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THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX XI

to the Commission Implementing Decision on the financing of the multiannual action plan in favour of the NDICI Neighbourhood East Region for 2023-2024

Action Document for Supporting Resilience to Health Emergencies in the Eastern Partnership

ANNUAL ACTION PLAN

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

1. SYNOPSIS

1.1. Action Summary Table

1. Title OPSYS Basic Act	Supporting Resilience to Health Emergencies in the Eastern Partnership Multiannual Indicative Programme for the Eastern Neighbourhood 2021-2027(MIP 2021-2027) ¹ OPSYS business reference: ACT-61768 ABAC Commitment level 1 number: JAD.1160575 (2023) Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe).
2. Economic and Investment Plan (EIP)	No
EIP Flagship	No
3. Team Europe Initiative	No
4. Beneficiaries of the Action	The Action shall be carried out for the benefit of the Eastern Partnership countries (Armenia, Azerbaijan, Belarus ² , Georgia, Republic of Moldova ³ and Ukraine)

¹ C(2021)9370

² In line with the Council Conclusions of 12 October 2020 and in light of Belarus’s involvement in the Russian military aggression against Ukraine, recognised in the European Council Conclusions of February 2022, the EU has stopped engaging with representatives of Belarus public bodies and state-owned enterprises. Should there be a change of the context this may be reconsidered. In the meantime, the EU continues to engage with and, where possible, has stepped up support to non-state, local and regional actors, including within the framework of this Action as appropriate.

³ Hereinafter referred to as Moldova

5. Programming document	Multiannual indicative programme for the Eastern neighbourhood 2021-2027 ⁴ and NDICI-GE Regulation (adopted on 9 June 2021, came into force on 14 June 2021 and applies retroactively since 1 January 2021), complemented by the Commission Delegated Regulation to set out specific objectives and thematic priorities for NDICI-GE assistance.
6. Link with relevant MIP(s) objectives/expected results	Priority area 5: Resilient, gender equal, fair and inclusive societies Specific objective 3: Support health resilience
PRIORITY AREAS AND SECTOR INFORMATION	
7. Priority Area(s), sectors	120 : HEALTH; inclusive societies
8. 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 16 “Peace, Justice, and Strong Institutions” SDG 17 “Partnerships for the Goals”
9. DAC code(s)	121 : Health, general 12110 : Health policy and administrative management 12181 : Medical education/training 12191 : Medical services 122 : Basic health 12220 - Basic health care 12230 : Basic health infrastructure 12250 : Infectious disease control 12261 : Health education 12281 : Health personnel development 74010 : Disaster prevention and preparedness
10. Main Delivery Channel	United Nations agency, fund or commission (UN) - 1000 Donor Government – 11000 Other public entities in donor country 11004 International NGO - 21000 Multilateral organisations – 40000 WHO-Assessed - World Health Organisation - assessed contributions - 41307 World Health Organisation - Strategic Preparedness and Response Plan - 41321

⁴ C(2021)9370

11. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input type="checkbox"/> Human Rights, Democracy and Governance			
12. Markers (from DAC form)	General policy objective	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
13. Internal markers and Tags	Policy objectives	Not targeted	Significant objective	Principal objective
	EIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	EIP Flagship	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	Tags	YES	NO	
	transport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	energy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	environment, climate resilience	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	digital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	economic development (incl. private sector, trade and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

macroeconomic support)			
human development (incl. human capital and youth)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
health resilience	<input checked="" type="checkbox"/>		<input type="checkbox"/>
migration and mobility	<input type="checkbox"/>		<input checked="" type="checkbox"/>
agriculture, food security and rural development	<input type="checkbox"/>		<input checked="" type="checkbox"/>
rule of law, governance and public administration reform	<input type="checkbox"/>		<input checked="" type="checkbox"/>
other	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Digitalisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tags	YES		NO
digital connectivity	<input type="checkbox"/>		<input checked="" type="checkbox"/>
digital governance	<input type="checkbox"/>		<input checked="" type="checkbox"/>
digital entrepreneurship	<input type="checkbox"/>		<input checked="" type="checkbox"/>
digital skills/literacy	<input type="checkbox"/>		<input checked="" type="checkbox"/>
digital services	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Connectivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tags	YES		NO
digital connectivity	<input type="checkbox"/>		<input checked="" type="checkbox"/>
energy	<input type="checkbox"/>		<input checked="" type="checkbox"/>
transport	<input type="checkbox"/>		<input checked="" type="checkbox"/>
health	<input checked="" type="checkbox"/>		<input type="checkbox"/>
education and research	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Migration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of Inequalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COVID-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

BUDGET INFORMATION

14. Amounts concerned	<p>Budget line: BGUE-B2023-14.020111-C1-NEAR (Eastern Neighbourhood) for EUR 7,000,000.00</p> <p>Total estimated cost: EUR 7,000,000.00</p> <p>Total amount of EU budget contribution: EUR 7,000,000.00</p> <p>The contribution is for an amount of EUR 7,000,000.00 for 2023</p>
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MANAGEMENT AND IMPLEMENTATION

15. Implementation modalities (management mode and delivery)	Indirect management with the pillar assessed entity(ies) to be selected in accordance with the criteria set in Article 4.3.1.
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1.2. Summary of the Action

The Action's Overall Objective is that health systems in Eastern Partnership countries are more interconnected and resilient to health emergencies and core health challenges. The Action will ensure that lessons learned from the COVID-19 pandemic, but also the response to the health emergency consequences of the Russia's war of aggression against Ukraine, are consistently applied region-wide, by creating the Eastern Partnership "Community of Practitioners and Policy Makers in Health Resilience" (or "Community of Practitioners") – a venue for relevant health actors to meet and collectively advance the health resilience of the region. The "Community of Practitioners" will address common challenges through dedicated regional sub-groups including on health preparedness, mental health burden and health workforce imbalances.

