



EN

ANNEX

**of the Commission Implementing Decision on the special measure
'EU support for COVID-19 vaccine deployment in the Eastern Partnership for 2021'
to be financed from the general budget of the Union**

Action Document for EU support for COVID-19 vaccine deployment in the Eastern Partnership

SPECIAL MEASURE

This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation, and action plan/measure in the sense of Article 23 of NDICI-Global Europe Regulation.

1. SYNOPSIS

1.1. Action Summary Table

1. Title CRIS/OPSYS Basic Act	EU support for COVID-19 vaccine deployment in the Eastern Partnership for 2021 CRIS number: NDICI-GEO-NEAR/2021/043-004 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	Global Team Europe Response to Covid-19 Regional Team Europe Initiative on Health Resilience in the Eastern Partnership countries
3. Zone benefiting from the action	The action shall be carried out in the Eastern Partnership countries (Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova and Ukraine)
4. Programming document	Special measure Legal commitment with special arrangements due to COVID-19
5. Link with relevant MIP(s) objectives/expected results	Regional Multiannual Indicative Programme for the Eastern Neighbourhood, 2021-2027 Specific objective 3 – health resilience
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	Building resilience and promoting stability

7. Sustainable Development Goals (SDGs)	Main SDG: SDG 3 “Good Health and Well-being” Other significant SDGs (up to 9) and where appropriate, targets: SDG 5 “Achieve gender equality and empower all women and girls” SDG 8 “Decent work and economic growth” SDG 10 “Reduced inequalities” SDG 12 “Responsible consumption and production” SDG 16 “Peace, Justice, and Strong Institutions” SDG 17 “Partnerships for the Goals”			
8 a) DAC code(s)	12220 - Basic health care (100%)			
8 b) Main Delivery Channel	41000 - United Nations agency, fund or commission (UN) 41307 - WHO-Assessed - World Health Organisation - assessed contributions 11000 - Donor Government 11004 - Other public entities in donor country			
9. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input 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"/>
	Trade development	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Internal markers	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation Tags: digital connectivity digital governance digital entrepreneurship job creation digital skills/literacy digital services	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<u>Connectivity</u> Tags: transport people2people energy digital connectivity	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Migration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BUDGET INFORMATION

12. Amounts concerned	Budget line: 14 02 01 11 Total estimated cost: EUR 75,800,000 Total amount of EU budget contribution EUR 75,000,000 This action is co-financed in joint co-financing by the World Health Organization for an amount of EUR 800,000
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MANAGEMENT AND IMPLEMENTATION

13. Implementation modalities (type of financing and management mode)	Project Modality Indirect management with the World Health Organization and Member State agencies or Member States as such
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1.2. Summary of the Action

The coronavirus disease 2019 (COVID-19) pandemic has severely affected people and economies worldwide, including the Eastern partnership (EaP). Rapid vaccination is one of the key interventions to contain the pandemic and enable societies' and economies' recovery and their longer-term resilience.

The overall objective of this action is to reduce the COVID-19 health impacts in the Eastern Partnership. This will be achieved by supporting a rapid and safe deployment of COVID-19 vaccines in the short term, but also by improving deployment as well as routine immunisation systems thus strengthening longer term health resilience. More specifically, the action will provide assistance for: (i) preparedness for a rapid and safe roll-out of vaccines, including setting up necessary legal and regulatory frameworks and information management systems, training medical staff involved in vaccination campaigns, addressing gaps in logistics and waste management chains; (ii) building long-term resilience of routine immunisation systems fit to manage future vaccine-preventable disease outbreaks, and (iii) facilitating access to vaccines.

The action is based on the principle that “no one is safe until everyone is safe”, as outlined in the Communication of 19 January 2021 on *a united front to beat COVID-19*. The intervention will therefore largely contribute to the Team Europe's efforts to support partner countries in the Eastern Neighbourhood to fight the pandemic and its long-lasting

consequences. It will support the partner countries and implementing entities in the deployment of vaccines received through COVAX, the EU sharing mechanism, and direct procurement from producers of COVID-19 vaccines.

The action will be also embedded into the Team Europe approach focused on the achievement of Sustainable Goal 3 “Good Health and Well-being”.

The action responds to one of the post-2020 priorities and targets of cooperation within the Eastern Partnership – building health resilience. It will be fully aligned with the need to mainstream climate, environment, and gender goals. A mechanism for steering implementation and exchanging best practice will be established.

2. RATIONALE

2.1. Context

The COVID-19 pandemic has severely affected people across the globe and the Eastern Neighbourhood countries (Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova¹ and Ukraine) are no exception. The region’s first cases of COVID-19 were recorded in late February 2020. Containment measures helped to limit the spread of the virus but have not ended the pandemic. As of early March 2021, the six partner countries have reported over 2.5 million COVID-19 cases and some 43 thousand deaths². In absolute terms, Ukraine appears to be the most affected country in the region. Several Eastern Partners (Moldova, Armenia, Georgia) are among the countries with the highest COVID-related mortality per million people in the world. At the same time, the economic impact of the crisis is proving to be severe³.

Over one year after the start of the pandemic, a vast majority of the partner countries’ population remains susceptible to the virus and new variants are emerging. Enabling a fast and equitable deployment of vaccines against COVID-19 will therefore be essential to contain the pandemic, foster health care systems and help to relaunch economies.

In addressing the COVID-19 pandemic, several EaP countries have gradually approached the critical threshold of hospitals’ available capacity and requested support from the European Union to increase their countries’ capacity to provide intensive care but also to access and deploy COVID-19 vaccines. This request has been strongly supported by the EU Member States and the European Parliament.

Access to COVID-19 vaccines remains limited in the partner countries. The EU vaccine sharing mechanism has the potential to enhance the partner countries’ access to COVID-19 vaccines. Several EU Member States expressed their willingness to share vaccines with the EaP countries, while first donations by Romania have been delivered. Against this backdrop, getting large numbers of people vaccinated represents an operational and logistical challenge of unprecedented scale. Although, the partner countries are prepared for the deployment of first deliveries of COVID-19 vaccines and most have initiated vaccinating their priority populations, there is an important capacity gap for deploying vaccines at a scale that is necessary to contain the pandemic effectively. Commonly, the national vaccination plans outline specific needs per group of population, putting focus on vulnerable people.

Most of the EaP countries have taken response measures to the COVID-19 pandemic rather early in 2020 and have developed and adopted comprehensive COVID-19 Preparedness and Response Plans. Since late 2020, the EaP countries have worked to prepare national COVID-19 vaccination deployment plans with assistance from the World Health Organization (WHO) and other international partners. Except Belarus, which has outlined the priority population groups to be vaccinated in a government order, such detailed national deployment plans have been prepared and adopted in all partner countries. They set priorities and a timeline for vaccination. These plans need regular updates given a very dynamic situation with the approval of vaccines, country’s access to various vaccines, evolving information on vaccine efficacy as new variants emerge, and other factors.

In addition, WHO issued guidance to enable a comprehensive preparedness at the country level, which covers ten areas, including regulatory framework, vaccine supply chain management, security and surveillance, data

¹ Hereinafter “Moldova”.

² <https://who.maps.arcgis.com/apps/opsdashboard/index.html#/ead3c6475654481ca51c248d52ab9c61>

³ OECD (2020), COVID-19 crisis response in Eastern partner countries. https://read.oecd-ilibrary.org/view/?ref=129_129637-ttbr2lwvsh&title=COVID-19-Crisis-Response-in-EU-Eastern-Partner-Countries

management, as well as waste management. Progress made by countries across these areas is assessed through a WHO-operated regional monitoring mechanism.

From a regulatory perspective, the capacity of the EaP countries to deploy vaccines rapidly is very much linked to the reliance of national regulatory authorities on the emergency use listing of the COVID-19 vaccines by WHO and/or internationally-recognised stringent regulatory authorities. Necessary training and technical assistance to health care workers started already in late 2020. Data collection and management system are being developed to aggregate real-time data at regional and national levels. The cold chain systems are being assessed and tested.

In the majority of cases, countries' preparedness was judged sufficient for vaccine delivery and deployment. In the period March-April 2021, the COVAX⁴ Facility has started vaccine deliveries to five out of six EaP countries. Belarus has showed its interest and discussion has started for Belarus to access vaccine doses through COVAX. Based on the EU sharing mechanism, Romania has donated to Moldova vaccine doses⁵, which have been delivered through the EU Civil Protection Mechanism. There are other EU Member States that expressed interest to donate or resell COVID-19 vaccines. In addition, several EaP countries have concluded, or are in the process of bilateral negotiations of, contracts with the vaccine manufacturers. As a result, vaccination started and has progressed. However, access to COVID-19 vaccines remains very limited in the region.

