporting the multi-stakeholder dialogue to build an understanding of the key challenges and possible solutions to the gender digital divide (ii) Providing technical assistance for the design and implementation of gender-sensitive and gender-transformative digital programmes; and (iii) Facilitating the establishment of partnerships and identification of opportunities for joint investments and interventions⁸.

⁴ https://health.ec.europa.eu/internationalcooperation/global-health_en

⁵ https://international-partnerships.ec.europa.eu/system/files/2021-01/join-2020-17-final_en.pdf

⁶ <https://op.europa.eu/en/publication-detail/-/publication/3e1e2228-7c97-11eb-9ac9-01aa75ed71a1/language-en>

⁷ https://www.eeas.europa.eu/sites/default/files/documents/2024/Action-Plan-EN_2020-2027.pdf

⁸ <https://www.d4daccess.eu/en/reducing-the-gender-digital-divide>

Since 2011, the Commission has supported the WHO through the UHC-Partnership, currently active more than 120 countries across Africa, Asia, Europe, and Latin America. This partnership aims to strengthen the organisation's mandate and coordination role in enhancing health systems through WHO building blocks ((i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance) and to bolster national capacities for developing and implementing health policies and strategies. Implementation will focus on specific country needs as identified in national health policies and through ongoing health sector policy dialogue and monitoring.

While this action is not technically labelled a Team Europe Initiative (TEI), it closely collaborates with EU Member States such as Belgium, France, Germany, Ireland, and Luxembourg, which contribute significantly to the UHC-Partnership, alongside non-EU countries like Canada, Japan, and the UK. This action aims to ensure that the recommendations from the International Health Partnership for UHC2030 inform country-level action plans and discussions, facilitating a feedback loop. UHC2030 serves as an umbrella platform to coordinate and align external resources and players while upholding effective development cooperation principles in aid-dependent countries.

Universal Health Coverage (UHC) is closely linked to social protection systems, ensuring access to basic social services, including healthcare for marginalised populations, with the goal of combating poverty, reducing inequalities, and preventing social exclusion.

As the burden of disease shifts in many partner countries, the rising incidence of non-communicable diseases (NCDs) must be addressed and integrated into the UHC framework. Investing in NCDs prevention and control yields substantial returns for countries at all income levels and contributes significantly to long-term economic growth. SDG 3 commits UN Member States to ambitious national strategies to reduce premature mortality from NCDs by one third by 2030 through prevention and treatment programmes for conditions like hypertension and diabetes, alongside the implementation of the WHO Framework Convention on Tobacco Control.

Another critical area of intervention is the prevention and reduction of antimicrobial resistance (AMR). AMR threatens public health and could severely hinder progress towards UHC and the Sustainable Development Goals (SDGs). It is often driven by the misuse and overuse of antimicrobials, highlighting the need for effective healthcare, including proper infection prevention and control practices. Robust health systems rooted in primary healthcare are essential to combat AMR.

WHO's overarching mission, outlined in the new Global Programme of Work (14th GPW) for 2025-2028, focuses on promoting, providing, and protecting health. The GPW14 prioritises the emphasis on resilience in health systems, global health equity and access, climate change, and disease prevention. This action comprises health systems strengthening (HSS) interventions aimed at sustainably enhancing public health across all regions and countries.

The Investment Round launched by WHO in May 2024 aims to mobilise predictable and flexible resources from a broader base of donors for WHO's core work 2025-2028. The funding requirement is USD 7.1 billion. By November 2024 USD 1.7 billion from 70 partners and WHO Member States had been pledged, many of whom are low- and middle-income countries. The European Union (EU) and its Member States collectively contributed an US\$ 783 million to this initiative. With additional signed funding agreements and expected funding from partnerships, WHO now has a total of USD 3.8 billion secured for the next four years—representing 53% of the USD 7.1 billion funding target. Since not all WHO Member States pay their contribution and/or earmark their support, there is still a shortage of resources which severely limits the ability of the WHO to implement their work programme. The contribution of UHC-Partnership programme is earmarked to the UHC-partnership within the WHO funding. In light of the US announcement of the withdrawal of financial support to the WHO in January 2025 further prioritisation and alignment at all three levels (global, regional, country) is to be expected.

The UHC-Partnership has historically reinforced the importance of resilient health systems through its earlier phases (I-IV). While primarily contributing to achieving SDG 3, it also significantly impacts other SDGs (1, 5, 13, 16), including countries that fall within fragile and conflict-affected states (FCAS).

2.2 Lessons learnt

The WHO and the EU have a longstanding partnership through the EU-WHO UHC-Partnership⁹, which has been crucial in enhancing the WHO's role in health policy dialogue with Ministries of Health worldwide, involving all stakeholders and development partners in country coordination mechanisms. A strong presence of WHO at country level, supported by senior technical advisors and operational funds, along with focused backing from the WHO's three organisational levels, has driven this action, reinforced by the UHC2030 platform¹⁰ (a multi-stakeholder platform to connect, work together and influence national and commitments to universal health) that promotes health systems strengthening for universal health coverage (UHC) with its constituencies.

This action will build on lessons learned from the ongoing fourth phase of the UHC-Partnership and incorporate recommendations from the Results Oriented Monitoring (ROM) mission conducted in late 2021. It will connect WHO country offices stronger with regional structures and technical capabilities at headquarters and engage with EU Delegations and other UHC-Partnership donors at country level. The action will implement recommendations from the 2022 evaluation of the UHC-Partnership, which emphasised the need for WHO leadership in multisectoral collaboration and civil society inclusion, supporting the UHC-P Health Policy Advisors in their policy dialogue with the ministries of health and enhancing stakeholder engagement for joint action, while ensuring that health ministry decision-makers actively participate in policy dialogues. Furthermore, the action addresses the need for clear connections between reported activities and the objectives outlined in the action plan, thus more clearly demonstrating the impact of the action. The action will include a results framework for effective implementation tracking, referencing key indicators in its regular reporting.