The "Community of Practitioners" will link existing entities and focus on strengthening their institutional and operational capacities to ensure sustainability and enhance detection, prevention, and response to eventual health related disasters. The Action foresees the evaluation of threats, mapping of the countries' capacities and defining recommendations in all three areas.

The Action will further enhance the compliance of the Eastern Partnership countries with the International Health Regulations and achieve synergies with global health initiatives, such as the World Health Organisation's Universal Health Coverage Partnership, which the European Commission supports as means to reduce inequalities worldwide.

By supporting health systems that are effective, resilient and accessible the Action will directly contribute to the ambition of the EU's Global Health Strategy launched on 30th November 2022 and thereby support EU's leadership in global health. The Action will compliment ongoing regional and bi-lateral programmes, such as the EU4Health Programme, in particular the activities where Eastern Partnership countries are eligible to participate and the ones relevant to the objectives of this Action.

1.3. Beneficiaries of the Action

The beneficiaries of the Action are the countries of the Eastern Partnership region (Armenia, Azerbaijan, Georgia, Moldova, Ukraine).

In particular, **Ministries of Health**, but also the **Ministries of Social Affairs** and the **Ministries of Interior**, possibly other relevant line ministries with responsibility related to emergency health preparedness and mental health are among the key institutional beneficiaries of this Action.

Beneficiaries also include **healthcare workers**, including **nurses**, first responders, paramedics, their professional trade bodies, government authorities (ministries of health and social affairs). **National centres of public health, disease control and prevention** will also benefit from capacity building and coordination activities.

The **final beneficiaries of the Action are the populations** of the Eastern Partnership countries that will benefit by their countries' health systems are more resilient to health emergencies.

2. RATIONALE

2.1. Context

The COVID-19 pandemic served as a reminder that highly infectious communicable diseases such as COVID-19 and similar cross-border health threats can only be tackled through effective international collaboration, partnerships, and targeted support. The EU and its Member States have assumed a leadership position in responding to the crisis and spent enormous resources in overcoming the pandemic, not only inside the EU, but in the Eastern Partnership countries and other regions across the world.

The EU is a lead contributor to global health and with this Action it intends to reaffirm that role in the Eastern Partnership region. Achieving health systems that are effective, resilient and accessible in all their fundamental aspects is a core priority of the EU's Global Health Strategy adopted on 30th November 2022. In line with this strategy, the Action should contribute to preventing and combating health threats by improving the detection of possible threats, their prevention, and response capacities to health and other emergencies. At the same time, these improvements will contribute to strengthen the Eastern Partnership countries compliance with the International Health Regulations (IHR)⁵ and help them build capacities to conduct stronger surveillance and detection of pathogens.

The need to strengthen, upgrade partner countries' health systems and improve preparedness to cross-border health threats is one of the post- 2020 priorities in the Eastern Partnership as declared in the June 2021 "Joint Staff Working Document - Recovery, resilience, and reform: post 2020 Eastern Partnership priorities". The European Commission has included supporting health resilience as a priority in the multiannual indicative programme for the Eastern neighbourhood for the period 2021-2027 adopted in December 2021.

Since 2020, acting as a global leader, the EU has coordinated and put in place comprehensive and targeted support to limit the Eastern Partnership population's suffering caused by COVID-19 and is continuing to provide aid to tackle the long-term socio-economic challenges of the pandemic.

Between 2020 and 2022, EUR 112 million has been committed to:

- Mobilising an effective, rapid, and coordinated response to COVID-19;
- Ensuring equitable access to safe and European Medicine Agency-approved lifesaving COVID-19 vaccines in the Eastern Partnership region.
- Strengthening of national health systems; and
- Supporting countries for deployment of safe COVID-19 vaccines.

To ensure that these investments yield returns, it is imperative to support partner countries in applying the lessons learned from the COVID-19 pandemic and build on the achievements so far to ensure they are better prepared for any health emergencies, including those originating from the volatile political and security situation in the region.

⁵ The International Health Regulations (2005) (IHR) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The IHR Monitoring and Evaluation Framework provides an overview of approaches to review implementation of country core public health capacities under the IHR (2005). The Framework ensures the mutual accountability of States Parties and the Secretariat for global public health security through transparent reporting and dialogue.

The COVID-19 response in the Eastern Partnership has been delivered through two related programmes implemented by the World Health Organisation: The Solidarity for Health Initiative and EU support for deployment of COVID-19 vaccines in the Eastern Partnership. Additionally, there has been the “COVID Vaccine Access through EU sharing with Eastern Partnership” programme, an innovative mechanism coordinated by Poland for reimbursing vaccine donations from EU Member States to Eastern Partnership countries. This Action will directly build on the progress made by these three programmes.