Extensive bilateral and regional-level discussions involving the EU institutions and the partner countries were held in late January – early February 2021 in order to identify the status of preparedness for vaccine deployment and challenges and needs. The partner countries confirmed demand for assistance as concerns vaccine deployment, in addition to the plea to assist in gaining an access to COVID-19 vaccines. Additionally, priorities for health sector support were identified during programming missions, which – besides state actors – involved civil society organisations and other development partners and IFIs. The need to strengthen healthcare systems, especially as concerns COVID-19 vaccination, was re-confirmed during those missions.

This action is strongly aligned with the partner countries' policies and strategies directed at tackling the COVID-19 crisis, minimising the long-term socio-economic impact and reducing pressure on health care systems across the Eastern Partnership region. Each country will receive tailored support based on the scope and pace of implementation of the COVID-19 national vaccine deployment plans, including the overall pace of in-country vaccination. Already at the outset of the pandemic, the EU, as part of the Team Europe approach, rapidly mobilised an EU COVID-19 support package to the Eastern Partnership of close to EUR 1 billion. This included support for health care facilities and health workers, such as procurement of protective equipment and means to detect and treat the disease, but also longer-term support for socio-economic recovery. Additionally, the Joint Communication on the future of the Eastern Partnership underlined the need to scale up action in all areas that are critical for strengthening health resilience and people's wellbeing in the region.

The EU Strategy for COVID-19 vaccines⁶ announced in June 2020 stressed that a global recovery will only be possible through universal, equitable and affordable access to effective and safe COVID-19 vaccines. In line with this principle, the EU is supporting the COVAX Facility, the global initiative to ensure rapid and equitable access to COVID-19 vaccines for all countries. Team Europe is among the largest contributors to COVAX with EUR 2.2 billion to help secure vaccines for 92 low and middle-income countries by the end 2021.

The Communication of 19 January 2021 on *a united front to beat COVID-19*⁷ reconfirmed the EU solidarity in this joint effort to ensure resilience of the health systems and a wider international access to vaccines, following the principle that no country or region in the world is safe from the COVID-19 pandemic unless it is contained globally through a mass vaccination. In this Communication, and while maintaining its support to COVAX, the EU proposed to set up an EU vaccine sharing mechanism to speed up the vaccine acquisition process and help partner countries to overcome the pandemic. Therefore, this action will also complement and be coordinated with Team Europe's efforts to support the Eastern Partnership countries in gaining access to the vaccines through a comprehensive and integrated approach. This will be enabled through a close interaction with the COVAX Facility and notably through a close cooperation with the EU Member States in the framework of the EU vaccine sharing mechanism.

The action will support and complement the deployment of vaccines through the COVAX Facility by enhancing the countries' preparedness of an effective vaccine rollout and facilitating resell and donations by the EU Member States

⁴ All EaP countries but Belarus have joined the COVAX facility.

⁵ https://ec.europa.eu/commission/presscorner/detail/en/IP_21_901

⁶ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0245>

⁷ https://ec.europa.eu/info/sites/info/files/communication-united-front-beat-covid-19_en.pdf

through the EU sharing mechanism. Where relevant it will also help to facilitate countries' direct agreements with the vaccine manufacturers. Specific mechanisms to coordinate the action will be established. The action will complement the ongoing *EU Solidarity for Health EaP Initiative* and build on the existing structures, deliverables and mechanisms established through this regional initiative in all EaP countries. Coordination with other EU-funded health sector projects in Georgia, Moldova, and Ukraine will ensure alignment and complementarity.

Coordination will also be ensured with the EU Initiative on Health Security, implemented by the European Centre for Disease Control (ECDC). This initiative, which started in April 2020 for a period of 5 years, aims to set up a regional competent workforce for the prevention and control of challenges posed by communicable diseases and to enhance regional cooperation to tackle cross-border health security threats in the European Neighbourhood and Enlargement countries.

In the context of addressing risk communication and community engagement to minimise vaccine hesitancy among the population, the action shall ensure collaboration with ongoing research and innovation actions on vaccine uptake^{8,9,10} supported under the Horizon 2020 framework programme for research and innovation, to share knowledge and best practices, as well as foster synergies and complementarities.

Synergy will be ensured with actions implemented by international and bilateral partners in the Eastern Partnership. This concerns in particular the COVID-19 related projects implemented by the World Bank Group in Belarus, Georgia, Moldova, and Ukraine. In late April 2021, Moldova received an allocation of EUR 24.8 million that will support the procurement of eligible COVID-19 vaccines to cover 30 percent of the population in the second and third stages of vaccination and will provide technical and financial support for vaccine deployment for 50 percent of Moldova's citizens. In May 2021, the World Bank has approved a new USD 90 million project to scale-up Ukraine's health sector response to the COVID-19 pandemic. The project¹¹ primarily aims to help the country to procure COVID-19 vaccines, but also improve the infrastructure for vaccine storage and logistics. Similarly, Georgia's COVID-19 vaccination efforts will benefit from additional financing amounting USD 34.5 million approved by the World Bank on 7 June 2021. Coordination will also be strengthened with the US administration, following the announcement of their allocation plan for 80 million doses pledged by the US, part of them directly targeting Georgia, Moldova and Ukraine. Complementarity will also be assessed with the longer-term donor support to health systems. Additionally, coordination with UN partners, especially those directly involved in COVID-19 vaccination and vaccine preparedness and deployment in partner countries, such as UNICEF, will be ensured.

For the purpose of ensuring complementarity, synergy and coordination, the Commission may sign or enter into joint donor coordination declarations or statements and may participate in donor coordination structures, as part of its prerogative of budget implementation and to safeguard the financial interests of the Union.

2.2. Problem Analysis

The access to vaccines in the first half of 2021 has been limited in the EaP countries. The European Commission has been consulting various stakeholders, including the Ministries of Health of the partner countries, as regards needs for vaccination and priorities for strengthening their healthcare systems more generally. In addition, deployments in the EU Member States and non-EU countries have been monitored. Initial experience of deploying COVID-19 vaccines indicates that just getting access to vaccines by countries will not automatically translate into the robust implementation of vaccination, therefore the partner countries need to be supported in ensuring a proper rollout of vaccines at all stages.

Based on the analysis of preparedness for COVID-19 vaccine deployment in the EaP countries, it is anticipated that they could experience challenges in several areas, such as:

- Adjusting legal and regulatory frameworks, and maintaining effective and transparent governance structures;
- Educating and empowering medical professionals;

⁸ JITSUVAX; <https://cordis.europa.eu/project/id/964728>

⁹ VAXTRUST; <https://cordis.europa.eu/project/id/965280>

¹⁰ RIVER-EU; <https://cordis.europa.eu/project/id/964353>

¹¹ <https://www.worldbank.org/en/news/press-release/2021/05/11/ukraine-to-boost-vaccination-in-effort-to-strengthen-covid-19-response-with-world-bank-support>

- Establishing effective information systems to track COVID-19 vaccination;
- Making data management systems for COVID-19 vaccination operational;
- Ensuring vaccine safety;
- Measuring the effectiveness of COVID-19 vaccine, and
- Addressing vaccine confidence and demand including risk communication.

Countries are also likely to face challenges in acquiring critical supplies beyond vaccines, such as syringes, needles, or kits to handle possible allergic reactions. Some vaccines require special conditions for handling, therefore cold chain equipment and logistics will need to be reviewed and prepared for vaccine deployment.

The human resource capacity in the EaP countries is, in most cases, inadequate, especially at the subnational level. Hence there is a strong need for strategic support in preparedness and systematic monitoring of vaccine deployment.

Furthermore, given the global vaccine shortage, the range of vaccines used and their different characteristics, the national vaccination strategies will have to be reviewed and adjusted on a rolling basis. The vaccination campaigns are likely to be long (most likely beyond 12 months) and the countries will have to be adequately supported to address the challenges based on lessons learned as the deployment progresses.

The strategic programmatic areas that must be addressed for COVID-19 vaccine deployment and vaccination also constitute an integral part of routine immunisation programmes. A robust COVID-19 vaccine deployment will provide opportunities to strengthen existing immunisation programmes to respond to future disease outbreaks and epidemics. Historically, the reported national vaccination coverage in the EaP countries has been high. For example, measles vaccination coverage was between 93% in Ukraine to 99% in Belarus in 2019¹². Despite this high coverage, reported measles cases in the EaP countries (between 7 cases in Armenia to 57,282 cases in Ukraine in 2019) clearly indicate the presence of pockets of under-vaccinated population groups. Over the last years, vaccine hesitancy has been increasing due to growing disinformation. It is estimated that this trend resulted in 15 and 20 deaths in Ukraine, in 2018 and 2019 respectively, which could have been prevented through vaccination.

The populations of the EaP countries will be the main beneficiaries of the action and will be approached as active stakeholders, given that public acceptance of vaccines is a critical success factor in containing the pandemic. Specific target population groups have been selected in the national vaccination strategies based on the local disease epidemiology and degree of exposure to the virus and risk profile (morbidity and mortality). Vulnerable population groups outlined in the national vaccination strategies should be targeted in the context of this action, based on vaccine volumes.