Lessons learned from assessments and evaluations from previous phases of the UHC-Partnership include:

- Supporting decentralised service delivery to ensure access to basic health services, even in war-torn countries.
- Enhancing the role of WHO country offices in collaboration with EU Delegations (EUDs) and other development partners, taking a significant lead in aligning humanitarian and development actions in fragile and conflict-affected nations.
- Engaging long-term in steering committees for National Social Dialogues to develop strategic roadmaps for national health and social protection strategies in countries experiencing severe internal political crises.
- Advocating persistently with relevant authorities, such as ministries of health and higher education, to significantly improve the national health workforce.

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

- Developing and finalising guidelines to institutionalise a model for enhanced cooperation between EUDs and WHO at the country level, which both institutions can endorse (e.g., involving EUDs in country health coordination mechanisms and ensuring EU visibility).
- Exploring the potential and feasibility of piloting country-level log frames in selected countries with support from WHO HQ and the EU, including gender-sensitive indicators and disaggregation by sex. This could inform the design of Phase V and the potential rollout of "national log-frame exercises" in countries with permanent P4-P5 policy advisors, incorporating log-frame development into their Terms of Reference.
- Including an annex in the WHO annual "umbrella" report for a quick quantitative assessment of intervention activities across the four outputs. This could be done by adding two columns to the "Country Workplan Template"/online dashboard to include activity-level indicators (baseline and target), with aggregated data presented as an annex to track progress.

⁹ <https://extranet.who.int/uhcpartnership/about>

¹⁰ <https://www.uhc2030.org/>

- Establishing a system to quantitatively track activities at the country level, from baselines to targets, to generate evidence supporting continued investment in health systems strengthening (HSS) approaches.
- Incorporating a “Planetary Health” approach—considering the health of human civilization alongside the natural systems it relies on—with specific attention to animal and environmental health.

The recommendations from the 2024 Court of Auditors Special report 18/2024 on EU financial support for health systems in selected partner countries include:

- Enhancing the visibility of EU funding among targeted populations.
- Utilising more EU high-level health indicators to provide concise information on the effectiveness and efficiency of EU-funded actions.

The UHC-Partnership will collaborate closely with the International Health Partnership for UHC 2030¹¹, a global platform aimed at strengthening health systems for UHC. UHC2030 will support the objectives of the UHC-P based on its 2024-2027 Strategic Framework and in alignment with the five shifts of the Lusaka Agenda¹², providing a multi-stakeholder platform to enhance collaboration on health systems strengthening and achieve UHC.

2.3 Problem Analysis

Short problem analysis:

In fragile and conflict-affected countries, health systems and services are often managed in whole or in part by non-state actors. The COVID-19 pandemic has underscored the urgent need for resilient health systems that can effectively and efficiently respond to future emergencies. The combination of exposure to acute and prolonged natural and non-natural emergencies, alongside inadequate management, financial resources, and technical capacity within state institutions, presents significant challenges. Building strong and resilient health systems requires government leadership, which in turn will enable the government to sustainably deliver quality public health services through both governmental and non-governmental facilities, safeguarding the lives and property of citizens. In this context, gender inequality in the health and care workforce continues to be a pressing issue. Reports of violence and abuse against women health and care workers, unsafe working conditions, and a lack of women in senior decision-making roles in health, continue to impact negatively on individual health workers and undermine health systems globally¹³.

The WHO has developed a tailored approach to strengthen health systems that are "fit-for-purpose and fit-for-context," identifying four modalities based on a country's capacity and vulnerability. These modalities are implemented in various settings, from mature health systems to fragile contexts:

1. Policy Dialogue: Promoting transformation and developing future-oriented systems that can address current and anticipated disease burdens across all countries, including high-income nations.
2. Strategic Support: Enhancing institutional capacities in countries, particularly in emerging and middle-income regions, to create better-performing health systems.
3. Technical Assistance: Laying the foundations for health systems in countries with significant resource gaps, primarily low-income countries.
4. Service Delivery (Substitution): Addressing critical gaps in emergency situations.
5. Re-aligned Global Health Initiatives (GHIs)

The increasing number of global health initiatives (GHIs) poses a risk of further fragmenting external health aid to countries, challenging governments' ability to take ownership of externally funded health programmes. These programmes are essential for strengthening resilient health systems and equipping countries to prevent and respond to new natural and man-made emergencies, including pandemics. Efforts to align the activities of GHIs with each other and with government policies have seen only moderate success. Considering the COVID-19 pandemic, the

¹¹ Taking action for universal health coverage - UHC2030

¹² <https://futureofghis.org/final-outputs/>

¹³ GEHCWI-Impact-Report-2022.pdf

global health community has initiated the Lusaka Agenda, which outlines processes for GHIs to more effectively support universal health coverage, enhance financial risk protection, and ensure access to quality essential healthcare services and safe, effective, and affordable essential medicines and vaccines. The WHO is positioned as the leading normative organisation to help achieve the five key shifts of the Lusaka Agenda.

Non-Communicable Diseases (NCDs)

An escalating concern in many countries is the dual impact of communicable and non-communicable diseases (NCDs), including nutritional disorders, on health outcomes. Many health systems are ill-equipped to manage this increasing double burden, which involves both preventing and treating communicable diseases and addressing the rising demand for healthcare resources driven by NCDs. These NCDs are often linked to common, modifiable risk factors such as tobacco use, harmful alcohol consumption, and obesity due to poor diet and lack of physical activity.

Antimicrobial Resistance (AMR)

Antimicrobial medicines are essential to modern healthcare. The rise of drug-resistant pathogens threatens countries' ability to treat common infections and perform life-saving procedures, including cancer chemotherapy, cesarean sections, hip replacements, organ transplants, and other surgeries.

AMR incurs significant costs for both health systems and national economies. It necessitates more expensive and intensive care, prolongs hospital stays, and reduces productivity for patients and caregivers. AMR is a global threat that transcends borders. AMR contributing factors include inadequate access to clean water, sanitation, and hygiene (WASH) for both humans and animals; ineffective infection prevention and control measures in homes, healthcare facilities, and farms; limited access to quality vaccines, diagnostics, and medicines; lack of awareness; and insufficient enforcement of relevant laws. Vulnerable populations, particularly those in low-resource settings, are disproportionately affected by the drivers and consequences of AMR.

