

**Contracting Authority:** European Commission

**Enabling a More Responsive Healthcare System**

**ANNEX 1 – Description of the Action**

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# General information

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| **Name of the Organizations** | UNDP/WHO |
| **Title of the action** | **Enabling a More Responsive Healthcare System** |
| **Location of the action** | Republic of Serbia |
| **Duration of the action** | 48 months |

# The action

## 2.1. Description of the action

Serbia responded well to the challenges posed by the public health crisis of COVID 19. There was significant investment in the health sector, with purchase of consumables, medical equipment, and the construction of three completely new COVID hospitals, two new and several renovated laboratories for molecular diagnostic of COVID 19. Strengthening the health sector with the aim of improving access to quality public health care for all citizens is one of the priority tasks of the Republic of Serbia (RS).

The Government focus will be on strengthening the capacities in the health care system, including primary health care as fundamental in the response to potential emergencies in the future. As a step in that direction, the Government of the Republic of Serbia is committed to further expanding the application and integration of Digital Health technologies and solutions and to strategically address some of the current challenges. In early 2021, Serbia's government established a Digital Health steering committee, chaired by the Prime Minister and co-chaired by the Minister of Health. The Digital Health Coordinating Committee includes members of public, private and not-for-profit sectors with an objective to provide a strategic direction regarding the creation of a Digital Health Program (as a strategic document) and Action Plan, along with creating working groups in support of priority projects. In addition, the Coordination Committee being informal stakeholders’ coordination mechanism, the Government of Serbia established an official Working Group as advisory and supervisory board of implementation of the Digital Health Agenda. Working group used the "WHO eHealth Strategy Toolkit" as basis for collaborative stakeholders' engagement and delivery of the Program and Action Plan. In addition to this, the SOCI (Stages of Continuous Improvement) methodology was used for assessment of the current situation and projection of a desired situation. Working group performed assessments of the existing legal framework, infrastructure and software solutions, standards, management structure and leadership in healthcare digitization, financing, workforce and took into account best international practices and recommendations. In February 2022, the Government approved the Digital Health Program 2022-26, while the Action Plan 2022-23 was adopted in May 2022.

Serbia is moderately prepared for health-related emergencies. In the coming year, it should strengthen the overall managerial capacity, human resources and financial sustainability of the health system. In the area of public health, legislation on healthcare is partly aligned with the EU acquis. The national plan for human resources in the health sector has still not been implemented, while the number of physicians leaving the country still remains high. The EU-funded centralized electronic health record system is still not used and compliance with EU health indicators is not yet ensured. On serious cross-border health threats, including communicable diseases, the surveillance and response capacity remains limited and needs to be modernized. A centralized health information and communication system has yet to be implemented. Harmonizing Serbian legislation with the Directive on the application of patients’ rights in cross-border healthcare has yet to be completed. An e-health unit at the Ministry of Health should be established to coordinate the complex activities involved in setting up a comprehensive health information system at all levels of care.[[1]](#footnote-2) Additional work is needed on using laboratory data for surveillance; on quality and biosafety and biosecurity management systems and on strengthening diagnostic capacities. This will include reconstruction and upgrade of the laboratories that are part of the Ministry of Health network in the context of an increased health system resilience to emergencies. Serbia has a good primary health care structure with 158 primary health care centers (PHCs) in each municipality with links to local self-governments, which creates a solid base for response to potential emergencies. Nevertheless, there is a need to work on capacity building and better connectivity with all local partners, including the civil sector, which can make a significant contribution in responding to emergencies.

COVID-19 caused the need to review the system for monitoring, early warning of, and combating serious cross-border threats to health, as well as the coordination of policies and programmes in the field of public health to ensure high level of human health protection (**Decision 1082/2013/EU on serious cross-border threats to health**), which is also in line with WHO International Health Regulation, IHR (2005) revision to Annex 7 adopted by the Sixty-seventh World Health Assembly in 2014. Primary Health Care Centers **(PHCs)** are the first contact point in Serbia, and they are at the crossroads of integrated health services delivery. PHCs are publicly owned primary care centers and a natural environment to manage these conditions in a person-center approach coordinating care with secondary and tertiary settings. Strengthening linkages with public health services, social services, as well as across the continuum of health care services, and securing quality of care in the context of emergencies, is aligned with recent developments of healthcare legislation in Serbia, lessons learned from COVID-19 pandemic, and the recommendations of the operational framework set out in the WHO Declaration of Astana.

The direct impact of the COVID-19 outbreak on the health system and the provision of health services, as well as the indirect effects of the pandemic exacerbating chronic conditions, mental health, domestic violence, interpersonal violence, and poor diet, have shown that if the health system does not have an adequate response, the consequences in the country are far-reaching and affect all other systems (economy, social protection, security, education, transport, tourism, etc.). The lack of capacity to detect, assess, inform and respond to public health and cooperation, risks to ensure good resilience, timely response and better coordination of health with other sectors, which was a major problem throughout the COVID-19 pandemic. A lack of capacities is recognized in monitoring of the implementation of the International Health Regulations (2005) provisions and the integrated all-hazards approach of the WHO, covering all categories of threat regardless of their origin. Intra-sectoral, vertical and horizontal work is not satisfactory and there is a need to develop general/specific guides for preparedness and response to major public health threats of different nature at all levels of health care.

In response to the COVID-19 pandemic, Serbia applied measures foreseen by the Law on Population protection against communicable diseases and aligned its actions with the recommendations of the World Health Organization. The outbreak of COVID-19 showed that it is necessary for a country to improve its capacities to better face the existing and potential hazards to human health, thus improving the level of protection of its population. Significant efforts to improve monitoring, early warning and response to serious health hazards are needed in upgrading the Disaster Risk Register to include public health related risks.

**The Action** will contribute to the development of effective, efficient and sustainable organizational structures for preparedness and response to major public health threats of different nature at all levels of health care. This Action will support the health sector in Serbia to meet its national policy objectives (**Public Health Strategy 2018-2026, Action Plan for Improvement of Communicable Diseases Surveillance and Response system in Serbia 2017-2020, National Health Emergency and Response Plan, National Chemical, Biological, Radiological and Nuclear Hazards Defense Plan, Strategy on Development of Mental Health Protection, National Program for Health and Environment**). The intervention related to health clearly contributes to attaining the ***Public Health Strategy 2018-2026*** objectives with the most pronounced contribution to its ***Objective 3 – Preventing and Countering Disease and Health Risks***. Within the strategy’s Objective 3, the proposed Action particularly contributes to the achievement of Specific ***Objectives 3.1 (Enhancing Epidemiological Surveillance for Disease, Injury, and Health Risks)*** ***and 3.2 (Enhancing system performance on early detection and countering of epidemics)***.

***The Action*** is also important for achieving results envisaged by the corresponding Action Plan for 2018-2026 adjacent to the Public Health Strategy, specifically its results 3.1.1- 3.1.3 and Result 3.2.2. In addition to this, the intervention will contribute to achievement of three more objectives of the Strategy, namely:

* **Objective 1 - Improving health and reducing heath inequalities**
* **Objective 4 - Developing actions to promote health in community, and**
* **Objective 5 - Supporting development of available, good quality and efficient health care.**

The focus of this intervention will be on the strengthening of primary health care capacities, to better respond to the needs of the population in the context of the health-related emergencies.

The Action is linked to the ***National Strategy for Protection and Rescue in Emergency Situation* (2011, currently under revision)** objective to improve functional cooperation between the subjects of the protection and rescue system at national and local level, i.e., to strengthen capacities of healthcare institutions in charge of first response in situations of increased risk of spreading communicable diseases and reacting in emergency situations.

The health sector strategic framework is aligned with the requirements of the ***Law on the Planning System***. It relies on the inter-institutional and coordination bodies’ consultation process, with the participation of a wide range of stakeholders. The strategic documents contain an analytical base for identified objectives, priorities, and measures, a defined monitoring framework with deadlines and indicators of progress, and competent implementing institutions. The strategies have defined their monitoring and reporting mechanisms and are part of the Unified Information System[[2]](#footnote-3), established working groups or working bodies for mandatory monitoring, and reporting on the implementation of policies for relevant strategy.

***The Action*** will foster the implementation of the ***UNCT COVID-19 Socio-Economic Response Plan (SERP***), which sets the recommendation for the mitigation of future crises, by embedding sustainability and resilience in the national development planning and reform process.

The proposed intervention shall ensure sustainable improvement of public health policies, processes, and operational arrangements of concern for health hazard prevention, planning, and management. The Action shall contribute to a better public understanding of health-related risks and risk-informed decision-making, taking into account the specific needs of the vulnerable groups. The Action shall also reinforce the linkages and ensure synergies among public health-related undertakings and the National Disaster Risk Reduction Action Plan's complementary measures.

The Action is addressing the need to develop effective, efficient and sustainable organizational structures for preparedness and response to major threats of different nature at all levels of health care and emergency management. The Action will support increasing the number of fully operational laboratories, complying with the requirements defined by the ***4th edition of the WHO’s Laboratory biosafety manual*** *(LBM4*).

Apart from enhancing the capacities of medical and emergency response professionals for planning, prevention and reaction to emergencies, the Action will also put in place the core, heightened, and maximum laboratory measures in support to surveillance of emerging and re-emerging communicable diseases in Serbia, ensuring a more efficient response to emergencies.

Having in mind the importance of primary health care as a gatekeeper, special attention will be placed on capacity building and strengthening existing, as well as creating new modalities of collaboration at the level of local municipalities, to plan and ensure adequate response in potential health emergencies.

***The overall objective of the Action*** *is To enhance the resilience, responsiveness, and capacity for emergency management of serious national public health threats*, while

***The specific objective*** *is: To improve Serbia's health care system capacities for response to emergencies in line with EU and international standards.*

***The outcome of the Action*** *is: Improved health care system for reaction in emergencies in line with EU and international standards*

UNDP and WHO will achieve the objectives in close cooperation with the Ministry of Health as its primary beneficiary, and other beneficiaries of the Action: National Institute of Public Health of Serbia (NNIPH), Office for Information Technology, and eGovernment of the Government of Serbia (ITE), Prime Minister Office (PMO), Republic Geodetic Authority (RGA), and network of institutes for public health, primary health care centers, local communities, administrations, and civil society organizations.

The expected results of the Action are listed down below:

**Strengthening the public health laboratory system**

* Laboratory Quality Management System (LQMS) implemented in microbiology laboratories
* A total of three laboratories reconstructed and upgraded to Biosafety Level 2/2+ standards (Belgrade, Nis, and Kragujevac)
* The Biosafety management system implemented in the upgraded laboratories

**Capacity building and strengthening of the health system for emergency preparedness and response with a focus on primary health care**

* Procedures for healthcare system response to emergencies at national and local level developed
* Disaster Risk Register Public Health upgraded to include health-related issues
* Medical professionals, including sanitary inspectors, at all levels trained for Public Health Emergency Management
* Healthcare professionals trained for psycho-social support in line with the WHO manual

**Strengthening of the Health Information system with a focus on surveillance for CDs and implementation of an e-Health platform**

* The structure of the Health Information System established
* Health System developed and in-use by the final beneficiary

**Capacity building for communication in emergencies including raising awareness**

* Risk Communication and Community Engagement Plan implemented and tested through simulation exercises (SimEx)
* Emergency Awareness Raising Events held for the general public on how to behave in health emergency

The key performance indicator is:

* Number of health emergency protocols and training in line with EU and WHO policy guidance;

**Output indicators are listed below:**

* 1.1: Number of fully operational laboratories in line with the WHO LQMS (Belgrade, Nis, Kragujevac)
* 1.2. Capacities of public health laboratories strengthened
* 2: % local administration trained to apply a methodology for risk assessment by the end of 202
* 3: Disaster Risk Register includes health-related issues in Serbia
* 4. e-Health System operational and functional
* 5: Number of health care professionals trained for psycho-social support in emergencies

All descriptions of specific activities and interventions (purchase of equipment, construction of infrastructure, provision of services and training) are provided based on the approved ***IPA III Action Document for Enabling a More Responsive Healthcare System for the year 2021***. The following description provides an overview for each activity.

UNDP and WHO shall involve all the beneficiaries and end recipients, represented by national and local level institutions, recognized under this Action, in each stage of preparation of tender documentation (e.g. technical documentation, specification of the equipment, development of ToRs, etc.) with full respect of the confidentiality of the tendering process. The national counterparts can also participate as observers in the selection process of the most advantageous offer to ensure that the specific priorities and needs are properly addressed.

## **COMPONENT 1: S**trengthening the public health laboratory system

Laboratory detection is the foundation of every response to different public health hazards.

Serbia’s national laboratory system (microbiology testing and diagnostics in human medicine) comprises 25 public health laboratories within the network of institutes of public health, and approximately 50 more laboratories in secondary and tertiary hospital care facilities. A Decision on Reference Laboratories for Communicable Diseases Control, adopted in 2009 and defines 14 national reference laboratories (NRLs) for different communicable pathogens. Among them, six NRLs are part of the network of public health laboratories.

The National Action Plan for Health Security (NAPHS) defines the following gaps in the national public health laboratory system:

* lack of a quality assurance program,
* the use of advanced diagnostic methods being limited to several diseases,
* lack of national guidelines and standard operating procedures (SOPs) compliant with international standards regulating collection, packing and transport of specimens – in particular of high-priority specimens in emergencies.

### Activity 1.1 Implementation of the Laboratory Quality Management System (LQMS) in the microbiology laboratories

Diagnostic tests for laboratory confirmation of infectious diseases which undergo surveillance for the analysis of human specimens in Serbia are aligned the EU recommendations. Ensuring and maintaining the quality of laboratory services is crucial to diagnosing and effective response to health threats and challenges.

There are inconsistencies in the implementation of LQMS between the existing diagnostic laboratories in the country. Full application of the LQMS will demonstrate the abilities of the laboratories to consistently provide laboratory results and services that meet customer and management requirements and to demonstrate continuous improvement.

The WHO will support the implementation of LQMS together with the Ministry of Health and the NIPH based on the international ISO 15189 standard. The WHO will provide training and support through mentorship for the laboratories in further implementation of the standardized quality system.

The WHO developed a **Laboratory Quality Management System (LQMS) training toolkit** to support countries in the implementation of quality management systems in different types of laboratories in terms of providing rapid, reliable, and accurate laboratory results, and the detection of emerging and re-emerging pathogens. The WHO provides training of mentors to establish such a system.

#### Outputs:

* Ten mentors trained for LQMS through two 3 days trainings, using the WHO LQMS training toolkit and the Laboratory Quality Stepwise Implementation (LQSI) tool (WHO);
* 50 laboratory staff trained for LQMS and implementation of the LQSI tool secured (WHO);
* 3 Quality manuals for the three Institutes of Public Health and critical SOPs developed (WHO);
* 25 public health laboratories supported through national mentors to develop or improve LQMS under WHO guidance (WHO).

### Activity 1.2 Laboratories reconstruction and upgrade in line with Laboratory Biosafety Management System

The EU’s Twining Light Project titled “Improving microbiology diagnostic system quality in the function of surveillance of communicable diseases (CD) in the Republic of Serbia”, implemented 2017-2018, mapped out the public and private microbiology laboratory capacities, their core functions and capacities of National Reference Laboratories (NRLs), and developed a roadmap for improving the diagnostic system for surveillance of communicable diseases in compliance with EU standards and the EU acquis adoption process. This roadmap laid out identified gaps in laboratory equipment; software and IT hardware; infrastructure and human capacities and diagnostic methods; technology and reporting; as well as the functions of NRLs in the national public health system related to reference diagnostics, material resources, scientific advice, collaboration, research, and monitoring, alert and response, accompanied with external quality assurance; and put forward the absence of minimum biosafety standards in certain diagnostic labs, and the need for implementation of core, heightened, and maximum heightened measures. To address identified gaps, improve response to communicable diseases and ensure biosafety and biosecurity in the laboratories, it is necessary to conduct a reconstruction, equipping, and reorganization of the existing microbiology laboratories of the public health system of Serbia, and implement the Laboratory Biosafety Management System.

The WHO published the 4th edition of the ***Laboratory Biosafety Manual (LBM)*** in December 2020. The LBM encouraged countries to accept and implement basic concepts in biological safety, and to develop national codes of practice for the safe handling of biological agents in laboratories within their geographical borders. This novel evidence and risk-based approach allows optimized resource use and sustainable laboratory biosafety and biosecurity policies, and practices that are relevant to individual circumstances and priorities, enabling equitable access to clinical and public health laboratory tests, and biomedical research opportunities, without compromising safety.

The 4th edition of the WHO Laboratory Biosafety Manual (LBM4) focuses on training and applying an evidence-based approach to biosafety and biosecurity. It covers good microbiology practices and procedures (GMPP), risk assessment and control measures, engineering controls, PPE, and biosafety program management.

By end of November 2021, the MoH/NIPH provided UNDP/WHO with a list of 6 (six) priority locations that require further laboratory upgrades in terms of biosafety in Serbia. From December 2021 – February 2022, a WHO Laboratory Technical Officer and a UNDP Engineering Expert conducted an assessment of identified locations in Belgrade, Kragujevac, Nis, Vranje, Uzice, and Cacak through field visits and a review of available technical documentation. The UNDP/WHO team analyzed the condition of facilities, equipment, and organization of work in the listed public health institutions; verified compliance with the requirements in the 4th edition of the WHO Laboratory Biosafety Manual (LBM); and conducted a qualitative and quantitative review of the required scope of interventions for providing the required conditions in the laboratories. The UNDP/WHO team also performed a detailed assessment and mapping of laboratory diagnostic techniques and equipment in place, identifying the gaps in types of containment equipment and training needs, so as to enable the harmonization of sampling and tests for communicable diseases.

UNDP/WHO consulted the Assessment Report with the Ministry of Health, NIPH and end users, guiding the plan for replacement or introduction of new containment equipment in the reconstructed laboratories, and thus improving the overall public health laboratory surveillance systems through pathogen isolation and outbreak control at NRL level.

UNDP/WHO team observed that the identified locations are quite obsolete, with pronounced gaps in reaching biosafety standards, especially in terms of the layout and use of premises and laboratory space. The assessment foresees that an adequate reconstruction, accompanied with equipping of the six identified laboratories with necessary medical devices, shall take up significant financial resources which go beyond the funds envisaged within the Project.

UNDP and WHO presented a detailed technical report to the MoH and the NIPH “Dr Milan Jovanovic Batut”. Following consultations with MoH/Batut and national partners, three laboratories (in Belgrade, Kragujevac and Nis) have been prioritized for full reconstruction and upgrade to core, heightened, and maximum heightened measures. In parallel, an ongoing World Bank loan will enable the upgrade of the "Torlak" laboratory to Biosafety level 3 requirements In addition, The GoS has also successfully completed construction of two mass-testing laboratories for SARS-COV-2, a modern Centre for Genome Sequencing and Bioinformatics at the Institute of Molecular Genetics and Genetic Research (IMGGI) in the fall of 2021. Currently, UNDP is supporting the GoS in constructing BIO4 Campus. The Government of Serbia is planning to establish BIO4 Campus located in the immediate vicinity of the Institute for Vaccines and Serums "Torlak", as a powerful platform for cooperation between various stakeholders.