Health workers are at the forefront of the fight against COVID-19 in all countries, both as recipients and providers of the vaccine. This action will support and equip them with the right knowledge, tools and policies in addressing the COVID-19 pandemic. The aim is to ensure they are protected from the virus and constitute a high priority group for vaccination.

National authorities, in particular Ministries of Health, the National Public Health Institutes and local health authorities, Ministries of Labour and Social Security, Ministries of Emergency Situations will directly benefit from the action and play a critical role. They will be implementing or co-implementing many of the policies, protocols and activities of this action. National regulatory authorities and import and customs officials will play a critical role in delivering market authorisations for vaccines and in ensuring smooth entry of procured or donated vaccines into the EaP countries.

Mobilising local civil society organisations (CSOs), especially those active in the health sector and in COVID-19 response, as well as other non-state actors to support the implementation and the achievement of the objectives of this action will be considered, particularly in activities related to responding to vaccine hesitancy and promoting demand and acceptance, such as public awareness raising, tackling disinformation and misinformation and providing fact-based information to local communities.

¹² https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tscoveragedtp3.html and https://apps.who.int/immunization_monitoring/globalsummary/timeseries/tscoveragemcv1.html

3. DESCRIPTION OF THE ACTION

3.1. Objectives and Expected Outputs

The Overall Objective of this action is to support the Eastern Partnership (EaP) countries in reducing the health impacts of the COVID-19 disease. This will contribute towards the post-COVID recovery and the longer-term socio-economic resilience, bringing concrete benefits for people's well-being.

The Specific Objectives of this action and Outputs contributing to their delivery are to:

1. Support a rapid and safe deployment of COVID-19 vaccines:
 - 1.1: Policy, regulatory and operational planning frameworks adjusted and maintained;
 - 1.2: Policy dialogue and peer-to-peer learning facilitated nationally and regionally;
 - 1.3: Health workers and other personnel involved in vaccination trained;
 - 1.4: Vaccine hesitancy factors identified and addressed;
 - 1.5: National COVID-19 vaccination systems digitalised;
 - 1.6: Supplies and logistical capacity for vaccine distribution and administration strengthened;
 - 1.7: Gaps in waste management related to vaccination identified and addressed;
 - 1.8: Quality, safety and evaluation of vaccine deployment ensured.
2. Build the longer-term resilience of routine immunisation systems:
 - 2.1: Evaluation of vaccination underperformance strengthened;
 - 2.2: Development and implementation of sub-national immunisation plans improved;
 - 2.3: A robust system for real-time monitoring of subnational vaccination coverage developed;
 - 2.4: Support for reducing vaccination inequity provided;
 - 2.5: Vaccine-preventable disease surveillance strengthened.
3. Facilitate access to vaccines
 - 3.1: Legal arrangements facilitated;
 - 3.2: COVID-19 vaccines procured and delivered;
 - 3.3: Equitable and transparent distribution monitored.

3.2. Indicative Activities

Specific objective 1: Support a rapid and safe deployment of COVID-19 vaccines

The action will assist countries to address gaps in their preparedness for deploying COVID-19 vaccines and to successfully administer COVID-19 vaccine for the priority groups and beyond. Each country will receive tailored support based on the scope and pace of implementation of the COVID-19 national vaccine deployment plans.

The following areas will be covered:

Output 1.1: Policy, regulatory and operational planning frameworks adjusted and maintained

A strong regulatory system builds public confidence in health-care professionals and the quality of products planned for use. It protects the population from exposure to substandard and falsified products or products of limited clinical value. Enabling national regulatory decision-making in a time-efficient manner will speed up access to life-saving vaccines.

Indicative activities related to Output 1.1 will support the partner countries to:

- Define and systematically update the national COVID-19 vaccination objectives, evidence-informed and ethical values-based strategies and plans, target vaccination groups, coverage targets and priorities, etc.;
- Optimise regulatory pathways for licensing the use of a new vaccine(s) under emergency conditions;
- Establish and refine procedures needed to manage potential vaccine safety liabilities, including provision of support and care in case of a serious reaction to vaccination;

- Ensure the regulatory basis for vaccine traceability;
- Ensure transparency of regulatory decisions and of the available supporting evidence to maintain public trust in the regulatory process and in the quality and safety of vaccines;

Output 1.2: Policy dialogue and peer-to-peer learning facilitated nationally and regionally

Effective governance structures and peer-to-peer learning on implementation of COVID-19 vaccine deployment is critical for timely identification of challenges and innovative solutions. This process will be facilitated both in the national and international context and help speed up vaccine deployment, as well as make it more effective.

Indicative activities related to Output 1.2 will support the partner countries to:

- Maintain operational and effective relevant governance structures at national and/or subnational levels, ideally within the national COVID-19 emergency operational mechanism for pandemic response;
- Facilitate peer-to-peer learning involving policy makers and health practitioners.

Output 1.3: Health workers and other personnel involved in vaccination trained

Safe delivery and administration of vaccines with different types of characteristics will require a large amount of highly skilled, trained and supported healthcare professionals, who are able to adhere to established vaccination protocols and effectively meet the demands of their roles (vaccine storage, handling, preparation, and administration, and response to vaccine recipients' questions and concerns).

Indicative activities related to Output 1.3 will support the partner countries to:

- Develop training materials and train healthcare workers how to safely and effectively administer vaccines (planning, vaccine safety, injection techniques, prevention of open vial wastage, infection prevention and control, and other issues, according to evolving needs).

Output 1.4: Vaccine hesitancy factors identified and addressed

Public acceptance and trust in COVID-19 vaccines is essential to control COVID-19 pandemic. The unprecedented abundance of information and misinformation throughout the pandemic as well as often unsuccessful and unorganised public communication by national governments can lead to public resistance and distrust in COVID-19 vaccines and impact the vaccination campaign. The involvement of CSOs and other non-state actors is key to tackle vaccine hesitancy and raise public awareness. The most influential actors, including at the local level, will be identified in order to amplify impact and address disinformation.

Indicative activities related to Output 1.4 will support the partner countries to:

- Develop and implement vaccine communication plans, including through conducting behavioural insights research to identify public risk perceptions and decision-making factors, tailored interventions through formative research of target population groups, including healthcare workers, to understand of the “drivers and barriers”;
- Develop and implement effective and tailored risk communication and crisis communication plans, including campaigns including where relevant through civil society organisations and other non-state actors;
- Development of COVID-19 communications materials such as patient-information sheets and infographics to limit misinformation and adjust the content as vaccine roll-out progresses;
- Capacity building on vaccine safety, effectiveness and benefits of vaccination.

Output 1.5: National COVID-19 vaccination systems digitalised and monitored.

Effective roll-out of COVID-19 vaccines requires a robust national data management system, that is able to rapidly access, receive and transfer information between managers and staff at all levels. Such information, necessary for a comprehensive decision-making, consists of data on local epidemiology, vaccination preparedness, uptake and coverage monitoring, vaccine and supply management, vaccine safety and vaccine effectiveness. The digitalised real-time data monitoring is key, however alternatively, appropriate paper-based or partially digitised systems could also be used.

Indicative activities related to Output 1.5 will support the partner countries to:

- Standardise reporting formats and establish information flow and procedures through review of existing national information management systems and needs assessment;
- Modernise existing immunisation data collection and monitoring platforms, or support developing a dedicated system, if no such system exists as well as define essential data and indicators needed to monitor immunisation performance;
- Develop and disseminate weekly coverage monitoring reports;
- Strengthen mechanisms to detect, review and report on adverse-events-following immunisation (AEFI) and pharmacovigilance of vaccine safety events including mechanisms for real-time assessment and sharing of vaccine safety data;
- Procure relevant IT equipment and systems linked to COVID-19 vaccination coverage and AEFI information systems in line with the country-specific data management platform(s) and equip national immunisation and subnational teams (i.e. tablets, computers);
- Implement systems and tools (either paper-driven or electronic depending on national and subnational context) to regularly report, analyse, visualise and disseminate on COVID-19 vaccination coverage by target population groups at all levels;
- Explore the technical and programmatic feasibility towards “individual vaccination certificate” as a proof of vaccination

Output 1.6: Supplies and logistical capacity for vaccine distribution and administration strengthened

Ensuring tailor-made service delivery mechanisms and platforms will be critical, especially in the context of mass vaccination campaigns and in the case of new types and larger volumes of vaccines being gradually available. Safe delivery and administration of vaccines with different characteristics will require adequate vaccine management and supply chain logistics. The mass vaccination will also require large volumes of injection kits and personal protective equipment to safely administer vaccine doses.