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

The final beneficiaries of this action are approximately 900 million individuals, with particularly significant benefits for women, girls, and those in vulnerable situations, (i.e. people with disabilities) as identified in each country's context. By prioritizing universal access, individuals suffering from non-communicable diseases (NCDs), especially in low-income countries, will see significant improvements in their quality of life through access to high-quality services while being shielded from financial risks.

The stakeholders impacted by this action include:

1. At the country level: Direct beneficiaries encompass duty-bearers (governmental, including gender focal points of the governmental institutions) and intergovernmental organisations, non-governmental institutions, the private sector¹⁴ (including pharmaceutical and biomedical industries), academia, and right holders (civil society organisations). Note: this list is not exhaustive. WHO offices at country level will need to assess the capacity of stakeholders to ensure inclusive, and meaningful participation.
2. At the regional level: Beneficiaries include regional economic communities, forums, civil society groups, and regional development banks.
3. At the global level: The action will leverage existing networks and resources from UHC 2030 members, including, partner countries, civil society organisations, private sector, foundations, international organisations and civil society organisations, prioritizing women's organizations and organizations of persons living with disabilities.
4. Collaboration: Complementarity with international organisations such as UNICEF, UNFPA, and the UN inter-agency task force on NCDs, as well as relevant global health initiatives (e.g., Global Fund and GAVI), will be a key focus to enhance aid effectiveness, drawing on their expertise and comparative advantages.

¹⁴ Private sector needs to ensure that they respect the guiding principles on business and human rights. https://www.ohchr.org/sites/default/files/documents/publications/guidingprinciplesbusinesshr_en.pdf

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The Overall Objective of this action is to contribute to the well-being of all people and reaching universal health coverage with strong health systems from human rights and gender-based approach.

This action aims to achieve its goals by focusing on three specific objectives and four complementary outputs related to the WHO's health systems building blocks ((i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance).

The Specific Objectives (SO) of this action are:

1. SO1: Reinforced support to universal health coverage for all, addressing gender and other drivers of inequalities.
2. SO2: Improved preparedness and response capacity to enhance global health security
3. SO3: Accelerated progress towards universal access to basic health services to achieve UHC.

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

- Output 1.1 (related to SO1): Strengthened health systems through improving governance by facilitating a comprehensive policy dialogue in all six building blocks of the health system¹⁵; ensuring appropriate hazardous waste management; advancing health information systems integrating gender data and digital health solutions, and supporting the prevention and reduction of antimicrobial resistance.
- Output 1.2 (related to SO1): International Health Partnership for Universal Health Coverage 2030 (UHC2030) supported to coordinate policy dialogue and alignment between all stakeholders at country, regional and global level in line with the five shifts¹⁶ of the Lusaka Agenda for the Future of Global Health Initiatives.
- Output 2.1 (related to SO2): Gender-responsive and inclusive health systems strengthened to ensure durable, sustainable capacities for risk reduction, surveillance and management of health risks including those emerging because of climate change.
- Output 3.1 (related to SO3): Strengthened health service delivery systems to ensure integration of nutrition, SRHR¹⁷, vaccination and non-communicable disease prevention, management and care at all levels..

3.2 Indicative Activities

Indicative activities related to Output 1.1 (Strengthening health systems through improving governance):

- Support the development, costing, implementation, management, and monitoring and evaluation of robust National Health Policies, Strategies, and Plans through an inclusive sectoral and multi-sectoral policy dialogue process with duty bearers and right holders. This ensures that the plans are comprehensive and adequately address non-communicable diseases (NCDs) alongside national fiscal, social protection, education, employment, nutrition, and economic policies.

¹⁵ <https://extranet.who.int/nhptool/BuildingBlock.aspx>

¹⁶ https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/12/26-Nov-Lusaka-FGHI_Final.pdf

¹⁷ The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights (SRHR), in this context. The new European Consensus on Development: our world, our dignity, our future, 26.06.2017

- Contribute to effectively integrating global health initiatives into national health strategies, reinforcing and enhancing health systems.
- Strengthen national capacity for dynamic monitoring, analysis, and utilisation of health labour market data, including the implementation of National Health Workforce Accounts and disaggregation of data by age, sex, and location.
- Enhance core regulatory functions for medicines and health products through country-specific approaches, including monitoring quality and safety, and ensure that relevant regulations are adapted to the local context and effectively implemented.
- Improve the capacity for regular monitoring of the availability and accessibility of medicines and health products, including assessing the impact of national and regional essential medicines lists, pricing, and expenditure at the country level. Explore opportunities for consolidating demand at the regional level and consider incentives for local production.
- Provide technical assistance and engage in policy dialogue on the development of health financing strategies and operational plans, including health and social protection schemes, to support sustainable progress toward Universal Health Coverage (UHC), such as implementing taxes on health-damaging substances.
- Update and tailor global guidance on health financing policy for implementation in various countries, including micro-states and island nations.
- Support the implementation of digital health strategies (such as mobile health, patient records, telemedicine, etc.) through national and regional approaches within established regulatory frameworks.
- Establish/strengthen country based programmes to prevent and mitigate anti-microbial resistance in countries.
- Particular attention will be paid to guarantee engagement with women and those people who are not normally involved (i.e. youth, persons with disabilities, children, migrants...) as well as with their representatives organisations.
- Regarding capacity-building activities: the gender dimension will be taken into account at the level of content, language, images, etc.) being also accessible (audio, sign language, etc. when possible an relevant) and culturally appropriate.
- Capacity building and consultation activities will be inclusive and accessible (e.g. meetings in accessible buildings, childcare service if possible, accessible communication formats, etc.).
- All the AD-related info will be understandable and accessible to all stakeholders involved.

