United Nations Development Programme

Annual Work Plan 2026

WHO

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.

In 2026, the final year of project implementation, activities will focus on strengthening biosafety systems in reconstructed public health laboratories, enhancing emergency preparedness and response capacities across the health system, improving health information system usage including AI applications, building psychosocial support skills among primary care providers, and establishing a coordinated multisectoral mechanism for risk communication and community engagement (RCCE) during health emergencies.

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.

  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

Expected Output(s):

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:	1132098
Duration:	Feb 6th, 2023- Feb 5th 2027
Management:	Direct Implementation Modality

Estimated Annualized Budget:	WHO pass-through: **$1,158,323.06**
Annual allocated resources:	**$1,158,323.06**
Donor European Commission	**$1,158,323.06**

Implementing Partner: WHO

Administrative Agent: UNDP

DocuSigned by:
Fabrizio Andreuzzi
334C99A88CDC478...

UNDP Deputy 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 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 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, 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 centres 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.

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 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 allow 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.
Following the reconstruction and equipping of the facilities, the WHO will support reconstructed laboratories to develop Biosafety manuals.

Outputs:

- 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).

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

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.

Output:

- 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

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

Primary health care centers (PHCs) are gatekeepers and one of the main pillars for response to potential emergencies. WHO has already developed resources and online training for the provision of mental health and psychosocial support for healthcare workers as an integral part of the health sector response to emergencies. 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 to strengthen capacity building to HCWs to provide MHPSS in emergencies.

Output:

- 150 primary healthcare centers in Serbia will be trained during 2026 to provide psycho-social support to groups affected by public health crises and emergencies.

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 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.

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.

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:

- Enhanced capacity of primary healthcare workers to effectively utilize the upgraded national Health Information System (HIS) in Serbia;
- Implementation plan for the adoption and integration of artificial intelligence (AI) in the Serbian healthcare sector developed;
- Best European practices on the use of artificial intelligence in health identified, and shared with national stakeholders,
- Capacity raised among HCW on application of AI technologies in their daily tasks
- Follow-up assessment of main functions of the Health Information System conducted;

Activity 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).

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 WHO LQMS (Belgrade, Nis, Kragujevac) **Baseline: 0** **Target: 3** **Indicator 2.1:** Sanitary inspectors trained **Baseline: 0** **Target: 150** **Indicator 2.3:** Number of health care professionals trained for psycho-social support in emergencies **Baseline: 0** **Target: 150**	Activity A.0.1 Establishment and coordination of Decision-Making Process (Project Management)	X	X	X	X	WHO	EU	67200 - Labour Cost - NO Staff	298,000.00	Financial management and accounting system set up. Progress reports prepared as per procedure.
								71600 -Travel	3,600.00	
								72500 - Supplies	1,400.00	
								73000 - Rental & Maintenance-Premises	2,588.99	
	Activity A.1.2 Laboratories reconstruction and upgrade in line with Laboratory Biosafety Management	X	X	X		WHO	EU	71300 - Local Consultants	12,000.00	A total of 3 public health laboratories supported to perform Biosafety risk assessments and develop Biosafety manuals.
								75700 - Training, Workshops and Conferences	5,000.00	
	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		X	X		WHO	EU	71300 - Local Consultants	18,348.62	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.
								75700 - Training, Workshops and Conferences	34,403.66	
	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			X	X	WHO	EU	71300 - Local Consultants	11,467.88	150 primary healthcare centers trained to provide psycho-social support to groups affected by public health crises and emergencies.
								75700 - Training, Workshops and Conferences	23,735.77	

Indicator 3.1: Performed assessments of eHealth system **Baseline: 1** **Target: 2** **Indicator 4.2** Number of SOPs and tools for RCCE in emergencies **Baseline: 1** **Target: 6** **Indicator 4.3** Number of public health professionals trained on RCCE in emergencies **Baseline: 0** **Target: 55** **Indicator 4.4** Number of simulation exercise for RCCE **Baseline: 1** **Target: 6**	Activity A.3.1 Digitalization and E-Health	X	X	X	X	WHO	EU	71600 - Travel	20,000.00	Expert support provided for drafting the national AI implementation plan Capacity-building workshops organized on AI in healthcare for national stakeholders National conference held to present the AI implementation plan and showcase best practices National campaign for strengthening capacity of HCW for AI Capacity-building and communication materials developed to introduce the eHealth platform to healthcare workers Follow-up assessment of the eHealth system conducted.
								71200 - International Consultants	80,000.00	
								71300 – Local Consultants	135,000.00	
								74200 - Audio Visual&Print Prod Costs	177,000.00	
								75700 - Training, Workshops and Conferences	165,000.00	
	Activity A 4.1: Implementation of the RCCE Plan, including trainings, SimEx, development SOPs, etc.	X	X	X	X	WHO	EU	71300 - Local Consultants	30,000.00	Multi-sectoral coordination mechanism established at national level. 5 SOPs and tools to support RCCE developed, together with informational-educational materials on different topics. 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.
								71600 - Travel	5,000.00	
								74200 - Audio Visual&Print Prod Costs	10,000.00	
								75700 - Training, Workshops and Conferences	50,000.00	
	SUBTOTAL WHO								**$ 1,082,544.92**	
	GMS WHO								**$ 75,778.14**	
	TOTAL (WHO pass-through)								**$ 1,158,323.06**	