Indicative activities related to Output 1.6 will support the partner countries to:

- Review the scope and capacity of existing immunisation service delivery platforms (facility-based or outreach immunisation services for routine and influenza vaccines) and establishing or adapting appropriate vaccination service delivery modalities (mobile teams, at homes for the elderly, pharmacies, educational institutes, workplace, supermarkets, or drive-through) as per the national vaccination strategy with minimal disruptions to the routine immunisation services;
- Evaluate needs and assist in designing procurement for vaccine storage equipment (e.g. vaccine refrigerators), as well as specialised vaccine transport equipment;
- Procurement of injection equipment, anaphylaxis response kits, and personal protective equipment for vaccination staff;
- Ensure effective vaccine transportation, including for field supervision by immunisation programme staff.

Output 1.7: Gaps in waste management related to vaccination identified and addressed

The inadequate management of waste generated by vaccination activities can cause direct negative impact on the community and personnel working on sites during and after the immunisation campaign. In addition, if poorly handled, such waste can have indirect negative impact on human health and lead to the degradation of environmental quality.

Indicative activities related to Output 1.7 will support the partner countries to:

- Based on identification of gaps and needs, define a waste management strategy related to COVID-19 vaccination and implementation resources, including the development of awareness raising on waste management
- Develop guidance and establish necessary operating procedures related to waste management,
- Identify and provide equipment for safe collection and disposal of waste generated by vaccination activities;
- Ensure monitoring, supervision, and evaluation of implementation.

Output 1.8: Quality, safety and evaluation of vaccine deployment ensured

Supervisory visits and created feedback loop among national and subnational immunisation managers should be an integral part of COVID-19 vaccination roll-out. Additionally, data information systems will be critical for tracking COVID-19 vaccination coverage by population groups and guiding decision-making. Countries should ensure procedures and tools are in place for planning and conducting surveillance for adverse events following immunisation to ensure timely reporting, investigation, causality assessment, risk communication and response.

Furthermore, setting up systems to measure the effectiveness of the new COVID-19 vaccines is critical to determine the role in reducing morbidity and transmission in different target populations as well as to assess the need for booster doses and to control future outbreaks. Evaluation of the introduction of any new vaccine to address the challenges encountered during the introduction and learn lessons for future vaccine introduction.

Indicative activities related to Output 1.8 will support the partner countries to:

- Develop procedures for supportive supervision linked to quality delivery of immunisation services and train (sub-) national immunisation managers to undertake corrective actions;
- Build the capacity of data management groups and individuals in the Ministry of Health on submission of the data in the online “COVID-19 vaccine monitor”;
- Conduct quality vaccine effectiveness studies based on standard protocols (for effectiveness among health care workers and effectiveness against severe disease outcomes and hospitalisation);
- Conduct post-introduction evaluation of COVID-19 vaccine roll-out focusing on programmatic aspects of deployment of vaccine and vaccination.

Specific objective 2: Build the longer-term resilience of routine immunisation systems

The Action will allow increasing routine immunisation coverage at subnational level to reduce morbidity and mortality from vaccine-preventable diseases and to prevent outbreaks.

Output 2.1. Evaluation of vaccination underperformance strengthened

The action will assist countries to maintain, restore and strengthen their routine immunisations through identification of “drivers and barriers” from the formative research and eventually integrate the lessons learned in COVID-19 vaccination into routine immunisation services. Beyond the collection of vaccination coverage data, formative research into qualitative understanding of the reasons of local challenges is critical to devise locally targeted interventions.

Indicative activities related to Output 2.1 will support the partner countries to:

- Conduct rapid formative research in identified subnational areas (based on monitoring of subnational vaccination coverage) to explore the reasons for low immunisation coverage to inform the development of tailored interventions for routine immunisation catch-ups.

Output 2.2. Development and implementation of sub-national immunisation plans improved

Building upon the use of behavioural insights of understanding the COVID-19 vaccination, the action envisages strengthening of the demand and acceptance of routine vaccines uptake in these EaP countries. Converging the concept of “strengthened immunisation system” as an essential pillar of a resilient health system, it is essential to sustain and maximise the investments made in COVID-19 vaccine deployment to effectively support strengthening of routine immunisation systems in EaP countries – an area with important pre-existing unmet needs and important added value to the EU in terms of health security and the prevention and control of vaccine preventable diseases as potential serious cross-border health threats.

Indicative activities related to Output 2.2 will support the partner countries to:

- Develop subnational microplans based on results of formative research and “tailoring immunisation programme” WHO Europe guidance and support implementation of the plan.

Output 2.3. A robust system for real-time monitoring of subnational vaccination coverage developed

Routine immunisation coverage rates have dropped in some countries since the beginning of the pandemic. In addition, the mid-term review of the European Vaccine Action Plan found that the region was not on track for meeting regional vaccination coverage targets at all administrative levels. Focus on immunisation coverage at subnational level will require targeted data management through monitoring of the local data and use of data for decision-making

closer to the location where data get generated. This will result in systematic identification of low-performance areas and thereby reducing morbidity and mortality from vaccine-preventable diseases and to prevent outbreaks.

Indicative activities related to Output 2.3 will support the partner countries to:

- Review and develop context specific data management systems (as part of the overall health information systems);
- Procurement of IT equipment and supplies required to develop the tailored data management system;
- Establish data management systems for reminder/recall capabilities at subnational (health facility) levels for planning with missed vaccinations.

Output 2.4. Support for reducing vaccination inequity provided

Building upon the implementation of COVID-19 vaccination through strengthening of data management with use of technologies, the Action will strengthen the existing data management of the routine immunisation systems. The measles outbreak since 2017 affecting both the partner countries and EU Member States indicated the presence of subnational areas of vaccination underperformance. It is critical that the investment made in COVID-19 data management should be further strengthened and maintained for identification of such areas of underperformance in routine immunisation.

Indicative activities related to Output 2.4 will support the partner countries to:

- Capacity building of national and subnational immunisation managers to analyse (and triangulate) vaccination coverage, immunisation systems and vaccine-preventable disease surveillance parameters to identify subnational areas of underperformance using WHO Europe “equity guide”;
- Implement subnational action plan to ensure reducing access barriers to the vaccination and guide outreach vaccination activities in areas with low vaccine coverage.

Output 2.5: Vaccine-preventable disease surveillance strengthened

Disease surveillance is an information-based activity involving the collection, analysis and interpretation of large volumes of data originating from a variety of sources. The information collated is then used to evaluate the effectiveness of control and preventative health measures, monitor changes in infectious agents and support health planning and the allocation of appropriate resources within the healthcare system. Especially for the vaccination programme, this allows identification of high-risk populations or areas to target interventions. To be effective, the collection of surveillance data must be standardised on a national basis and be made available at local, regional and national level.

Indicative activities related to Output 2.5 will support the partner countries to:

- Review of the existing measles-rubella and poliomyelitis surveillance system using WHO standard assessment including data collection and analysis processes;
- Capacity building of the subnational vaccine-preventable disease surveillance and immunisation focal points on processes related to timely investigation and management of the cases respectively using WHO training modules.

Specific objective 3: Facilitate access to vaccines

The action will contribute towards expediting the access to the COVID-19 vaccines by the EaP countries, this way addressing the issue of limited supplies so far. This will be done in close cooperation with EU Member States that are willing to donate or resell COVID-19 vaccines under the EU vaccine sharing mechanism.

In its Communication of 19 January 2021, the Commission announced that it will set up an EU vaccine sharing mechanism to structure the provision of vaccines shared by Member States with partner countries through a Team Europe approach, paying special attention to the Western Balkans, the Eastern and Southern Neighbourhood. The Commission has so far secured 2.6 billion doses from six vaccine producers for the EU, with the possibility to share (donate or resell) with other countries.

The action will primarily focus on the resell of vaccines by the EU Member States. Other forms of support, such as facilitation and compensation of vaccine procurement by the partner countries directly from manufacturers could be considered if necessary. In all cases, EU support will only cover EMA approved vaccines.

Output 3.1: Legal arrangements facilitated

In order to resell vaccines, legal arrangements need to be made with the involvement of the Member States, the partner countries, the vaccine producer, and the European Commission. Work on such arrangements should start as soon as a Member State confirms its willingness to resell COVID-19 vaccines. The following activities will be carried out:

- Drafting of the legal documents necessary for vaccine resell;
- Consultation of all relevant parties;
- Translation, if necessary, and organisation of signature.

Output 3.2: COVID-19 vaccines procured and delivered

The Member States willing to resell at no profit or at reduced price will be compensated through the Action. A mechanism for equitable, demand-driven distribution of vaccines among all EaP countries and within countries themselves will be designed and systematically applied. To this end, criteria will be defined in consultation with the EU institutions and Member States.

Transport arrangements can be made through the Union Civil Protection Mechanism and/or by the respective EU Member State and/or other means. A communication concept will be developed in order to make delivery visible within the beneficiary partner country. The Team Europe visual branding will be used for communication around vaccine delivery. EU Delegations will be involved in early stages of the process and will be consulted on all aspects related to communication around deliveries.