Indicative activities related to Output 1.2 (Support to UHC2030):

- At the global, regional, and country levels, coordinate and oversee the implementation of the UHC2030 work programme while enhancing alignment with other key UN global strategies, such as Universal Social Protection (USP2030) and Education for All (EFA).
- The UHC2030 work programme will act as a platform to foster close collaboration among donors, transforming global commitments into tangible results at the country level, ensuring that both domestic and external financial resources are effectively invested and utilized in a coordinated manner.
- UHC2030 will closely collaborate with all stakeholders and donors, particularly the UHC-Partnership, to create optimal synergies among all actors in the health sector at the country, regional, and global levels, working towards the five shifts outlined in the Lusaka Agenda.
- The UHC2030 Secretariat will regularly report on the 2024-2027 Pathways for Change, focusing on advocacy, accountability, and alignment, and will ensure that the specific objectives and outputs of the UHC-Partnership are supported in a coordinated manner by UHC2030 constituencies. This aims to create an efficient process for strengthening health systems at the country level and promoting SDG 3.8 (UHC) at national, regional, and global levels.

Indicative activities related to Output 2.1 (Risk reduction, of health risks, climate change):

- Assist in the development and enhancement of comprehensive health information and management systems, incorporating data on climate change and zoonotic diseases.
- Support research to examine the health impacts of climate change and emerging zoonotic diseases, providing insights to guide health sector strategies in effectively responding to climate and environmental challenges, such as enhancing health system capacities to tackle the increased incidence of climate-related diseases.
- Foster close collaboration with the Pandemic Fund at country level and support the implementation of the amended International Health Regulations (IHR) in 2024.

Indicative activities related to Output 3.1 (health service delivery systems and Integration of NCDs prevention, management and care) risk reduction, surveillance and management of health risks and mitigation of effects of climate change):

- Assist countries in regularly reviewing and updating their essential drug and supply lists to ensure that vital NCDs and reproductive health/family planning commodities are included.
- Support the design and evaluation of integrated service delivery models that cover the entire continuum of care, particularly for NCDs.
- Enhance and revise laws and regulations to facilitate the development of robust National Health Policies and Strategic Plans aimed at achieving Universal Health Coverage (UHC), with a specific focus on NCDs.
- Strengthen health facility planning to incorporate environmental impact assessments, particularly concerning the management of water and energy consumption and the safe disposal of hospital waste.
- Support the introduction or enhancement of routine monitoring of health and healthcare utilisation data disaggregated by gender and disability.
- Ensure the integration of programmes to strengthen nutrition, SRHR and vaccination in health services at all levels
- Ensure that healthcare facilities are safe and environmentally friendly workplaces, posing no health risks to employees or surrounding communities.

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

3.3 Mainstreaming

Environmental Protection & Climate Change

Outcomes of the SEA 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 as 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).

Environmental changes caused by a range of factors, including accelerating human pressure on the planet's resources, negatively impacting human health short and long term. While everyone is affected, vulnerable populations are disproportionately burdened. Notable health risks are created by environmental hazards such as outdoor air pollution, which is a leading risk factor for non-communicable diseases (NCDs) and results in 4.2 million premature deaths worldwide. Furthermore, climate change negatively impacts the social and environmental determinants of health –

such as clean air, safe drinking water, sufficient food, and secure shelter - and intensifies health risks as people are exposed to more frequent and more intense climate hazards resulting from extreme weather events, such as droughts and heat waves, wildfires, intensive rain and flash floods, cyclones, resulting in water scarcity, food insecurity and displacement. By affecting dietary, environmental and lifestyle aspects, these climatic factors jointly increase the risk for the spread of infectious disease, notably vector-borne diseases, NCD complications, as well as the rise of mental health disorders and disability. Healthier environments could prevent almost one quarter of the global burden of disease. Health systems are the main line of defence for populations faced with emerging health threats. To protect health and avoid widening health inequities, countries must build low carbon health systems that are resilient to environmental degradation and climate change. While not the primary aim of the action, this action will include a focus on the impacts of environmental degradation and climate change on health systems.

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 as per the OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. The WHO is committed to promote a more transformative impact by addressing the structural causes of gender discrimination and shifting gender-power relations. WHO will address from an intersectionality approach to what extent gender intersects with other grounds of discrimination. WHO is committed to promote gender equality as central to achieve UHC in relation to Sexual and Reproductive Health and Rights of all women in all their diversity, including those living with HIV. This means recognising and considering how unequal power in women's intimate relationships, harmful gender norms and women's lack of access to and control over resources affect their access to and experiences with health services.

Human Rights

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

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

A human rights-based approach to health requires that health policy and programmes must prioritize the needs of those furthest behind towards greater equity, a principle that has been echoed in the 2030 Agenda for Sustainable Development and UHC. The action is supporting people in the countries supported to achieve their right to health in an equitable way. In particular, the WHO has a mechanisms that allow beneficiaries to express their concerns through instruments such as National Health Assemblies, annual health sector reviews, Etats Généraux, support for participatory bodies at the various levels of health systems in countries, etc. The WHO Zero Tolerance framework against abuse and harassment offers ways to avoid misconducts and possibilities for people to submit complaints.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that the WHO pursues a person with disabilities inclusive policy addressing persons with disabilities in all their diversity and systematically integrating disability in all programme areas. They contribute to the practical implementation of the globally agreed commitments of the UN treaties, conferences and summits and their follow-up, such as the 2030 Agenda for Sustainable Development; the Sendai Framework; the Addis Ababa Action Agenda of the Third International Conference on Financing for Development; the UN Conference on Housing and Sustainable Urban

Development (Habitat III); the multiple resolutions adopted by the General Assembly, the World Health Assembly (WHA); the Human Rights Council; and the World Humanitarian Summit.

In this sense, the action will take in consideration that the activities will facilitate the participation of person with disabilities as e.g., in its seminars and workshops. CSOs with and for persons with disabilities will be included in the consultation processes. Furthermore, capacity-building activities supported by the action will be accessible and addressed also to these organisations. This will require ensuring fully accessible venues, training material, transport and budget for reasonable accommodation.