The assessment of the WHO Laboratory Technical Officer and UNDP Engineering Expert revealed significant discrepancies between the existing situation in the prioritized laboratories and standards defined in the 4th edition of the WHO Laboratory Biosafety Manual (LBM), as described below.

|  |  |  |  |
| --- | --- | --- | --- |
| **SELECTED LABORATORY** | **NIPH “Dr Milan Jovanović - Batut”, Belgrade** | **IPH Nis** | **IPH Kragujevac** |
| **Overall assessment** | Arranging and equipping the premises of the laboratories at the Institute of Microbiology to achieve implementation of the core and heightened control measures requires a thorough, technically complex and financially extensive renovation of the existing facility as well as procurement of containment equipment. | Arranging and equipping the premises of the laboratories of the Institute of Microbiology in order to achieve implementation of the core and heightened control measures requires a thorough, technically complex and financially extensive renovation of parts of the existing facility as well as procurement of containment equipment. | Arranging and equipping the premises of the laboratories of the Institute of Microbiology in order to achieve implementation of the core and heightened control measures, requires partial renovation of the existing facility, some organizational changes, as well as procurement of containment equipment. |

An overview of LBM requirements for facility, premises and installations is provided in the following table:

| **SELECTED LABORATORY** | | | | **NIPH**  **“Batut”**  **Belgrade** | **IPH**  **Nis** | **IPH**  **Kragujevac** |
| --- | --- | --- | --- | --- | --- | --- |
|
| **No.** | **ROOM / ELEMENTS / FINISHING LAYERS** | **REQUIREMENTS** | | **Yes / No** | **Y / N** | **Y / N** |
| **1.** | **Working rooms** |  | |  |  |  |
| **1.1.** | **Organization / size / security / protection** | 1.1.3. | Standard clear height is - min. 3.00 m | partly | partly | partly |
| 1.1.11. | Evacuation routes for accident situations and exits leading to open space have been formed. | N | N | N |
| 1.1.11. | The required types of fire extinguishers are adequately distributed. | N | N | N |
| **1.4.** | **Communications** | 1.4.1.1. | Communications meet the requirements of fire protection. | Y | Y | Y |
| 1.4.1.2. | The minimum width of communications is 1.50 m. | Y | Y | Y |
| 1.4.1.3. | Equipment in corridors and passages. Communication is congested and narrow (not allowed). | Y | Y | Y |
| **2.** | **Building elements** |  | |  |  |  |
| **2.1.** | **General requirements** | 2.1.1. | Permanent elements and materials were used for the construction of laboratories, suitable for maintenance. | N | N | partly |
| 2.1.2. | Surface finishing materials are resistant to the chemical corrosion of disinfectants and chemicals. | N | N | N |
| 2.1.3. | The resistance of applied materials to fire is ensured, in accordance with the special requirements of fire protection regulations. | N | N | partly |
| **2.2.** | **Doors** | 2.2.1. | The minimum clear door width is 1.00 m. | Y | Y | Y |
| 2.2.2. | Locking and access control is at the main entrances. | N | N | N |
| 2.2.3. | The opening of the door panel is in the field and there is an automatic closing. | N | N | N |
| 2.2.4 | There are glazed areas on the door panel for visual contact. | N | N | N |
| 2.2.5. | An open door (panel) narrows the required width of the evacuation corridor (not allowed). | N | N | N |
| 2.2.6. | Treated surfaces are resistant to cleaning and disinfecting agents and chemicals. | N | N | N |
| 2.2.9. | There is additional security against burglary (appropriate fittings). | N | N | N |
| **2.3.** | **Windows** | 2.3.1. | The construction and materials of the windows provide the necessary hygienic conditions, and simple and easy washing and disinfection. | N | N | partly |
| 2.3.2. | The windows are glazed with thermal insulation glass. | N | partly | partly |
| 2.3.3. | Windows and glazed partitions of sterile rooms are fixed-glazed and completely sealed. | N | N | N |
| 2.3.4. | The scheme of the windows (division and manner of opening) are adapted to the work in the laboratory and the position of the desks and equipment under the windows. | Y | N | N |
| 2.3.5. | The windows that open are equipped with insect and animal protection nets. | N | N | N |
| 2.3.6. | There is protection from excessive sun exposure and it is located on the outside. | N | N | N |
| 2.3.8. | There is additional security against burglary (appropriate fittings). | N | N | N |
| **2.4.** | **Floors** | 2.4.1. | Floor coverings prevent the penetration and collection of impurities. | N | N | N |
| 2.4.2. | Floor coverings are easy to clean. | N | N | partly |
| 2.4.3. | Flooring materials absorb liquids (not allowed). | Y | Y | partly |
| 2.4.4. | Floor-covering materials are slip-resistant (min. Class R9). | N | N | N |
| 2.4.5. | Floor covering materials are resistant to the harmful effects of chemicals and hygienic agents and disinfectants. | N | N | partly |
| 2.4.6. | Floor coverings are monolithic or have a minimum number of glued joints (PVC, rubber or linoleum). | N | N | N |
| 2.4.7. | There is a cove height of min. 10 cm at the junction with the wall. | N | N | N |
| 2.4.8. | There are drains, channels and gratings in the floor (not allowed). | Y | Y | partly |
| **2.5.** | **Wall and ceiling surfaces** | 2.5.1. | The wall surfaces are flat, without cracks, unsealed penetrations and untidy joints with the ceiling and floor. | N | N | partly |
| 2.5.2. | Wall surfaces are impermeable and suitable for washing and disinfection. | N | N | N |
| 2.5.3. | Wall surfaces are resistant to the chemicals that are used. | N | N | N |
| 2.5.4. | Surface treatment materials are washed with strong detergents and disinfectants. | N | N | N |
| 2.5.5. | Wall materials and finishes are resistant to mechanical damage. | Y | Y | Y |
| 2.5.6. | The ceilings are lowered below the floor constructions and installations. | N | N | partly |
| 2.5.7. | The ceilings are composed of smooth panels that meet hygiene requirements. | N | N | N |
| 2.5.8. | There are installations under the ceiling. | Y | Y | Y |
| 2.5.9. | Installation channels and pipes are minimal, and all their exposed surfaces are smooth and easy to clean. | N | N | N |
| **2.6.** | **Furniture** | 2.6.0.a | Furniture materials absorb liquids (not allowed). | Y | Y | Y |
| 2.6.0.b | Furniture materials are resistant to harmful effects of chemicals and disinfectants. | N | N | partly |
| **2.6.1.** | **Working desks** | 2.6.1.1. | The height of the work surfaces for working from the chair is 75 cm. | Y | Y | Y |
| 2.6.1.2. | Height of work surfaces for standing work is 90 cm. | Y | Y | Y |
| 2.6.1.3. | The width (depth) of work surfaces for working with laboratory equipment is 75 cm. | Y | Y | Y |
| 2.6.1.4. | The work surface for setting up computer equipment is 60 cm wide. | Y | Y | Y |
| 2.6.1.5. | Workbenches are made of liquid-absorbing material (not allowed). | Y | Y | partly |
| 2.6.1.6. | Workbenches are made of materials resistant to slipping and wear. | N | N | partly |
| 2.6.1.7. | Workbenches are made of materials resistant to harmful effects of chemicals and disinfectants. | N | N | partly |
| 2.6.1.8. | Plates of workbenches are monolithic or with little interconnection. | N | N | partly |
| 2.6.1.9. | The built-in elements under the work surfaces are completely sealed. | N | N | N |
| 2.6.1.10 | Built-in elements under the work surfaces are easily removed. | N | N | partly |
| 2.6.1.11 | Sockets in the spray zone are protected. | N | N | partly |
| 2.6.1.14 | There is a water supply and a drain in the sewers on and under the workbenches. | Y | Y | Y |
| **2.6.3.** | **Material storage shelves** | 2.6.3.1. | The depth of the wall shelves is 35 - 40 cm. | Y | Y | Y |
| 2.6.3.2. | There are open shelves. | Y | Y | Y |
| 2.6.3.3. | There are shelves with lockable doors. | Y | Y | Y |
| **2.6.4.** | **Laboratory baths** | 2.6.4.1. | General laboratory bathtubs are made of impact-resistant materials. | N | N | partly |
| 2.6.4.2. | General laboratory bathtubs are made of materials resistant to chemicals and disinfectants. | Y | Y | Y |
| 2.6.4.3. | General laboratory bathtubs are completely sealed at the joints with work surfaces. | N | N | Y |
| 2.6.4.4. | Drainage of water from general laboratory bathtubs is channeled into the sewer system through a siphon. | Y | Y | Y |
| 2.6.4.5. | For special laboratory bathtubs, there is a drain in the equipment for purification of biologically and chemically polluted waters. | N | N | N |
| **2.6.5.** | **Washbasins** | 2.6.5.1. | There are clinical hand washbasins with hot and cold water in the laboratory. | partly | partly | partly |
| 2.6.5.2. | Sink faucets are hands-free (sensor based or similar). | N | N | N |
| **2.6.6.** | **Showers and eyewash equipment** | 2.6.6.1. | There is a cabin with a body shower near the laboratory. | N | N | N |
| **2.8.** | **Special safety requirements for other equipment** | 2.8.5.8. | Refrigerators, freezers and cabinets are installed in hallways, stairs or on escape routes. (not allowed) | Y | Y | Y |
| **2.9.** | **Lighting** | 2.9.1. | The laboratory has windows and is naturally lit. | Y | Y | Y |
| 2.9.2. | There is external protection against excessive sunlight and glare from work and other surfaces. | N | N | N |
| 2.9.3. | The luminous intensity for general artificial lighting in the laboratory is 500 Lx. | N | N | N |
| 2.9.4. | The brightness of the laboratory with color testing equipment is 1000 Lx. | N | N | N |
| 2.9.5. | The intensity of lighting in hallways and waiting rooms, pantries, rest rooms and auxiliary rooms is 200 Lx. | N | N | N |
| 2.9.6. | The light intensity in the rooms for disinfection and sterilization is 300 Lx. | N | N | N |
| 2.9.7. | There is panic evacuation lighting with autonomous power supply. | N | N | partly |
| 2.9.8. | There is a necessary lighting with autonomous power supply. | N | N | partly |
| **3.** | **Installations** |  |  |  |  |  |
| **3.1.** | **Electrical installations** | 3.1.1. | There is a neat wiring harness to power the lamps. | N | N | partly |
|  | 3.1.2. | There is a neat wiring harness for the device and equipment connectors. | N | N | partly |
|  | 3.1.3. | There is a backup power supply for sensitive equipment with UPS devices. | N | N | partly |
|  | 3.1.4. | There is a backup power supply for lighting and equipment from a diesel generator. | N | N | N |
| **3.2.** | **Ventilation and heating / cooling** | 3.1.1. | Ventilation of the laboratory is done naturally, through the windows. | Y | Y | Y |
| 3.1.2. | The laboratory's forced ventilation system is operational. | N | N | partly |
| 3.1.3. | Partial systems of forced ventilation of laboratory parts are in operation. | N | N | partly |
| 3.1.4. | Room cooling is solved by individual SPLIT systems. | Y | Y | Y |
| **3.3.** | **Gas supply** | 3.3.1. | There is a central technical gas supply system in the laboratory. | N | N | N |
| **3.3.** | **Sewer installation** | 3.2.1. | Wastewater from showering and washing (or similar) is connected to the domestic sewer, without prior treatment. | Y | Y | Y |
| 3.2.2. | Siphons for laboratory bathtubs and drainpipes are made of materials resistant to chemicals. | N | N | N |
| **10.** | **Fire protection** | 10.1. | Fire protection and prevention is provided in the laboratory. | N | N | partly |
| 10.2 | The shortest emergency escape routes have been identified and protected. | N | N | N |
| 10.3. | Defined number and position of fire extinguishers type A, B, C exists. | N | N | N |
| 10.4. | The laboratory has a system for automatic fire detection and alarm. | N | N | N |
| **11.** | **Laboratory equipment management system** |  | The management and control system (BMS) includes: |  |  |  |
| 11.1. | * Engineering plants and room equipment. | N | N | N |
| 11.2. | * Measurement and recording of energy consumption. | N | N | N |
| 11.3. | * Centralized monitoring of temperature-sensitive equipment such as refrigerators, freezers and the like is performed in real time. | N | N | N |

An overview of the LMB requirements for the laboratory equipment and organization is provided in the following table:

| **No.** | **SECTION** | | | | **NIPH “Dr Milan Jovanović - Batut”, Belgrade** | **IPH Nis** | **IPH Kragujevac** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Laboratories for microbiology** | 1.1. | Findings | Microbiological laboratories are located in the basement, on the ground floor, on the first and part of the second floor of the main street tract and two side tracts of the building. The space in which the microbiological laboratories are located, according to the required criteria for core and heightened control measures, does not meet even the minimum necessary conditions. Laboratory furniture is old, mostly made of wood, it is damaged and does not meet the requirements for biosafety. Organization of some of the laboratories and the implementation of good microbiological practices and processes do not meet the principles of biosafety and work quality. There is no clear separation of the laboratory part from the administrative part of the laboratories for microbiology. Access restriction in laboratories is not satisfactory. | | Laboratories for microbiology are located in the entire basement, on the ground floor and in the first floor of the northern part of the building (towards to the old building of the Pasteur Institute). The floors above these and the adjacent parts of the ground floor and the first floor have other purposes.  Reconstruction of the space consisting of communication space and another 12 rooms started on the first floor. The goal of the reconstruction is to provide new space for bacteriology, which is now located in the basement. In the virology laboratory, the windows and radiators were renovated, and they now meet the required criteria.  The space in which the laboratories for microbiology are located, according to the required criteria for core and heightened control measures, does not meet even the minimum necessary conditions. Laboratory furniture is old, mostly made of wood and damaged, so it does not meet the requirements for biosafety. Organization of some of the laboratories and the implementation of good microbiology practices and processes do not meet the principles of biosafety and work quality. There is no clear separation of the laboratory part from the administrative part of the laboratories for microbiology. | Laboratories for microbiology are located in the basement and on the first floor of the building, in the wing towards M. Pavlovića Street.  The space in which most of the laboratories for microbiology are located was adapted for this purpose. The furniture is relatively new and fits the purpose. According to the required criteria for implemented core and heightened control measures, not all necessary conditions have been met here yet, for example, separation of laboratory space and administrative space of the same institution does not exist, but also of other institutions located in the facility, or the workflow in the existing laboratory for molecular diagnostics etc. |
| 1.2. | Recommendations | It is necessary to implement organizational changes, construction repair and rehabilitation of all interior finishes and installation elements, rehabilitation of basement walls from underground moisture. Appropriate furniture and equipment should be provided, as well as the introduction of biosafety and biosecurity programs and laboratory quality management. In the process of epidemiological monitoring of infectious diseases, it is necessary to establish a system for genetic characterization (sequencing) of biological agents of public health importance. Also, considering the position of the IPH in the system of rapid detection and response to highly pathogenic agents, it is desirable to establish a system of greater biosafety in terms of providing a cabinet for biosafety work class III. | | It is necessary to implement organizational changes, construction repair and rehabilitation of all interior finishes and installation elements, rehabilitation of basement walls from underground moisture. Appropriate furniture and equipment should be provided, as well as the introduction of biosafety and biosecurity programs, and laboratory quality management. | Conditions can be provided through careful checks, planning and implementation with limited financial resources. During the visit, recommendations for urgent action were provided for the reorganization of the existing laboratory space and the workflow in the laboratory for molecular diagnostics, which do not require major interventions.  For other spaces in the basement, it is necessary to implement organizational changes, construction repair and rehabilitation of all interior finishes and installation elements, procurement of appropriate equipment, as well as the introduction of programs for biosafety and biosecurity, and laboratory quality management. |
| **2.** | **Equipment and devices** | 1.1. | Findings | Necessary equipment for microbiology diagnostics is available. BSC II is provided in bacteriology and molecular diagnostic laboratories. PCR cabinets are also provided in molecular diagnostic laboratories. CO2 cylinders (backup for freezers or CO2 incubators) and liquefied petroleum gas cylinders are exposed and unsecured. | | Necessary equipment for microbiology diagnostics is available. Two BSC II and PCR cabinets are provided in the molecular diagnostics laboratory. BSC II is provided both in mycology and in the coproculture laboratory. | Necessary equipment for microbiology diagnostics is available. As regards the primary protection equipment, the Institute has four BSC II - one in each of the two molecular diagnostic laboratories, one in the RNK extraction container for SARS-CoV-2 and one in the tuberculosis detection laboratory; three PCR cabinets- two for SARS-CoV-2 diagnostics and one for another laboratory. |
| 1.2. | Recommendations | It is necessary to provide primary containment equipment for protection in the laboratory:  - BSC III cabinet;  - BSC II cabinet- one for mycology and one for sample reception;  - IT equipment;  - Laboratory furniture. | | Primary protective equipment must be provided: - BSC II equipment - for serology, for sampling and one for bacteriology;  - equipment for staining microscope slides;  - a dry block thermostat.  - IT equipment;  - Laboratory furniture. | Primary protective equipment must be provided:  - BSC equipment (for serology, sampling, and bacteriological laboratories);  - equipment for staining microscope slides;  - a dry block thermostat.  - IT equipment;  - Laboratory furniture. |
| **3.** | **Work organization** | 1.1. | Findings | Laboratories for microbiology are united within the Centre for Microbiology, which has a chief and the following departments and sections: 1. Department for reference laboratories which includes: - Reference laboratory for Salmonella, Shigella, Vibrio cholerae, Yersinia enterocolitica; - Reference laboratory for Syphilis, Leptospirosis and Lyme borreliosis; - Reference laboratory for Sample collection and transport to the EU Reference Laboratory for Diphtheria and Whooping Cough. 2. Department for production of substrates. 3. Section for mycology and parasitology. 4. Section for urogenital infections. 5. Section for pyogenic infections. 6. Section for molecular microbiology. 7. Sample reception Section. | | Laboratories for microbiology are united within the Center for Microbiology with the following departments and sections: 1. Department of bacteriology;  2. Department of parasitology and mycology;  3. Department of virology;  4. Section for reception of materials and issuance of results;  5. Section for preparation of substrates, sterilization and decontamination (bacteriology kitchen). | Laboratories for microbiology are united within the Center for Microbiology, which has a chief and two working units: 1. Department of clinical microbiology with material reception section 2. Department for preparation of substrates, sterilization and washing. |
| 1.2. | Recommendations | The Institute has to:  1. reorganize the laboratory space and the work process  and to  2. prepare:  - a Biosafety and Biosecurity Management Program and a Biosafety and Biosecurity Manual; - organizational structure for biosafety and biosecurity management;  - manual for laboratory quality management; - waste management manual;  - program for initial and continuous staff training. | | The Institute has to:  1. reorganize the laboratory space and the work process  and to  2. prepare:  - a Biosafety and Biosecurity Management Program and a Biosafety and Biosecurity Manual; - organizational structure for biosafety and biosecurity management;  - manual for laboratory quality management; - waste management manual;  - program for initial and continuous staff training. | The Institute has to:  1. reorganize the laboratory space and work process  and to  2. prepare:  - a Biosafety and Biosecurity Management Program and a Biosafety and Biosecurity Manual;  - organizational structure for biosafety and biosecurity management;  - manual for laboratory quality management;  - waste management manual;  - program for initial and continuous staff training. |

The above presented conclusions and recommendations indicate necessity to establish or improve a laboratory quality management system with biosafety and biosecurity and the development of a laboratory quality manual, manual for biosafety and biosecurity, critical SOPs, and to provide continuous training of laboratory staff (covering various aspects) on laboratory quality, biosafety and biosecurity.

During the inception phase of the Project, UNDP will, jointly with WHO, revisit the prioritized locations and follow-up with the development of technical documentation for the reconstruction of the facilities. Once technical documentation is completed, UNDP will engage an independent verifying company, with specific expertise, as an additional quality assurance layer. Upon completion of technical documentation and issuance of necessary permits defined by the Law on Planning and Construction, UNDP will tender the works and ensure works supervision. In parallel with physical reconstruction of the assigned facilities, the UNDP shall, in close cooperation with NIPH ‘Batut’ and the MoH, and in line with recommendations of the WHO Laboratory technical officer, prepare detailed technical specifications for the procurement of necessary laboratory equipment. Following the reconstruction and equipping of the facilities, the WHO will deliver a set of biosafety and biosecurity - related trainings, thus enabling a swift adaptation to continuously increased public health needs and pressures

#### Outputs:

* 3 laboratories reconstructed and equipped to be fully operational and compliant with the international and WHO Biosafety standards (UNDP);
* 50 laboratory staff of 25 IPHs trained on biosafety, biosecurity and risk assessment (WHO);
* 50 laboratory staff of 25 IPHs trained on waste management (WHO);
* Biosafety risk assessment preformed and mitigation plan for improvement developed for the three Institutes of Public Health with reconstructed laboratories (WHO);
* Biosafety manual developed for the three Institutes of Public Health with reconstructed laboratories (WHO).

