

Joint Emergency Preparedness and Response (EPR) Action Plan

2023-27

Strengthening the health emergency preparedness and response of the African continent



JEAP

JOINT EMERGENCY ACTION PLAN



Contents

- Executive summary 1
- 1. Context 4
- 2. The Africa CDC and WHO partnership 7
- 3. 2023-27 JEAP 10
 - Scope and objectives 10
 - 2023-27 Shared vision and impact..... 11
 - Priority Collaboration Areas..... 12
 - Financial and non-financial inputs..... 16
 - Monitoring, evaluation, accountability and learning 19
- 4. 2023-27 Detailed Action Plan 23
 - Country assessments in the preparedness context..... 23
 - Workforce development..... 24
 - Surveillance including laboratory and genomic sequencing..... 25
 - Logistics, supply chain, local manufacturing and stockpiling 27
 - Response readiness and coordination..... 28
 - Risk communications and community engagement 28
 - Climate change in the EPR context 29
 - Digitalization..... 30
 - Institutional strengthening and coordination 30
- 5. Governance, accountability, and risk..... 33
 - Governance framework 33
 - Risks and mitigants..... 35
- 6. The way forward..... 38
- 7. Annex..... 39
 - Action plan for strengthening National Public Health Institutions 40
 - Mainstreaming Resource Optimization in the JEAP 41
 - Detailed measurement framework 43
 - Detailed budget by Collaboration Area 52
 - Operational details of the governance organs 53
 - Full 2023-27 Detailed Action Plan 55

Acronyms

Africa CDC	Africa Centres for Disease Control and Prevention
AU	African Union
AVoHC	African Volunteers Health Corps
BMGF	Bill and Melinda Gates Foundation
COVID-19	Coronavirus Disease 2019
CHW	Community Health Worker
EBS	Event-Based Surveillance
EIOS	Epidemic Intelligence from Open Sources
EPR	Health Emergency Preparedness and Response
ES	Environmental Surveillance
EWARS	Early Warning, Alert and Response System
HR	Human Resources
IAR/AAR	Intra/After Action Reviews
IBS	Indicator-based surveillance
IDS/IDSR	Integrated Disease Surveillance/Integrated Disease Surveillance and Response
IHR MEF	International Health Regulations Measurement and Evaluation Framework
IMS	Incident Management System
IT	Information Technology
JEAP	Joint EPR Action Plan
JEE	Joint External Evaluation
KPI	Key Performance Indicator
MEAL	Monitoring, Evaluation, Accountability and Learning
MoH	Ministry of Health
MoU	Memorandum of Understanding
MS	Member States
NAPHS	National Action Plan for Public Health Security
NPHI	National Public Health Institution
PHEM-F	Public Health Emergency Management Fellowship
PHEOC	Public Health Emergency Operations Centre
PMO	Project Management Office
PoE	Point of Entry
PROSE	Promoting Resilience of Systems for Emergencies

RCCE	Risk Communications and Community Engagement
RRT	Rapid Response Teams
SC/SCMS	Supply Chain/Management Systems
SimEx	Simulation Exercise
SOP	Standard Operating Procedure
SPAR	State Party Self-Assessment Annual Reporting
SteerCo	Steering Committee
SURGE	Strengthening and Utilizing Response Groups for Emergencies
TASS	Transforming African Surveillance Systems
ToC	Theory of Change
ToR	Terms of Reference
ToT	Training of Trainers
TWG	Technical Working Group
UHPR	Universal Health and Preparedness Review
USD	United States Dollar
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa
WHO EMRO	World Health Organization Regional Office for the Eastern Mediterranean

Executive summary

It is now more important than ever to support African states with their efforts to protect vulnerable populations from the devastating impacts of public health emergencies. The African continent has been severely affected by several disease outbreaks such as cholera, yellow fever, Ebola, and COVID-19; including health emergencies generated and exacerbated by floods, droughts and other natural disasters. Climate change and other risk factors such as unplanned urbanization and migration are contributing to the rising frequency of health emergencies, having devastating impacts on the wellbeing and livelihoods of affected communities. While progress has been made in strengthening Health Emergency Prepared and Response (EPR) systems of African countries, significant gaps remain. The collective efforts and resources of EPR actors at all levels is needed to bridge these gaps and strengthen health emergency responses across the continent.