Reduction of inequalities

The Action has at its core the reduction of inequalities, labelled as I-1, as it supports WHO to help countries to ensure equitable access to health services, especially through Primary Health Care (PHC) for all people. The I-Marker is a fundamental tool for the European Commission to achieve its overarching objective of “addressing inequalities by building inclusive and sustainable societies”. The I-Marker focuses on the bottom (poorest) 40% or socio-economically disadvantaged individuals, households or groups. It will improve the design of interventions to reinforce their inequality –reducing effect. Secondly, it will create a sound reporting and benchmarking system on the contribution of all relevant interventions to reducing inequalities, capturing appropriately the multidimensionality of Inequality, specifically addressing the lack of access to health systems and the out of pocket expenditure.

Democracy

This action is supporting WHO to help countries expanding and making population coverage more equitable as the key to protecting all people, as the cornerstone to delivering equity, the right to health, and justice.

Conflict sensitivity, peace and resilience

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

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

In addition, the WHO global plan on promoting the health of refugees and migrants uses the UHC approach to provide healthcare for these groups.

Disaster Risk Reduction

The disaster risk reduction approach is regulated in the International Health Regulations (2005) is the international legal framework for the prevention and response to the international spread of diseases and its third edition (2014). It has been amended through the resolution WHA75.12 (2022) and WHA77.17 (2024). It defines risks to public health and actions to be taken by member states and the WHO. Strengthening health systems and applying a Health in all policy approach will support disaster risk reduction. The action will work on the implementation of the IHR.

3.4 Risks

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
External environment	Risk 1 Conflict/natural disaster in countries (possible impact of conflicts in selected countries, health for IDPs and refugees vis-à-vis host communities; long term impact of sexual and gender-based violence during conflicts, difficulties to access certain areas, etc.), macro-economic shocks and stresses, destruction of health facilities loss of medicines or health technologies. People being exposed to health security risks, children, adolescent girls and women, and people at risk of or suffering from communicable and non-communicable diseases.	High	High	<p>Ensure that all country plans include appropriate emergency preparedness plans</p> <p>Continue to provide support, over-sight and insights on emergencies that are likely to happen</p> <p>Give particular attention to fragile and conflict-affected countries in the design of the activities ensuring flexibility and allow for reprogramming in the event of unforeseen incidences at country level.</p> <p>Partners will discuss and justify with the European Commission (including EUD) any suggested re-programming</p>
Planning, processes and systems	Risk 2 Lack of alignment between the various components of the action and EU and other donor supported activities in relevant areas (health system support and health security), WHO reform/transformation process affecting performance and programme results, WHO limited resources (including experts).	Medium	Medium	<p>Implementation will be monitored through strong governance (i.e. steering committee, regular high level meeting EU-WHO) involving all actors and partners. Given the high-level WHO commitment to the action, the risk that WHO Transformation Agenda will result in unforeseen changes/developments to organisational structure and staffing is limited. WHO will put in place arrangements to strengthen the project's sustainability, including a</p>

				<p>fundraising plan to expand the current Member State donor base.</p> <p>Role of WHO to ensure alignment and coordination through global governance mechanisms, WHO reform processes, one UN approach and facilitation of in-country coordination and collaboration mechanisms</p> <p>Active engagement with the Strategic Partnership for Health Security (SPH).</p>
People and the organisation	Risk 3 Unavailability of relevant professional human resources required at partner countries' level for the effective implementation of the action	Medium	Medium	<p>WHO will work with government counterparts to identify required expertise and/or agree on a capacity building plan</p> <p>WHO and its implementing partners will draw on existing networks of expertise and expand selection processes for technical assistance based on the process used for the identification/selection of WHO experts, ensuring a roster of qualified professionals for deployment, in line with priorities as identified by country and regional support plans.</p>
Legality and regularity aspects	Risk 4 Legal and regulatory aspects in partner countries do not comply with UN/WHO regulations. Lack of whole-of- government policy coherence that undermines public health, changing political landscape	Medium	Medium	<p>Maximising the core competencies of the United Nations system to best engage with counterpart government ministries/agencies and their functions.</p> <p>UN bodies including the WHO need to be seen as politically neutral – any contrary political pressure can slow programme implementation</p>

				<p>Allow flexibility in the reprogramming of funds particularly in cases of political crisis</p> <p>Supportive open and transparent policy dialogue promoting human rights and gender equity in country with a strong focus on engagement of CSOs in the design and implementation of activities</p>
Communication and information	Risk 5 Lack of transparency and consistent information and communication from partner countries and WHO offices	Medium	Medium	WHO needs to deploy sufficient resources to ensure consistent information and communication

3.5 The Intervention Logic

Through this action the EU will substantially support WHO's health policy dialogue with partner countries to achieve universal health coverage by 2030 and at the same time will strengthen the organisation's transformation process to a more integrated and accountable organisation in line with the 14th Global Programme of Work (GPW 2025-2028).

In addition, this action will support WHO's sustained focus on non-communicable diseases, health security integrated into Primary Health Care services and an additional focus on antimicrobial resistance (AMR).

The action will ensure that the WHO will apply consistent and concise monitoring tools to ensure the implementation of the action in all partner countries. This will be accomplished by the development of national "road maps", identifying priority areas as agreed between the WHO and ministries of health (MoHs) (and where feasible, with the involvement of EU Delegations) based on the six building blocks, with a particular attention to the prevention and treatment of NCDs to achieve UHC and support the prevention and reduction of antimicrobial resistance. The underlying assumptions for supporting the six health systems building blocks are explained in the 14th GPW.

This action aims to identify and to support the weakest of the building blocks ((i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance)) in countries to support the national governments in their efforts to sustainably strengthen health systems, through an active policy dialogue, involving the WHO health policy advisors, deployed under this action in almost all partner countries.

The action will put a specific focus on strengthening health systems to ensure durable, sustainable capacities for risk reduction, surveillance and management of health risks including those emerging because of climate change.

The action will also continue supporting the International Health Partnership for Universal Health Coverage 2030 (UHC2030) to coordinate policy dialogue and alignment between all stakeholders at country, regional and global level, and to promote the achievement of the five shifts of the Lusaka Agenda.

