

United Nations Development Programme



Annual Work Plan 2026

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 2026 the focus will be on implementation of laboratory quality management system, reconstruction and equipping of three IPH laboratories, establishment of the eHealth system, and implementation of risk communication related activities.

Expected CP Outcome(s):

Outcomes:

- By 2030, Serbia ensures an independent and transparent judicial and law enforcement system, good governance and inclusive digital transformation, civic engagement and full realisation of human rights and gender equality, fostering social cohesion and an inclusive and participatory democracy for all.

Expected Output(s):

By 2030, sustainable, nature-positive, participatory, accountable, and gender-responsive solutions for environmental protection, climate and disaster resilience and the management of natural and cultural resources — leveraging new technologies and traditional knowledge — are promoted and implemented

Output 1.2: Digital governance solutions are further implemented, leveraging emerging technologies in accessible manner to enhance transparent and human- and nature-positive business-centric public service delivery while fostering people's engagement and prioritizing

Output 3.2: Comprehensive deployment of climate change mitigation, adaptation, and disaster risk reduction (DRR) measures to protect people including vulnerable men, women and children, ecosystems and infrastructure

Programme Period:	2023-2027
Project Title:	EU for Enabling a More Responsive Healthcare System
Quantum Project Number:	00127313
Quantum Award Number:	148436
Duration:	Feb 6 th , 2023- Feb 5 th 2027
Management:	Direct Implementation Modality

Estimated Annualized Budget:	\$ 2,942,541.49
Annual allocated resources:	\$ 2,942,541.49
Donor	
European Commission	\$ 2,942,541.49

Implementing Partner: UNDP
UNDP Deputy Resident Representative

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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 Defence 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:

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

The EU's Twinning 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/ Institute of Public Health of Serbia 'Dr Milan Jovanovic Batut' (IPHS Batut) 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, IPSH Batut 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 first quarter UNDP shall complete reconstruction works in all three IPHs. In parallel with completion of physical reconstruction of the assigned facilities, UNDP in close cooperation with IPHS Batut and the MoH, and in line with recommendations of the WHO Laboratory technical officer, signed contracts with suppliers for necessary laboratory equipment and furniture, and shall install it by the end of March 2026.

Outputs:

- Reconstruction works and equipping of 3 laboratories in compliance with the international and WHO Biosafety standards.

Activity 2.2 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 Republic Geodetic Authority (RGA) is responsible for hosting and maintaining technical infrastructure for access and use of geospatial data.

Within the "EU for Civil Protection and Disaster Resilience in the Republic of Serbia" (IPA 2019), the UNDP, in cooperation with SEM, Ministry for Public Investment (MPI), former Public Investment Management Office of the Government of Serbia (PIMO) and RGA, and the Working Group members, established the Disaster 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. During 2024 and 2025, WG with the support from UNDP acquired health risk data with major health implications such as:

- Communicable diseases outbreaks
- Torrential floods in 2nd order water streams,
- Water treatment plants,
- 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 also contain information on corresponding infrastructure, equipment, and human response capacities. MoH and the IPHS 'Batut' were leading the data collection of historical and accompanying data on communicable and non-communicable diseases, and data of importance for monitoring the public health situation and mitigating potential outbreaks. The data sets acquired by the UNDP in the described manner were 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.

All available and validated datasets were successfully implemented into DRR database and Web GIS environment.

The DRR comprises:

- Disaster Risk Register Web Portal – redesigned landing page, user-friendly navigation, and multilingual support
- DRR Web GIS Application – advanced analysis tools, visualization of disaster risk scenarios
- ERIK Module – central repository for legal and planning documents, version control, and secure role-based access
- Data Importer – automated integration of datasets in multiple formats, with validation and attribute mapping.
- REST API services – enabling system interoperability and external integrations.

Software upgrade of the Disaster Risk Register is completed and acquired data are entered into Register. By the end of 2025, the DRR had evolved into a modern, comprehensive tool, combining spatial datasets, health-related information, legal documentation, and analytical functions. The introduction of an e-learning platform ensured continuity of training and system sustainability.

During 2026, UNDP shall support SEM and other relevant institutions in developing Procedure for the for managing access rights to Serbian Disaster Risk Register information system (DRR). The Procedure shall define steps to be in place for granting, modifying, removing, and reviewing user access privileges to DRR applications and modules.