The programmes laid the foundation of stronger national health systems, but the protracted pandemic has frustrated the achievement of some of the intended longer-term results. Nevertheless, the progress made across the Eastern Partnership region provides a unique opportunity to build more resilient health systems that will withstand future health crisis.

Furthermore, the Union Civil Protection Mechanism has channelled assistance from Member States and Participating States to countries of the Eastern Partnership to support their response to the COVID-19 pandemic. The assistance provided included Emergency Medical Teams, as well as e.g. vaccine doses, personal protective equipment, medical equipment and disinfectant.

Since the post-2020 Eastern Partnership policy was endorsed at the Eastern Partnership (EaP) Summit in December 2021, the geopolitical landscape in the region has changed fundamentally. Russia’s unprovoked and unjustified full-scale invasion of Ukraine, and the membership perspectives of the associated partners, mark a new chapter in EU’s relations with the region. Together with Member States and partner countries, the European Commission has concluded that the Eastern Partnership remains relevant against this geopolitical backdrop. At the same time, there is a consensus that the EaP needs to adapt to the new reality and become a flexible and streamlined partnership, with a clear strategic focus on genuine cross-border challenges. The Commission will maintain health resilience on the agenda within the new EaP architecture and continue to provide partners with assistance in this area.

In the EU’s crisis response to Russia’s war of aggression against Ukraine, the Union Civil Protection Mechanism is playing a key role by providing life-saving assistance. Since the beginning of the war, Ukrainian patients in need can be evacuated through the EU MedEvac hub in Poland, fully financed by the EU, and from which weekly flights have been organised to transfer vulnerable Ukrainian patients to hospitals across Europe for further treatment. Under the EU MedEvac scheme, more than 2 264 patients have been transferred to hospitals in 21 European countries (until June 2023).

The Action will also further build on and contribute to ongoing or planned EU actions in the field of health. Such as the EU initiative on Health Security in the Neighbourhood implemented by the European Center for Disease Control (ECDC) (2020-2025) that aims to set up a regional workforce responsible for the prevention and control of challenges posed by communicable diseases and enhancing regional cooperation to tackle cross-border health security threats in all European Neighbourhood Policy partner countries. Another such project is the ongoing project aiming to enhance disaster risk management systems with a special focus on health emergencies in Armenia and Georgia through capacity building and establishing cross border cooperation mechanisms between these countries.

EU added value

There is clear added value for the EU to adopt a regional approach to supporting the Eastern Partnership countries in strengthening health resilience. As demonstrated with COVID-19, but also other infectious diseases (e.g., measles and polio), health threats increasingly spread across borders. The benefits of building the capacity and strengthening the health system in one country (e.g., strengthening crisis preparedness and response capacities: surveillance, points of entry, etc.) can become insignificant if neighbouring countries do not progress in parallel. Uncoordinated approaches may therefore be counterproductive.

2.2. Problem Analysis

While the COVID-19 pandemic has necessitated the adoption of numerous new measures and mechanisms, significant gaps remain in establishing effective emergency response systems and in connecting the various national systems. EaP countries would benefit from additional assistance to ensure that the progress they made during the COVID-19 pandemic is applied and their healthcare systems are adequately prepared to responding to future emergencies of any kind, natural, health related, man-made or conflict based.

In June 2022, The World Health Organisation country offices in the Eastern Partnership countries, based on their knowledge in the field and their collaboration with national health authorities, conducted a needs and prioritization exercise together with DG NEAR and identified future health preparedness, mental health and health workforce imbalances as the core challenges, common to all counties of the region. The Action intends to focus primarily on strengthening health preparedness where there is a clear need to reinforce the approach, mechanisms and capacities of countries for dealing effectively with public health emergencies.

The Eastern Partnership countries faced numerous challenges when tackling the COVID-19 pandemic and one of them was the absence of a regional platform for policy dialogue and exchange of best practices. Such a forum would have significantly facilitated the spread and uptake of proven approaches to tackle the health emergency. With the COVID-19 pandemic no longer a pressing public health emergency, it is a good time to consider lessons learned and devise streamlined and validated solutions to improve the preparedness of the region as a whole.

In addition to health emergency preparedness, the Action will support other common health challenges, such as mental health and health workforce challenges. Mental health is one of the core drivers of ill health in the region and has been further exacerbated by the COVID-19 pandemic and even more recently by the Russian war of aggression against Ukraine inside the country and for Ukrainian refugees who fled to neighbouring countries. It has significant current and future socio-economic consequences. Mental health conditions represent a substantial burden of disease within the Eastern Partnership countries, according to the World Health Organisation. Mental health remains an underfunded with less than 4% of the total healthcare budget being allocated to mental health services and nearly all this budget allocated to mental hospitals or asylums. While most Eastern Partnership countries have a mental health policy or plan in place, implementation is inconsistent. This is why this Action considers that Eastern Partnership countries would benefit from support in the integration of mental health into primary and emergency health care.