## **COMPONENT 2: Capacity building and strengthening of the health system for emergency preparedness and response with focus on primary health care**

### Activity 2.1 Development of procedures for healthcare system response to emergencies at the national and local level, and public health emergency management training for health system employees, including sanitary inspectors

The International Health Regulations (IHR) (2005) are an instrument of international law that is legally binding for 196 countries, including the 194 WHO Member States. It creates rights and obligations for the participating countries, including the requirement to report on public health events. In 2018, the WHO conducted a peer-to-peer Joint External Evaluation (JEE) of the IHR core capacities of the Republic of Serbia. All of the 19 technical areas to fulfil national obligations under the IHR were assessed, and findings with recommendations provided to the Government of Serbia.

This evaluation provided the best basis for developing the comprehensive National Action Plan for Health Security (NAPHS) in Serbia, drafted in 2019. NAPHS is based on One Health, all-hazards, and whole-of-government approaches and it aims to strengthen capacities for the implementation of the IHR in the country. The NAPHS defines a comprehensive list of activities necessary to improve the national capacity to prevent public health threats, early detection of events, and rapid response in case of events of public health importance.

Even though Serbia faces different types of emergencies relatively often (seasonal floods, earthquakes, severe cold, etc.) there is lack of available training on public health emergency management for health system employees, as all these emergencies have a strong impact on public health.

An effective response to an emergency requires multisectoral and multidisciplinary approaches, including efficient alert and response systems, trained professionals, and developed standard operating procedures (SOPs), with defined roles and responsibilities among all institutions. While there are many bodies and committees to deal with health emergencies, there is a lack of predefined procedures and algorithms that determine their actions, interconnections, and coordination for all three levels of health care. Based on the existing experience at the country level, as well as WHO expertise in this field, support will be provided in the development of training curricula, and a set of SOPs in the area of emergency preparedness and response, as prioritized in the NAPHS. Since the PHCs are the first point of contact, WHO Serbia will focus on strengthening their capacities in this regard, including the capacities of at least 100 Local Public Health Councils at the local self-government level.

WHO has a strong competency, capacity, and experience in the development of emergency management training within its Health Emergencies program and the WHO Academy. Based on already developed WHO training packages, the training for Health System employees (primary, secondary, and tertiary health care level, including sanitary inspectors) will be developed to build their capacities for emergency management.

#### Outputs:

* Methodology (template) for public health emergency preparedness and response plans developed for local level, including the curriculum for training for municipal health councils, PHCs, NIPH, and other relevant entities from various sectors (WHO);
* 6 SOPs at the national level with defined responsibilities at the local level developed for:
  + Coordination and information exchange in case of public health threats,
  + Mass trauma management;
  + Dealing with radiological accidents,
  + The response in case of public health threats at points of entry (PoE),
  + PHC preparedness response in emergencies,
  + Hospital preparedness and response in emergencies (WHO).
* 30 trainers trained on methodology for the development of public health emergency preparedness and response plans conducted for representatives from 24 district IPHs (WHO);
* 50 representatives of 100 municipalities trained on methodology for the development of public health emergency preparedness and response plans in all 24 districts (representatives of municipal health councils, PHCs, and other relevant entities from various sectors) (WHO);
* Training curricula for sanitary inspectors on detection of public health threats, risk assessment, and response in public health emergencies developed and 150 sanitary inspectors trained (WHO).

### Activity 2.2 Disaster Risk Register upgrade with Public Health related risks

Article 22 of the Law on Disaster Risk Reduction and Emergency Management requires establishing the Disaster Risk Register containing the relevant data for risk management. The law prescribes the content, the manner of establishment, and the maintenance of the Risk Register. The Sector for Emergency Management (SEM) bears overall responsibility for managing and endorsement of the Register content, and the Republican Geodetic Authority (RGA) is responsible for hosting and maintaining technical infrastructure for access and use of geospatial data. By the Decision of the Minister of Interior, the Government of Serbia established a Working Group for the development of the Register (WG), which consists of representatives of the line ministries, governmental bodies, and organization holders of risk-related data of relevance for the Register. The WG is comprised of high-level representatives of:

* MoI (Risk and Emergency Management Directorate, and Fire and Rescue Directorate),
* Ministry of Mining and Energy,
* Ministry of Public Investments,
* RGA,
* Republic Water Directorate and Forest Directorate of the Ministry of Agriculture, Forestry and Water Management,
* Republic Hydrometeorological Service,
* Geologic Survey of Serbia,
* Seismological Survey of Serbia
* State Enterprises for Forest Management ‘Srbijasume’, and
* Public Water Management company ‘Srbijavode’.

Within the "EU for Civil Protection and Disaster Risk Resilience in the Republic of Serbia" (IPA 2019), the UNDP, in cooperation with SEM, PIMO and RGA, and the Working Group members, established the Risk Register. The Register operates as a subsystem of the national geospatial data infrastructure system and fully complies with the EU INSPIRE Directive and the EU Initiative to Enhance Data Operability. The Register is a unique and powerful analytical tool for managing risks, risk-informed response and investment planning, which will not only be used by public authorities involved in Disaster Risk Response (DRR) and emergency management, but also by a wider public to allow protection of citizens’ investment, safety, and sustainable development.

Within the same project, the UNDP provided technical support to responsible members of the WG in acquiring, digitizing, and harmonizing risk-related data of relevance for more prominent risks in Serbia. By July 2022, the system holds over 330 data sets including:

* Data from local self-government's risk assessments and rescue and protection plans,
* Flood-prone zones on First order watercourses (state-managed),
* Landslide data covering 50% of the territory of Serbia,
* Forest fires data,
* Climate data with forecasts up to 2040,
* Data on rehabilitated buildings, households, and public infrastructure from 2014 onwards,
* Data on cultural heritage,
* Data on public health institutions,
* Underground installations data,
* Data on investment locations, etc.

For the purpose of this Action, the SEM, as the chair of the WG, with the support of the UNDP, extended the mandate and the scope of the WG to include public health-related risks in accordance with the National Disaster Risk Assessment. This WG will focus on acquiring health risk data with major health implications such as:

* Communicable diseases outbreaks
* Torrential floods in 2nd order water and streams,
* Air and water quality,
* Water treatment plants,
* Regional landfills,
* Unsanitary landfills,
* Mining waste and tailing landfills,
* Import, storage, and traffic of hazardous chemicals,
* Major accidents hazards (The SEVESO II Directive 96/82/EC)
* Radiation,
* Protected areas of nature,
* Harmful plant pathogens,
* Animal and plant diseases,
* Food safety,
* Technological accidents,
* Energy facilities (production, transport and storage of electricity, gas and oil)

Acquired data sets will also contain information on corresponding infrastructure, equipment, and human response capacities. MoH and the NIPH ‘Batut’ will lead the data collection of historical and accompanying data on communicable and non-communicable diseases, and data of importance for the monitoring of the public health situation and mitigating potential outbreaks. The data sets acquired by the UNDP in the described manner will be an input to WHO to apply their tool/methodology for a public health risks assessment – STAR (Strategic Tool for the Analysis of Risks) software. This software will be embedded into the existing platforms and will produce reliable public health risk assessment (public health risk profile for any given territory) with data to be entered coming from the national data appropriators.

In parallel, UNDP will support the RGA in upgrading software performances and adding additional functionalities and sub-components needed for processing and analytics of health-related risks. The existing risk data in the Register, accompanied by the historical data and capacities of the public health institutions, complemented with the upcoming Census data to be made available in the spring of 2023, will form a powerful analytical tool for evaluating the impact and exposure to various risks on infrastructure, institutions, and people, with detailed insight into micro-locations throughout the territory of the Republic of Serbia from a single point.

#### Outputs:

* Disaster Risk Register system extended, operational and functional for the incorporation of health-related risks (UNDP);
* Public health risk analysis in the context of emergencies (incl. identification, quantification and prioritization), based on WHO methodology, conducted at local level for 150 municipalities, involving municipal health councils, PHCs, NIPH and other relevant entities from various sectors (WHO);
* At least 200 platform managers, data providers, and end-users trained for platform management, data preparation, exchange protocols, and everyday use (UNDP).

### Activity 2.3 Training of professionals for psycho-social support to groups affected by public health crises and emergencies based on a defined psycho-social support manual

Adults and children affected by emergencies experience a substantial and diverse range of mental, substance use, and neurological problems. In terms of mental health, health-related emergencies are associated with significant stress and psychosocial difficulties in the population. Existing data also indicate that some mental health conditions could arise after an emergency and lead to long-term negative consequences for families, communities, general population and vulnerable groups. Care for the mental health of everyone, especially the health care workers (HCWs) should be one of the priorities in cases of health-related emergencies. Appropriate psychological interventions should be dynamic and adapted to the various stages of the emergencies, that is, in the initial stages, during and after the emergencies.

The Mental Health Gap Action Programme (mhGAP) is WHO Programme that seeks to address the lack of care for people suffering from mental, neurological and substance use (MNS) conditions. As part of this Programme, the mhGAP Intervention Guide (mhGAPIG) was issued in 2010 as a clinical guide on mental, neurological and substance use disorders for general health-care providers who work in nonspecialized health-care settings. The mhGAP Humanitarian Intervention Guide contains first-line management recommendations for mental, neurological and substance use conditions for non-specialist health-care providers in humanitarian emergencies, where access to specialists and treatment options is limited. It is a simple, practical tool that aims to support general health facilities in areas affected by humanitarian emergencies in assessing and managing acute stress, grief, depression, post-traumatic stress disorder, psychosis, epilepsy, intellectual disability, harmful substance use and risk of suicide.

In addition, the UN’s Inter-Agency Standing Committee (IASC), and WHO, have indicated that mental health and psychosocial support (MHPSS) should be a core component of any public health emergency response, including response to the COVID-19 pandemic. IASC and WHO have developed comprehensive guidelines and training packages to address mental health and psychosocial needs of a population during emergencies, including the COVID-19 pandemic specifically.

Two Serbian national institutions dealing with mental health, the Institute for Mental Health in Belgrade and the Clinic for Psychiatric Diseases “Dr Laza Lazarevic” in Belgrade, developed online training for the provision of mental health and psychosocial support for HCWs, based on these guidelines, as an integral part of the health sector response to emergencies. Under this activity, a curriculum for implementation of the training was defined with presentations and working materials. Based on the mhGAP methodology, as well as on the experience gained through implementation and coordination of online trainings for HCWs on MHPPS in the context of the COVID-19 outbreak, the primary health care level training program will be updated and implemented with leading national mental health experts and institutions, i.e. the Institute for Mental Health in Belgrade, Clinic for Psychiatric Diseases “dr Laza Lazarevic” and the NIPH.

#### Outputs:

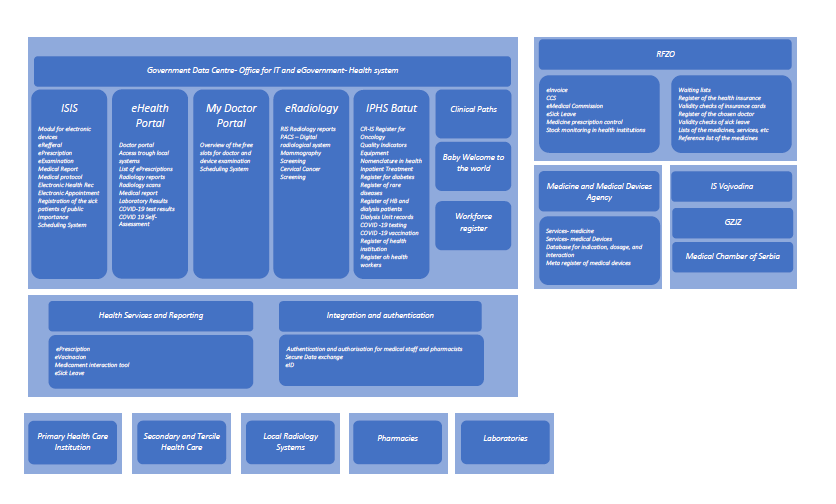
* Training curricula for PHC health care professionals updated and accredited with the National Health Council of Serbia (WHO);
* 150 primary health care level professionals trained for psycho-social support for groups affected by public health crises and emergencies (WHO).

## COMPONENT 3. Strengthening of the Health Information system and implementation of E-Health platform

### Activity 3.1: Digitalization and E-Health

According to the Law on Health Documentation and Records, the **Integrated Health Information System of the Republic of Serbia (ISIS)** consists of the health statistical system, information system of health insurance organization and information systems of health institutions, private practices and other legal entities. The health statistical system includes several central components developed and established by the Ministry of Health (MoH) and the Institute of Public Health of Serbia "Dr Milan Jovanović Batut” (NIPH). The health insurance information system is maintained and developed by the Republic Heath Insurance Fund (RHIF) internally. Information systems of health care providers are established by these organizations using one or more systems developed by different commercial vendors.

According to the Law, the Electronic Health Record (EHR) is an excerpt from the basic medical records kept in electronic form for each patient. The electronic medical file combines all health data that are important for his long-term health condition, and which would be available in the future provision of health care, if necessary. It contains patient data from multiple physicians and institutions and provides a holistic, long-term 360 degrees view of patient health. It includes demographic data, test results, medical history, current medical history and medications.

The structure of the current system:

The digital healthcare providers information sharing system is still not fully implemented nor fully regulated. Clinical data to be shared between providers, sourced from the originating systems, are not fully standardized, which prevents the use of information technology to process information in a consistent manner and to use it as a reliable source for analytics and reporting. In addition to this, citizens of Serbia have minimal or no access to parts of their personal health information in a digital form. At this moment, there is no strategic plan nor overarching governance mechanism across public and private sectors which would effectively and methodically address identified issues and set the stage for further Digital Health development in Serbia.

Since 2019, the Government of Serbia has initiated legal changes enacted to promote Integrated Health Care as a concept that brings together inputs, delivery, management, and organization of services related to diagnosis, treatment, care, rehabilitation, and health promotion. While the process of integration starts with legal and changes in a physical structure, the digitalization and secured information flow are main prerequisites for implementing the Integrated Health Concept.

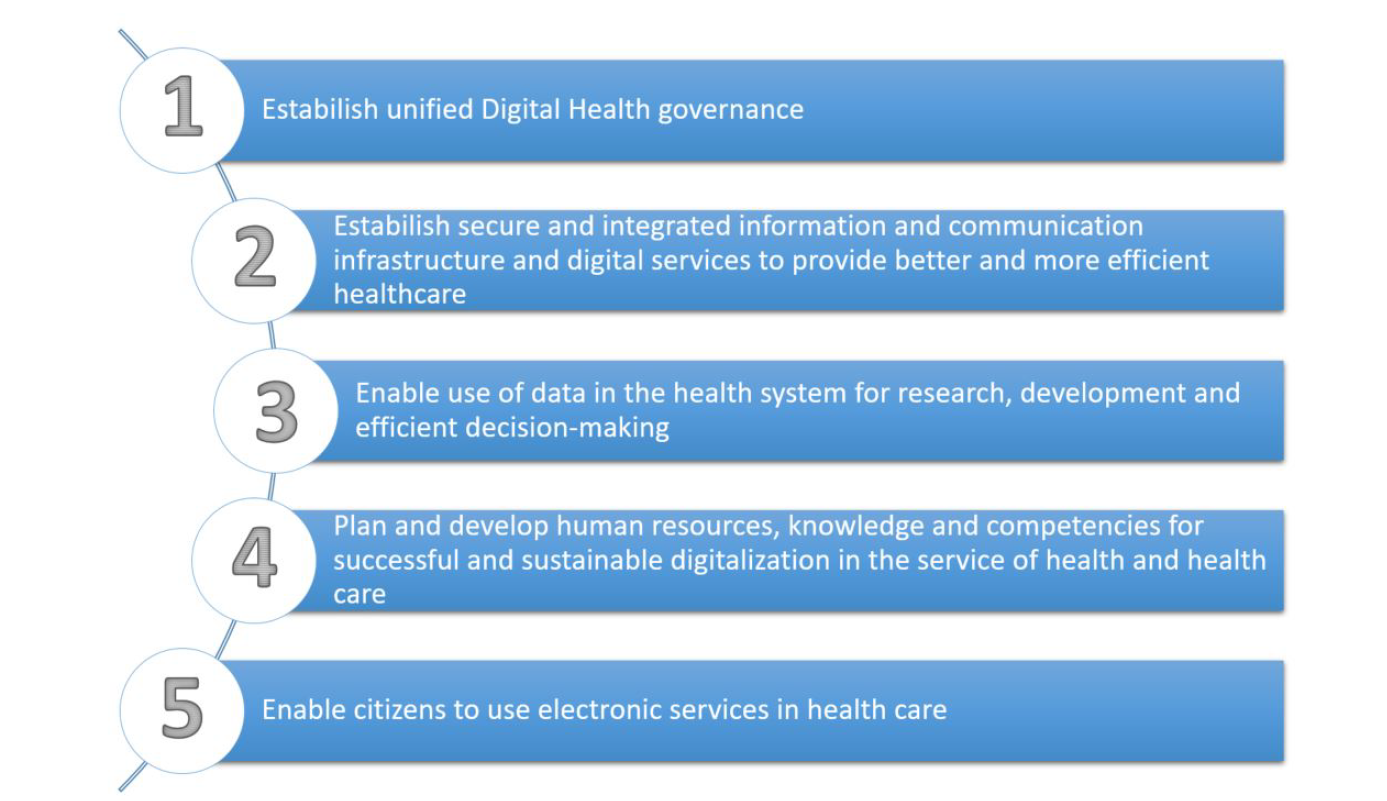
To further expand the application and integration of digital health technologies and solutions and to strategically address some of the current challenges, in cooperation with the Ministry of Health, NIPHS and the Government of Serbia Office for IT and eGovernment, UNDP and WHO will support development of the Digital Integrated Health Information System which enables authorized information sharing across healthcare providers based on increasingly and incrementally standardized digital health data. Furthermore, the system will empower citizens with information and tools to manage good health or health issues more effectively.

The Digital Integrated Health Information System shall entail e-Referrals, electronic appointment bookings, electronic specialists’ reports, e-Prescribing and view of prescribed medications, access to diagnostic imaging reports and images, and electronic health data exchange.

UNDP has already commenced with the preparatory assessments for the establishment of the Digital Integrated Health Information System performing an initial GAP analysis in order to identify the current high-level state and potential area of improvement. Key finding from the GAP analyses shows that although there have been a lot of activities and development of separate systems including Electronic Health Record System (EHR), if EHR is to become a viable resource of the health system, a clear management role must be established for all participants in the EHR. It also must integrate all processes in the format which allows entries and integration of the clinical pathways produced by various institutions. Furthermore, monitoring and evaluation pathways need to be established as a systematic and inclusive manner that measures the outcomes being delivered, corrects them if needed, and demonstrates achievements. Furthermore, the development of all the collateral systems has to secure full responsiveness to the standards established by the EHR design, repositories, and associated services.

UNDP assessment coincides with the Government of Serbia-led processes embodied in the two newly formed working groups for the development of the Digital health Strategy and Digital Health System creating necessary prerequisites for the establishment of the system itself.

In accordance with the main goal of the Digital Health Strategy – Digitalization of the Heath system and safe use of services and technology for better, more efficient and more accessible health care and five objectives



WHO support tool describes HISs as complex, multilevel systems aimed at producing health intelligence to inform decision-making at various levels, most notably national and subnational strategic policy development, policy evaluation and planning by health-care authorities, and benchmarking, performance improvement, quality control and resource planning at the health-care facility or provider level. This definition reflects that the function of the HIS goes far beyond collecting data; it starts with defining a conceptual approach, after which data are collected, analyses are performed, and knowledge is generated and actively brought into policy and practice. HISs play an important role in health system governance.

WHO will support the implementation of comprehensive in-depth analysis, in close cooperation with the Ministry of Health (e-Health Unit) of the current ISIS with the proposed plan for further improvement and scaling. In addition, and based on the Ministry of Health request, WHO will support the creation of the HIS architecture defining all necessary elements for functional and technical specifications for three components of ISIS – radiology, medication and drugs interactions and human resources for health. WHO will also strengthen the capacities of health care workers and citizens to use health information systems, through organized training for health workers. In order to secure sustainability and implementation of the E-Health structure and modalities focusing on the WHO’s role in E-Health governance within the health system the WHO will strengthen the capacity of the Ministry of Health through the engagement of two national experts within the MoH.