Africa CDC and WHO¹ have engaged in a pioneering collaboration (the Partnership) to strengthen the EPR systems of African states. The Partnership emerged from the leadership of two major EPR organizations in Africa and was strengthened with financial support from the Bill and Melinda Gates Foundation. The strength of their collaborative efforts has been demonstrated recently through joint activities to assist African states in their response to COVID-19 and other disease outbreaks. Building on this success, Africa CDC and WHO held two key meetings in 2022 to align on a common vision for EPR on the continent and to capture the synergies across strategic programs to countries. Africa CDC and WHO have since joined forces to form a united front to better support the EPR goals of Member States² (MS). Operating under the guidance and leadership of Member States, the Partnership will harmonize their efforts to deliver a cohesive EPR offering and minimize the duplication of efforts. As leading institutions for EPR, Africa CDC and WHO seek to build on their complementarities and fill capacity gaps by leveraging their comparative advantages.

The 2023-27 Joint EPR Action Plan (JEAP) serves as an important milestone for the Partnership and marks the start of an ambitious endeavour for Africa CDC and WHO. The Partnership has developed the 2023-27 JEAP to bring together Africa CDC and WHO under a common vision and strategy for EPR in Africa. Overall, it sets the vision and proposed solutions to addressing long-standing EPR challenges on the continent, the steps that will be taken to ensure that the joint activities for Collaboration Areas achieve their intended impact and how the partners will work together. Africa CDC and WHO have co-developed the Detailed Action Plan (DAP) outlining the joint activities that will be conducted within each of the Collaboration Areas, and the institutional capabilities needed to coordinate joint activities and ensure effective decision making and management within the Partnership.

Under the 2023-27 JEAP, the Partnership is committed to realizing a shared vision for impact, where “More Vulnerable Populations in Africa are protected from public health emergencies”. The Partnership will seek to strengthen the capacity and capability of all Member States to effectively PREPARE for, DETECT, and RESPOND to public health emergencies, thereby reducing the health burden on people’s lives and livelihoods. Importantly, the Partnership does not intend to adopt a one-size-fits-all approach. Solutions will be tailored to meet the specific needs of Member States, with active involvement from in-country leaders. To ensure accountability, the Partnership will conduct joint monitoring, evaluation, accountability and learning (MEAL) activities to measure and report on its impact.

¹ Note: WHO AFRO and WHO EMRO are collectively referred to as the WHO in this document.

² For the remainder of the document, Member States refers to the NPHIs, Ministries of Health and other public health agencies responsible for the national public health systems within countries.

The Partnership will work to achieve a specific set of outcomes and objectives within six Programmatic Collaboration Areas and two Enabling Collaboration Areas across the EPR system. The Partnership will work with Member States to tackle key challenges across the areas of preparation, detection and response and prioritized six Programmatic Collaboration Areas around which to plan and implement joint activities. The Programmatic Collaboration Areas are (i) Country assessments in the preparedness context, (ii) Workforce development, (iii) Surveillance including laboratory and genome sequencing, (iv) Logistics, supply chain, local manufacturing stockpiling, (v) Response readiness and coordination, and (vi) Risk communications and community engagement. Two Enabling Collaboration Areas will amplify the impact of programmatic areas by ensuring the Partnership adopts an all hazards, one-health approach in light of climate change and remains at the forefront of technological advancements. The Enabling Collaboration Areas are (i) Climate Change in EPR context, and (ii) Digitalization. The outcomes the Partnership seeks to achieve are:

- Increased **visibility on country's core capacities**, and key challenges and opportunities for intervention in EPR.
- An **emergency health workforce** that is qualified, interoperable, and inter-connected in Africa.
- Strengthened national **public health surveillance** and response systems with updated IDSR and EBS practices, digital technologies, and genomic surveillance capacities at the country level.
- Timely availability of high-quality **supplies and logistics**³.
- Increased **coherence across coordination** mechanisms in countries and number of coordination points managing EPR activities (namely PHEOCs).
- Improved **community preparedness**, knowledge, and engagement in responding to health emergencies.