The pandemic has exposed several health workforce challenges, such as, shortages that are aggravated by an ageing workforce; inadequate skill mix with an over representation of narrow medical specialists vs primary health care doctors and limited role of nurses; maldistribution of health workers, especially in rural and underserved areas, and high burnout and workload that is leading health workers to leave the profession. According to the health workforce data from the WHO⁶, in Moldova for instance, 43.1% of medical doctors are over the age of 55 pointing to imminent replacement needs in the coming years. At the same time, the generation of new medical doctor graduates in Azerbaijan, Armenia, Georgia and Ukraine is below the regional average of 15.3 per 100,000 population and is among the lowest in the WHO's European Region. In addition, the Russian military aggression against Ukraine has put a critical strain on the national healthcare system. This is associated not only with massive destruction of healthcare facilities, but also by significant migration of the population including healthcare workers.

⁶ Health and care workforce in Europe: time to act, WHO Regional Office for Europe; 2022 (<https://apps.who.int/iris/rest/bitstreams/1464107/retrieve>)

Additionally, according to UN Women, globally, women make up 70 per cent of the health workforce⁷, especially as nurses, midwives and community health workers, and account for the majority of service staff in health facilities as cleaners, launderers and caterers. Despite these numbers, women were often not reflected in national or global decision-making on the response to COVID-19. Further, women are still paid much less than their male counterparts and hold fewer leadership positions in the health sector. Often overlooked aspects include undesirable consequences of male dominated professions. For instance: Masks and other protective equipment designed and sized for men leave women at greater risk of exposure. The Action will ensure that the solutions will take this into consideration.

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

The following entities would represent the core of the proposed “Community of Practitioners and Policy Makers in Health Resilience”:

- **Government authorities (ministries of health and social affairs)** are a central body of executive authority in the field of health. They will be involved in the elaboration of the “Eastern Partnership Emergency Health Preparedness Compendium” and will be the main beneficiaries of the subsequent actions.
- **Government agencies**
- **National centres of public health, disease control and prevention**
- **Healthcare workers, including nurses and their unions**
- **First responders and civil protection authorities**
- **Professional associations**
- **Scientific societies**
- **Public health institutions and the academia**
- **National regulatory authorities**
- **Cultural organisations and practitioners**

Beside the above-mentioned entities, the following ones are key stakeholders to be represented and consulted (included in the "Community of Practitioners" if deemed necessary):

- **European Centre for Diseases Control (ECDC)**
- The **World Health Organisation** as adviser to governments and its capacity as leader of the Universal Health Coverage Partnership
- **Civil society organisations**
- **Intragovernmental and nongovernmental organizations**
- **EU Delegations** are important stakeholders of this Action, notably as the main interlocutors of national authorities in their dialogue with the European Commission. The EU Delegations will therefore be key in the shaping the “Community of Practitioners” and its work.
- **Media**

⁷ Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; 2019 (WHO/HIS/HWF/Gender/WP1/2019.1). Licence: CC BY-NC-SA 3.0 IGO

Part of setting up the “Community of Practitioners” will be to carry out a stakeholder analysis and mapping in each country. Besides national stakeholders, international ones shall be identified as well.

2.3. Lessons Learned

One of the critical lessons learned during the COVID-19 response is the need to reinforce the approach, mechanisms and capacities of countries in preparing for, responding to, and recovering from public health emergencies. Capacity building and sharing best practices will therefore be at the heart of the Action.

The implementation of EU programmes tackling COVID-19 in the Eastern Partnership has shown the added value of regularly bringing together key actors from the region active in emergency health preparedness. It has enhanced the absorption capacity for the delivery of in-country technical assistance and has led to better solutions in each country by sharing experiences and best practices. The establishment of a “Community of Practitioners and Policy Makers in Health resilience” will equally provide the venue for mutual exchange of best practices, the definition of key prevention, detection and response principles and addressing common health challenges.

Despite each Eastern Partnership country subscribing to the International Health Regulations (IHR), countries are yet to attain the capacities to fully reach the potential for handling public health events and emergencies.

The EU’s approach to tackling the COVID-19 pandemic has demonstrated the added value of approaching health security collectively. Not only was this the right approach when it comes to immunisation of the populations in and around the EU through the joint purchase of vaccines, it proved to be a vital investment in global solidarity and global health – profiling the EU as a global player.

Innovative approaches to health have shown how interconnected culture and (mental) health are in advancing human development and overall wellbeing, as demonstrated by the report of the CultureForHealth preparatory action, published in November 2022⁸, which indicated that culture should be an integral part of the EU’s health strategy. Moreover, a special call for action issued by the World Health Organisation and CultureForHealth in July 2022 draws the attention on the topic “Arts and health: supporting the mental well-being of forcibly displaced people”⁹. Arts and cultural activities can form an important part of an organised mental health and psychosocial support response and organising arts and cultural activities for displaced people and their host community can help to support coping and promote recovery and integration.

Furthermore, according to United Nations Development Programme (UNDP), gender-based violence (GBV) increases during every type of emergency – whether economic crises, conflict or disease outbreaks. Pre-existing toxic social norms and gender inequalities, economic and social stress caused by the COVID-19 pandemic, coupled with restricted movement and social isolation measures, have led to an exponential increase in GBV. Many women are in ‘lockdown’ at home with their abusers while being cut off from normal support services. It is well-known that conflict and displacement are main drivers for increasing the incidence of sexual and gender-based violence, (SGBV), particularly domestic violence and conflict-related sexual violence. In Moldova, already reported incidence of SGBV against displaced and refugee women is

⁸ <https://www.cultureforhealth.eu/knowledge/>

⁹ [https://cdn.who.int/media/docs/librariesprovider2/country-sites/who_arts-and-health---forcibly-displaced-people-\(final\).pdf?sfvrsn=2800af42_1&download=true](https://cdn.who.int/media/docs/librariesprovider2/country-sites/who_arts-and-health---forcibly-displaced-people-(final).pdf?sfvrsn=2800af42_1&download=true)

increasing as a result of the war in Ukraine. In Ukraine itself, there is a serious lack of adequate clinical management and psychological care for SGBV victims/survivors.