The roadmaps developed under this action at country, regional and sub-regional level will provide support through a combination of direct regional/ sub-regional/ country assistance, technical expertise, capacity-building and development of normative guidance. The roadmaps will reflect both the technical and the more strategic actions and interventions to be conducted. This is particularly true for fragile, and conflict affected countries, where WHO will tailor this action to the situation on the ground, identify feasible interventions and adapt them as needed.

WHO will present a work plan during the inception period, specifying suitable indicators as per the WHO results framework, aligned to the 2022 Global Health Strategy Results framework to measure the expected results and to

ensure the achievement of synergies between the bottom-up country-based approach and the top-down regional approach in this action. This action will also include specific process indicators, demonstrating the improved accountability of WHO related to its programme activities.

3.6 Logical Framework Matrix

This indicative logical framework constitutes the basis to design more detailed logical framework matrix(-ces) at contracting which will be used for monitoring, reporting and evaluation. The logical framework matrix(-ces) at contract level should include relevant indicators identified in this section.

The expected outputs and related indicators (with baselines and targets) may be updated during the implementation of the action, no amendment being required to the Financing Decision.

In case baselines and targets are not available for the action at the time of adoption of the Financing Decision, they should be provided for each indicator at signature of the contract(s) linked to this Financing Decision, or in the first progress report at the latest. New columns may be added to set intermediary targets for the output and outcome indicators whenever relevant.

PURPOSE & USE OF THE ACTION DOCUMENTPROJECT and BUDGET SUPPORT MODALITIES						
Results	Results chain (a): Main expected results (maximum 10)	Indicators (a): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To contribute to the well-being of all people and reaching universal health coverage with strong health systems.	<p>1 Coverage of essential health services (SDG 3.8.1/GPW indicator, and indicator proposed in the revised EURF) disaggregated by sex and residence</p> <p>2 Proportion of population with large household expenditure on health as share of total household ability to pay (SDG 3.8.2/GPW indicator, and related, regionally- and country-tailored measures</p> <p>3 1 billion more people better protected from health emergencies</p>	<p>1 3,5 billion (2018, as per WHO GPW13 impact framework)</p> <p>2 1.9% increase between 2000 and 2010 (data for the next decade not yet available)</p> <p>3 billion (2018, as per WHO GPW13 impact framework)</p>	<p>1 5 billion, as per WHO GPW14 goal: provide health, strategic objective 3</p> <p>2 No further increase in the% of population incurring large out-of-pocket health payments payment (beyond the catastrophic expenditure threshold) over the period of the grant</p> <p>Alternatively, for smaller countries or countries with no data: No further increase of OOPs as a proxy for financial protection over the period of the grant</p>	<p>1 WHO reports (World Health Statistics, tracking UHC)</p> <p>1 WHO/WB report: Tracking Universal Health Coverage</p> <p>WHO</p>	Not applicable
OUTCOMES						

Outcome 1	1 Reinforced support to universal health coverage,	<p>1.1 Number/% of countries, which have made measurable progress in achieving the five key shifts of the Lusaka Agenda</p> <p>1.2 Number / % of countries showing evidence of progress in health financing, with respect to efficiency, equity, and sustainability</p> <p>1.3 Coverage of essential health services (SDG 3.8.1/GPW indicator, and indicator proposed in the revised EURF) disaggregated by sex and residence</p> <p>1.4 Number / % of targeted countries in which at least 80% of facilities have a core set of relevant essential medicines available and affordable on a sustainable basis (SDG 3.b.1, GPW indicator)</p>	<p>1.1 TBD</p> <p>1.2 TBD</p> <p>1.3 TBD</p> <p>1.4 TBD</p>	<p>1.1 TBD based on GPW14</p> <p>1.2 TBD based on GPW14</p> <p>1.3 TBD based on GPW14</p> <p>1.4 TBD based on GPW14</p>	<p>1.1 WHO reports (World Health Statistics, tracking UHC)</p> <p>1.2 WHO reports (World Health Statistics, tracking UHC)</p> <p>1.3 WHO reports (World Health Statistics, tracking UHC)</p> <p>1.4 WHO reports (World Health Statistics, tracking UHC)</p>	1.1 -1.4 WHO receives comprehensive and regular data updates
Outcome 2	2 Improved preparedness and response capacity to enhance global health security	<p>2.1 Number / % of supported countries that have increased their IHR annual reporting score</p> <p>2.2 Number/% of countries that are prepared for health emergencies, including through a well functioning cross sectoral collaboration</p> <p>2.3 Number/% of countries having conducted Joint External Evaluations (JEE) to assess country capacities to prevent, detect and respond to public health risks</p>	<p>2.1 TBD</p> <p>2.2 TBD</p> <p>2.3 TBD</p>	<p>2.1 TBD based on GPW14</p> <p>2.2 TBD based on GPW14</p> <p>2.3 TBD based on GPW14</p>	<p>2.1 WHO reports (World Health Statistics, tracking UHC)</p> <p>2.2 WHO reports (World Health Statistics, tracking UHC)</p> <p>2.3 WHO reports (World Health Statistics, tracking UHC)</p>	1.1 -1.3 WHO receives comprehensive and regular data updates
Outcome 3	3 Accelerated progress towards universal access to basic health services, to achieve UHC.	3.1 Number/% of countries with X% increase of the UHC Service Coverage index, including financial risk protection and access to quality essential health-care services				

OUTPUTS (for an action implemented as a project)