The Partnership will be led by NPHIs, which are government agencies that provide science-based guidance, leadership, and coordination for critical public health functions. This will ensure that and public health agencies, ensuring that ownership over for the coordination of EPR continues to sit within the public health leadership of Member States. At both the country and regional levels, the Partnership will operate within existing national public health systems, including NPHIs and public health agencies, to enhance their capacity, promote collaboration, and strengthen public health functions during emergencies. It will also enable coordination within countries, across relevant agencies and sectors. This includes working closely with interested Member States to customize service packages to their specific needs, aiming for standardized and equitable access to services. The approach serves to uphold accountability mandates within Member States, allow for country leadership and ensure the development of long-term capacity of these institutions.

An ambition of this scale and influence will require significant investment of human and financial resources, along with leadership and buy-in from global, regional and sub-national EPR actors. Financially, the Partnership is aiming for an investment of \$848 million over the next 5 years to support the ambitions of the 2023-27 JEAP. In addition, implementation of the 2023-27 JEAP will require human resources at global, regional and

³ With a greater emphasis on sourcing supplies from locally based manufacturing hubs.

national levels, and a broad network of resource partners providing financial and technical contributions towards the Partnership.

The execution of joint activities is already underway with an aim to further ramp up implementation as resources become available. The commencement of pilot initiatives and priority joint activities signifies that the Partnership is now fully operational and ready to deliver tangible impact with Member States. With strong foundations in place, the Partnership are actively seeking resource partners to support the endeavours, scale up execution, and ensure the health security of vulnerable populations across the continent.

1. Context

The impact and frequency of public health emergencies are on the rise in Africa. It is now more important than ever to support countries with protecting populations from these emergencies. The African continent continues to have the highest incidence of health emergencies globally, registering more than 100 public health emergency events annually⁴. The impact of these emergencies can be devastating, as they result in high rates of morbidity and mortality, and significantly impact the social and economic development of affected communities. For instance, the Ebola outbreak in 2014-16 caused over 11,000 deaths, slowed development, and was estimated to cost USD 4.3 billion for the three worst affected countries.⁵

Concerningly, the frequency of these health emergencies in Africa is on the rise, driven largely by the global impact of climate change and migration patterns. The effects of climate change, such as rising temperatures and altered precipitation patterns, create favourable conditions for the proliferation of disease-carrying vectors like mosquitos and ticks. Over the last decade, the continent has seen a dramatic increase in vector borne diseases due to rising temperatures⁶, and a 63% increase in zoonotic outbreaks⁷. The impact of climate change on vector borne diseases is a serious threat to public health in Africa. Recent experiences with health emergencies, such as COVID-19, has revealed gaps in how countries prepare for, detect and respond to emergencies, highlighting the continued need to strengthen EPR in African states.

Promising progress has been made over the past decade to strengthen EPR systems across the continent, however some significant gaps remain. The African continent has made notable progress under the guidance of various global, regional and country conventions and frameworks, including the International Health Regulations (IHR, 2005), the Technical Guidelines for Integrated Disease Surveillance and Response (IDSR), as well as countries' National Action Plans for Health Security (NAPHS). These efforts have contributed to on-the-ground improvements to preparedness and response across the African continent, including a sizeable decrease in average response time for African countries from 131 days in 2017 to 45 days (in 2019)³, as well as improvements to average IHR scores⁸ for the region from 36 to 48 (between 2018 and 2020). However, significant gaps remain on measures of EPR capacity for African countries when compared to the global average⁹.