3. DESCRIPTION OF THE ACTION

3.1. Objectives and Expected Outputs

The **Overall Objective (Impact)** of this Action that the health systems in Eastern Partnership countries are more interconnected and resilient to health emergencies and core health challenges.

The **Specific Objective (Outcome)** of this Action is that a “Community of Practitioners and Policy Makers in Health Resilience” advances regional cooperation on selected core common challenges and health emergencies.

The **Outputs** to be delivered by this Action contributing to the above Specific Objective (Outcome) are:

1. Regional Eastern Partnership “Community of Practitioners and Policy Makers in Health Resilience” established (in a gender balanced manner) and supported.
2. Simulation exercises for future health crises at national and regional level are developed with EU support based on the experiences and lessons learned from COVID-19 and the health emergency consequences of the Russia’s war of aggression against Ukraine.
3. Core common challenges (including health preparedness, the mental health burden and health workforce imbalances) to be addressed are jointly identified with EU support and tackled in dedicated “Community of Practitioners” sub-groups.

3.2. Indicative Activities

1. Under Output: Regional Eastern Partnership “Community of Practitioners and Policy Makers in Health Resilience” established (in a gender balanced manner) and supported:
 - 1.1. Identifying and connecting actors, influencers policy- and decision makers in the health emergency preparedness and mapping of partner country capacities
 - 1.2. Prepare and implement governance and workplan for the "Community of Practitioners and Policy Makers in Health Resilience" in a gender balanced and gender sensitive manner
 - 1.3. The “Community of Practitioners and Policy Makers in Health Resilience” provide recommendations, including to sustain its operations beyond the lifetime of the Action
 - 1.4. Provide targeted capacity building support at national level and exchange of experiences at regional level, including the contribution of culture to health, particularly mental health
2. Simulation exercises for future health crises at national and regional level are developed with EU support based on the experiences and lessons learned from COVID-19 and the health emergency consequences of the Russia’s war of aggression against Ukraine:
 - 2.1. Compile experiences and lessons from COVID-19 response and the health emergency consequences of the Russia’s war of Russian aggression against Ukraine into single regional “Eastern Partnership Emergency Health Preparedness Compendium”.
 - 2.2. Elaborate and test at country level simulation exercises for future crises (Key principles and actions for emergency response at national and regional level – prevention, detection, response).

3. Core common challenges (including health preparedness, the mental health burden and health workforce imbalances) to be addressed are jointly identified with EU support and tackled in dedicated “Community of Practitioners” sub-groups:
 - 3.1. Support of establishing Joint External Evaluations¹⁰ in the view of supporting partner countries adherence to International Health Regulation.
 - 3.2. Approaches to mental health are analysed in the different partner countries, needs assessments conducted and recommendations to ensure adequate and gender sensitive psychological support under any circumstances, including during health emergencies drafted and its implementation supported.
 - 3.3. Health workforce strategies across the Eastern Partnership are analysed, tailored recommendations elaborated and its implementation supported to help deal with health workforce imbalances, including gender imbalances, to ensure surge capacity during health emergencies.
 - 3.4. Design and implement a training and peer-learning scheme on the topic of culture and health especially mental health.

3.3. Mainstreaming

Environmental Protection, Climate Change and Biodiversity

The Action being cross-cutting, it will ensure environmental and climate considerations are mainstreamed into all activities. This will contribute to the sustainability of the Action. The mainstreaming will be based on the identification and mitigation of environmental and climate risks.

The Action will offer digital alternative to the beneficiaries when this is considered relevant and possible, to reduce its carbon footprint, taking into account that the carbon and the environmental footprint of digital technologies may not be negligible. Therefore, energy efficiency, reuse and recycling of electronic devices, and promoting circular economy principle, are examples of aspects that will be addressed during implementation of the Action.

When face-to-face activities are planned, the implementing partner will be instructed to consider opting for eco-friendly suppliers and supplies, as well as using other means of reducing the carbon footprint e.g. use of trains instead of planes, reduced printing, using tap water etc. More specifically, the implementing partner will be instructed to comply with the Green Public Procurement principles understood as a process whereby public authorities seek to procure goods, services and works with a reduced environmental impact throughout their life cycle when compared to goods, services and works with the same primary function that would otherwise be procured.

Gender equality and empowerment of women and girls

The Action will strive to promote gender equality and to take measures to achieve equal opportunities for male and female in all aspects regarding its implementation. This Action will be implemented through an

¹⁰ Under the International Health Regulations M&E Framework, a Joint External Evaluation (JEE) is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events. The JEE helps countries identify the most critical gaps within their human and animal health systems in order to prioritize opportunities for enhanced preparedness and response.

approach that promotes gender equality. This will be achieved by ensuring gender balance and active participation of women and girls in the activities planned under this Action.