<p>Output 1.1 relating to Outcome 1</p>	<p>1.1 Governance:</p> <p>Strengthened health systems through improving governance in all six building blocks of the health system; ; ensuring appropriate hazardous waste management; ; and advanced health information systems including digital health solutions, and support the prevention and reduction of antimicrobial resistance.</p>	<p>1.1.1 Number / % of supported countries with a comprehensive costing national health sector policy/ strategy/plan orientated towards UHC, with goals and targets updated within the last five years</p> <p>1.1.2 WHO produces norms and standards and supports implementation of measures for better access to and use of safe, effective, and quality-assured health products (medicines, vaccines, medical devices including in vitro diagnostics, assistive products, vector control products, blood and other products of human origin).</p> <p>1.1.3 Number of countries/% with sustainable health care waste policies</p> <p>1.1.4 Number/% of supported countries implementing National Health Workforce Accounts with disaggregated data (e.g. age, sex, occupation, facility type, and subnational administrative area) updated within the last year.</p> <p>1.1.5 Number / % of countries supported to introduce or strengthen legislative, fiscal and regulatory policies e.g. taxation of harmful products (tobacco, alcohol, SSBs) in line with WHO recommendations.</p> <p>1.1.6 Number / % of supported countries that have developed fully costing and prioritised M&E</p>	<p>1.1.1 TBD 1.1.2 TBD</p>	<p>1.1.1 TBD based on GWP 14 1.1.2 TBD based on GWP 14</p>	<p>1.1.1 WHO reports (World Health Statistics, tracking UHC) 1.1.2 WHO reports (World Health Statistics, tracking UHC)</p>	
--	--	---	--------------------------------	--	--	--

		<p>framework, with core indicators for monitoring PHC, UHC and health SDGs</p> <p>Extent to which government gender equality policy for the healthcare sector is implemented (GAP III)</p> <p>Extent to which government gender equality policy for the healthcare sector is monitored and evaluated (GAP III)</p> <p>1.1.7 Number / % of supported countries, with national digital health strategy, costing implementation plan, legal frameworks to support digital health solutions (GPW14 3.2)</p> <p>1.1.8 % of health facilities using point-of-service digital tools that can exchange data through use of national registry and directory services (by type)</p> <p>1.1.9 Number of countries in WPR and SEAR with regulations on the prescription and sale of antimicrobials for human use, and with systems for monitoring national antimicrobial use in place with regular collection and reporting of data globally</p>				
--	--	--	--	--	--	--

<p>Output 1.2 relating to Outcome 1</p>	<p>International Health Partnership for Universal Health Coverage 2030 (UHC2030) supported to coordinate policy dialogue and alignment between all stakeholders at country, regional and global level in line with the five shifts of the Lusaka Agenda for the Future of Global Health Initiatives.</p>	<p>1.3.1 An independent monitoring dashboard using existing indicators and data sets* is in place and is used as a basis for multistakeholder reviews of progress</p>	<p>2.1.1 Baseline for coverage of global health partners involved in the process: IHP+ data from 2016 + latest GPEDC monitoring (date to be checked)</p>	<p>2.1.1 Targets:</p> <p>Independent monitoring dashboard updated annually/semi-annually (depending on scope of work, level of ambition and data availability) – and includes all relevant stakeholders (bilateral donors, UN agencies, MDBs, GHIs and philanthropic foundations)</p> <p>Review of progress and lessons learned involving MPs and civil society</p>	<p>2.1.1 NHAs by proportion of financing source (donor/domestic)</p> <p>Annual reporting on implementation of UHC2030 strategic framework 2024-2027 (which includes feedback from its different constituencies) on specific alignment KPIs:</p> <p>Example of questions: Have you taken actions to support alignment behind one national plan and government systems for public financial management, and/or exchanged about your actions? IF YES: Please provide examples of your actions to support alignment behind one national plan and government systems for public financial management (please include links as relevant). What was the impact of your actions?</p>	
--	--	---	---	---	--	--

					IF NO. Why have you not taken action to support alignment behind one national plan and government systems for public financial management?	
Output 2.1 relating to Outcome 2	Strengthened health systems to ensure durable, sustainable capacities for risk reduction, surveillance and management of health risks including those emerging because of climate change.	2.2.1 Number / % of supported countries with national action plans for sustainable health security preparedness that are costed and for which funding has been identified. 2.2.2 Number/% of countries, which have conducted a climate change and health vulnerability and adaptation assessment (in the last 5 years) 2.2.3 Number/% of countries, which have conducted an assessment of the health sector's greenhouse gas emissions at national health system level	2.2.1 TBD 2.2.2 TBD	2.2.1 TBD 2.2.2 TBD	2.2.1 WCO and UNCT information reviewed by Regional Offices (ROs) and HQ and UNDP following agreed criteria 2.2.2 WHO Health and Climate Change Survey Report 2.2.3 WHO Health and Climate Change country profiles	

<p>Output 3.1 relating to Outcome 3</p>	<p>Strengthened health service delivery systems to ensure integration of nutrition, SRHR, vaccination and non-communicable disease prevention, management and care at all levels.</p>	<p>1.2.1 Number / % of supported countries with an NCD surveillance and monitoring system in place to enable reporting against the nine voluntary global NCD targets and mental health</p> <p>1.2.2 Number / (%) of supported countries that have evidence-based national guidelines/ protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities.</p> <p>1.2.3. Number / (%) of supported countries that have evidence-based national guidelines/ protocols/standards for the management of nutrition, SRHR and vaccination programmes, through a primary care approach, recognized/approved by government or competent authorities.</p> <p>1.2.4. Extent to which SRHR-sensitive policies, strategies and programmes introduced by partner government on: a) ending harmful practices e.g. child marriage and female genital mutilation; b) adolescent SRHR; c) comprehensive sexuality education; d) family planning; e) removal of third parties consent for contraception; f) control of sexually</p>	<p>1.2.1 Global baseline (19% of countries conducted a recent risk factor survey and regularly done 2-5 years interval: 2021). Subset to be determined</p> <p>1.2.2 Global baseline exists (82% reported having guidelines for NCD and 66% of those reported it being utilised in 50% or more of health facility: 2021) and for subset to be determined</p> <p>1.2.3 tbd</p>	<p>1.2.1 TBD</p> <p>1.2.2 TBD</p>	<p>1.2.1 NCD Country Capacity Survey</p> <p>1.2.2 NCD Country Capacity Survey</p> <p>1.2.3. National surveys on nutrition, SRHR and vaccination programme results</p>	
--	---	---	--	-----------------------------------	---	--

		transmitted infections including HIV and AIDS; g) cancer screening (GAP III)				
--	--	--	--	--	--	--

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 country.