Figure 1: Average of 13 International Health Regulations core capacity scores (SPAR version) for African countries (2020)¹⁰

⁴ WHO Africa, "WHO, partners seek to reboot Africa's health emergency response", (2022)

⁵ Centers for Disease Control and Prevention, "2014-16 Ebola Outbreak in West Africa", (2019)

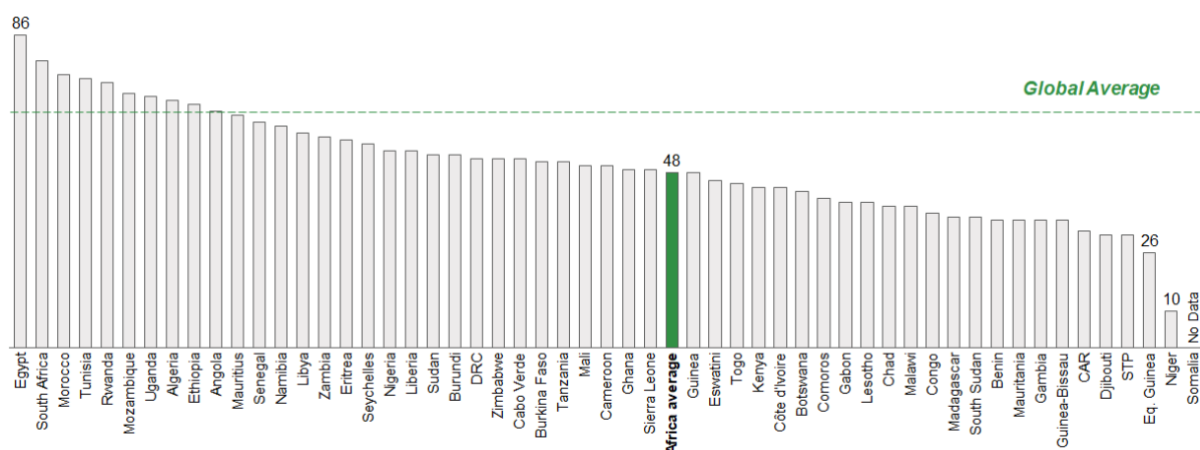
⁶ WHO Africa, "Climate change increases risk of outbreaks in Africa", (2018)

⁷ UN Africa Renewal, "In Africa, 63% jump in diseases spread from animals to people seen in last decade", (2022)

⁸ WHO, the Global Health repository: Average of 13 IHR core capacity scores, SPAR version, (2022)

⁹ Ibid.

¹⁰ Ibid.



The gaps in EPR systems are likely to persist if longstanding systemic barriers are left unaddressed. Health emergencies are increasing in scale, and complexity each year. Bridging gaps in the system has become increasingly challenging and urgent to ensure countries are prepared to respond. There are calls for coordinated action to support African states in overcoming persistent, yet addressable, barriers in EPR systems at both the country and regional levels. These barriers are specific to EPR in Africa and typically revolve around the following areas (among others):¹¹

- **Fragmented governance:** Many countries in Africa struggle to adopt EPR policies and practices, affecting the rollout of core EPR interventions. COVID-19 revealed gaps in how leaders come together during emergencies.
- **Inadequate health workforce:** Less than 10% of African countries have a sufficient health workforce to adequately prepare for and respond to health emergencies, putting a significant strain on health systems during emergencies.
- **Weaknesses in surveillance systems and technologies:** The quality of data and timely detection of health emergencies are hampered by the delayed integration of surveillance systems and adoption of digital technologies across the region.
- **Insufficient local logistics and manufacturing hubs:** The availability of emergency supplies is impacted by the lack of logistics hubs and manufacturers based in the region. As a result, it can take up to 20 days to deliver supplies, compared to the rapid response time of 24 to 48 hours required.
- **Functioning of PHEOCs:** Despite the regional aim to have 90% of countries in the region with Public Health Emergency Operations Centres (PHEOC) by 2026, only 12 countries have operational centres that are fully functional. Many PHEOCs lack the equipment, supplies, and capacity needed to operate optimally.
- **Unpredictable financing:** There is a reliance on international funding for EPR due to limited capacity to mobilize sustainable and predictable resources domestically. Further, funding for capacity strengthening initiatives, in certain areas, is scarce.