While the action primarily targets vaccine sharing through EU Member States, if need be, support to partner countries could be provided through alternative mechanisms, such as compensating vaccine procurement by the partner countries directly from manufacturers of EMA approved vaccines.

Output 3.3: Equitable and transparent distribution monitored

A mechanism to distribute equitably and transparently the COVID-19 vaccines delivered through the EU sharing mechanism will be designed and systematically applied in each partner country.

3.3. Mainstreaming

Environmental Protection, Climate Change and Biodiversity

The environmental and climate change risk screenings carried out in the design stage concluded that key environmental and climate-related aspects need be addressed during the implementation. The spreading of COVID-19 puts additional pressure on national systems of **waste management**, including of medical, household and other hazardous waste. A safe handling and disposal of generated waste (i.e. personal protection equipment, syringes, vials and other medical equipment) is a critical element in an effective emergency response. International good practice is available, for example, the UN Basel Convention's "Technical Guidelines on the Environmentally Sound Management of Biomedical and Healthcare Wastes". Given that medical and domestic waste can become mixed, the safe management of household waste is also likely to be important. Furthermore, access to **water supply and sanitation** is critical to addressing the spread of COVID-19. Also methods to monitor COVID-19 presence in wastewater have been developed and could be applied in EaP countries. Assistance to this end is planned through the EU4Environment programme and coordination will need to be ensured on issues of wastewater, as well as waste management and, possibly, biodiversity protection.

Gender equality and empowerment of women and girls

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that the project implementers will consider **gender** issues. Project implementers will develop an agreed anti-discriminatory approach in particular in COVID-19 vaccination activities both for aspects related to provision, delivery and acceptance of vaccine. They will also adequately educate women on the safety and efficacy of COVID-19 vaccine, who are overwhelmingly primary caretakers in their families and constitute a substantial majority of the health workforce. Moreover, they will put in place anti-discriminatory systems, which involve women health workers in the decision-

making bodies that initiate emergency protocols and pay particular attention to maintaining supplies and staff for essential maternal, sexual, and reproductive health services women need. The action will be coherent with the EU Gender Equality Strategy. The evaluation and monitoring framework of the action will consider gender-disaggregated indicators.

Human Rights principles will be central in the implementation of the action. A particular attention will be paid to ensuring full respect for human rights and equal treatment of all. Persons with disabilities and pre-existing conditions (particularly girls, women and elderly) may be at greater risk due to inaccessible information about COVID-19 vaccination and may experience barriers to accessing health services. All interventions and extra protection measures will be delivered to those who are at most risk of being disproportionately affected by the crisis. Containment measures, social distancing and self-isolation are also disproportionately affecting the **elderly** and those with **disability** and pre-existing medical conditions. Project implementers will therefore pay particular attention to provide education and outreach to the elderly population and prioritise them for COVID-19 vaccination as they are in a high-risk group.

The pandemic has challenged not only health and economic systems, but also adversely impacted already fragile conditions for **democracy** in the region. Due to the emergency measures, the pandemic also took a heavy toll on electoral processes and freedom of assembly. The COVID-19 crisis opened the door to new risks of increased inequality and disinformation that undermines credibility of the EU and state authorities. This action will complement the EU’s efforts to strengthen democratic and civic resilience in the Eastern Partnership through supporting rapid and effective vaccination allowing a gradual return to normalcy for people.

The cooperation with **civil society organisations** and other non-state actors, such as community-based organisations, will be considered in supporting the implementation and the achievement of the objectives of this action, notably in activities linked to addressing vaccine hesitancy, promoting vaccine acceptance and up-take, public awareness raising, especially among the rural communities as well as efforts related to tackling disinformation and misinformation and providing fact-based information to the population.

The action takes into account the **conflict sensitivity** and **reconciliation** efforts in the Eastern Partnership region. Populations in territories with unresolved and/or ongoing conflicts in the EaP region, internally displaced people, asylum seekers and refugees are disproportionately affected due to restrictions in movements, limited humanitarian aid and limited access to and lack of proper health care services. The responses to the pandemic in Nagorno-Karabakh and Donbas were even more constrained due to the open hostilities. The project implementers will therefore keep a regular contact with the EaP partners to explore ways to further reduce vulnerabilities of conflict-affected populations.

Countries and their civil protection systems, weakened by the heavy reorientation of all possible state resources to tackle the pandemic, are particularly vulnerable in the event of disasters. To ensure a proper level of **Disaster Risk Reduction**, the emergency response plans and recovery strategies need to be compatible with the country’s efforts to fight the pandemic, due to an overlaying nature of risks that affect and threaten all sectors. The action will partly address this aspect through activities linked to assisting the EaP countries in implementing effective risk communication strategies and campaigns, underlying the importance of evidence-based risk communication to tackle misinformation.

3.4. Risks and Lessons Learned

Category	Risks	Likelihood (H/M/L)	Impact (H/M/L)	Mitigating measures
Planning, processes and systems	Inadequate in-country governance and coordination of various government stakeholders and partners to manage the COVID-19 vaccine deployment	H	H	Ensuring the coordination of COVID-19 vaccination within the overall structure of national COVID-19 response going beyond the Ministry of Health and including other key stakeholders
Planning, processes and systems	Inadequate preparedness while the country decides to import/accept and deploy vaccine	M	M	Ensuring regular monitoring and evaluation of country-specific indicator-based preparedness level by in-country and regional coordination groups

Category	Risks	Likelihood (H/M/L)	Impact (H/M/L)	Mitigating measures
Planning, processes and systems	Unfair in-country distribution of supplies	M	H	Strong coordination with the national authorities and other donors. Project mechanisms to assess needs and monitor distribution
Legality and regularity aspects	Delays in regulatory provisions to roll-out vaccine products and decision on liability and indemnification of the novel vaccines	H	H	Engagement of the national immunisation programme with the national regulatory authorities of drugs and vaccines including the coordination with the legal unit of the Ministry of Health on liability and indemnification agreement with COVAX and/or vaccine manufacturers
Legality and regularity aspects	Risks related to corruption	M	H	Ensure a high degree of transparency and accountability across the lifetime of the action
Communication and information	Poor acceptance of COVID-19 vaccine by the population groups and misinformation about the new vaccine	M	M	Context-specific communication campaigns by the immunisation programme, based on understanding of the causes through formative research, to communicate proactively on the safety, efficacy, quality and benefits of the vaccine
External environment	Inadequate cold chain storage equipment	M	M	Scale-up efforts as part of the action to address cold chain issues. Strong coordination with other partners (including UN organisations) involved in cold chain related issues.
External environment	Political instability	M	M	Strong existing cooperation with existing administration (i.e. notably ministries of health) to ensure continuity despite political changes. Flexibility in implementation to account for change of priorities.
People and the organisation	Inadequate delivery of the available vaccine doses and delayed implementation of vaccine roll-out	M	M	Ensuring proper training of medical staff and cold chain management to store and distribute vaccine to the last delivery points including regular monitoring of the vaccine uptake

Lessons Learned

Lessons learnt from one year of COVID-19 response in the EaP countries, including through the implementation of the European Union Solidarity for Health Initiative, contribute to the design and future implementation of this action. Some of these lessons include:

- The importance of a whole-of-government approach to coordinate the response to COVID-19;
- The need to seek synergies and complementarity between partners based on respective areas of expertise and added-value (e.g. WHO and UNICEF complementary procurement in Ukraine);
- The added-value of combining interventions targeting immediate needs (equipment/supplies) and technical assistance and capacity-building;
- The importance of evidence-based risk communication to tackle misinformation and understand the drivers of and obstacles to health decisions, as well as the exacerbating effects of conflicts.

The EaP countries' experience from past outbreaks of vaccine preventable diseases and introduction of new vaccines such as H1N1 or HPV vaccine offer additional insights, notably:

- Building confidence in vaccines will be essential to ensure acceptance of the COVID-19 vaccine amongst the health workers and professionals and thereby will have a significant influence on the public acceptance of COVID-19 vaccine;
- The role played by health workers both as vaccine recipients and advisors/providers will be essential to the successful implementation of a COVID-19 vaccine strategy in a country.

As COVID-19 vaccine is deployed, there are some early lessons learnt to report, including from EU Member States¹³, such as the importance to ensure cold chain capacity, the need for frequent vaccine distribution to vaccination sites, the importance of well-functioning vaccine data management systems, adequate dry storage space, and smooth procurement of vaccine supplies. These lessons will be used to deploy vaccines in the EaP countries, ensuring also peer-to-peer learning, given that the COVID-19 vaccine rollout is a dynamic process.

By now the EU vaccine sharing mechanism has been used in the Western Balkans and the Republic of Moldova. This experience provides a good basis for understanding the practicalities and avoiding long learning curves. In December 2020, the Commission launched the action to increase access to EMA-authorized vaccines to the Western Balkans. The allocated funds were distributed amongst the countries according to the population size, including a certain amount of the budget dedicated to preparations and logistics. Due to certain challenges, so far a lesser part of the budget has been committed and utilised for reimbursing the Member States for the reselling of individual vaccine packages. Consequently, the EaP action takes into account the regional context in the EaP as well as experience gained and lessons learnt in the Western Balkans in order to devise a comprehensive approach helping to increase vaccine access and avoid underspending.