Gender equality incentives will be incorporated particularly in the activities concerning capacity building. Where possible, the Action will provide for sex-disaggregated data, for instance in the composition of the “Community of Practitioners and Policy Makers in Health Resilience”. When relevant for a particular intervention, due consideration should be given to the multiple discrimination faced by women from vulnerable groups, including minorities.

The implementation of the activities will remain sensitive in ensuring gender balance in the mobilisation of experts sharing their expertise.

As per OECD Gender DAC codes identified in section 1.1, this Action is labelled as G1. This implies that that the project implementers will consider gender issues. Project implementers will develop an agreed anti-discriminatory approach in the composition of the “Community of Practitioners” and improvements made in health workforce.

Gender equality is a core value for the European Union. Through the EU's Action Plan on Gender Equality and Women's Empowerment in External Action 2021–2025 (GAP III) , the EU has made strong commitments to accelerate progress on empowering women and girls and push for more and faster progress toward gender equality in the partner countries, including increasing the level of women participation, representation and leadership in politics and governance, via support for democracy and governance programmes and public administration reforms

During implementation, the implementing partner 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

The Action will be implemented following a rights-based approach, encompassing all human rights, which will be particularly relevant for people in vulnerable and disadvantaged situations. The five working principles below will be applied at all stages of implementation: legality, universality and indivisibility of human rights; participation and access to decision-making processes; non-discrimination and equal access; accountability and access to the rule of law; transparency and access to information. The implementing partners will be tasked to ensure that this approach is taken across all programmes.

During the program implementation, rights holders (including women and youth groups) will be empowered to claim their rights. Right holders, including government officials will be hold accountable through advocacy and the provision of resources and tools to fulfil their obligations. Multiple forms of discrimination will also be addressed to ensure that no one is left behind.

The main human right supported by this project is the right to education secured by Protocol 1, Article 2 of the European Convention on Human Rights (ECHR). In addition, this Action also considers Prohibition of discrimination and equal treatment of genders secured by article 14 and protocol 12, Article 1 of the European Convention on Human Rights (ECHR).

Disability

As per OECD Disability DAC codes identified in section 1.1, this Action is labelled as D1. This implies that special attention will be given to inclusiveness and accessibility of the project's activities (e.g. trainings, capacity building) for persons with disabilities.

Democracy

The Action does not directly target democratic development. Democratic principles will be taken into consideration, particularly in the development of community based mental health service delivery models.

Conflict sensitivity, peace and resilience

Russia's unprovoked and unjustified military aggression against Ukraine grossly violates international law and the principles of the UN Charter and undermines European and global security and stability. In line with the Council Conclusions of 12 October 2020 and in light of Belarus's involvement in the Russian military aggression against Ukraine, recognised in the European Council Conclusions of February 2022, the EU has stopped engaging with representatives of Belarus public bodies and state-owned enterprises. Should there be a change of the context this may be reconsidered. In the meantime, the EU continues to engage with and, where possible, has stepped up support to non-state, local and regional actors, including within the framework of this Action as appropriate.

The ongoing active Russian military aggression seriously affects the situation of human rights in Ukraine and the possible implementation of this programme. The EU and its Member States are committed to provide support for the reconstruction of a democratic Ukraine.

Unresolved protracted conflicts continue to hamper development in the region and have already caused numerous casualties, damages and displacement of the local population. In this regard, the Action considers the conflict sensitivity, by raising awareness about the needs of people affected by conflicts and providing adequate support.

The program will continue to be sensitive towards conflict and promote peace and resilience. Gender equality will also be mainstreamed into recovery strategies.

Disaster Risk Reduction

This Action's core objective is to reduce the impact of health emergencies and other health related crisis that could result from natural, man-made disasters.

3.4. Risks and Assumptions

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
<i>External environment</i>	Ongoing Russia's war of aggression against Ukraine and its consequences for	H	H	A detailed assessment needs to be made of the situation on the ground as regards the needs and possibilities for restoring infrastructure, mitigating security risks and ensuring the

	investment and project implementation risks in the EaP region.			sustainability of activities and investments.
<i>External environment</i>	Economic context dims prospects for scale up and sustainability	M/H	M	The EU will continue to advocate the importance of global health security and invite partners to cooperate more closely.
External Environment	Global crises, such as COVID-19 pandemic waves, hamper the implementation of activities.	M	M	Digitalisation of activities and online remote capacity development; collaborating with governmental entities and service providers to explore all implementation alternatives.
People and the organisation	Lack of full political support to the programme, for instance if the programme objectives are not considered a political priority anymore.	L	H	Political dialogue and close communication with line Government entities; policy advice; consultations; transparent procedures; involvement of relevant social actors.
People and the organisation	Lack of coordination among involved institutions.	M	M	Coordination supported by the programme. A participatory approach will facilitate a full coordination between concerned parties. Measures to address knowledge retention and institutional memory implemented to counter high staff turnover in beneficiary institutions.
<i>External environment</i>	Lack of willingness to engage with each other among some Eastern Partnership countries	M	M	Collaborate with neutral organisations to maintain dialogue with parties.

3.5. Intervention Logic

The underlying intervention logic for this Action is that it is paramount to elevate the Eastern Partnership countries' level of readiness and preparedness to future health emergencies. To this end, the creation of a regional level "Community of Practitioners and Policy Makers in Health Resilience" who are involved in all aspect of emergency health preparedness is the right approach to be taken. The Community will make a vital contribution to the improvement of protocols, prevention, preparedness and response to health emergencies.