¹¹ WHO, Ensuring Health Security in the African Region, EPR flagship programs Quarterly Report #1, (2022).

Protecting vulnerable populations in Africa from future health emergencies requires a continental approach emphasizing the harmonization of EPR efforts, pooling resources and leveraging the relative strengths of global and sub-national actors alike. The limited collaboration in EPR has resulted to inefficiencies in the system. Countries are working off multiple guidelines leading to unnecessary duplication of efforts, and a lack of political collaboration is hindering the sharing of knowledge and resources among countries despite the cross-border impact of outbreaks. Further, limited coordination in mobilizing financial resources has impacted the availability of emergency funding. Establishing a continental approach would bring several advantages to the EPR system in Africa. It could improve impact efficiency of EPR activities, better control the spread of cross-border pandemics such as COVID-19 and enable neighbouring countries to allocate resources (as well as complimentary capabilities) to support their affected neighbours. However, coordinating such a response is challenging due to the different levels at which national, regional, and global EPR actors are operating. Member states are at different stages of their EPR journey with varying incentives, constraints, and strategies at their disposal. An unprecedented level of collaboration from global to sub-national actors is needed to integrate efforts, strengthen EPR and protect vulnerable communities from the impacts of health emergencies.

2. The Africa CDC and WHO partnership

Building on recent successes, Africa CDC and WHO have taken a pioneering step of coming together to integrate efforts towards addressing long-standing systemic challenges in EPR. In recent years, Africa CDC and WHO to bring together efforts of leading EPR institutions to drive continent-wide systemic change in Africa. In the context of COVID-19, Africa CDC and WHO set up a joint Steering Committee for the incident management system¹² and have been collectively implementing response activities to improve coverage and consistency. In early 2022, WHO partnered with Africa CDC to collectively launch three flagship programmes¹³ with the ambition of contributing to protecting one billion people from health emergencies under the WHO Thirteenth Global Programme of Work (GPW13). As part of this, they have been working together to combine Africa CDC's African Volunteer Health Corps (AVoHC) program with WHO's Strengthening and Utilizing Response Groups for Emergencies (SURGE) program to train over 3,000 health professionals across the continent. Building on these successes, Africa CDC and WHO held two key meetings in 2022 to align on a common vision for EPR on the continent and capture synergies across their strategic programs. The increasing success of joint activities paved way for a more structured and coordinated approach under the 2023-27 JEAP.

The Partnership operates based on five guiding principles that unite the EPR mandates of Africa CDC and WHO to assist Member States. Africa CDC and WHO have separate but overlapping mandates to support African states in preventing and mitigating the adverse effects of health emergencies. In recognition of the potential overlap, the objectives of the Partnership are to harmonize their EPR service offering, reduce duplication and leverage their comparative advantages to amplify their impact for Member States. The decisions and actions of the Partnership is led by the following guiding principles:

- Be country-driven: operate under the leadership of Member States and encourage country ownership and engagement with their EPR goals.
- Harmonize efforts: align operational modalities to remove duplication and provide a consistent EPR offering to Member States.
- Lead together: build on the relative strengths of the organizations to fill capacity gaps, advocate as one voice, and leverage comparative advantages.
- Ensure sustainability: aim for sustainable long-term capacity by focusing on solutions that can be scaled and resourced over time.