WHO has a long tradition of supporting its member states in strengthening their health information systems and E-Health governance by developing tools and guidance documents, organizing capacity-building events and performing assessments. As such, there is a lot of experience and materials that can be built on. Furthermore, this technical support is in line with WHO mandate as requested by its Member States in the Global Digital Health Strategy 2020-2025 and the Regional Digital Health Action Plan for WHO European Region 2023–2030, an ambitious agenda that will leverage digital transformation in Europe and central Asia with the aim of improving people’s health and well-being.

Meeting on 12 September 2022 at the 72nd session of WHO Regional Committee for Europe, the ministers and delegates approved a resolution recognizing the critical role and potential of digital tools in the health sector and building on the lessons learned during nearly 3 years of the COVID-19 pandemic.

Based on the Task Force inputs, the establishment of the digital services and secure and integrated information and communication structure will be supported through design of the necessary missing parts of the system which have been identified so far trough development of the Digital Health Strategy and Action plan as well as trough commenced analysis- eRadiology, Medical Interactions and Human Resources.

Guided by the WHO and the Ministry of Health, UNDP and WHO will develop the functional and technical specification of the systems, including the architecture of the solution, infrastructural requirements, interoperability standards, and security requirements. The functional and technical Specifications shall inform the development of the ToR for software development, followed by the UNDP-led procurement process.

UNDP will closely monitor the system development process. Once completed, UNDP will support incorporation of Digital Integrated Health Information System in the infrastructure of the Government Data Centre in Kragujevac.

In accordance with the assessment and needs of the Ministry of Health, In parallel WHO and UNDP, will support development and rollout of standardized training programmed for the health information system. In close cooperation with all national counterparts, WHO and UNDP will support organization of a promotional campaign introducing citizens to the EU-funded system and its advantages.

#### Outputs:

* Two assessments of main functions of the Health Information System conducted complementing and building on the results of the digital analysis (WHO).
* Electronic Health Record system upgraded (UNDP and WHO).
* Health records data governance platform established and functional (UNDP and WHO).
* End users, managers, and administrators capacitated for the usage of digital health solution (300 end users and 10 trainers) (UNDP and WHO);
* At least 150,000 citizens trained on site (UNDP).
* 156 PHC provided with E-Health training and outreach material (WHO and UNDP).

## COMPONENT 4: Capacity building for communication in emergencies including raising awareness

### Activity A 4.1: Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc.

During outbreaks or emergencies, the communication landscape is flooded with information from many sources, and the media are thirsty for news. Addressing people's concerns and perceptions at these times requires special attention. For this reason, risk communication capacity is a core requirement for countries within the IHR framework. Effective risk communication and community engagement (RCCE) ensures that risk managers, stakeholders and affected communities are informed and engaged at all stages of the risk assessment process so that they can make informed decisions. RCCE relies on timely and transparent information sharing, coordination, information delivery, and public and stakeholder participation in the emergency response. Early and regular RCCE builds trust and contributes to crisis control, while delaying considerations of RCCE increases the likelihood of unfavorable outcomes.

Developing the RCCE capacity involves improving understanding of RCCE principles and practices as well as developing, testing and implementing national RCCE plans. At present, many countries in the WHO European Region do not have an all-hazard RCCE plan within the IHR framework. WHO is planning to strengthen national capacities through guidance documents, as well as the provision of workshops, trainings, mentorship and support using the WHO Ten-Step RCCE Package.

In the context of the COVID-19 pandemic, with WHO support, NIPH developed an RCCE strategy that can serve as a baseline for the development of a generic one with an all- hazards approach.

#### Outputs:

* Multi-sectoral coordination mechanism established at national level (WHO);
* 5 SOPs and tools to support RCCE developed, together with informational-educational materials on different topics (WHO);
* Training curriculum for RCCE developed (WHO);
* 55 public health professionals trained on RCCE (WHO);
* Simulation exercise for RCCE at all levels of healthcare system conducted (WHO).

### Activity 4.2 Emergency Awareness Raising Events

UNDP and WHO will deliver this activity within the broader communication-based framework offering a better understanding of health-related hazards and encouraging activism and engagement in disaster risk reduction affairs. UNDP and the WHO will conduct focus groups discussion (including a simulation exercise) on prevailing attitudes, perception of expected and desirable roles, motivation, and behavioral patterns in emergencies. Following the findings, partner agencies shall identify key communication messages for target groups and identify the most effective communication channels as per specificities of each group (care providers, children, youth, elderly, persons with disabilities, underprivileged and marginalized groups).

To maximize the impact of the communication activities, the UNDP and the WHO will organize a testing and adjustment of pre-identified communication messages and associated communication channels through a set of focus groups with targeted recipients. The targeted intervention shall contribute to raise awareness, as well as to improve communication in case of emergencies, potential consequences, and credible sources of information during emergencies.

It will also contribute to increasing of the level of knowledge on the importance of prevention and harm reduction, and familiarity with emergency protection protocols, and to increase civic engagement in this process.

To achieve the objectives listed above, the UNDP and the WHO will develop and deliver four groups of events, targeting specific audiences:

1. **General Public** - information dissemination and awareness-raising data (development of specific informational-educational materials, marking of important dates, promotion of publicly available datasets (e.g., Disaster Risk Register, e-Health), including organization of a simulation exercise for the public;
2. **Services Providers** - care, health, education, and child protection providers and beneficiaries of those services, when appropriate (development of communication protocols for each group);
3. **Community based** - events realized with the support of community leaders and local services providers on community-specific risks, corresponding protocols, prevention, and mitigation measures;
4. **Vulnerable groups** – tailor made events developed and delivered in cooperation with the vulnerable group support organizations (Roma, residents of informal settlements, beneficiaries of social welfare institutions, refugees and migrants, persons with disabilities, single-parent households, etc).

Communication activities will be subject to continuous monitoring, evaluated, and modified every six months to respond to a dynamic environment and newly identified goals.

#### Outputs:

* Simulation exercise for local communities organized including at least 10 awareness-raising events (UNDP);
* At least 500,000 people reached through communication activities (UNDP).

## 2.1.2 Methodology

The tailored methodological approach combines WHO international leadership in health risk reduction, as well as in other elements of health emergency management (from prevention, through preparedness and response to recovery) and support to delivery of health services in a fragile setting, and anchorage of UNDP global operations on principles of resilience and all-inclusiveness in services delivery. The convergence among WHO public health reform, quality assurance capacities, and UNDP operational ability to effectively deliver tangible support in times of crises, coupled with a leading role in digital transformation of Serbia, ensures a swift realization of activities defined by the Action in accordance with the highest public health policy standards. In the context of primary health care, the Action will rely on the WHO resolution on primary health care **“*Realizing the potential of primary health care: lessons learned from COVID-19 pandemic and implications for future directions in the WHO European Region”***adopted at the 71stRegional Committee for Europe held in September 2021. Overall, the action is in line with newly adopted *WHO Roadmap for Health and well-being in the Western Balkans 2021-2025 as an integral plan of the WHO European Programme of Work 2020-2025*.

UNDP and WHO shall be responsible for Disaster Risk Register Public Health Upgrade and development of an e-Health System. UNDP will be primarily responsible for infrastructure upgrades and procurement of laboratory and other equipment, while WHO shall primarily be responsible for developing and ensuring application of policy coherence for public health approach for health emergency management, including epidemiology, microbiology, virology, molecular biology, chemical and radio nuclear accidents, with capacity building for the national health system (including e-Health) in this regard.

The proposed interventions shall ensure sustainable improvement of public health policies, processes, and operational arrangements relevant to health hazard prevention, planning, and management. The Action shall contribute to a better public understanding of the health-related risks and risk-informed decision-making, taking into account the specific needs of vulnerable groups.

In addition to direct contacts with beneficiary institutions at national and local level, and with the final beneficiaries, other project stakeholders include professional organizations, media, civil society organizations, etc. The following stakeholders’ matrix indicates some of the coordination aspects which will be considered in the implementation phase.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Stakeholders | | | | | | |
|  | **Contracting Authority** | **Involved Line Ministries and bodies of the Government of Serbia** | **Target groups and final beneficiaries** | **Media** | **NGO Sector** | **Other stakeholders (professional organizations, opinion groups etc.)** |
| Coordination, contract management, decision making | Contract management, amendments, checking of reports, monitoring | Contract supervisory and advisory function. Participation in the project SC. |  |  |  |  |
| Project management | Review of the level of achievement. Specific advice in the implementation phase | Advice provided if necessary | Beneficiaries - feedback communicated |  |  |  |
| Professional advice, contributions with specific activities/results | Alignment of activities/results with EU standards | Specific professional advice provided for specific segments in line with Ministries' coverage and competencies | Recipients and beneficiaries of activities and results. Feedback communicated | Advice provided in relation to visibility aspects of activities and results per each Activity | Specific advice provided in the implementation phase. Direct cooperation in activities, for example, events | Specific advice provided. Participation in activities, for example, development of models, capacity building |
| Promotion and visibility | Ensuring that EU visibility requirements are followed | Participation in promotion events. Ensuring visibility for Government's sector policies | Recipients and beneficiaries. Active participation in specific segments | Direct partners in the visibility and promotion process. Advice provided if necessary. | Support function. Distributing information through networks | Support function. Distributing information through networks. |

The Ministry of Health is the main project stakeholder in the health sector. The National Institute of Public Health (NIPH) “Dr Milan Jovanovic Batut” deals with health sector related crises. NIPH Batut, with the network of 24 district IPHs and the relevant health institutions, is responsible for monitoring of the epidemiological status of diseases and informing the public, issuing guidelines and standard operating procedures to health institutions, and to all institutions involved in emergency management. The network of 158 primary healthcare centers is the key pillar of service delivery and the gatekeeper and first contact point for patients entering into system, especially in the context of emergency. The Ministry of Interior, Sector for Emergency Management (SEM) is responsible for maintaining and improving the ability of the entire nation to act preventively to risks, as well as to respond to challenges and mitigate the consequences of various disasters that may affect Serbia. According to the Law on Disaster Risk Reduction and Emergency Management, the corresponding by-laws and regulations, the SEM has overall responsibility for establishment and validation of risk related data, development of the National Risk Assessment, and managing the Disaster Risk Register. The Republic Geodetic Authority (RGA) is responsible for establishing and maintaining the technical infrastructure of the Disaster Risk Register, the sub-system of the National Spatial Data Infrastructure (NSPI, i.e. Geosrbija) a comprehensive system that includes cross-sectorial risk related data.

Communication and coordination with external organizations will be set up at different levels and around specific themes/areas of cooperation. Continuous observing of external conditions and measuring of feedback will ensure that current actual challenges/needs are addressed. The internal and external organization will be the basis for flexibility and responsiveness when necessary.

The day-to-day activities of the Action, including procurement, disbursement, financial management, and monitoring, will be carried out by the UNDP / WHO. The UNDP / WHO will carry out the Action with due diligence and efficiency, enable on-site visits on the locations which are subject of the Action and ensure that all goods and services financed under this Action are used exclusively for their purpose.

The UNDP will perform procurement procedures and award contracts in line with its regulations and rules for procurement assessed by the European Commission.

The operational base of this Action will be the UNDP/WHO Office in Belgrade, Republic of Serbia. In addition, some project activities will be implemented on different beneficiary location. Therefore, monitoring activities which will be performed by the UNDP / WHO staff will require occasional visits to the places outside of the place of operational base.

**UNDP / WHO involvement in the Public Health System Risk Resilience**

In October 2018, Serbia conducted a Joint External Evaluation (JEE) to objectively and comprehensively assess its capacities to fully implement the International Health Regulations (IHR), applying WHO methodology. Two processes (self-assessment and external evaluation) enabled a consensus on final ratings of Serbian capacities to prevent, detect early, adequately respond and quickly recover after public health emergencies. The JEE examined 19 technical areas, from general ones (legislation and financing) to very specific ones (laboratory capacity, surveillance on all kinds of public health threats, operating procedures for emergency response, zoonotic diseases, food safety, risk communication, Points of Entry – border crossings, immunization, chemical and radio nuclear incidence management, etc.).

Based on JEE findings and recommendations that arose from this assessment, Serbian authorities, in cooperation with the WHO, drafted a National Action Plan for Health Security (NAPHS). The document prioritizes gaps, identifying intended outcomes, outputs, and particular activities to address those gaps and strengthen Serbian IHR capacities. Based on this comprehensive document, the key stakeholders (supported by partners) **can start strengthening preparedness and readiness for all kinds of health emergencies**.

Following the outbreak of COVID-19 pandemic in 2020, which apart from endangering human lives has proven to have a deteriorating long-term impact on the socio-economic situation, both globally and in the Republic of Serbia, the European Commission presented the European Coordinated Response to mitigate the socio-economic impact using all available instruments. To support the immediate response and socio-economic recovery of the countries of the Western Balkans, the EU allocated EUR 410 million, including EUR 93 million for urgent medical needs and economic recovery of the Republic of Serbia.

In order to respond to a global crisis, the UNDP placed in action an **UNDP COVID-19 Integrated Response,** framed around helping countries to prepare for and protect people from the pandemic and its impacts, responding during the outbreak, and recovering from the economic and social impacts. All the emergency-based activities of the Action worked in complementarity with the UNDP’s COVID-19 Integrated Response and were focused on the UNDP immediate global priorities: 1. Support to the health systems, 2. Inclusive and Integrated Crisis Management and Response, and 3. Social and economic needs impact assessment and response. UNDP Serbia pledged for the UNDP COVID-19 Rapid Response Facility Resources in the overall amount of USD 20 million. Upon addressing the immediate public health and vulnerable groups’ needs, UNDP continued supporting the GoS in its economic recovery, through the implementation of already defined sets of fiscal and monetary measures, development, and execution of the Recovery Strategy.

From April to August 2020, the UN family in Serbia lead by UNDP, conducted a comprehensive assessment of the impact of the pandemic on people, institutions, business, and the environment in Serbia and prepared a **Socio-Economic Impact Assessment** (**SEIA**), a document featuring findings and analysis of the impact of COVID-19 based on data collected through a series of thematic assessments and surveys conducted by UN agencies, civil society organizations, and official government statistics and assessments. The assessment provided data and insights required to formulate recommendations for action by the UN, its government counterparts and its in-country partners. The SEIA identified the following key challenges in the Health sector:

* insufficient capacity of the public health system to identify, isolate, test, and treat all cases of COVID-19 that emerged, and moreover to trace and quarantine applicable contacts of those infected, and
* insufficient capacity to dual-track efforts and provide regular health services while at the same time aggressively treating and addressing COVID-19 as an overarching national health crisis

UNDP led **Socio-Economic Response Plan (SERP**), finalized in October 2020, is set within the overall UN COVID-19 “recovery pathway” framework and follows the key gaps identified in the SEIA. The response plan provides a series of recommendations for the country to address the short and long-term challenges created by the pandemic, in the following focus areas: Health, Social Protection, Jobs, Employment and Small Medium Size Enterprises, Macro economy and international cooperation, Resilience, Environment and Climate Change. This response plan constitutes “Phase 3” of the UN team in Serbia’s response to COVID-19, and its recommendations target crisis adaptation to the changed global functioning paradigm, as well as mitigation of future crisis situations, by embedding sustainability and resilience in the national development planning and reform process. The WHO provided the following recommendation of relevance to the health sector:

* *Immediate to Mid-Term Recommendations:*
* Strengthen multisectoral cooperation and coordination among stakeholders.
* Continue to focus on preventive and clinical activities related to COVID-19 prevention and response, slowing down the virus spread, while boosting critical care surge capacity.
* Secure and upgrade health sector infrastructure and workforce capacity in order to improve COVID-19 preventative measures and clinical response.
* Ensure continuity of non-COVID-19 health services.
* *Medium to Long-Term Response and Preparedness:*
* Develop a national COVID-19 plan for procurement of vaccines and implementation of a vaccination roll-out plan, including through the formation of a National Immunization Technical Advisory Group or a similar group, and the development of an inclusive communication strategy on COVID-19 vaccines, as part of overall communication on the importance of vaccines.
* Develop and strengthen Serbia’s capacity for risk-based decision making across the healthcare sector.
* Continue to upgrade the healthcare system’s physical infrastructure.
* Focus on standard-setting and strengthening of the healthcare workforce.
* Facilitate setting up emergency procedures and protocols that improve biosecurity standards that protect both human lives and the food production process.
* *Longer Term Recovery Recommendations:*
* Resume broader structural healthcare reforms to make the health system in Serbia more resilient for any emergency.
* Strengthen the public procurement of medicines, vaccines and other medical equipment and devices. This may include implementing systemwide efficiencies, strengthening national production and regional production, and pooled procurement mechanisms at regional level.
* Develop a harmonized strategy for physical infrastructure improvement in the healthcare sector. Health infrastructure in the future needs not only to be climate resilient, but also integrate all the lessons learned from COVID-19 in terms of needs for isolation, physical organization, accessibility and other physical layout limitations.
* Advance digitalization in the healthcare sector to better serve patients more quickly and efficiently, while capturing and sharing key data across the country. This work will include developing an e-health strategy and action plan.
* Continuously promote advanced control of NCDs (non-communicable diseases) by including health in all policies and by promoting healthy public environments and individual behaviors (including the promotion of no-smoking, physical exercise, nutrition, reduction in air pollution, and other key behavioral health factors).
* Enhance the resilience of risk management systems to address future pandemic risks. The national strategy for disaster risk reduction should reflect systemic risks with a pandemic dimension, taking lessons learned from the current crisis and building on the stress testing of disaster risk management systems against complex disaster risk scenarios, both previously experienced and not yet experienced.
* Further strengthening of the One- health approach with additional focus on: risk management practices when it comes to risk identification, analysis, control, and monitoring to any biosafety risk (zoonosis or other transmissible diseases).

**The National Action Plan for Health Security (NAPHS)** has been developed to prioritize and address the main gaps and needs, so that the Republic of Serbia strengthens its capacities for the implementation of the IHR. Planned actions shall improve national capacities to prevent, early detect and rapidly respond to any kind of public health threats. It provided evidence-based priority actions that can be implemented quickly to have an immediate impact, as well as the long-term actions for sustainable capacity development to improve health security. NAPHS is a country owned, multi-year, planning process, based on One Health, all-hazards and whole-of-government approaches. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. The NAPHS will be a part of Serbia’s national strategic and planning framework and shall serve as a basis for designing actions related to preparedness and response to emergencies in the health sector.

Support to the health system shall target facilities and personnel already in place, and will be upgrading their equipping level, improving and standardizing their operations, and enhance their area of actions, all related to the new paradigm of the pandemic-induced conditions, thus leading to the optimization of public health system and increasing its response capability, rather than imposing new burdens to operational and maintenance costs.

**Complementarity with other actions:**

Based on **the EC Annual Report for 2019**, Serbia is moderately prepared in health protection and particular focus should be on strengthening the overall managerial capacities and human resources. Capacities for surveillance and response on serious cross-border health threats including communicable diseases remain limited and require modernization.

Pandemic risks/biohazards are recognized as risks in Serbia in the ***Law on disaster risk reduction and emergency management as well in the Public Health Strategy***. A framework is provided for the risk of a pandemic, but a further elaboration of this specific risk is needed. A link to the existing system for risk reduction and emergency response established, based on Law on disaster risk reduction and emergency management, is not completely defined, nor are the roles and inter-institutional arrangements related to pandemic risk and cross-border cooperation clear in case of biological and chemical hazards.

The Action is complementing the focus of ***Window 4 Thematic Priority 1 of the IPA III Programming*** Framework in the health sector. By investing in laboratories, infectious disease clinics/departments for detection of reaction and response in case of emergency; establishment of the Disaster Risk Register, policy improvement, and capacity building, the Action will contribute to the Serbian health system reform with regard to raising the standards of coverage and care provided to the population. In addition, it will support Serbia in strengthening its public health system preparedness and resilience to cross-border health threats.