By supporting the establishment of Joint External Evaluations (JEE) the Action will increase the partner countries' adherence to the International Health Regulations (IHR). The JEE process will assess partner country capacities to prevent, detect and rapidly respond to public health risks and will help the Eastern Partnership region to identify the most critical gaps within their health systems to prioritise opportunities for enhanced preparedness and response.

By better linking up the beneficiaries, actors, decision makers of emergency health preparedness, the EU will contribute to the strengthening of the preparedness in the Eastern Partnership countries and slow down the spread of future communicable diseases thereby increasing regional stability in the EU's neighbourhood.

Regional trainings (seminars, peer to peer activities), completing the tailor-made technical support at partner country level, and peer learning opportunities will be offered on thematic areas of common interest.

3.6. Indicative Logical Framework Matrix

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

Results	Results chain: Main expected results	Indicators	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	The health systems in Eastern Partnership countries are more resilient to health emergencies and core health challenges.	<p>1 Number of countries benefiting from additional EU support related to cross-border health threats</p> <p>2 International Health Regulations (IHR) capacity and health emergency preparedness (OPSYS 67562) (disaggregated by country)</p>	<p>1 Zero (2023)</p> <p>2 index score as of December 2021¹¹ (Armenia-61.8; Azerbaijan-34.7; Belarus-43.9; Georgia-52.6; Moldova-41.0; Ukraine-38.9)</p>	<p>1 Five (2026)</p> <p>2 percentage increases in each country or no change (no decrease) (all years)</p>	<p>1 Meetings held / Global Health Security Index</p> <p>2 International organisation data portals and reports (Global SDG Indicators Database¹²)</p>	<i>Not applicable</i>

¹¹ https://www.ghsindex.org/wp-content/uploads/2021/12/2021_GHSindexFullReport_Final.pdf

¹² <https://unstats.un.org/sdgs/indicators/database/>

<p>Outcome 1</p>	<p>A “Community of Practitioners and Policy Makers in Health Resilience” advances regional cooperation on selected core common challenges and health emergencies.</p>	<p>1.1 Number of Joint External Evaluations conducted</p> <p>1.2 Number of regional cooperation initiatives by the “Community of Practitioners” (disaggregated by type of intervention: common challenges/health emergency)</p>	<p>1.1 Zero (2023)</p> <p>1.2 Zero (2023)</p>	<p>1.1 Two (2025)</p> <p>1.2 4 (2/2) (2026)</p>	<p>1.1 Electronic State Parties Self-Assessment Annual Reporting Tool (e-SPAR)¹³</p> <p>1.2 “Community of Practitioners” meetings</p>	
<p>Output 1 related to Outcome 1</p>	<p>1.1 Regional Eastern Partnership “Community of Practitioners and Policy Makers in Health Resilience” established (in a gender balanced manner) and supported.</p>	<p>1.1.1 Number of “Community of Practitioners” members, disaggregated by gender and country</p> <p>1.1.2 Number of dialogue fora and communication channels established between groups (OPSYS 17004)</p>	<p>1.1.1 Zero (2023)</p> <p>1.1.2 Zero (2023)</p>	<p>1.1.1 10 (5 by country, 2 by gender) (by 2025)</p> <p>1.1.2 Two (one by mid-2025)</p>	<p>1.1.1 Detailed lists/database of meetings organised</p> <p>1.1.2 “Community of Practitioners” meetings</p>	

¹³ <https://extranet.who.int/e-spar>

<p>Output 2 related to Outcome 1</p>	<p>1.2 Simulation exercises for future health crises at national and regional level are developed with EU support based on the experiences and lessons learned from COVID-19 and the health emergency consequences of the Russia’s war of Russian aggression against Ukraine.</p>	<p>1.2.1 Number of countries supported by Action to improve their national planning for health security, including pandemic preparedness and response (OPSYS 65858)</p> <p>1.2.2 Number of simulation exercises developed and conducted</p>	<p>1.2.1 Zero (2023)</p> <p>1.2.2 Zero (2023)</p>	<p>1.2.1 Five (by 2027)</p> <p>1.2.1 Five (by 2027)</p>	<p>1.2.1 “Community of Practitioners” meetings</p> <p>1.2.2 “Community of Practitioners” meetings</p>	
<p>Output 3 related to Outcome 1</p>	<p>1.3 Core common challenges (including health preparedness, the mental health burden and health workforce imbalances) to be addressed are jointly identified with EU support and tackled in dedicated “Community of Practitioners” sub-groups.</p>	<p>1.3.1 Number of core common challenges identified</p> <p>1.3.2. Number of consultations, coordination meetings and joint actions with other institutions realised (OPSYS 65131).</p>	<p>1.3.1 Zero (2023)</p> <p>1.3.2 Zero (2023)</p>	<p>1.3.1 Two (by mid-2025)</p> <p>1.3.2 Five (by end 2027)</p>	<p>1.3.1 “Community of Practitioners” meetings</p> <p>1.3.2 “Community of Practitioners” meetings</p>	

4. IMPLEMENTATION ARRANGEMENTS

4.1. Financing Agreement

To implement this Action, it is not envisaged to conclude a financing agreement with the partner countries.