It is important to note that, the advances made on resells and donations by the EU Member States so far offer the opportunity of having developed templates and accumulated necessary technical expertise. The acquired experience clearly indicate the need to set up sharing in such a way that prevents administrative obstacles at all stages and provides viable, rapid solutions as concerns the financial arrangements related to sharing. They also point to the need to ensure a proper coordination among all involved stakeholders and provide an adequate outreach to the people on this joint effort.

In addition, the lessons learnt also demonstrate that some producers are more open than others. Overall, the EU vaccine sharing mechanism has a vast potential to assist the partner countries in the speedier acquisition of affordable vaccines, but also scaling up the EU solidarity as part of the Team Europe approach.

3.5. The Intervention Logic

The underlying intervention logic for this action is that rapid and safe deployment of COVID-19 vaccines is decisive to curb the number of cases and fatalities, and eventually end the pandemic assuming that existing vaccines remain effective against new variants. The existing WHO emergency use authorised vaccines seem to remain effective, though to a different extent. It might happen that COVID-19 vaccination becomes necessary on an annual basis, similarly to seasonal flu vaccination. This is why the action, besides having a COVID-specific component, includes activities to strengthen the overall system of routine vaccination in the partner countries.

The action will complement support for enhancing preparedness for COVID-19 vaccine deployment with measures that would help the partner countries gradually extend their access to these vaccines. The EU vaccine sharing mechanism, for example, has the potential to enhance the partner countries' access to COVID-19 vaccines. Several EU Member States expressed their willingness to share vaccines with the partner countries and Romania has demonstrated this willingness in practice.

The action is designed to strengthen countries' preparedness for vaccine deployment across all critical areas and to improve access to vaccines. Both institutional, soft measures, and procurement of equipment and supplies is foreseen. The effectiveness of the institutional strengthening measures will depend very much upon the commitment of authorities at all levels, within the health sector and beyond, to take action, as well as their effective communication and cooperation with key stakeholders.

¹³ <https://www.ecdc.europa.eu/sites/default/files/documents/Rollout%20of%20COVID-19%20vaccinations%20in%20the%20EU-EEA-%20challenges-good-practice.pdf> and <https://www.ecdc.europa.eu/sites/default/files/documents/Overview-implementation-COVID-19-vaccination-strategies-vaccine-deployment-plans.pdf>

The action's capacity to provide help with supplies and logistics of vaccine deployment will depend very much upon the international supply chains. The risk of stranded markets is important and will be addressed through a combination of grouped and local procurements managed by the World Health Organization (WHO).

The implementation of activities across all outputs of the action requires technical expertise. The COVID-19 vaccination has started only a few months ago and initial lessons from this process were integrated into the design of the action. Based on this and past experience from routine immunisation, WHO Europe prepared and published in January 2021 several guides related to COVID-19 vaccination. These materials and upcoming ones will be actively used during implementation. Securing the availability of experts to advise the countries will also be important. The fact that the action is designed for a group of countries makes it possible to pool expertise and avoid competition between countries. At the same time, country-specific work plans will be developed to account for potential different challenges and priorities.

In order to exchange experience, policy dialogue will be facilitated at both national and regional level. The latter will be linked to the Eastern Partnership framework. The action will support the Team Europe approach that was adopted in the previous work that aimed at containing the COVID-19 pandemic.

Due attention to mainstreaming objectives will be paid as part of implementation.

3.6. Logical Framework Matrix

Results	Results chain	Indicators	Baselines ¹⁴ (values and years)	Targets ¹⁵ (values and years)	Sources of data	Assumptions
Impact	To support Eastern Partnership countries in reducing the health impact of COVID-19 disease	1 # of COVID-19 related deaths disaggregated by sex by week 2 # of COVID-19 related cases disaggregated by sex by week	1 to be determined (TBD) 2 TBD	1 TBD 2 TBD	1 National COVID-19 surveillance report 2 Idem	<i>Not applicable</i>
Outcome 1	A rapid and safe deployment of COVID-19 vaccines supported	1.1 # of health workers vaccinated for COVID-19 by 1 September 2021 1.2 % of vaccinations centres fully ready by 1 September 2021 to deploy COVID-19 vaccines to the general population 1.3 COVID-19 vaccine doses administered per 100 people	1.1 0 (2020) 1.2 0 (2020)	1.1 >80% of 850 000 health care workers in region 1.2 50%	1.1 WHO Europe "COVID-19 vaccine monitor" 1.2 Idem	Access to safe vaccines of adequate volume Vaccines are effective against new variants Commitment by public authorities to take action Health workers willing to vaccinate
Outcome 2	Longer-term resilience of routine immunisation systems built	2.1 % districts with ≥95% DTP3 immunisation coverage 2.2 % suspected measles cases which have been investigated in a WHO accredited laboratory	2.1 TBD (2019) 2.2 90% (2019)	2.1 > 80% (2024) 2.2 > 90% (2024)	2.1 National vaccination coverage reports 2.2 National monthly measles surveillance reports	Commitment by public authorities to take action Availability of resources to procure and deliver routine vaccines Access to routine vaccines
Outcome 3	EaP countries' access to COVID-19 vaccines facilitated	3.1 # of additional people vaccinated in 2021 due to the EU vaccine sharing mechanism 3.2 share of COVID-19 vaccine doses wasted, % 3.3 share of deployment irregularities in the total number of vaccines deployed, %	3.1 none (January 2021) 3.2 N/A 3.3 N/A	3.1 At least 3 million people (December 2021) 3.2 <0.1% 3.3 <0.1%	Reports by the implementing partner(s)	EU Member States maintain their willingness to share COVID-19 vaccines Partner countries maintain demand to receive vaccines Sharing is legally

¹⁴ Baseline values will be inserted at a later stage in the description of the action (annex 1 of the contribution agreement)

¹⁵ Idem.

Results	Results chain	Indicators	Baselines ¹⁴ (values and years)	Targets ¹⁵ (values and years)	Sources of data	Assumptions
						feasible
Output 1 related to Outcome 1	1.1: Policy, regulatory and operational planning frameworks adjusted and maintained	1.1.1 # of countries with regulatory frameworks fully ready for specific COVID-19 vaccine(s) in line with WHO criteria 1.1.2 # countries with enhanced legal requirements for vaccine traceability 1.1.3 # countries with updated national vaccination strategy covering all critical programmatic areas	1.1.1 TBD 1.1.2 TBD 1.1.3 TBD	1.1.1 TBD 1.1.2 TBD 1.1.3 TBD	1.1.1 project reports 1.1.2 Idem 1.1.3 Idem	Effective cooperation between authorities at all levels and with non-state actors Adherence to evidence-based policy making Data availability
Output 2 related to Outcome 1	1.2 Policy dialogue and peer-to-peer learning facilitated nationally and regionally	1.2.1 # of countries with operational governance structure for COVID-19 vaccine deployment 1.2.2 # information exchange webinars/consultations conducted with project support	1.2.1 TBD 1.2.2 TBD	1.2.1 TBD 1.2.2 TBD	1.2.1 Project reports 1.2.2 Idem	Exchange of experience with other countries
Output 3 related to Outcome 1	1.3 Health workers and other personnel involved in vaccination trained	1.3.1 % health workers trained/re-trained on COVID-19 vaccine deployment (disaggregated by sex at country level) 1.3.2 % change in knowledge level in health workers before and after the training sessions (disaggregated by sex at country level)	1.3.1 TBD 1.3.2 TBD	1.3.1 > 80% (2022) 1.3.2 > 90% (2022)	1.3.1 Project reports 1.3.2 Idem	Availability of trainers Availability of time to attend training
Output 4 related to Outcome 1	1.4 Vaccine hesitancy factors identified and addressed	1.4.1 # of countries assisted to conduct biannual behavioural insights research to identify population perception to vaccination 1.4.2 # of countries conducting formative research to identify the drivers and barriers to vaccination by target population groups 1.4.3 # of countries with a communication and information plan to address vaccine demand and acceptance within the national COVID-19 vaccine deployment plan	1.4.1 TBD 1.4.2 TBD 1.4.3 TBD	1.4.1 5/6 1.4.2 5/6 1.4.3 5/6	1.4.1 Project reports 1.4.2 Idem 1.4.3 Idem	Openness of people to take part in research Availability of experts to design and conduct research Interest by authorities
Output 5 related to Outcome 1	1.5 National COVID-19 vaccination systems digitalised	1.5.1 % of subnational immunisation units equipped with relevant IT equipment (disaggregated by country) 1.5.3 % of countries reporting weekly/monthly COVID-19 vaccination data	1.5.1 TBD 1.5.2 TBD	1.5.1 TBD 1.5.2 TBD	1.5.1 Project reports 1.5.2 Idem	Availability of technical expertise Interest of vaccination centres to be connected and report data