4.2 Indicative Implementation Period

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

The Commission may recognise costs incurred by the entrusted entity eligible as of 1 May 2025, provided there is a prior request for contribution by the entity.

4.3 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 measures¹⁸.

4.3.1 Indirect Management with an entrusted entity

This action may be implemented in indirect management with the World Health Organisation (WHO). This implementation entails the activities related to the achievement of all 3 specific objectives and the related outputs described in section 3.1. The envisaged entity has been selected using the following criteria:

- Particular technical expertise in all areas of Health Systems Strengthening and the technical capacity to assist multiple countries on their pathway toward Universal Health Coverage.
- Existing relationship with national governments in beneficiary countries and in-country presence.
- Ability to ensure continuity of the previous phases of the programme.
- UHC Partnership (UHC-P), formally called "Health Systems Strengthening for Universal Health Coverage" Partnership to which this action will contribute is a thematic fund managed by the World Health Organization (WHO), funded by multiple donors.
- EC has a longstanding and strategic partnership with the WHO which was re-emphasized in the 2022 Council Conclusions on the role of the EU in strengthening the World Health Organization.

4.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in 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.

The Commission's authorising officer responsible may extend the geographical eligibility based on 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).

¹⁸ 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.

4.6 Indicative Budget

	2025	2027
Indicative Budget components	EU contribution (Amount in EUR)	EU contribution (Amount in EUR)
Implementation modalities – cf. section 4.3		
Indirect management with an entrusted entity - cf. section 4.3.1	40 000 000	39 000 000
Evaluation – cf. section 5.2 Audit – cf. section 5.3	may be covered by another Decision	
Contingencies	N/A	
Third Party Contributions	15 000 000	10 000 000
Totals	55 000 000	49 000 000

4.7 Organisational Set-up and Responsibilities

The programme will fall under the overall joint responsibility of the WHO Assistant Director General for Universal Health Coverage, Life Course, in close cooperation and coordination within the three levels of the organisation, including the relevant WHO Regional Offices for Africa (AFRO), for Eastern Mediterranean (EMRO), for Europe (EURO), for the Americas (PAHO), for South-East Asia (SEARO), and for the Western Pacific (WPRO), and WHO Country Offices.

The actual implementation will be based on country Road Maps that will be elaborated in a participatory process at national level with major stakeholders. This will include the development and endorsement of guidelines by both WHO and the European Commission to institutionalise a model for enhanced cooperation between EUDs and WHO at the country level (e.g., involving EUDs in country health coordination mechanisms and ensuring EU visibility). The WHO will also ensure information sharing and synergies with global health partners, such as the Global Fund (FPM – Fund Portfolio Manager) and GAVI (SCM senior country manager).

WHO will establish the terms of reference (ToR) for the new UHC-P Facilitation Council (FC), which will succeed the Multi-Donor Coordination Committee, and organise Facilitation Councils three times a year. The Committee will focus on strengthening the strategic coordination and monitoring of the WHO UHC Partnership related activities. WHO will ensure that activities at both country and regional level are initially presented to EU Delegations for exchange of views before endorsement by WHO HQ. WHO will also ensure they are regularly monitored and consistently reported to the EU in relation to the indicators of this action. It will also ensure that the UHC-P live monitoring sessions clearly highlight the programme's achievements and challenges. In addition, a senior officials management (SOM) meeting between INTPA and WHO will be held once a year.

WHO will enhance communication with the Regional Offices and all WHO offices in partner countries to ensure that they have a consistent understanding of the objectives and outputs of this action, including about the EU financing, and can regularly report (narrative and financial) on their activities in line with the UHC-P results framework, as well as outline EU's role in discussions with government counterparts.

WHO country offices will actively involve and consult EU Delegations, with a specific focus on those having Health as a priority area and on activities with potential linkages with EU bilateral/regional programmes; and the representatives of other UHC-P donor countries.

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

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:

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

In addition, WHO will ensure that the activities and related expenses are reported to DG INTPA on an annual basis in detail, including activity reports from all partner countries, implementing the UHC-P, with reference to the Logical Framework and the expenditures occurred for the individual activities at country, regional and global level.

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

For the efficient coordination of this action with the large number of partner countries and partner donors, the "Multi-donors/WHO UHC Coordination Committee" will be transformed into the "Facilitation Council", which is lead by WHO in cooperation with the donor partners to convene three times a year. . In addition, the action will support more regularly management meetings at technical level by the above donors to ensure that upcoming technical issues can be addressed in a timely and efficient manner.

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

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

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

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

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

5.2 Evaluation

Having regard to the nature of the action, a final evaluation may be carried out for this action or its components if all funding partners agree.

It will be carried out for accountability and learning purposes at various levels (including for policy revision).

In case an evaluation is not planned, the Commission may, during implementation, decide to undertake such an evaluation for duly justified reasons either on its own decision or on the initiative of the partner.

The evaluation reports may be shared with the 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.

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

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 – List of eligible beneficiary countries for EU support under this programme

AFRO - 46 countries:

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, CAR, Comoros, Congo, Cote d'Ivoire, DRC, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Sierra Leone, South Africa, South Sudan, Swaziland, Tanzania, Tchad, Togo, Uganda, Zambia, Zimbabwe

EMRO - 13 countries:

Afghanistan, Egypt, Iran, Iraq, Jordan, Lebanon, Morocco, Pakistan, Palestine*, Somalia, Sudan, Tunisia, Yemen

EURO: 9 countries:

Armenia, Azerbaijan, Georgia, Kyrgyzstan, Macedonia, Moldova, Tajikistan, Ukraine, Uzbekistan

PAHO/AMRO: 22 countries:

Argentina, Belize, Bolivia, Chile, Colombia, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Paraguay, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago

SEARO - 8 countries:

Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka, Timor Leste

WPRO - 21 countries:

Cambodia, Cook Islands, Fiji, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federation State of), Mongolia, Nauru, Niue, Palau, Papua New Guinea, Philippines, Polynesia, Samoa, Salomon Islands, Tonga, Tuvalu, Vanuatu, Vietnam

* „This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.”