The Action also addresses the issues raised in ***the EC Annual Report for the year 2020*** by modernization of surveillance and response capacity on serious cross-border health threats including communicable diseases, and a centralized health information and communication system. Strengthening the capacity of the health system in dealing with this and other crises will be improved through this Action. Further improvements of these capacities should meet European and international standards and guidelines and generally accepted practices of the European Centre and Network for the Control of Communicable Diseases of the Member States and of the Health Security Committee in order to participate effectively and share the best practices and information on national preparedness and response in the future (***Decision 1082/2013/EC, ECDC Report for Serbia 2013[[3]](#footnote-4), the Ministry of Health Republic of Serbia’s Report for EU-Serbia internal market and competition sub-committee***).

***The Economic Reform Programme 2021-2023 (ERP)*** states that responsible fiscal policy, combined with good macroeconomic performance, has led to the creation of fiscal space that will be used on expenditures. The document envisages that the social component of the budget will be enhanced by larger allocations to health and education. However, due to the recent pandemic crisis, it is evident that Serbia will need more support to match Government pledges in strengthening the system of emergency response in healthcare. Specifically, improvement of the effectiveness of inspection surveillance through improved planning and procedures based on risk analysis, and coordination between inspection services and the established common inspectorates e-systems is required *(****the Economic Reform Programmes****)*.

***The Western Balkans Strategy*** recognizes healthcare as one of the priority areas of the EU pre-accession support. It is specifically mentioned in the Flagship Initiative 3: **to enhance socio-economic development** with more focus on employment and social policies, and increased financial assistance to support the social sector**, especially education and health.** The Action is in line with the Strategy as it will create a strong, sustainable, and resilient healthcare system able to respond to unforeseen emergency situations.

Achieving the Action’s goals will also prepare Serbia to participate effectively in ***the European Centre and Network for the Control of Communicable Diseases****,* ***the Health Security Committee***, and ***the EU Civil Protection Mechanism*** in accordance with International Health Regulation (NPAA 2018-2021)[[4]](#footnote-5). Specifically, the intervention will scale up the capacities of different institutions in the area of surveillance, early warning, prevention, risk reduction and management of national and global health risks, biosafety and control of communicable diseases and other specific health issues, inspection control, financing (***Action plan to improve public health preparedness and response in the WHO European Region 2018–2023, International Health Regulations (IHR) (2005), The WHO European health policy framework, WHO European Programme of Work 2021-2025: United Action for Better Health in Europe (EPW) and Road Map for Health for Western Balkan Countries (WBs), Europe 2030****)*.

The Action will have additional links with regional initiatives and programs. Cross-sectoral, multi-dimensional and dynamic understanding of resilience will have a valuable impact on national efforts in achieving disaster resilience targets of ***the 2030 Sustainable Development Agenda*** including building the resilience of the poor and their exposure to risks (target 1.5), strengthening capacities for early warning, risk reduction and management of national and global health risks (3.d), ensuring inclusive and equitable quality education and lifelong learning (4) facilitate sustainable infrastructure development (9.a), and increasing the number of cities and communities implementing integrated policies in line with Sendai Framework (11.5). The Action follows ***the Sendai Framework for Disaster Risk Reduction 2015-2030***, achieving the set goal of preventing new and reducing existing disaster risk through the implementation of health measures within an integrated and inclusive national system, and increasing preparedness for response and recovery and thus strengthening resilience.

WHO in partnership with UNOPS in the period 2012-2015 has implemented ***EU-funded Project “Integrated Health Information System (EU-IHIS)*”** to improve health systems overwhelmed with administrative procedures. The objectives of the project were to implement a Hospital Information System (HIS) in 19 hospitals in Serbia and the development of an Electronic Health Record System (EHR), as well as provide elements of the national e-health system supporting the provision of health services and use of health-related data. Even though the ICT equipment and software solutions were delivered to the public health system of Serbia for targeted institutions, the centralized electronic health record system is still not used and compliance with EU health indicators is not yet ensured (EC Serbia Progress Report 2020).

UNDP in partnership with WHO successfully realized ***IPA 2013 funded project "Open Communities-Successful Communities"*** supporting municipal resilience to the challenges of the manmade crisis including strengthening the capacities of the healthcare institutions in charge of first response in situations of increased risk of spreading contagious diseases and reacting in emergencies through procurement of equipment for prompt diagnosis and detection of communicable diseases and infrastructural upgrades.

Through the ongoing ***IPA 2019 funded project*** *"****EU for Civil Protection and Disaster Resilience Strengthening in the Republic of Serbia"*** UNDP is improving the Serbian capacity for disaster management sufficiently to establish a functioning system at the national and local level, amongst others, by providing support to front-line health workers and institutions through the provision of ambulances and decontamination vehicles, protective equipment for biological and chemical incidents. Withing COVID-19 emergency response UNDP effectively organized aerial transportation of more than 721 tons of protective equipment and medical devices from foreign markets. In partnership with leading emergency management institutions, UNDP is leading establishment of the Disaster Risk Register as georeferenced, interactive and interoperable system, on which the Action will build upon and integrate the health-related issues in the Register. Once started, the project will be embedded in the UNDP and the UNDP Resilience Cluster and create immediate synergy with the ongoing IPA 2019 ***'EU for Civil Protection and Disaster Resilience Strengthening in the Republic of Serbia'*** bringing together institutions, local level actors and other stakeholders responsible for disaster risk reduction, emergency management and recovery after natural and man-made disasters. This is especially important in reaching an agreement of the existing structures for DRR and emergency management with the specificities of the health sector.

As a part of COVID 19 response, UNDP established innovative e-service for online registration for immunization. UNDP is successfully implemented a COVID-19 vaccination campaign in partnership with WHO, UNICEF, NIPH ‘Dr Milan Jovanovic Batut’ and the Ministry of Health.

In September 2021, with USAID support WHO launched the Risk Communication & Community Engagement (RCCE) project in Serbia to contribute to increasing COVID-19 vaccination acceptance and uptake in the country through behavioral change. The project encompasses a wide range of activities: the introduction of infodemic management in the country, outreach work through engaging of civil society organizations and chambers of healthcare professionals. This project is a sequel to the previously implemented USAID-funded COVID-19 response project through which WHO strengthened the capacities of the national health system to detect and treat COVID-19 at the start of the pandemic in 2020. UNDP, in partnership with UNICEF and cooperation with NIPH ‘Dr Milan Jovanovic Batut’, is implementing **‘*Preventing and Responding to COVID-19 in At-risk areas’*** project funded by USAID and Germany focused on creating a more resilient socio-economic communities through sourcing and deploying new and innovative solutions for supplying healthcare service providers and caregivers with personal protection equipment against COVID-19 and minimizing the risk of virus transmission among the general population, as well as to building local markets in Serbia by supporting local capacities for producing supplies needed for COVID-19 prevention and response over the medium-term, and to respond to the future outbreaks.

UNDP, in cooperation with UNHCR, Social Inclusion and Poverty Reduction Unit of the Government of Serbia (SIPRU), and the Ministry of Public Administration, Local Self-Government, is implementing through *‘****Support to the Republic of Serbia for Implementing an Effective and Efficient COVID-19 Immunization Plan****’* project a vaccination campaign in Roma settlements related to informing and raising awareness on the importance of vaccination, and providing necessary infrastructure and equipment for applications in the field in cooperation with Office for E-government and Electronic Service.

In 2021, WHO Regional Office has been awarded 3-year project to strengthen health systems resilience in the Western Balkans. The activities within the project are implemented at the subregional level for Western Balkans Instrument for Pre-Accession Assistance (IPA) beneficiaries to strengthen and maintain their all-hazard preparedness and response capacities, strengthen their health systems’ financing for universal health coverage and support in the deployment of COVID-19 vaccine. In the implementation of the Action, UNDP / WHO will ensure synergies with the ***UN Secretary-General Global Humanitarian Response Plan***. The United Nations COVID-19 Response and Recovery Fund is a UN inter-agency fund mechanism established by the UN Secretary-General to help support low and middle-income program countries overcome the health and development crisis caused by the COVID-19 pandemic and support those most vulnerable to economic hardship and social disruption. The Fund contributes to financing the three objectives of the UN Secretary General’s Call for Solidarity: (1) Tackle the health emergency; (2) Focus on the social impact and the economic response and recovery; and (3) Help countries recover better.

The Action will also address some of the impediments identified by the **“*Improving microbiology diagnostic system quality in the function of surveillance of communicable diseases (CD) in the Republic of Serbia***” Twining Light Project regarding the limited capacities of the health system to detect infectious diseases under EU surveillance. The Project identified a number of deficiencies at various levels, from primary diagnostic capacity across the country as per the EU laboratory diagnostic criteria to the further characterization of pathogens at National Reference Laboratory (NRL) level for public health purposes and diagnostic networking, reference laboratories and central health institutions (MoH and NIPH). Alongside those gaps, there is a strong need for further strengthening of physical, operational and human capacities across the health sector.

**Procedures for follow-up and internal/external evaluation:**

UNDP / WHO will establish an **internal system of monitoring and evaluation** to regularly check the activities and results. The system will use the original benchmarks presented in this document as the basis. Each of the activities is related to specific outcome/outputs and equipped with quantified indicators. Throughout the implementation, the achieved results will be checked against original plans – time perspective/milestones will be taken into account. In case of discrepancies from plans, UNDP / WHO will introduce corrective measures. The common procedure for elimination of discrepancies will be (a) identifying a discrepancy, (b) estimation of the level of discrepancy and potential impact (time, quality and quantity wise), (c) definition of reasons (internal, external), (d) preparation of the contingency plan (responsibilities, activities), (e) implementation of the contingency plan, (f) review. UNDP / WHO have clearly defined roles and responsibilities in the implementation phase. Each will contribute with their reports and inputs into the internal monitoring system.

Regular reporting will be established at the level of partnership. While monitoring will be a constant process, an **internal evaluation will be implemented** at the key milestones of the project**.** Following this evaluation, reports will be prepared in line with the standard methodology. Effectiveness, efficiency, utility, and sustainability will be among the issues reviewed. The process will not only increase the impact of the project but will also provide valuable messages and lessons learned for the policy-making level and participating stakeholders.

**Transparency and accountability**

The United Nations Development Programme (UNDP) is the EU pillar-assessed organization working in 170 countries and territories with national partners to strengthen national and subnational policies, legal and institutional systems and foster greater coherence of disaster risk reduction, acting under the old pillar assessment (pre-2012 FR) until a new pillar assessment is done, only for international organizations.

Since 2001, UNDP in Serbia has delivered more than USD 250 million in development assistance, whereby the Government of the Republic of Serbia has entrusted UNDP Serbia with over USD 60 million through Government co-financing initiatives over the years.

UNDP Serbia has been applying the **International Public Sector Accounting Standards (IPSAS)** since 2012 which is an independently developed financial reporting standards for the public sector.

UNDP Serbia applies the **Harmonized Approach to Cash Transfers (HACT),** ensuring proper risk-based assessments of Implementing Partners in transferring cash to institutions.

With its long-standing commitment to transparency, UNDP began publishing its project data to the global standard of the International Aid Transparency Initiative (IATI) in 2011. UNDP's online portal, [open.undp.org](http://open.undp.org/#2017), allows open and comprehensive public access to data on more than 5,000 UNDP projects with over USD 5 billion project resources. Thanks to the efforts made by all parts of UNDP, UNDP has been ranked first on the Aid Transparency Index for the last two consecutive years.

**Role and participation of the various actors and stakeholders in the action:**

The overall coordination at the level of the entire project will be ensured by the UNDP in collaboration with the WHO.

At the level of partnership, the responsibilities, resources and other inputs for each of the activities and results are pre-defined. The UNDP is committed to following regularly and thoroughly, and to report about achievements at the level of partnership.

The UNDP is administrative agent for the multiparter EU action with overall management and coordination of the Action, including overall financial management, reporting and any amendments of the contract. However, project management and coordination will be conducted together with the WHO through active participation of all the beneficiary institutions (final beneficiaries and end recipients) and regular coordination meetings.

**Organizational structure and the team proposed:**

**Project governance**

The project is designed in a way that some of the activities are coordinated by the respective partner agencies, and some of them are coordinated in mutual synergy. The overall coordination at the level of the entire Action will be ensured by the UNDP. Responsibilities for the activities were allocated based on experiences and competencies of agencies. Close coordination with the EUD will be done in the process. At the level of partnership, the responsibilities, resources and other inputs for each of the activities and results are pre-defined. UNDP and WHO are committed to follow regularly and thoroughly their respective activities and to report about achievements at the level of partnership. The position of the partner agencies in the project is as follows:

UNDP - The lead agency will be responsible for overall management and coordination of the project. It will establish a coherent system of communication between partners and collect information about proceedings in specific activities. UNDP will be a focal point for communication with the Contracting Authority and will facilitate procedural issues (financial management, reporting, eventual amendments of the contract).

WHO - The partner agency will be responsible for implementation of the activities of concern of policy coherence and will support UNDP in by mainstreaming WHO international standards along the laboratory upgrades, Disaster Risk Register and eHealth.

**Decision Making Structure**

UNDP and WHO will jointly establish a Project Steering Committee (PSC) to ensure the national ownership and achievement of project objectives through the strategic level steering and informed decision-making process. Therefore, the overall progress, milestones and mitigation measures to potential difficulties and risks shall be agreed upon. The PSC will consist of representatives of: EU Delegation, Ministry of Health, NIPH “dr Milovan Jovanovic Batut”, Ministry of Interior – SEM; Ministry of European Integration, UNDP and WHO. The final composition of the PSC, in terms of appointed persons, will be discussed and agreed upon at the beginning of the implementation of the Action. The PSC will take strategic decisions including decision on the usage of contingency reserve and supervise the proper implementation of the Action. The Steering Committee Members shall meet quarterly unless further ad hoc meetings are necessary.

UNDP with the support and programmatic input of WHO shall provide support to the PSC, including organizing meetings and drafting/circulation of agendas (2 weeks before meetings), documentation for consideration (1 week before meetings) and taking minutes (1 week after meetings). Implementation/non-implementation of PSC decisions shall be noted in the subsequent report.

Project activities will be implemented by a competent project team. Each of the beneficiaries will contribute to the team with experienced staff with first-hand technical experience in the themes covered within their respective activities and interventions. The following functions are proposed within the project team:

* UNDP Overall Portfolio Manager **-** An 80% Portfolio Manager is proposed in the team, coordinating all project activities. He/she will be responsible for coordination and communication within the project team, relations with beneficiaries, end recipients and stakeholders and maintenance of procedural aspects. The Portfolio Manager will supervise the internal management proceedings and coordinate any corrective actions with beneficiaries. The assigned Portfolio Manager will ensure smooth coordination with UNDP Digital Portfolio in realization of the eHealth related activities. The Portfolio Manager will supervise communication and visibility activities at the horizontal level.
* UNDP Project Manager (100%) - at operational level, the Project Manager will be directly primarily responsible for the Disaster Risk Register Public Health Upgrade, development of the e-Health system, infrastructure upgrades, procurement of laboratory and other equipment and realization of the Emergency Health Awareness Raising Events.
* UNDP Project Coordinator (100%) will bear the responsibility for Programme support and management of content activities within UNDP scope of work. Communication and reporting towards PM.
* eHealth Specialist (100%) – Provides an expert input, coordination with the eHealth WG, MoH, WHO and coordination of the consultants within eHealth component. Reports to Portfolio Manager – Digital and works closely with Portfolio Manager assigned to the Action.
* UNDP Project Associate (100%) provides administrative support and communication activities. Office support, correspondence etc. Communication and reporting towards PM.
* UNDP Finance Associate (100%) and Finance and Administration Assistant (100%) will have the overall responsibility for financial management, consolidation of inter-agency financial transaction, and compliance with contractual rules and regulations. UNDP Finance and Admin Associate will support in consolidating financial reporting and expenditure compliance towards of both partner agencies.
* UNDP Procurement Associate (60%) has responsibility for implementation of the extensive amount of procurement cases including works, equipment and services.
* WHO Technical Officer for Emergency Preparedness and Health Systems (80%) will be primarily responsible for activities implemented by the WHO, related to capacity building and strengthening of the public health laboratory system and capacity of the health system for emergency preparedness and response. The Technical Officer for Emergency Preparedness and Health Systems will maintain regular communication with the Project Manager to review progress at activity level and contribution to overall project, focusing on the joint components, with the UNDP, related to the e-Health system and emergency-awareness-raising. The Technical Officer for Emergency Preparedness and Health Systems will maintain contacts with respective stakeholders and target groups, in coordination with the Portfolio Manager.
* WHO Technical Officer for Risk Communication and Community Engagement (RCCE) with 20% of work engagement will manage activities related to capacity building for communication in emergencies and will be responsible for all visibility actions implemented by WHO within the Project. WHO Admin/finance Support (100%) will have the overall responsibility for financial management and compliance with contractual rules and regulations within activities implemented by WHO and will provide administrative support during project implementation.
* UNDP and WHO will also provide technical assistance to the MoH by engaging and deploying to the MoH three Technical Officers (two for 100% engagement in the period of 38 months and one at 60% of work time during implementation of the action) to facilitate implementation of the Action and coordination with the complementary actions.

**Means of implementation of the action:**

The core project team described in the previous point will carry out the overall implementation of the activities. To support the project team, per-diems/subsistence and travel costs will be allocated. Both segments are calculated in line with the existing UNDP and WHO standards. Travel and presence at local level is taken into account in planning of these resources.

The project funds will be allocated for purchase of equipment for institutions in organizations in the sector of health, digitalization and emergency management, precisely the Ministry of Health, National Institute of Public Health, respective laboratories of the public health system, the Serbian Office for IT and eGovernment, and the RGA. Purchase of equipment is planned in line with concrete and proven needs at national and local level. This proposal provides a list of equipment in the description of activities and the project budget. Furthermore, project funds will be allocated for (re)construction works of selected laboratories. Reconstruction works are planned in line with the proven needs and based on the already assessed technical documentation for the (re)construction at national and local level. This proposal provides a description of reconstruction works and the project budget.

Costs of local office included in the project budget are limited to the costs of the utilities and sundries (such as rent, depreciation costs, assets composing project office, maintenance/repair, consumables and supplies, IT and telecommunication, energy/water, facility/security costs) of the designated project office, which will be housed at the UNDP and WHO Serbia Country Offices respectively.

The UNDP and the WHO will engage external expert services in support of implementation of specific segments of activities. This external assistance will cover professional services which cannot be delivered by internal sources. An example of such an activity is the training needs assessment and training in the civil protection sector. External assistance will also be engaged in support services: implementation of events, translation services, printing of publications and promotional materials. As (re)construction works are an important part of the project, the UNDP and the WHO will engage external experts/companies in support of the following activities: design of technical documentation, development of technical specifications, technical control/independent verification of prepared documentation, construction works and independent supervision of works.

**Country ownership:**

All specific support activities elaborated in this proposal (support services, equipment, infrastructure) are coming directly from the beneficiaries and end-recipients (Ministry of Health, NIPH, respective laboratories, PIMO, SEM and RGA). The institutions which have proposed the activities are strongly committed, and therefore full support in the implementation phase and continuation of activities/results after the conclusion of the project is expected. The UNDP and the WHO have checked the proposed activities and agreed that the overall project design and the specific support intervention correspond to the present priority needs.

**Activities to ensure visibility of the action and EU funding:**

Communication and visibility will be given high importance during the implementation of the Action and will demonstrate the achievement of agreed results and objectives, the EU support to Serbia and contribution to the accession process, as well as the specific benefits to the general public.

The main messages communicated throughout the implementation will be:

* **Promotion of issues and challenges of public health system resilience and emergency management**. The purpose of visibility activities will be the introduction of the issues and challenges of raising prevention and responsiveness in health emergency management to the health system professionals and local and general population.
* **Significance of EU funding and support**. The visibility activities will promote the positive impact of EU funding initiatives in Serbia. This should contribute to better awareness/perception of the EU in general sense.
* **Significance of the positive leading role of the Government institutions and local self-governments** in ensuring continuous improvement of the public health system and emergency management at the national and local level.

Visibility activities will be implemented at **overall project level**, horizontally through all activities. Messages will promote the sector, added value and impact of the EU's interventions, government efforts, UN support, promote transparency and accountability on the use of funds, and will as well aim at strengthening general public awareness on the results pursued and the change they bring to the individual and society as whole.