Results	Results chain	Indicators	Baselines ¹⁴ (values and years)	Targets ¹⁵ (values and years)	Sources of data	Assumptions
Output 6 related to Outcome 1	1.6 Supplies and logistical capacity for vaccine distribution and administration strengthened	1.6.1 # of vaccination centres equipped with vaccine storage ¹⁶ 1.6.2 # of anaphylaxis response kits and injection supplies (syringes and needles) delivered 1.6.3 # personal protective equipment delivered to protect healthcare workers	1.6.1 TBD 1.6.2 TBD 1.6.3 TBD 1.6.4 TBD	1.6.1 1.6.2 TBD 1.6.3 TBD 1.6.4 TBD	1.6.1 Project reports 1.6.2 Idem 1.6.3 Idem 1.6.4 Idem	Fluidity of supply chain Availability of transport means and reasonable costs of delivery
Output 7 related to Outcome 1	1.7 Gaps in waste management related to vaccination identified and addressed	1.7.1 # of centres equipped to handle waste related to vaccination in line with the established guidelines	1.7.1 TBD	1.7.1 TBD	1.7.1 Project reports	Commitment by authorities
Output 8 related to Outcome 1	1.8 Quality, safety and evaluation of vaccine deployment ensured	1.8.1 # of post-introduction evaluations conducted 1.8.2 # of vaccine effectiveness studies conducted	1.8.1 TBD 1.8.2 TBD	1.8.1 TBD 1.8.2 TBD	1.8.1 project reports 1.8.2 Idem	Availability of technical expertise and data
Output 1 related to Outcome 2	2.1 Evaluation of vaccination underperformance strengthened	2.1.1 % countries conducting monitoring and evaluation of routine coverage data to detect areas of underperformance in routine immunisation programme 2.1.2 % countries conducting formative research to identify barriers and drivers in the areas of underperformance	2.1.1 TBD 2.1.2 TBD	2.1.1 TBD 2.1.2 TBD	2.1.1 Project reports 2.1.2 Idem	Availability of technical expertise and data
Output 2 related to Outcome 2	2.2 Development and implementation of sub-national immunisation plans improved	2.2.1 % of subnational tailored vaccine service delivery micro-plans developed with project support 2.2.2 % of subnational action plans implemented with project support	2.2.1 TBD 2.2.2 TBD	2.2.1 TBD 2.2.2 TBD	2.2.1 Project reports 2.2.2 Idem	Availability of technical expertise and data
Output 2 related to Outcome 3	2.3 A robust system for real-time monitoring of subnational vaccination coverage developed	2.3.1 % countries with immunisation information system designed for detection of areas of missed vaccination	2.3.1 TBD	2.3.1 TBD	2.3.1 Project reports	Availability of technical expertise and data
Output 2 related to Outcome 4	2.4 Support for reducing vaccination inequity provided	2.4.1 % national and subnational immunisation managers trained on "WHO Equity guide" 2.4.2 % subnational action plan to address inequity implemented	2.4.1 TBD 2.4.2 TBD	2.4.1 TBD 2.4.2 TBD	2.4.1 Project reports 2.4.2 Idem	Availability of technical expertise and data
Output 2	2.5 Vaccine-preventable disease	2.5.1 % countries conducting review of measles-	2.5.1 TBD	2.5.1 TBD	2.5.1 Project	Availability of technical

¹⁶ Supplies needs between countries will vary. Some countries are planning to procure cold chain equipment through that action while other countries do not. These differences, based on needs and activities carried by other development partners, will be reflected in the baseline and target values.

Results	Results chain	Indicators	Baselines¹⁴ (values and years)	Targets¹⁵ (values and years)	Sources of data	Assumptions
related to Outcome 5	surveillance and platforms strengthened	rubella and poliomyelitis surveillance systems 2.5.2 % national and subnational surveillance managers trained on "WHO vaccine-preventable disease surveillance standards"	2.5.2 TBD	2.5.2 TBD	reports 2.5.2 Idem	expertise and data
Output 1 related to Outcome 3	3.1: Legal arrangements facilitated	3.1.1 Number of legal arrangements facilitated	3.1.1 0	3.1.1 TBD	3.1.1 Project reports	Availability of legal experts on all sides
Output 2 related to Outcome 3	3.2: COVID-19 vaccines procured and delivered	3.2.1 Number of vaccine doses shared through the resell mechanism	3.2.1 0	3.2.1 Some 7 million doses	3.2.1 Project reports	Transportation ensured by ECHO and/or the respective Member States
Output 3 related to Outcome 3	3.3: Equitable and transparent distribution monitored	3.3.1 Share of doses that reached end-users	3.3.1 N/A	3.3.1 99.9%	3.3.1 Project reports	Access to end-users

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 adoption by the Commission of this Financing Decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3. Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures¹⁷.

Part of this action may utilise a form of financing not linked to costs but linked to the achievement of results measured by reference to previously set performance indicators.

4.3.1. Indirect Management

Indirect management with an international organisation

The Components 1 and 2 of this action may be implemented in indirect management with the World Health Organization. This implementation entails carrying out activities identified in Section 3. The WHO has been selected by the Commission's services based on several criteria: thematic expertise, logistical and management capacities, past and ongoing experience in helping countries to reform the health sector, experience in implementing EU financed actions related to the COVID-19 pandemic in crisis conditions, capacity to mobilise resources in a very short term. Thus, WHO has strong technical expertise and knowledge of the health sector in the EaP countries. Health security is a key element of WHO responsibility on a global level, in particular as concerns the management of the global regime for controlling the international spread of communicable diseases. The International Health Regulations, administered by WHO, provide the legal instrument for doing so. In its capacity of the UN agency responsible for coordinating international health efforts, WHO is the best placed body to implement such an action, in cooperation with the partner countries and other key stakeholders. WHO has the necessary technical expertise, is able to mobilise expert support, and maintains productive relations with both national authorities and EU Delegations. Furthermore, WHO is able to manage procurement and ensure economies of scale whenever feasible. WHO has an established and effective network of Country Offices that function in each partner country. All these considerations enable rapid and cost-effective deployment of support by WHO under crisis conditions. Furthermore, working with WHO permits reaching populations in areas affected by conflict.

The WHO will ensure due accounting and reporting for this new regional action in a dedicated way and distinct from the ongoing EU-funded regional programme Solidarity for Health Initiative, which addresses the COVID-19 pandemic in the countries of the Eastern Partnership¹⁸.

If negotiations with the above-mentioned entity fail, that part of this action may be implemented in indirect management with another international organisation. The implementation by this alternative entity would be justified because of the following criteria: specialised technical expertise and proven capacity to ensure rapid procurement and deployment of necessary equipment and supplies, as well as capacity to deliver advice on regulatory reforms and to support institutions building in the area of vaccination. Should negotiations with another international organisation

¹⁷ 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.

¹⁸ https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/annexes/c2020_3048_annex.pdf

also fail, the action may be implemented in direct management. The selection criteria will remain the same as for the alternative entity under indirect management. Direct award will be used given crisis conditions and the need to act swiftly on vaccine deployment.

The Commission authorises that the costs incurred as of 11 February 2021 under Components 1 and 2 may be recognised as eligible because of the crisis in the context of the COVID-19 pandemic (Ares(2020)7334142 of 04/12/2020 and Ares(2021)3968336 of 17/06/2021).

Indirect management with Member States agencies or Member States

The Component 3 of this action may be implemented in indirect management with one or several pillar assessed EU Member States agencies or EU Member States working in a Consortium. This implementation entails carrying out activities identified in Section 3.

The implementing partners will be selected by the Commission’s services based on their specific technical, legal, and financial management capacity among pillar-assessed entities. A crucial selection criterion will be specific experience in procurement, as evidenced by the pillar assessment and previous project experience.

The Commission authorises that the costs incurred under Component 3 may be recognised as eligible as of 1 July 2021 because of the crisis in the context of the COVID-19 pandemic (Ares(2020)7334142 of 04/12/2020 and Ares(2021)3968336 of 17/06/2021).

If negotiations on Component 3 of the action through indirect management fail, that part of this action may be implemented in direct management with an alternative entity. Direct award will be used given crisis conditions and the need to act swiftly on vaccine deployment.

The implementation by this alternative entity would be justified on the following criteria:

- Necessary operational (organisational, human and management) capacity of the organisation;
- Experience and expertise in the fields relevant to this action;
- Adherence to EU values and principles such as transparency, absence of conflict of interest and attention to cross-cutting issues, in particular as regards gender and human rights;
- Specific experience in procurement.