4.2. Indicative Implementation Period

The indicative operational implementation period of this Action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is **72 months** from the date of 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 measures.

4.3.1. Indirect Management

This Action may be implemented in indirect management with a pillar-assessed entity, a consortium of pillar assessed entities or several pillar-assessed entities working individually, which will be selected by the Commission's services using the following criteria:

- The entity has internationally recognised role and experience in the promotion of development aid and/or global health, and has the capacity to develop and implement programmes, platforms and actions with partners in emergency health preparedness, including on local and grass root level.
- The entity has the capacity for the implementation of cooperation activities in health guided by international standards. For this purpose, a network of technical experts deployed in third countries by the entity would be considered an asset.
- The entity has demonstrated transparency, impartiality, and the absence of conflict of interest, in other cooperation programmes with the EU.

The implementation by this entity entails the ability to contribute to the Action's Specific Objective described in section 3.1.

4.3.2. Changes from indirect to direct management mode due to exceptional circumstances

If the implementation modality under indirect management as defined in section '4.3.1' cannot be implemented due to circumstances beyond the control of the Commission, or in case no compliant pillar assessed entity can be identified, the modality of implementation by grants under direct management would be used according to the following:

(a) Subject matter of the grant (s):

The objective of the grant is to achieve the specific objective (SO1) of the Action.

(b) Type of applicants targeted:

The type of applicants targeted are entities in line with the experience, mandate and criteria established in 'Article 4.3.1'. Applicants may equally be economic operators that fulfil those criteria and can demonstrate

experience in the work areas mentioned in ‘Article 4.3.1’. The applications will also be selected in line with Article 195 (f) of the Financial Regulation applicable to the general budget of the Union (July 2018) for activities with specific emergency health preparedness characteristics that require a particular type of body on account of its technical competence in the field of health, its high degree of specialisation in global health and cross-border health threats, on condition that the activities concerned do not fall within the scope of a call for proposals.

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 provisions.

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

4.5. Indicative Budget

Indicative Budget components	EU contribution (amount in EUR) 2023	Total (amount in EUR)
Indirect management with a pillar assessed entity or Member States agencies or- cf. section 4.3	7 000 000	7 000 000
Evaluation – cf. section 5.2 Audit – cf. section 5.3	Will be covered by another Decision	N/A
Strategic communication and Public diplomacy – cf. section 6	Covered by the Action and other regional initiatives	N/A
Totals	7 000 000	7 000 000

4.6. Organisational Set-up and Responsibilities

An oversight mechanism in form of a Steering Committee shall be established to ensure coordination and complementarity of the different activity streams within the Action. It will comprise representatives of the European Commissions to ensure strategic guidance of the actions, with DG NEAR as contracting authority and other line DGs, when necessary, for thematic guidance, as well as implementing partners and other stakeholders as appropriate. The steering committee will meet at least twice a year and additionally on a case-by-case basis if such a necessity arises. Performance monitoring and reporting, including in terms of visibility obligations, of the Action will be undertaken in accordance with the signed agreement.

Overall, the implementing partners will also manage the Action in close cooperation with the main stakeholders, counterpart institutions, national institutions and administrations. They shall closely coordinate with the relevant EU Delegations in consultation with DG NEAR.

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 Outputs and contribution to the achievement of its Outcomes, and if possible at the time of reporting, contribution to the achievement of its Impacts, as measured by corresponding indicators, using as reference the logframe matrix (for project modality).

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

Arrangements for monitoring and reporting, including roles and responsibilities for data collection, analysis and monitoring:

Each of the project activities is related to specific outcome/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.

The implementing partners will be responsible for the day-to-day execution and monitoring of the activities. 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.

DG NEAR will be regularly updated on progress made and any issues encountered. EU Delegations in beneficiary countries will be systematically consulted and informed of annual project work plans and on the progress of any bilateral activity within the project.

EU Delegations in beneficiary countries will be regularly consulted on thematic issues. They will be invited to participate in steering committee meetings, if necessary.

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.

The project will be subject to the internal monitoring procedures of the implementing partners. The project might be object of result-oriented monitoring (ROM) by the European Commission.

5.2. Evaluation

Having regard to the Action's significance, a final evaluation(s) will be carried out for this Action or its components via independent consultants contracted by the Commission.

It will be carried out for accountability and learning purposes at various levels (including for policy revision), because sustainability and continuation of this programme at the beneficiary sites should be ensured.

The Commission shall form a Reference Group (RG) composed by representatives from the main stakeholders at both EU and national (representatives from the government, from civil society organisations (private sector, NGOs, etc.), etc.) levels. If deemed necessary, other donors will be invited to join. The Commission shall inform the implementing partner at least 3 months in advance of the dates envisaged for the evaluation exercise and 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 dissemination¹⁴. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, 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.

5.3. Audit and Verifications

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

6. STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

All entities implementing EU-funded external actions have the contractual obligation to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. To that end they must comply with the instructions given in the 2022 guidance document [Communicating and raising EU visibility: Guidance for external actions](#) (or any successor document).

This obligation will apply equally, regardless of whether the actions concerned are implemented by the Commission, the partner country, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU Member States. 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.

¹⁴ See best [practice of evaluation dissemination](#)