The **main channels of communication** will include public events in Serbia, conferences/field visits, media interactions, written documents, global meetings and forums organized under the auspices of the UN.

Participation of a UN Agency in the project represents an added value in all respects. The visibility activities will be specifically designed to promote improved national and local infrastructure and services related to public health system preparedness and response among the general Serbian public. They will highlight the joint work and cooperation between the EU, Government of Serbia and the UN in this important endeavor, and the positive impact they make on the progress of the EU accession processes in Serbia.

All necessary measures will be taken to publicize the fact that the Action received funding from the EU.. All visibility and promotion activities will be implemented in cooperation with EU Delegation to Serbia, in line with the relevant contractual requirements and the Joint Visibility guidelines for EC-UN in the Field and UNDP and WHO policies, regulations, rules and practices on donor visibility.

A visual identity of the project shall be designed in cooperation with EU Delegation to Serbia to be used and communicated throughout the implementation of the envisaged activities. The action shall be represented in the visibility platform [#EUzatebe](https://www.euzatebe.rs/en/projects) where information on the design of the project, expected results and project partners are available. The same platform shall be used for publishing of the project news and sharing info and material from visibility events. In this manner the Action is embedded in overall portfolio of the EU assistance to Serbia, besides its representation on the [UNDP website](https://www.rs.undp.org/content/serbia/en/home/projects.html) and the WHO Country Office [Facebook](https://www.facebook.com/whosrb) page. Furthermore, the visibility of the donor shall be achieved by branding of supplies procured, works performed and services rendered within this action, as well as in visual representation at workshops, training, meetings and public campaigns and the use and distribution of visibility material in these events.

## 2.1.3 Indicative action plan for implementing the action

The duration of the Action will be 48 months. Indicative action plan is as follows:

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| **Year 1** | | | | | | | | | | | | | |
|  | Half-year 1 | | | | | | Half-year 2 | | | | | | Implementing body[[5]](#footnote-6) |
| Activity | **M 1** | **M 2** | **M 3** | **M 4** | **M 5** | **M 6** | **M 7** | **M 8** | **M 9** | **M 10** | **M 11** | **M 12** |  |
| A0: Establishment and coordination of Decision-Making Process |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |
| Activity 1.1 Implementation of the Laboratory Quality Management System (LQMS) in the microbiological laboratories |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A1.2 Laboratories reconstruction and upgrade in line with LBM4 |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |
| Activity 2.1 Development of procedures for healthcare system response to emergencies at national and local level and public health emergency management training for the health system employees including sanitary inspectors |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A2.2 Disaster Risk Register upgrade with Public Health related risk |  |  |  |  |  |  |  |  |  |  |  |  | UNDP/WHO |
| Activity 2.3 Training of the professionals for psycho-social support for groups affected by public health crisis and emergency based on the defined psycho-social support manual |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| Activity 3.1 Digitalization and eHealth |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| Activity A4.1: Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc. |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| A4.2 Emergency Awareness Raising Events |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |

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| **Year 2** | | | | | | | | | | | | | |
|  | Half-year 1 | | | | | | Half-year 2 | | | | | | Implementing body |
| Activity | **M 1** | **M 2** | **M 3** | **M 4** | **M 5** | **M 6** | **M 7** | **M 8** | **M 9** | **M 10** | **M 11** | **M 12** |  |
| A0: Establishment and coordination of Decision-Making Process |  |  |  |  |  |  |  |  |  |  |  |  | UNDP/WHO |
| Activity 1.1 Implementation of the Laboratory Quality Management System (LQMS) in the microbiological laboratories |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A1.2 Laboratory reconstruction and upgrade in line with LBM4 |  |  |  |  |  |  |  |  |  |  |  |  | UNDP/WHO |
| Activity 2.1 Development of procedures for healthcare system response to emergencies at national and local level and public health emergency management training for the health system employees including sanitary inspectors |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A2.2 Disaster Risk Register upgrade with Public Health related risk |  |  |  |  |  |  |  |  |  |  |  |  | UNDP/WHO |
| Activity 2.3 Training of the professionals for psycho-social support for groups affected by public health crisis and emergency based on the defined psycho-social support manual |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| Activity 3.1 Digitalisation and eHealth |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| Activity A4.1: Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc. |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| A4.2 Emergency Awareness Raising Events |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |

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| **Year 3** | | | | | | | | | | | | | |
|  | Half-year 1 | | | | | | Half-year 2 | | | | | | Implementing body |
| Activity | **M 1** | **M 2** | **M 3** | **M 4** | **M 5** | **M 6** | **M 7** | **M 8** | **M 9** | **M 10** | **M 11** | **M 12** |  |
| A0: Establishment and coordination of Decision-Making Process |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |
| Activity 1.1 Implementation of the Laboratory Quality Management System (LQMS) in the microbiological laboratories |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A1.2 Laboratory reconstruction and upgrade in line with LBM4 |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |
| Activity 2.1 Development of procedures for healthcare system response to emergencies at national and local level and public health emergency management training for the health system employees including sanitary inspectors |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A2.2 Disaster Risk Register upgrade with Public Health related risk |  |  |  |  |  |  |  |  |  |  |  |  | UNDP/WHO |
| Activity 2.3 Training of the professionals for psycho-social support for groups affected by public health crisis and emergency based on the defined psycho-social support manual |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| Activity 3.1 Digitalization and eHealth |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| Activity A4.1: Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc. |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| A4.2 Emergency Awareness Raising Events |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |

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| **Year 4** | | | | | | | | | | | | | |
|  | Half-year 1 | | | | | | Half-year 2 | | | | | | Implementing body |
| Activity | **M 1** | **M 2** | **M 3** | **M 4** | **M 5** | **M 6** | **M 7** | **M 8** | **M 9** | **M 10** | **M 11** | **M 12** |  |
| A0: Establishment and coordination of Decision-Making Process |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |
| Activity 1.1 Implementation of the Laboratory Quality Management System (LQMS) in the microbiological laboratories |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A1.2 Laboratory reconstruction and upgrade in line with LBM4 |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |
| Activity 2.1 Development of procedures for healthcare system response to emergencies at national and local level and public health emergency management training for the health system employees including sanitary inspectors |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| A2.2 Disaster Risk Register upgrade with Public Health related risk |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| Activity 2.3 Training of the professionals for psycho-social support for groups affected by public health crisis and emergency based on the defined psycho-social support manual |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| Activity 3.1 Digitalization and eHealth |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| Activity A 4.1: Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc. |  |  |  |  |  |  |  |  |  |  |  |  | WHO/UNDP |
| A4.2 Emergency Awareness Raising Events |  |  |  |  |  |  |  |  |  |  |  |  | UNDP / WHO |

## 2.1.4 Sustainability of the action

### Impact of the action:

The action is designed in a way to provide a direct answer to challenges at the national and local level.

**Direct immediate impact (technical).**

Project activities and results are providing solutions to limited national and local capacities, resources and facilities related to public health system and emergency management. The project's direct impact will be the strengthening of the health emergency management system and public health care system as whole, to react in the case of biological and chemical accidents and interact with the existing civil protection system at national and local level. Equipment, potential constructions and reconstructions, along with capacity development, will address some of the most pressing issues of disaster management in the health sector at national and local level, contributing to resilient infrastructure and responsive services. By creating an integrated healthcare information system, the digitalization of the healthcare sector shall almost immediately augment its capacities and capabilities to provide quality services to the general public, with fewer time constraints and optimal utilization of public health system resources at the public’s disposal. The Project will restrain from introducing new structures in already cumbersome and overburden public health system. It will keep a focus on strengthening existing once and decreasing maintenance costs.

**Long-term impact (societal)**

Cultural, gender specific and vulnerable groups needs will be particularly considered when upgrading the Disaster Risk Register public health system data. This will enable national stakeholders and local communities in designing case-based risk reduction measures and proper allocation of resources during emergency response, which will, in case of disasters that are likely to happen in the near or distant future, directly result in the number of lives saved. Activities will include strengthening of systems and mechanisms for inclusion and participation in risk governance at national and local level; coordination with national disaster management authorities and the national system for emergency management, and building collaboration for disaster risk reduction; promoting good practices in disaster risk reduction, including supporting the organization and training of local healthcare professionals, as well as other actors involved in biological and chemical hazards management system. **At least 70% of project beneficiaries should be women and girls**.

**Policy level impact**

The Action will create conditions for embedding preventive and responsive health sector planning in the national strategic and planning framework and will establish an adequate procedural and regulatory framework for detection, risk assessment and reaction. Especially important is the encouraging cooperation and inter-institutional coordination between the public health sector and the existing system for risk reduction and emergency response, established on the basis of Law on Disaster Risk Reduction and Emergency Management and the Public Health Law.

**Dissemination and replication of outcomes**

The UNDP/WHO will prepare presentations of results in a way to allow their use in other initiatives and areas (each result will be presented with its background, main actions and lessons learned). Channels used in the process will include:

* Press-releases and media publications. The UNDP/WHO will issue regular press-releases and ensure media publications. These will be aimed at the general public, significance of EU financing, promoting governmental efforts, and sectoral issues.
* Professional publications. The project results (capturing the relationship between project outputs and impact) will be presented in professional publications and in the media dealing with emergency management and civil protection issues, for further dissemination and replication.
* Events planned by the project will be an opportunity for presentation of results to an extended audience.
* Direct contacts. The UNDP/WHO will be available throughout the duration of the project for presentation of lessons and experiences to other interested parties, policy makers, etc.

### Assumptions, preconditions, risk analysis and contingency plan:

The following assumptions and preconditions need to be fulfilled for efficient implementation of this action:

**Full commitment to action’s objectives from the participating national and local institutions and organizations.** The participating national and local institutions and organizations are expected to fully support the UNDP/WHO efforts. They are expected to be committed in training and capacity building activities. National and local level institutions and organizations are expected to commit to maintenance of the infrastructure and equipment provided from the project.

**Full commitment towards efficient and consistent resolution of issues of public health system resilience at the national level is expected**. The UNDP/WHO assume that the Government of Serbia and relevant national institutions will continue their efforts to ensure better communication and cooperation between all involved relevant stakeholders in the public health system. National entities involved directly in project activities are expected to embrace the concepts developed and ensure continuation after the project closure.

The following table presents **the analysis of risks and contingency** scenarios:

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | Probability | Impact | Mitigation |
| Institutional: |  |  |  |
| Political changes at the local and national level | Medium | Medium | * The topics tackled in this project are considered high priority for both the national and local level. As such, they would be supported by any national/local government regardless of political orientation. * The UNDP/WHO will maintain regular contacts and coordination with authorities at all levels. In case of changes, they will approach the new structures with transparent and independent presentation of project activities, broader significance and impact. |
| Lack of motivation and commitment from national and local institutions and organizations to fully participate | Low | Medium | * This proposal is prepared in close partnership with relevant national institutions. All proposed activities were checked for commitment by the final beneficiaries. * The target institutions and organizations have expressed commitment for maintenance of facilities developed in the project. * The UNDP/WHO will maintain a close collaboration with relevant stakeholders to encourage commitment. |
| Technical: |  |  |  |
| Delays in deliveries of equipment, materials and/or infrastructure upgrade due to poor performance by contractors | Low | Medium | * Possibility to apply UNDP procurement procedures (as pillar-assessed organizations) represents an important advantage of this partnership. It will increase efficiency, decrease reaction time and improve control over sub-contractors. * Each infrastructure and supply activity will be thoroughly reviewed in the preparatory phase. Technical and logistical arrangements will be made in such a way so as to decrease risk. All facts will be presented to the PSC before a decision is made. * UNDP/WHO will maintain close control and communication with sub-contractors. Their performance will be incorporated into the internal monitoring system. * UNDP/WHO will put efforts in risk management during implementation of different contracts |
| Delays in finalization of procedures relating to obtaining relevant permits for (re) construction of laboratories and primary health care centers/facilities for detection of reaction and response in case of emergency. | Low | Medium | * Relevant IPH and health center appointed staff to deal with permitting procedure. * UNDP/WHO shall establish close cooperation with all authorities having jurisdiction, to ensure receipt of all required approvals, permits and location conditions in due time. * MoH resumes the responsibility to liaise with the responsible national and local institutions ensuring no delays in the issuance of the necessary documentation. * UNDP shall engage in-house engineering capacities for monitoring of the implementation of the contract. |
| Lack of availability of relevant staff for project implementation at national and local level. | Medium | Medium | * Institutions and organizations to nominate relevant staff (member and deputy member) for the implementation of the project. * National health professionals’ retention plan. |

### Sustainability of the action after completion:

**Financial sustainability:** The project focuses on strengthening existing public institutions and organizations, operated and maintained by public funds. Initiatives proposed in the project (infrastructure and equipment upgrades) are already a part of the beneficiaries’ assets and are regularly represented in their annual budgets, with a legal obligation to national and local institutions to operate, staff and maintain the infrastructure and equipment. The improvements may even bring positive financial benefits by reducing the energy loss as a result of introducing energy efficient measures and solution. The equipment purchased from the project will in most cases replace obsolete or equipment at the end of its life span. The new equipment will ensure more efficient and effective implementation of services, thus reducing overall cost of rendered services and facility maintenance costs. The capacity building activities accompanying infrastructure and equipment upgrades will raise the competencies and efficiency of participating staff and reduce dependence on international assistance funding, while the development of procedural and improvement of the regulatory framework will result in decrease in use of contingencies, as well as streamline preparedness and response in a more structured and foreseeable manner, easy to monitor and manage.

**Institutional sustainability:** In all its activities, the project will produce relevant and important deliverables and results that contribute to strengthening the institutions involved. The project does not envisage creation of new institutions; rather, all efforts will be focused on ownership of results by existing institutions, enabling institutions to function better, and enabling better vertical and horizontal relations among institutions.

UNDP/WHO will intensively work on building capacities of health care workers, public health system employees and first line responders, sanitary inspectors, laboratory staff, and other relevant stakeholders.

The training and workshop support delivered will equip the participating staff with significant knowledge and experience in implementation of activities aimed at supporting health emergency management and civil protection. The knowledge and experience gained from the project will be used during and after the conclusion of the implementation period. The trainees (health system employees and sanitary inspectors) will have their competencies confirmed with certificates.

The Project will directly contribute to strengthening of the national and local level institutions. It will introduce better standards and models based on EU and international good practices, and, as a result, the partner institutions will have better capacity and will be more efficient in delivery of their services, even after the closure of the project. The continuous support to national mechanisms for coordination in case of emergency brings better quality to the coordination process, and also helps expand the coordination and networking to a wide range of stakeholders and groups.

**Policy level sustainability:** The project contains significant elements, which bring added value to existing policy practices and show the perspective for sustainability at this level.

Lessons learned from the development of the Disaster Risk Register will assist policy development and encourage the development of new mechanisms, which would effectively support the development of the health sector resilience.

**Environmental sustainability:** The interventions planned in the project have close linkages to environmental issues. The infrastructure improvements will have a positive impact on reducing energy consumption by implementing energy efficiency measures: using more efficient heating systems, efficient electrical appliances and cooling devices; improved insulation; climate change mitigation measures, specifically to reduce emission of CO2 as one of the main greenhouse gasses. Moreover, an integrated approach to building design will apply the use of energy efficient materials and constructions practices and efficient waste and water management practices. Recyclables like paper, metal, glass and plastics will be collected separately in both reconstructed buildings and delivered to persons permitted to collect, treat and store such materials. Environmental monitoring of all construction operations will be required. During the reconstruction of buildings, a system for managing of construction and demolition waste will be established. Separate collection and preparation of the recyclable/reusable residues, where appropriate, will be mandatory for the construction company. In accordance with Article 35 of the Law on Waste Management, hazardous waste from the construction sites must be collected and transported separately. Hazardous waste fractions, if they exist (asbestos waste, etc.), will be kept separate, sampled, analyzed and removed from the construction site by licensed companies. Each reconstructed facility (Biosafety Level 2/2+ laboratories) will be equipped with medical waste management and disposal system in accordance with Rule Book on Medical Waste Disposal, as well as the EU and UN guidelines on infectious waste disposal.

### Gender considerations:

This Action will build the laboratory capacities of all 24 Institutes of Public Health in Serbia through the reconstruction and improvement of laboratory quality and biosafety management systems. The capacities of 1,231 women (75% of overall number of employees of IPHs) to respond in emergency situations will be strengthened. The Action will also render support to local self-governments in Serbia and respective primary care health centers to develop emergency preparedness and response plans. Within the primary care sector out of 26,178 healthcare professionals, 22,142 are women, which makes 85%. Thus, the Action will also support women’s legal entitlements and practical access to assistance and services in relation to disaster management such as basic health services, including reproductive and sexual health services, compensations, cash transfers, insurance, social security, credit, employment.

Public health emergency management training programmes and an emergency awareness raising events will be streamlined to include gender sensitive approaches in all training and emergency simulations content. Both women and men should be included as instructors and trainees. Specific needs and limitations of men and women, boys and girl with disabilities, autism or spinal issues, and pregnant women shall be taken into account.

Gender considerations will be implemented through gender-responsive procurement as the selection of services, goods and civil works that considers their impact on gender equality and women’s empowerment and respond to the needs of both women and men as well as the protection of girls and boys. During infrastructural upgrades, equipping, and installation of specific laboratory systems in the Bio-Safety Laboratories UNDP will uphold the minimum standards for prevention and response to GBV in emergencies.

The Disaster Risk Register Public Health related risks upgrade shall integrate gender considerations of importance for public health risk management, such as comorbidities, chronical health state, exposure and vulnerability of single headed households with children, elderly households and illegal settlements, and other health status of relevance to risk management. This will also enable women’s equal access to information, including early warning, training, education and capacity building to strengthen their self-reliance and ability to claim their rights. Starting from the 2022 census, Register will enable a continuous and systematic collection and use of sex and age disaggregated data, and gender analysis in vulnerability, risk-, damage and loss assessments- and contingency planning. Furthermore, the integration of sexual and reproductive health and rights into public health risk management efforts shall be enhanced.