4.4. Scope of geographical eligibility for procurement and grants

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

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

4.5. Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)	Third-party contribution, in currency identified
Indirect management with an international organisation - cf. section 4.4.4 – Components 1 and 2	40,000,000	800,000
Indirect management with a Member State (agency) or a Consortium of Member States (agencies) - cf. section 4.4.4 – Components 3	35,000,000	

Indicative Budget components	EU contribution (amount in EUR)	Third-party contribution, in currency identified
Evaluation – cf. section 5.2 Audit – cf. section 5.3	N.A. (will be covered by another Decision)	N.A.
Totals	75,000,000	800,000

4.6. Organisational Set-up and Responsibilities

A **regional steering committee** will be set up to ensure coordination and complementarity of the different project activities in each EaP country. It will comprise representatives of the European Commission, the European External Action Service, the EU Delegations, implementing partners and other stakeholders as appropriate.

In addition, in each EaP country, the implementing partner will ensure that regular exchanges and consultation take place with both national authorities and EU Delegations through a **national steering mechanism**. The latter will ensure that the implementation of the project is fully aligned with the national response to the COVID-19 outbreak and national COVID-19 vaccination efforts. It will also ensure close coordination with the relevant national authorities, the EU delegation, the UN organisations under the Resident Coordinator system and other stakeholders as appropriate while facilitating interaction with relevant initiatives.

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.

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).

Performance and monitoring of the Action will be undertaken in accordance with Article 10 of the General Conditions for Contribution Agreements. Performance measurement will be based on the intervention logic and the log frame matrix, including its indicators.

- Performance measurement will aim at informing the list of indicators that are part of the log frame matrix.
- In certain cases, mainly depending on when the monitoring exercise is launched, contribution to the specific objectives/outcomes will also be part of monitoring and for this to happen indicators defined during planning/programming at the outcome level will be the ones for which a value of measurement will need to be provided.
- In evaluation, the intervention logic will be the basis for the definition of the evaluation questions. Evaluations do mainly focus on the spheres of direct (outcomes) and indirect (impacts) influence. As such, indicators defined for these levels of the intervention logic will be used in evaluation.

National reporting mechanisms and statistics, as well as project implementing partners, will be a regular source of data, and monitoring and reporting will be handled by the Monitoring and evaluation officer and programme assistants under the direction of the team leader. Given the structure of the project and the focus on immediate needs, an information note including initial results and key monitoring and evaluation elements gathered in the initial phase of the project (7-8 months) will be presented to the programme's Steering Committee and subsequently shared with Commission services. The programme Steering Committee will also review and validate the country plans developed for each phase of the project.

Each of the project activity is related to specific outcomes/outputs and equipped with quantified indicators and deliverables. Throughout the implementation, the achieved results will be checked against original activity plans and

project deliverables set as milestones. Indicator-based reporting will be performed based on the Logframe. Relevant indicators will have to be disaggregated by country, geographic unit, age group, and gender. Where feasible, data specific for most vulnerable groups should be included.

In case of discrepancies the project team will propose and introduce corrective measures. The normal procedure for eliminating discrepancies will be (a) recognition of discrepancy, (b) estimation of the level of discrepancy and potential impact (time, quantity and quality wise), (c) definition of reasons (internal and external), (d) preparation of a contingency plan (responsibilities, activities), (e) implementation of a contingency plan and (f) review.

Regular internal reporting will be established at the onset of the project with all project stakeholders and will contribute to the overall project evaluation reporting. While the monitoring will be a constant process, at the key milestones of the project, internal evaluation will be implemented. Following this, evaluation reports will be prepared annually, including a final report (merged with the second annual report). These reports will be submitted every year to the programme Steering Committee for review before formal submission to Commission services.

5.2. Evaluation

Having regard to the importance of the action, a final evaluation will be carried out for this action or its components via independent consultants.

It will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that the action has an important procurement element.

The Commission shall inform the implementing partner at least 3 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 shall be shared with the partner country 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, in agreement with the partner countries, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project. The financing of the evaluation shall be covered by another measure constituting a Financing Decision.

Keeping in mind the commitment of both parties to the effective and efficient operation of the Agreement, any interim or final evaluation of the project shall either be jointly conducted by the parties or, if not possible due to duly justified reasons, WHO shall invite representatives of the Commission to participate in any *ad hoc* Evaluation Management Group formed for the purpose of any evaluation exercises at the Commission's own expense. In the latter case, the evaluation shall be carried out in accordance with the provisions of the WHO Evaluation Policy and WHO shall request and consider comments from the Commission on the terms of reference before the evaluation exercise takes place. Furthermore, the Commission's comments shall also be requested on the different deliverables prior to final approval (as a minimum, on the draft evaluation report). As with other evaluations undertaken in WHO, once completed it will be published on the webpage of the Evaluation Office and a summary will be included in the annual evaluation report to WHO's Executive Board.

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.

Any verification by the European Commission of the action will be performed in accordance with the verification clauses agreed between the implementing partner and the European Commission, in the Financial and Administrative Framework Agreement. The financing of the verification shall be covered by another measure constituting a financing decision.

6. COMMUNICATION AND VISIBILITY

Communication and visibility is a contractual obligation for all entities implementing EU-funded external actions to advertise the European Union's support for their work to the relevant audiences.

To that end they must comply with the instructions given in the [Communication and Visibility Requirements of 2018](#) (or any successor document), notably with regard to the use of the EU emblem and the elaboration of a dedicated communication and visibility plan, to be completed for every action at the start of implementation.

These obligations apply equally, regardless of whether the actions concerned are implemented by the Commission, the partner country (for instance, concerning the reforms supported through budget support), contractors, grant beneficiaries or entrusted entities. In each case, a reference to the relevant contractual obligations must be included in the respective financing agreement, procurement and grant contracts, and delegation agreements.

In this particular action, the implementation of communication activities shall be the responsibility of the implementing partner and shall be funded from the budget allocated to the action. Communication and visibility objectives in the relevant countries will be an integral part of the action in each country. Where applicable EU Delegations' guidelines shall be used by the implementing partner, in addition to its own policies, regulations, rules and practices, to establish a tailored Communication and Visibility Plan for each of the interventions foreseen under this action. This Communication and Visibility Plan shall be elaborated at the start of implementation and identify communication objectives, target group, key messages, and communication products and tools to be used. The implementing partner shall keep the European Commission and concerned EU Delegations fully informed of the planning and implementation of specific visibility and communication activities to ensure a coordinated approach to bilateral and regional interventions.

Communication and visibility activities shall position the action in the context of the European Union's and Team Europe's overall response to the COVID-19 pandemic and its consequences across the EaP region. All communication activities shall ensure the role of the EU is prominently referenced and effective means to increase the overall awareness of the EU assistance and its concrete benefits for people are used.

APPENDIX 1 REPORTING IN OPSYS

An Intervention¹⁹ (also generally called project/programme) is the operational entity associated to a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Interventions are the most effective (hence optimal) entities for the operational follow-up by the Commission of its external development operations. As such, Interventions constitute the base unit for managing operational implementations, assessing performance, monitoring, evaluation, internal and external communication, reporting and aggregation.

Primary Interventions are those contracts or groups of contracts bearing reportable results and respecting the following business rule: 'a given contract can only contribute to one primary intervention and not more than one'. An individual contract that does not produce direct reportable results and cannot be logically grouped with other result reportable contracts is considered a 'support entity'. The addition of all primary interventions and support entities is equivalent to the full development portfolio of the Institution.

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 is defined in the related Action Document and it is revisable; it can be a(n) (group of) action(s) or a (group of) contract(s).

Tick in the left side column one of the three possible options for the level of definition of the Primary Intervention(s) identified in this action.

In the case of 'Group of actions' level, add references to the present action and other action concerning the same Primary Intervention.

In the case of 'Contract level', add the reference to the corresponding budgetary items in point 4.6, Indicative Budget.

N.B. An individual Contract that does not produce direct reportable results and cannot be logically grouped with other result reportable Contracts is considered a 'support measure'.

Option 1: Action level		
<input type="checkbox"/>	Single action	Present action: all contracts in the present action
Option 2: Group of actions level		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#): <Present action> <Other action>
Option 3: Contract level		
<input type="checkbox"/>	Single Contract 1	<Budgetary item>
<input type="checkbox"/>	Single Contract 2	<Budgetary item>
<input type="checkbox"/>	Single Contract 3	<Budgetary item>
	(...)	
<input type="checkbox"/>	Group of contracts 1	<Budgetary item 1> <Budgetary item 2> <Budgetary item #>

¹⁹ For the purpose of consistency between terms in OPSYS, DG INTPA, DG NEAR and FPI have harmonised 5 key terms, including 'Action' and 'Intervention' where an 'Action' is the content (or part of the content) of a Commission Financing Decision and 'Intervention' is a coherent set of activities and results which constitutes an effective level for the operational follow-up by the EC of its operations on the ground. See more on the [concept of intervention](#)

APPENDIX 2 COMMISSION DECISION & TECHNICAL AND ADMINISTRATIVE PROVISIONS

[under preparation]