Outputs:

- Procedure for the for managing access rights to Serbian Disaster Risk Register information system developed and endorsed by SEM

Activity 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 conducted 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 findings 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.

UNDP will closely monitor the system development process. In accordance with the assessment and needs of the Ministry of Health and Government of Serbia, Office for IT, UNDP will continue to support the incorporation of Digital Integrated Health Information System in the infrastructure of the Government Data Centre in Kragujevac. As per conclusions of the Third Project Steering Committee Meeting, UNDP shall also procure the necessary piece of equipment for the first digitalized and automated histopathology laboratory in Sremska Kamenica. In addition, as per request of Ministry of Health, UNDP shall develop colorectal screening software. WHO and UNDP, will support development and rollout of standardized training programme 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 E-health system and its advantages.

Outputs:

- Development of the architecture of the integrated health care system.
- Development of and the integration of the colorectal screening software.
- Human resources supplied for Sector for Digitalization within MoH and/or Government of Serbia, Office for IT.
- Technical specification and procurement of equipment for the first digitalized and automated histopathology laboratory in Sremska Kamenica.
- At least 150,000 citizens trained on site (UNDP).
- 156 PHC provided with E-Health training and outreach material (WHO and UNDP).

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:

- I. **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;
- II. **Services Providers** - care, health, education, and child protection providers and beneficiaries of those services, when appropriate (development of communication protocols for each group);
- III. **Community based** - events realized with the support of community leaders and local services providers on community-specific risks, corresponding protocols, prevention, and mitigation measures;
- IV. **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 6 awareness-raising events (UNDP);
- At least 300,000 people reached through communication activities (UNDP).

III. ANNUAL WORK PLAN

2026

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 1.2: Number of fully operational laboratories in line with the LQMS Baseline: 0 Target: 3 (Upgrade and equipping of three laboratories completed.) Indicator 2.2: Disaster Risk Register includes health related issues in Serbia. Baseline: 0 Target: 1 Indicator 3.1.1: e-Health System operational and functional. Baseline: 0 Target: 1 (at least 1 sub-systems of eHealth system developed)	Activity A.0.1 Establishment and coordination of Decision-Making Process (Project Management)	X	X	X	X	UNDP	EU	71400 - Contractual services - Individuals	342,723.28	Financial management and accounting system set up. Progress reports prepared as per procedure. At least 5 press releases issued.
								71600 - Travel	3,000.00	
								71300 - Local Consultants	36,000.00	
								72500 - Supplies	2,000.00	
								74200 - Audio Visual&Print Prod Costs	2,000.00	
								67200 - Labour costs	40,000.00	
								73100 - Rental & Maintenance-Premises	23,639.72	
	Activity A.1.2 Laboratories reconstruction and upgrade in line with LBM4	X	X			UNDP	EU	71300 - Local Consultants	8,640.00	Microbiological laboratories at three IPH reconstructed and equipped
								72100 - Company contracts	921,965.85	

Indicator 3.1.2: Number of PHCs covered with E-Health training and outreach material. Baseline: 0 Target: 150 Indicator 4.2.1: Simulation exercise for local communities organized including at least 10 awareness-raising events. Baseline: 0 Target: 3 Indicator 4.2.2: Number of people reached through communication activities. Baseline: 0 Target: 300,000	Activity A.2.2 Disaster Risk Register upgrade with public health risks	X	X			UNDP	EU	72100 - Company contracts	6,000.00	Software upgrade of the Disaster Risk Register completed. Procedure for the access to the DRR completed and endorsed by SEM/Mol.	
	Activity A.3.1 Digitalization and E-Health	X	X	X	X	UNDP	EU	71300 – Local Consultants	185,495.13	The architecture of the integrated health care system developed.	
								72100 - Company contracts	1,143,574.80	Technical specification developed and equipment procured for first digitalized and automated histopathology laboratory. Colorectal screening software development of and integrated. 150,000 citizens reached and trained on site to use E-Health services. At least 156 PHC provided with E-Health training and outreach material.	
	Activity A.4.2 Emergency Awareness Raising Events	X	X	X	X	UNDP	EU	74200 - Audio Visual&Print Prod Costs	5,000.00	Conducted campaign in 6cities.	
								75700 -Trainings and Workshops	30,000.00	Reached at least 300,000 people through communication activities.	
	SUBTOTAL UNDP									\$ 2,750,038.78	
	GMS UNDP									\$ 192,502.71	
TOTAL									\$ 2,942,541.49		