

United Nations Development Programme



Annual Work Plan 2023

UNDP

EU for Enabling a More Responsive Healthcare System

Country: Serbia

Narrative

Serbia is moderately prepared for health-related emergencies. In the coming years, 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.

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.

The Project 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.

During 2023 the focus will be on implementation of laboratory quality management system, development of technical documentation for reconstruction of three IPH laboratories, assessments for the establishment of the eHealth system, upgrade of the Disaster Risk Register and preparation for risk communication related activities.

Expected CP Outcome(s):

Outcomes:

- All people benefit from effective governance and meaningful civic engagement
- Serbia adopts and implements climate change and environmentally friendly strategies that increase community resilience, decrease carbon footprint and boost the benefits of national investments

Expected Output(s):

Output 1.3: Digital transformation of public administration accelerated

Output 3.3: Natural and human induced risks effectively addressed

Programme Period:Project	February 6 th , 2023- February 5 th 2027 EU for Enabling a More Responsive Healthcare System
Award/Output Number:Duration: Management:	00136378/00127313 2023-2027 Direct Implementation

Estimated Annualized Budget:	\$ 1,396,437.91
	UNDP: \$ 670,209.74
	WHO pass-through: \$ 726,228.17
Annual allocated resources:	\$ 1,396,437.91
Donor	
European Commission	\$ 1,396,437.91

Implementing Partner: UNDP

DocuSigned by:

Yakup Benis

15-Mar-2023

UNDP Resident Representative

I. BACKGROUND

Serbia is moderately prepared for health-related emergencies. In the coming years, 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. 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 centres (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.

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.

STRATEGY

Successful implementation of this Action shall contribute to UNDAF Outcome 4: By 2020, high quality, inclusive, equitable, gender-sensitive, and age-appropriate health services that protect patient rights are available and utilized by all and corresponding outputs of UNDP Country Programme Document (2021-2025): Natural and human induced risks effectively addressed (Op. 3.3) and Digital transformation of public administration accelerated (Op. 1.3).

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 health 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, established working groups or working bodies for mandatory monitoring, and reporting on the implementation of policies for relevant strategy.

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.

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, chronic 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.

II. OBJECTIVES AND ACTIVITIES

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 planning and response capacities of health system in times of crisis

Results of the actions are as follows:

Result 1.1: 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:

- 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. To address identified gaps, improve response to communicable diseases and ensure biosafety and biosecurity in the laboratories, mapping report recommends reconstruction, equipping, and reorganization of the existing microbiology laboratories of the public health system of Serbia, and implement the Laboratory Biosafety Management System. 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.

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. Jointly with the MoH UNDP/WHO **decided to prioritize the upgrade of three out of six assessed laboratories located in Belgrade, Nis and Kragujevac.**

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.

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), indicating 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 Q1 of 2023, UNDP will, jointly with WHO, revisit the prioritized locations and follow-up with the development of technical documentation for the reconstruction of the facilities. 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.

Outputs:

- Technical documentation developed for the reconstruction and upgrade of 3 laboratories in compliance with the international and WHO Biosafety standards.

Result 2: Disaster Risk Register upgraded with the public health risks

The 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:

- Mol (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 'Vode vojvodine'.

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.

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 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:

- Software upgrade of the Disaster Risk Register completed
- Acquired data entered into Register
- Health risk assessment performed in 30 municipalities

Result 3.1 eHealth system operational

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.

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.

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 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;

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.

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:

- 6 SOPs and tools to support RCCE developed, together with informational-educational materials on different topics;

III. ANNUAL WORK PLAN

2023

EXPECTED OUTPUTS	PLANNED ACTIVITIES	TIME LIMIT				PART RESP.	PLANNED BUDGET		EXPECTED DELIVERABLES					
And indicators including annual targets	List activity results and associated actions	Q1	Q2	Q3	Q4	Responsible party	Funding Source	Budget Description	Amount in US \$	EXPECTED DELIVERABLES				
Output 1: Improved health care system for reaction in emergencies in line with EU and international standards Indicator 1.1: Number of laboratories with trained staff for LQMS and LQSI tool Baseline: 0 Target: 15 Indicator 1.2: Number of fully operational laboratories in line with the LQMS Baseline: 0 Target: Technical documentation and equipment specifications for upgrade of three laboratories prepared	Activity A.0.1 Establishment and coordination of Decision-Making Process (Project Management)					UNDP	EU	71400 - Contractual services - Individuals	39,000.00	Financial management and accounting system set up. Progress reports prepared as per procedure. At least 5 press releases issued.				
											71600 - Travel	7,000.00		
											74100 - Professional Services	10,000.00		
											72500 Supplies	5,000.00		
											74200 Audio Visual&Print Prod Costs	5,000.00		
											64300 Staff Mgmt Costs	40,000.00		
											73000 - Rental & Maintenance-Premises	3,229.87		
					X			X	X			64300 - Staff Mgmt Costs	187,329.33	
					X			X	X		WHO	EU	71600 -Travel	8,073.20
					X			X	X				72500 -Supplies	3,229.28
						74100 - Professional Services	12,917.12							
Indicator 2: Disaster Risk Register includes health related issues in Serbia Baseline: 0 Target: 50% of identified data sets entered in the Disaster Risk Register	Activity 1.1 Implementation of the Laboratory Quality Management System (LQMS) in the microbiology laboratories					WHO	EU	71200 - International Consultants	48,439.18	A total of 15 public health laboratories supported to develop or improve LQMS under WHO guidance (WHO).				
											75700 - Training, Workshops and Conferences	48,439.18		
	Activity A. 1.2 Laboratories reconstruction and upgrade in line with LBM4					UNDP	EU	71300 - Local Consultants	16,146.39	Technical documentation and equipment specifications for upgrade of three laboratories prepared and endorsed by end users.				
											72100 - Company contracts	300,988.00		

Software upgraded with new functionalities Baseline: 0 Target: 1 Indicator 3: Number of performed assessments of eHealth system Baseline: 0 Target: 2	Activity A.2.2 Disaster Risk Register upgrade with public health risks		X	X	X	UNDP	EU	71300 - Local Consultants	50,000.00	Software upgrade of the Disaster Risk Register completed
								72100 - Company contracts	50,000.00	
			X	X	X	WHO	EU	71200 - International Consultants	53,821.30	Acquired data entered into Register. Health risk assessment performed in 30 municipalities.
			X	X	X			75700 - Training, Workshops and Conferences	53,821.30	
Indicator 4: Number of developed SOPs and tools for RCCE in emergencies Baseline: 0 Target: 6	Activity A. 3.1 Digitalization and E-Health		X	X	X	UNDP	EU	71300 – Local Consultants	100,000.00	Completed assessments for establishment of eHealth system.
			X	X	X	WHO	EU	72100 - Company contracts	65,000.00	
			X	X	X			71200 - International Consultants	60,000.00	
			X	X	X			71300 – Local Consultants	36,463.94	
	Activity A. 4.1 Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc		X	X	X	WHO	EU	71300 – Local Consultants	101,184.07	SOPs and RCCE tools in place.
	GMS UNDP									43,845.50
	GMS WHO									47,510.25
Total:										USD 1,396,437.91