## 2.1.5 Logical framework

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| **IF** | **THEN** | **BECAUSE** |
| Laboratory technical capacities upgraded in line with WHO Laboratory biosafety manual, 4th edition (LBM4) and international quality standards; procedures for reaction and response in emergency (SOPs, etc.); human capacities (Health Care Practitioners, Sanitary Inspectors’, psycho-social support) for detection, risk assessment and reaction improved. | Serbia’ capacity for emergency management will be improved sufficiently to establish a resilient and responsive public health care system at national and local level. | Operational, technical and human capacities in managing biological and chemical hazards are enhanced, procedural framework established effective, efficacy, case-sensitive and risk-informed emergency responses. |
| Digital capacities (Disaster Risk Register health upgrade, E-health) increased, awareness the general public on how to behave in a crisis and the role of public institutions raised, and National Action Planning for Health Security (NAPHS) implemented. | More coherent and comprehensive planning and regulatory framework, informed decision making, biological and chemical hazards risk governance strengthened, digitalized public healthcare system, overall health status of the population improved. |

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| **Results** | **Results chain:**  **Main expected results (maximum 10)** | **Indicators**  **(at least one indicator per expected result)** | **Baselines**  **(Year 2022)** | **Targets**  **(Year 2026)** | **Sources of data**  **(1 per indicator)** | **Assumptions** |
| **Impact** | To enhance the resilience, responsiveness and capacity for emergency management to serious national public health threats | Readiness of candidate countries and potential candidates on economic criteria  Public social security expenditure (as percentage of GDP) |  |  | * - European Commission - KPI 4 of IPA III Proposal * - EC Progress Report | *Not applicable* |
| **Outcome 1** | Improved health care system for reaction in emergencies in line with EU and international standards | Number of health emergency protocols in line with EU and standards | 1 | 1 | MoH reports  Project reports | Institutions crucial to the HRSD sector remain aware of the need to plan and implement response measures to crises  Decision makers in individual intuitions remain committed to communal approaches to crisis response |
| **Output 1 related to outcome 1** | To improve Serbia's health care system capacities for response to emergencies in line with EU and international standards’ | 1.1: Number of laboratories with trained staff for LQMS and LQSI tool  1.2. Number of fully operational laboratories in line with the WHO LQMS (Belgrade, Nis, Kragujevac) | 1.1: 0 (2022)  1.2: 0 (2022) | 1.1: 25 (2023)  1.2: 3 (2025) - at least regional Biosafety Level 2 Surveillance laboratories in NIPH | Programme/Project Reports  Report on Implementation of Public Health Strategy  Annual IHR/ECDC report  Official Gazette of the Republic of Serbia  Reports of the Authority responsible for risk management | Political and financial commitments to develop and maintain IHR (2005) implementation at both the regional, national, and sub national levels.  Improve governance for multisectoral IHR implementation through whole-of-government and whole-of-society approaches. |
| 2.1: % local administration trained to apply methodology for risk assessment by the end of 202[[6]](#footnote-7)  2.2: Disaster Risk Register includes health related issues in Serbia | 2.1: 0% (2022)  2.2: 0 (2022) | 2.1: 90% (2026)  2.2: 100% (2026) |
| 3.1. e-Health System operational and functional  3.2 Number of PHCs covered with E-Health training and outreach material | 3.1: 0 (2022)  3.2: 0 (2022) | 3.1: 1 (2026)  3.2 156 (2026) |
| 4.1: Number of health care professionals trained for psycho-social support in emergencies  4.2 Number of SOPs and tools for RCCE in emergencies  4.3 Number of public health professionals trained on RCCE in emergencies  4.4 Number of simulation exercise for RCCE  4.5 Simulation exercise for local communities organized including at least 10 awareness-raising events  4.6 Number of people reached through communication activities | 4.1: 100 (2022)  4.2: 1(2022)  4.3: 0 (2022)  4.4: 1 (2022)  4.5: 0 (2022)  4.6: (2022) | 4.1: 250 (2026)  4.2: 6 (2026)  4.3: 55 (2026)  4.4: 6 (2026)  4.5: 10 (2026)  4.6: 500,000 |

## Activity Matrix

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| ***COMPONENT 1:*** *Strengthening the public health laboratory system*  ***ACTIVITY 1.1*** *Implementation of the Laboratory Quality Management System (LQMS) in the microbiological laboratories*  ***ACTIVITY 1.2*** *Laboratories reconstruction and upgrade in line with LBM4*  ***COMPONENT 2:*** *Capacity building and strengthening of the health system for emergency preparedness and response with focus on primary health care*  ***ACTIVITY 2.1*** *Development of procedures for healthcare system response to emergencies at national and local level and public health emergency management training for the health system employees including sanitary inspectors*  ***ACTIVITY 2.2*** *Disaster Risk Register upgrade with public health risks*  ***ACTIVITY 2.3*** *Training of the professionals for psycho-social support for groups affected by public health crisis and emergency based on the defined psycho-social support manual*  ***COMPONENT 3:*** *Strengthening of the Health Information system and implementation of E-Health platform*  ***ACTIVITY 3.1*** *Digitalization and E-Health*  ***COMPONENT 4:*** *Capacity building for communication in emergencies including raising awareness*  ***ACTIVITY 4.1*** *Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc*  ***ACTIVITY 4.2*** *Emergency Awareness Raising Events* | ***Means:***  Project team, per diems, travel costs, equipment purchase, rent of office, vehicle costs, office consumables, external services, constructions/works  ***Costs***  1. Human resources: 1,789,900.00 EUR  2. Travel costs: 44,300.00 EUR  3. Equipment: 459,400.00 EUR  4. Local office: 48,000.00 EUR  5. Other, services: 731,450.00 EUR  6. Other: 7,819,098 EUR  7. Indirect costs: 762,450.36 EUR  8. Contingency reserve: 345,400 EUR  **TOTAL ELIGIBLE COSTS: EUR 11,999,998.35** | ***Assumptions***  *Political and economic stability and government commitment to improvement of disaster risk resilience* |

### 2.1.6 Budget, amount requested from the Contracting Authority and other expected sources of funding

The overall budget is EUR 11,999,998.35

The Budget for the Action is provided in Annex, as excel file and it contains information on:

* The revised budget of the Action (worksheet 1), for the total duration of the Action;
* Justification of the budget (worksheet 2), for the total duration of the Action, and
* Amount requested from the Contracting Authority and other expected sources of funding for the Action for the total duration (worksheet 3).

## 2.2. Experience

**(i) Experience in similar actions** **in the past** **3 years**

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| **Name of the organization: WHO**  X  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: Strengthening health systems resilience in the Western Balkans** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(EUR)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)** | **Amount contributed (by donor)** | **Dates** (from..to)  dd/mm/yyyy |
| Republic of Serbia | EUR 7,350,000.00 | WHO - Implementing agency | EU | EUR 7,000,000 | February 2021- February 2024 |
| **Objectives and results of the action** | | Through a regional approach, benefiting all Western Balkans Instrument for Pre-Accession Assistance (IPA) beneficiaries, and implemented in close coordination with the European Commission, ECDC, the EU Delegations this action is aimed to a) assist IPA beneficiaries to strengthen and maintain their all-hazard preparedness and response capacities; b) support them to strengthen their health systems’ financing for universal health coverage and c) provide support to a robust preparedness for and implementation in key areas in the deployment of COVID-19 vaccine deployment and vaccination.  All-hazard preparedness and response capacities are supported through regional trainings to develop capacities for: development and costing plans on all-hazard preparedness and response; development of risk communication and community engagement plans, improvement of multisectoral implementation of the IHR (2005). After-action reviews are facilitated, and support is provided to establish and strengthen quality assured regional laboratory networks for emergency preparedness and response through regional capacity building. Regional training on all hazard risk assessment, profiling and mapping is also going to be organized.  Health systems financing is supported through establishment of financial protection monitoring tools and policy dialog events.  Support for deployment of COVID-19 vaccines and vaccination is supported through identifying or devising appropriate platform(s) and service modalities to deliver COVID-19 vaccines to target population and to monitor immunization performance. | | | |

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| **Name of the organization: WHO**    X  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: Risk communication and community engagement for COVID-19 Vaccine Roll Out** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(USD)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[7]](#footnote-8)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Republic of Serbia | USD 1,950,000.00 | WHO - Implementing agency | USAID | USD 1,950,000.00 | 1 October 2021- 28 February 2023 |
| **Objectives and results of the action** | | The project is focused on creating a positive and enabling environment to reduce opt-out/refusals to vaccination against COVID-19. The government is supported through data collection on vaccine attitudes in the general population and segments of the population such as areas with low vaccine uptake and vulnerable groups (Roma, ethnic minorities, elderly and youth). Communication packages are being produced (incl. leaflets, posters, infographics, patient-information sheets, and social media tiles, video materials, workshops). Communication activities are ongoing in specific population groups through the involvement of national and subnational influencers and civil society and community-based organizations. Capacity-building training activities and continuous medical education is conducted to empower health care workers, journalists and other professionals. An Infodemic management hub has been established at the Faculty of Medicine, University of Belgrade. Community engagement is strengthened through community mapping, engagement of local influencers and outreach work through the engagement of chambers of medical professionals, Red Cross and 9 civil society organizations. | | | |

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| **Name of the organization: WHO**  **Lead applicant Co-applicant Affiliated entity**  X  X  X | | | | | |
| **Project title: Support to WHO’s preparedness and response activities to combat the global Novel Coronavirus outbreak** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(USD)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[8]](#footnote-9)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Republic of Serbia | USD 996,185 | WHO - Implementing agency | USAID | USD 996,185 | April 2020- December 2020 |
| **Objectives and results of the action** | | The national COVID-19 response was supported through: procurement of testing supplies (6,000 PCR testing kits); development and implementation of online trainings for newly recruited healthcare staff on surveillance, infection prevention and control and case management; support for introduction of red and green zones within healthcare facilities; provision of various equipment for case management (200 oxygen concentrators, 3,441 fingertip pulse oximeters, 30 patient monitors, 3 X-ray units). | | | |

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| **Name of the organization: UNDP**  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: Open Communities – Successful Communities / EU Support to Migration Management**  X | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(EUR)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[9]](#footnote-10)** | **Amount contributed (by donor)** | **Dates (from..to)**  **dd/mm/yyyy** |
| Republic of Serbia | EUR 4 million  UNDP component : EUR 2.54 million | UNDP - lead Implementing agency along with WHO, IOM and UNOPS as co-applicants | EU – DG Near | EUR 4 million | 6 June 2017- 5 September 2019 |
| **Objectives and results of the action** | | Project strengthened the resilience of Serbian municipalities to the man-made crisis. A total of 18 migration-affected municipalities received support through the community infrastructure upscale, support to the health system, maintaining the quality of public services and strengthening community cohesion. A total of 14 Primary Health Centres received fully equipped medical vehicles, 23 different items of laboratory equipment were delivered to the IPH network. Furthermore, three local Contingency plans for Migrant Health were developed, as well as the Training Course on Cultural Sensitivity and Stress-Management for primary healthcare professional staff, which was delivered in 10 PHC centres. Project contributed to development of migrant health policies through development of Technical Guidance on Mental Health, Protocol on Prevention and Control of Communicable Diseases and realisation of Health Awareness Raising Campaign. Community infrastructure and public services were upgraded trough reconstruction/construction and extension of 11 public facilities, donation of 7 waste management vehicles and sets of equipment, two off-road road vehicles, 11 sets of furniture and various equipment and employment of 21 staff for local services providers. Assets replacement plans for 17 PUCs are developed. Evidence-based policy level decision making is supported through development of the Survey of the Economic Impact of Displaced Population on Host Communities. Project contributed to community cohesion trough implementation of the national Public Information Campaign and five local campaigns, realization of more than 120 interactive days and 37 social cohesion events, Cultural sensitivity and Stress Management trainings of front-line workers. | | | |

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| **Name of the organization: UNDP**  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: Improving efficiency of vaccination systems**  X | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(USD)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[10]](#footnote-11)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Multiple states, India | USD 47,17 million | UNDP – Coordinator | The Gavi Alliance | USD 47,17 million | January 2017 – December 2022 |
| **Objectives and results of the action** | | The Action improved efficiency of vaccination system in multiple states by developing and operationalization of web-based Vaccine Logistic and Cold Chain Management System (eVin). The action ensured digitizing vaccine stock in at 28,000 vaccine storages centers across all districts of 28 states and 8 union territories of India; facilitated real time monitoring of storage temperatures by installation of 50,000 temperature loggers; ensured capacity building of 49,000 government personnel for vaccine and cold chain logistic management of eVin, and enabled deployment of vaccine and clod chain managers in every district for constant supportive supervision. | | | |

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| **Name of the organization: UNDP**  X  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: “EU for Civil Protection and Disaster Resilience Strengthening” – EU for Serbia Resilient to Disasters – IPA 2019** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(EUR)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[11]](#footnote-12)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Republic of Serbia | EUR 14,099,996.00 | UNDP – Coordinator | EU – DG Near | EUR 14,099,996.00 million | 20 March 2020 – 19 March 2024 |
| **Objectives and results of the action** | | The objective of the Action is to put in place capacities for emergency management at national and local level. This is achieved through the provision of COVID 19 immediate response in airlifting of more than 721 tons of medical equipment and supplies, procurement of ambulances and decontamination vehicles, portable ventilators and highly protective encapsulated suits. Moreover, the Action enabled construction of the new facility of the Sector for Emergency Management HQ, construction and furnishment of the Rudno Civil Protection Training Centre and the establishment of the first national geofenced risk registry – Disaster Risk Register. The Action ensured tangible supported to front line responders. UNDP donated 27 forest fires vehicles to all the regional branches of Fire and Rescue Department of the Sector for Emergency Management. Civil protection units in West Morava River Basin received 900 sets of uniforms and 600 meters of mobile flood defense systems. The Mountain Rescue Service of Serbia received scarce equipment and rescue vehicles and certificated rescue trainings. The Action also established national pool of trainers in DRR thus ensuring rollout of specialized training courses and training of some 900 local employees and developed DRR e-learning modules certified by the National Academy of Public Administration. The policy level sustainability of the action is ensured trough the development of the PDNA aligned Damage Assessment Methodology. | | | |

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| **Name of the organisation: UNDP**  X  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: South-East Europe Urban Resilience Building Action** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(EUR)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[12]](#footnote-13)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Republic of Serbia  North Macedonia  Montenegro  Kosovo  Albania  Bosnia and Herzegovina | EUR 576.990 | Implementing agency | EU – DG ECHO and UNDP IRH | EUR 492,561.00 | January 1, 2017 – December 31, 2018. |
| **Objectives and results of the action** | | The Project institutionalized the cooperation/connectivity modality between the local level DRR stakeholders and all the organizational levels and feeds into the comprehensive state level civil protection systems and subsequently in the EU Civil Protection Mechanism. In doing so, the Project replicated good practices in establishment of DRR platforms. Through organization of a series of workshops on urban risks, the Project impacted capacity building of local level DRR practitioners, resulting in better understanding of urban DRR and subsequent mainstreaming in local policies. Also, this project set up preconditions for establishment of a regional network in urban DRR between all the established respective states’ local level DRR cooperation modalities, thus improving the regional sharing of know-how of specific knowledge/expertise in urban DRR. | | | |

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| **Name of the organization: UNDP**  X  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: Together against COVID 19** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(USD)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[13]](#footnote-14)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Republic of Serbia | USD 990,100.00 | UNDP – Coordinator | USAID | USD 990,100.00 | March 15, 2021 -March 18, 2022. |
| **Objectives and results of the action** | | The Action supports enhancing national prevention and recovery capacities for resilient societies by investing in institutional mechanism and support building for delivery of quality health services in the times of crises. The Action enabled procurement of medical transportation vehicles, improvement of the medical waste management, created infrastructural and equipment-based preconditions at the National Institute for Public Health “dr Milovan Jovanovic Batut” for improved coordination in the area of public health. | | | |

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| **Name of the organization: UNDP**  X  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: COVID 19 Response Facilty** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(USD)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)** | **Amount contributed**  **(by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Republic of Serbia | USD 742,750.00 | UNDP – Coordinator | UNDP  Government of Germany  USAID trough UNICEF  Government of Serbia | UNDP USD 217,000  Government of Germany USD 175,500.00  USAID trough UNICEF USD 250,510.00  Government of Serbia USD 99,740.00 | March 15, 2021 -March 18, 2022. |
| **Objectives and results of the action** | | The Action enabled identification of a number of new innovative technical and systemic solutions and/or business models related to response to COVID-19 crisis and the co-financing of the most successful ones. It also extended support to the most vulnerable Roma to cope with the COVID-19 in their local communities, trough engagement of 10 UNV Roma coordinators. The Action improved coordination of the GoS COVID-19 response activities by establishment of the virtual meeting room and development of digital support services. It also enabled provision of the scarce medical supplies urgently needed to suppress COVID-19 transmission. Furthermore, within the action UNDP was able to enhance planning and recovery capacities by developing Socio-Economic Recovery Strategy. | | | |

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| **Name of the organization: UNDP**  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: COVID – 19 Immunization Plan**  X | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action**  **(USD)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[14]](#footnote-15)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Republic of Serbia | USD 196,340.00 | UNDP – Coordinator | UK - Foreign, Commonwealth and Development Office | USD 196,340.00 | March 1st 2020 – April 1st 2021 |
| **Objectives and results of the action** | | The Action enabled development of the hazardous medical waste management system to process extensive waste trough the vaccination process (more than 800 ton in the period of 4 to 6 months). Furthermore, the Action produced Segmentation Study aimed at exploring the segments of population based on their attitude towards COVID-19 vaccine and to estimate the size of each segment for the planning purposes. Lastly, this Action enabled establishment of the vaccine management digital platform with emphasis on system for planning, distribution, as well as reporting, issuing of certificates and monitoring of the waste management. | | | |

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| **Name of the organization: UNDP**  X  **Lead applicant Co-applicant Affiliated entity** | | | | | |
| **Project title: Procurement Support Services to the Ministry of Health** | | | **Sector (ref. list of sectors in Sectorial experience in PADOR):**  **Sector: 73010 Reconstruction, Relief and Rehabilitation** | | |
| **Location** | **Cost of the action (USD)** | **Role: Coordinator,**  **co-beneficiary, affiliated entity** | **Donors to the action (name)[[15]](#footnote-16)** | **Amount contributed (by donor)** | **Dates** (from to)  dd/mm/yyyy |
| Ukraine | USD 656,88 million | UNDP – Coordinator | Ministry of Health of Ukraine  UNDP  Government of Turkey | Ministry of Health of Ukraine (USD 655,35 million)  Government of Turkey (USD 116,840,000) | November 1, 2015 – February 27, 2022 |
| **Objectives and results of the action** | | At the request of the Ministry of Health, UNDP procures a range of medicines and medical products as an emergency measure, and builds the capacity needed to support a transparent, cost-effective procurement system for the Ministry. The action includes number of procurement services of medicines and supplies including:  Procurement of the medicines for Programme Tests and supplies for the diagnostic of tuberculosis.  Procurement of medicines and medical products for citizens with epidermolysis bullosa.  Procurements of medicines for children with chronic viral hepatitis;  Procurement of medicines for patients with viral hepatitis B and C.  Procurement of medicines for treatment of adults for cystic fibrosa.  Procurement of medicines for treatment of citizens with orphan metabolic diseases.  Procurement of reagents for neonatal screening of phenylketonuria, congenital hypothyroidism, cystic fibrosis and adrenogenital syndrome.  Procurement of medicines for providing children with haemophilia A or B or von Willebrand Disease.  Medicines for treatment of adults with haemophilia.  Purchase of medicines for patients with infectious diseases, accompanied by a high mortality rate.  Medicines for treatment of citizens with mucopolysaccharidoses.  Medicines for treatment of citizens with Gaucher disease.  Procurement of medicines for emergency medical care in case of bleeding.  Procurement of chemotherapeutic agents, radiopharmaceuticals and support drugs for treatment of cancer patients; | | | |

### Appendix 1

### Communications and Visibility Plan

**Introduction**

The purpose of this Communications Visibility Plan is to outline the communication goals and approach to be used in the implementation of the action “Enabling a More Responsive Healthcare System”, funded by the European Union (EU) and implemented by the United Nations Development Programme (UNDP) and World Health Organization (WHO). The Plan will serve as a guidance for realizing project activities in accordance with the visibility requirements whilst maximizing outreach and communication potentials of the overall action.

The plan will be implemented in accordance with the provisions of the Financial and Administrative Framework Agreement (FAFA) between EU-UN and the General Conditions of the EU-UNDP Contribution Agreement. The Plan is also in line with the [Joint Visibility Guidelines for EC-UN actions in the field](http://eeas.europa.eu/archives/delegations/rome/documents/eu_united_nations/ec_un_joint_visibility_guidelines_en.pdf) and the [Visibility Guidelines for EU-funded projects in Serbia](https://europa.rs/euzatebe-logo-and-visuals/?lang=en) the Communications Visibility Plan will ensure that selected communication activities are deriving from planned and strategic thinking about the broader, overall impact of the Action. This ‘outside-in’ approach requires focus on the ‘large picture’ first, on the general communication goals to be achieved and the information needs of key stakeholders to be met. Once they are brought to the centre of communication efforts, specific activities to be implemented will be determined for each of the target groups, covering various aspects of the implementation of the Action.

This Communications Visibility Plan aims to contribute to the efficient implementation of the “Enabling a More Responsive Healthcare System” action by ensuring that information and messages provided to the target audiences, through communication activities and materials, are:

1. efficient, positively received,
2. enable proper understanding of the role and contributions of all parties involved and
3. provided in a timely manner through the adequate, most effective tools and channels.

Additional objective of the Plan is to ensure that Action’s beneficiaries and external stakeholders recognize the positive impact of the EC-UN partnership and solidarity and how it contributes to improved management of public health emergencies and increased resilience of the public health system of the Republic of Serbia to crisis. The EU contribution will enable UNDP and WHO to support effective response to health emergencies and health system’ resilience by:

1. strengthening the capacities of the responsible institutions, improving quality of medical services and knowledge investments in professional health workers and emergency responders at national, regional and local level and
2. raising awareness and resilience of the population through better preparedness and adequate reaction to public health emergencies.

It should be noted that this Plan is flexible enough to include the possibility of additional communication efforts to be made, should an unexpected opportunity present itself for promotion of the results achieved, throughout duration of the Action.

Having in mind that the Action will be implemented by UNDP and WHO, as the entrusted entities in close partnership with beneficiary institutions and in tight coordination with the Contracting Authority, the UNDP/WHO assumes responsibility for establishing a coherent system of communication between partners and respective target groups, in cooperation with the EU Delegation program and communication teams.

For this reason, the present Plan might be refined and readjusted, in consultations with the CA beneficiary institutions and final beneficiaries, to respond to the changing environment throughout duration of the Action. Particular attention will be given to joint development of communication messages, selection of appropriate tools and channels and coordination of communication efforts of each party, to avoid overlapping and ensure complementarity and synergy. Communication Task force will be established, comprised of PR & Communication specialists from EUD, UNDP, WHO, Ministry of Health, National Institute of Public Health (NIPH) “Dr Milan Jovanovic Batut”, Ministry of Interior - Sector for Emergency Management, Republic Geodetic Authority (RGA) and the Ministry of European Integration. This group of experienced and knowledgeable individuals would lend their expertise and know-how to maximize the efficiency and effectiveness of communication efforts.

Core communication principles and harmonized messaging will be implemented by all partners, including local-self-governments and respective primary care health centres under the umbrella of **EU FOR YOU** overarching communication approach.

Activities aimed at ensuring the visibility of the Action will highlight the joint efforts and cooperation between EU, Government of Serbia and UN in increasing the level of microbiological safety and better management of the public health risks, positive contribution to the European Centre and Network for the Control of Communicable Diseases, supporting the mission of the EU Civil Protection Mechanism. The communication actions shall also feature the contribution of the Action to the embedment of the Sendai Framework to Disaster Risk Reduction principles in national practices, and achievement of 2030 Sustainable Development Agenda targets. UNDP and WHO will develop a tailored approach while communicating importance of improving the system for surveillance of communicable diseases in the context of personal and general safety, as well as advancing the compliance with EU standards as part of the EU accession process.

Furthermore, The Project team and particularly the Communications Task Force will actively seek opportunities for aligning the Action’s communication activities with the ones of the EU Delegation (EUD) and the Government of Serbia counterparts in a complementary and synergetic manner. The Action would also provide continuous updates to the EUD on key planned activities of the interest to the general public (for sharing on EUD web site and Eustele designated subpage, and social media channels), information for the interactive map of EU projects in Serbia, etc.

Communication and coordination with the external organizations (EU funded projects in the corresponding areas, complementary disaster risk reduction, public health threats and healthcare initiatives) will be set up at different levels and around specific themes. Information exchange with external actors will create opportunities for promotion of the results and impact of the Action also on the third party- organized global. regional and local events.

**Communication principles**

The core principles to be adhered to in the planning, implementation, monitoring and reporting on the “Enabling a More Responsive Healthcare System” Action:

* **Continuous coordination of the communication and messaging with the EU Delegation:** All PR and communication actions will be closely coordinated with the responsible Programme Manager, EU Info Centre and communication focal points within the EU Delegation. UNDP and WHO will involve representatives of the EU Delegation in the planning and rollout of communication activities and public events, to ensure strong EU visibility.
* **Beneficiary-tailored and human-centred communication:** The overall communication approach will be adapted to each target group, in line with stakeholder’s specific needs. Communication would focus on the impact that the Action made in people’s lives, their working environment and safety of their local communities. UNDP and WHO will seek to provide illustrations of positive change, i.e. show in parallel the ‘before’ and ‘after’ situation impacted by a relevant activity;
* **Coordinated information flow:** UNDP and WHO will manage and continuously monitor visibility, media coverage and engagement on social media, to ensure clear and positive communication. In addition, within the Project team, the Project Manager will be responsible for coordination and communication with team members, relations with beneficiaries and stakeholders, while the Portfolio Manager will supervise communication and visibility activities at the horizontal level. A regular internal information flow will be ensured within the Project team and UNDP/WHO communication teams, enabling consistency and accuracy in communicating with the external audience and target groups, by portraying actual results, achievements and solutions realized within the Action.
* **Review and adapt to maximize communication results:** This Communications and Visibility Plan will be reviewed on a semi-annual basis to ensure maximized efficiency and effectiveness of communication, especially if new circumstances occur, which could impact the progress towards the achievement of set goals. Changes will be discussed and adjusted in line with provisions of the General Conditions, Article 11.

**Prevent/reply to disinformation:** In order to avoid and reduce potential disinformation and misunderstandings, UNDP and WHO will monitor closely the information flows in media, on social media and among the stakeholders. If disinformation occurs, in close coordination with the EU Delegation UNDP/WHO will undertake a swift response to provide necessary clarifications and corrections.

**Table 1: Communication support to the implementation of Project activities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity No.** | **Description of activity** | **Target audiences** | **Visibility/Communication Tools & Tactics** |
| A 1.1 | Implementation of the Laboratory Quality Management System (LQMS) in the microbiology laboratories | NIPH, Local and national public health and laboratory staff;  general public; | Branding at trainings  Press visit/events (accreditation), press releases, social media coverage, webpage within EUzaTebe platform training material; UNDP/WHO/UNCT/EUIC communication channels |
| A 1.2 | Laboratories reconstruction and upgrade in line with Laboratory Biosafety Management System | MoH, national and regional institutes of public health and laboratory staff, international practitioners; local and national government institutions.  general public; media | Branding at trainings  Construction site board, commemorative plaques, press visit/events (breaking ground and official opening ceremonies), press releases, social media coverage, webpage within EUzaTebe platform publications. UNDP/WHO/UNCT/EUIC communication channels  Video materials |
| A 2.1 | Development of procedures for healthcare system response to emergencies at the national and local level, and public health emergency management training for health system employees, including sanitary inspectors | MoH, SEM/MoI, Local self-governments and respective public healthcare system staff, other stakeholders involved in public health preparedness and response at national and municipal level, and gender mainstreaming; CSO, different target groups within general public | Branding of training certificates and training materials (pens, notepads, presentations, etc  Promotion of methodology and SOPs at related locations  press visit/events, press releases, social media coverage, web-page within EUzaTebe platform publications, brochure, UNDP/WHO/UNCT/EUIC communication channels; |
| A 2.2 | Disaster Risk Register upgrade with Public Health related risks | MoH, SEM/MoI, RGA Local self-governments and respective public healthcare system staff, professional and general public | Equipment, software and branding, Presentation of the Register upgrade - media event,  Presentation of Register to local self-governments  press releases, extensive social media campaign, web-site announcements |
| A 2.3 | Training of professionals for psycho-social support to groups affected by public health crises and emergencies based on a defined psycho-social support manual | MoH, PHC centres, general and professional public | social media campaign human touch-based media stories; local media, audio-visual materials, EUIC communication channels, short videos including segments of interviews/stories of the training participants; web site announcements; branding of training certificates and training materials (pens, notepads, presentations, etc); |
| A 3.1 | Digitalization and E-Health | MoH, NIPH, IT Office of the GoS and its network, Local self-governments and respective public healthcare system staff, professional and general public. | Equipment and software branding, updates on the digitalisation process and presentation of the E-Health upgrade - media event, press releases, extensive social media campaign, web-site announcements.  Outreach campaign in 15 cities targeting population of 150,000 including production and extensive dissemination of the promotional material to general public and public health professionals.  Branding of training certificates and training materials (pens, notepads, presentations, etc |
| A 4.1 | Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc. | MoH, NPHI and its network of PHIs, Local self-governments and respective public healthcare system staff, professional and general public. | Branding of training certificates and training materials (pens, notepads, presentations, etc), press visit (presentations of RCCE plan and SOPs, video materials and training and SimEx events), press releases, social media coverage, webpage within EUzaTebe platform, publications UNDP/WHO/UNCT/EUIC communication channels; |
| A 4.2 | Emergency Awareness Raising Events | General public | Branding at events (e.g. public screens and hard-copy materials (banner, rollup, handouts etc.)., press visit, press releases, social media coverage, web-page within EUzaTebe platform UNDP/WHO/UNCT/EUIC communication channels short videos including segments of interviews/stories, web site announcements and publications; |

**Overall communication objectives:**

* To promote/raise awareness and ensure visibility of the EU support to Government of Serbia in improving the public health safety;
* To demonstrate the impact of EU actions on the improvement of the public health and disaster management system in Serbia.
* To promote project activities’ impact on personal and collective health and safety of citizens.
* To demonstrate the positive impact of the Action on the Republic of Serbia to the EU accession process.
* Promote the positive national contributions to the efforts of the European Centre and Network for the Control of Communicable Diseases, the EU Health Security Committee.
* To mainstream values of gender equality, social inclusion and activism throughout the Action’s Communication efforts;
* To influence personal behavior toward better health outcomes

**Specific communication objectives**

* To promote/raise awareness of the improved management of public health risks in Serbia, thanks to the EU
* To highlight the importance of prevention, both on institutional (public health system), and individual level in facing multi-hazard crises and epidemics/pandemics;

**Target groups**

The key target groups are the ones with the highest interest in the Action and the most power to influence the achievement of Action goals. Main stakeholders that will be covered with communication efforts of the Action are:

Internal target groups:

* EU-Delegation in Serbia Team;
* UN Country Team
* International community

Key external target groups:

* Relevant ministries of the Government of Serbia;
* Local self-governments;
* Civil Society Organizations (CSOs)
* Public institutions such as medical and health institutions, schools, kindergartens, public utility companies, etc.
* Civil protection units in local communities.
* Media (local, regional and national media outlets; traditional electronic and print media, as well as internet-based/online media portals and social media;
* Different segmented target population with general population in Serbia;

**Key messages**

The key communication messages will be developed during the inception phase. Specific messages will be tailored for each target group to ensure that communication is conducted in a most effective way. Due attention will be paid to crafting short, powerful, easy-to-understand and inspiring/motivational messages, having in mind characteristics and mind-sets of each stakeholder. Key messages will focus on the following communication aspects:

* The purpose of visibility activities will be to educate and engage local population, communities and media to improve prevention and responsiveness in public health crisis and enable effective emergency management.
* Communication efforts will also focus on increasing the knowledge and skills of public health workers and institutions, as well as relevant government entities – to be able to engage citizens, introduce and strengthen preventive measures and increase resilience of the public health system
* Significance of EU funding and support under the EU FOR YOU Communication Framework The visibility activities will promote positive impact and synergies with other EU funding initiatives in Serbia.
* Partnership with the Government of Serbia and solidarity of EU with Serbia in times of crises and emergencies.

**Communication channels**

Each target group has a preferred channel of communication. Whenever possible and appropriate, both online and offline communication channels will be selected for transferring the communication messages to the intended recipients.

The main channels of communication will include: public events in Serbia, conferences/field visits, media interactions, written documents, global meetings and forums organized under the auspices of the EU Delegation to Serbia and UNDP/WHO, internet sites and social media channels, networks of national and local government partners, relevant CSOs, locations frequented by local community such as primary health centres, institutes of public health with their health promotion departments, municipal customer service centres.

As a special value-added element, UNDP/WHO and the Government of Serbia will give visibility to the project results. Key tools to achieve that will be the high-level events organized in country and internationally. EU representatives will be invited to attend these events and present this important activity as appropriate.

Public events, conferences/field visits and media interactions organized with the Project will be designed to promote concrete results, referencing the EU partnership with the Government of Serbia in addressing complex and challenging issues in a coherent manner, within the EU accession processes in Serbia.

The media is recognized as one of the most important communication channels. Local and national media can be valuable partners in helping reframe the way Action activities are perceived in public and increase public knowledge, understanding and support for the Action goals. Media are important for disseminating information quickly and to a wide spectrum of audiences. At the same time, with a focused effort on key media outlets they are great contributor to raising awareness

The choice of an appropriate communication channel (or a combination of several channels) will depend on the profile of targeted audience and their preferred way of receiving information.

**Communication tools**

The Communication tools and tactics to be selected will encompass all the activities to be implemented, in order to achieve the set Communication goals. Selected tools and tactics will be practical, cost-effective and tailored to the information/communication needs of each of the key target groups.

Tools to be used to establish effective communication with the target groups will include:

* Visibility/branding items (in line with the, and with the approval of the EUD Communications Team): Memorandum, roll up, banner, stickers, plaques, etc.
* Media Relations, including:
  + creation of a pool of key local and regional journalists and national correspondents covering the topic of the Action.
  + preparation of Media Advisories and Press Releases, Press Conferences.
  + organization of interviews and guest appearances for local and regional media on Action-related topics with representatives of the EU Delegation, Government of Serbia and representatives and local authorities.
  + preparation of Feature/Best practice/Human interest stories from the field.
  + organization of media field visits (particularly for international, regional and national, Belgrade-based media).
* High-profile national and local public events with the participation of the EU Delegation and Government of Serbia officials.
* Audio-visual communication tools/products such as videos, trailers/clips.
* Promotion on/through the EU Delegation/Info Center, UNDP/WHO and beneficiary institutions’ web sites and social media channels: Facebook, Twitter, Instagram and YouTube and accounts.
* Meetings, conferences, study tours, information sessions.

**Monitoring and Evaluation of the achievement of communications goals and objectives**

It is important to envisage, from the very start, the indicators for evaluating whether the implementation of communication activities is on the right track, in order to make appropriate corrections and adaptations of this Communications & Visibility Plan, if and when needed. Close monitoring and evaluation will verify that all communications timely address the needs of the target audiences, and those messages are delivered efficiently and effectively.

The following questions need to be answered during the monitoring and evaluation process:

1. Has all the necessary information been disseminated, to all the relevant target groups and in due time?
2. Have the channels and tools proved as efficient?
3. Did the information provided to target groups achieve its purpose?

To monitor the impact of the media-focused communications activities, the UNDP/WHO will use already engaged media monitoring agency and compile an archive of press clippings, including radio and TV programs, and links of articles that mention the Project and present them as integral part of the reports to the EUD. For other previously listed activities, the following success indicators will be used:

**Table 2. List of evaluation indicators for Communication tools/tactics**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Tool/Activity** | **Realization/Output indicators** | **Results/Outcome indicators** |
| 1 | **Visibility/Branded Project material** (Memorandum, roll up, banner, stickers, plaques etc.) | Number of visibility materials selected and branded; Number of visibility materials designed and printed | Number of visibility materials approved by the EUD and distributed/displayed; Change in the awareness of the Action existence and of the EU funding for the Action |
| 2 | **Media related tools and activities** | Number of journalists on the Action contact list; Number of Media Advisories and Press Releases distributed; Number of media-focused events organized; Number of interviews organized; Number of human-interest stories prepared | Number of neutral and positive media reports; |
| 3 | **Public events** | Number of national and local public events organized with the participation of the EU Delegation and Government of Serbia officials; | Number of neutral and positive media reports |
| 5 | **Printed and audio-visual information materials** (posters, leaflets, videos, etc.) | Number of texts created/adopted to target groups for various informational materials; Number of information materials designed; Number of informational materials printed/produced; Number of information materials distributed/broadcasted; | Number of free broadcasts; |
| 8 | **Meetings, conferences, study/press tours, information sessions;** | Number of gatherings organized and implemented; Number of participants; | Number of media reports. |
| 9 | **Web site and social media channels promotion** | Number of posts published; Regularity of updates; | Number of visits; duration of visits; Reach and engagement on social media |
| 10 | **Regular contacts, meetings with EUD and key stakeholders, and reporting** | Exchange of information at least on bi-weekly bases; Number of meetings; Number and timeliness of reports prepared; | Number of reports submitted; Quality of submitted reports; Feedback from EUD and other stakeholders on their level of satisfaction with Action-related information received |

**Visual identity-branding, visibility, use of logos and disclaimers**

All communication, information and press-statements will be in line with the [Joint Visibility Guidelines for EC-UN actions in the field](https://ec.europa.eu/europeaid/node/45481) and the Visibility Guidelines for EU-funded projects in Serbia, as described below.

The communication approach will ensure the EU and beneficiary institutions visibility (by prominent display of their logos and mention of their roles related to the Project) – throughout the implementation of all communication activities. The goal is to make certain that initiatives, efforts and results of the Action clearly transmit the message to the public that they were made possible with the European Union support (funding) and in coordination/partnership with the relevant governmental bodies and institutions.

Some examples of materials where EU and partner visibility will be ensured/support and coordination highlighted - include:

* Stationery and roll ups, plaques on infrastructure objects, stickers on purchased equipment and vehicles;
* Action produced printed, audiovisual and web materials;
* During organized media interviews and other media-focused initiatives for the duration of the Action and specific activities under the Action;
* During events organized under the Action;
* On the Action-produced reports;

|  |  |
| --- | --- |
| **Logo** | **Explanation and disclaimers** |
| Image result for euzatebe logo | The EU flag will be prominently featured on all materials and products and during all the events organized within the Project, with the following explanation:  ***“This project is funded by the European Union”***  The EUD approved disclaimer will be placed on all the communication materials that have text/content. |
|  | Government of Serbia / beneficiary institution logo depending on the type of the activity |
|  | UNDP and WHO logos will be displayed on all materials, events and products made as part of the Action. |

**Resources**

The following human and financial resources will be used to ensure successful implementation of the Action’s communication activities and achievement of set goals:

**Human resources:** The UNDP portfolio dealing exclusively with EU funded projects will work on the realisation of the Action including realisation of the Communication and Visibility Plan. The Portfolio Team is comprised of professionals with long lasting experience in realisation of EU projects with extensive communication components. In addition, UNDP Communications Units consists of three members dealing with traditional and digital media and which will support the Action together with WHO Office Communications.

**Financial resources:** To ensure adequate implementation of visibility/communication activities, it is foreseen to allocate **EUR 225,375** for realization of field based/ceremonial and promotional activities, and indirectly an additional **EUR 415,200** for publications, training material, health emergency preparedness, response and SOPs which besides educative and operational have a promotional role as well. UNDP Communication Unit and WHO Office Communications will support development of the audio-visuals, organisation and roll out of the events and trainings with already existing technical and production capacities without any costs attributable to the Budget of the Action.

1. EC Progress Report 2020 [↑](#footnote-ref-2)
2. The Unified Information System is a system for monitoring and reporting on achieved public policy objectives, as well as monitoring the achieved values of public performance indicators. It enables the establishment of a unique link between policy content, medium-term plans of budget users responsible for policies, and their financial plans. [↑](#footnote-ref-3)
3. Assessment of the capacity development, health governance, surveillance, preparedness and response in the field of communicable diseases 2013. [↑](#footnote-ref-4)
4. The intervention relies on the following EU acquis: Article 212(2) of the TFEU, Decision 1082/2013 on serious cross-border threats to health, EC Green paper on bio preparedness COM (2007)399, Joint Framework on countering hybrid threats a European Union response JOIN (2016) 18, European Parliament resolution of 14 December 2010 on strengthening chemical, biological, radiological and nuclear security in the European Union – an EU CBRN Action Plan (2010/2114(INI), Decision (EU) 2019/420 of the European Parliament and of the Council of 13 March 2019 amending Decision No 1313/2013/EU on a Union Civil Protection Mechanism, European Union Civil Protection Mechanism, Internal security strategy for the European Union, European Union strategy for supporting disaster risk reduction (DRR) in developing countries, Commission Decision laying down rules for the implementation of Decision No 1313/2013/EU of the European Parliament and of the Council on a Union Civil Protection Mechanism and repealing Commission Decisions 2004/277/EC, Euratom and 2007/606/EC, Euratom, General Guidelines on Operational Priorities for Humanitarian Aid in 2020, Commission Implementing Decision (EU) 2020/668 on the harmonised standards for personal protective equipment, White paper Roadmap to a Single European Transport Area – Towards a competitive and resource efficient transport system (COM/2011/0144 final).  [↑](#footnote-ref-5)
5. [↑](#footnote-ref-6)
6. “Action plan for the implementation of the National Program for Disaster Risk Management (2017-2020)” / Result 2.1.2. Methodologies for different hazard assessment are improved and are applied as a tool for identification and assessment of disaster risk monitoring [↑](#footnote-ref-7)
7. [↑](#footnote-ref-8)
8. [↑](#footnote-ref-9)
9. [↑](#footnote-ref-10)
10. [↑](#footnote-ref-11)
11. [↑](#footnote-ref-12)
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15. [↑](#footnote-ref-16)