In accordance with these principles, all decisions will be carried out under the leadership of Member States. The Partnership will ensure that all activities are driven by the needs and priorities identified by the public health leadership of Member States, primarily with NPHIs, and working with Ministries of Health and other health agencies. Prior to implementation, the Partnership will collaborate with Member States that have expressed interest in engaging with its services, in order to define service packages tailored to their specific needs. Additionally, Africa CDC and WHO will collaborate to develop a standardized (and scalable) offering, ensuring equitable access to services for all Member States. The Partnership's activities will be undertaken under the leadership of NPHIs and public health agencies within Member States, signifying that no actions will be taken without their input,

¹² Co-led by the Africa CDC Director General and the Regional Director for WHO-AFRO

¹³ WHO AFRO launched three flagship programs in early 2022: Promoting Resilience of Systems for Emergencies (PROSE), Transforming African Surveillance Systems (TASS), and SURGE.

approval, and commitment of resources to strengthen their EPR capacity. To engage with Member States, the Partnership will leverage Africa CDC's advantageous access to country leadership through the Africa Union to facilitate convenings and drive policy change at the regional level. The Partnership will leverage WHO's extensive relationships with in-country initiatives to drive programmatic change at the country-level.

Implementation efforts of the Partnership will be coordinated in conjunction with NPHIs and public health agencies to ensure it fits within the national public health architecture of Member states. This approach serves to uphold accountability mandates within Member States and ensures the development of long-term capacity of these institutions. It is important to note that the Partnership does not intend to establish new implementing agencies or bodies. Instead, it seeks to work within existing national public health systems, including primarily NPHIs, and with Ministries of Health, and other public health agencies.

Guided by this mandate, the Partnership seeks to enhance the functioning of NPHIs and public health agencies in performing essential public health functions during emergencies. To achieve this, the Partnership, under the leadership of NPHIs and public health agencies, aims to (i) Strengthen the capacity of NPHIs and health agencies to consistently deliver fundamental health emergency functions at a common high standard, (ii) facilitate collaboration and communication between NPHIs and public health agencies with other key public health stakeholders, and (iii) continue to advocate for the establishment and strengthening of NPHIs. At the regional level, the Partnership will facilitate collaborative networks that bring together national, regional, and global experts in areas like collaborative intelligence and decision-making, building on initiatives such the Regional Integrated Surveillance and Laboratory Network facilitated by Africa CDC. A detailed outline of the joint activities conducted by the Partnership to strengthen NPHIs can be found in the Annex.

Today, the Partnership is governed under the Africa CDC – WHO Memorandum of Understanding (MoU) and the 2023-27 JEAP and aligned to the latest global agenda for HEPR. The MoU was signed in 2021 as a governing document for the Partnership. It outlines the overall purpose, objectives, and terms of the agreement. The 2023-27 JEAP was developed by the Partnership to outline how the organizations will work together to assist Member States. The activities conducted within the Collaboration Areas align with global initiatives to advance HEPR, ensuring coherence with broader efforts. For example, workforce development activities carried out with AvoHC-SURGE responders will strengthen national and regional coordination mechanisms within the Global Health Emergency Workforce (GHEC) platform.

Case study: Africa CDC and WHO collaboration on Emergency preparedness and response flagship programmes

Since 2022, Africa CDC, WHE and WHO EMRO/AFRO have been jointly implementing three flagship EPR programs in Africa. The objective of the flagships is to integrate EPR efforts of leading actors to support Member States in the African region to prepare for, detect and respond to public health emergencies. Key highlights¹⁴ from the first year of implementation include:

- 100+ frontline health workers from Tanzania (Mainland and Zanzibar), Kenya, and Rwanda trained on Ebola case management for Uganda's neighbouring countries.
- 5 more countries completed NAPHS review and developed Annual Operational Plans to guide investment cases and priority actions for epidemic.
- 48 public health experts from 18 countries were equipped with critical knowledge and skills to strengthen country-owned capacities to update their risk profiles.
- New PHEOCs were set up in two countries and 36 countries participated in a regional simulation exercise to test readiness of PHEOCs to respond to an Ebola outbreak.
- Developed an online interactive and interoperable platform for Member States to manage AvoHC-SURGE responders.

¹⁴ WHO, Ensuring Health Security In The African Region Quarterly Report December 2022 (2022)

3. 2023-27 JEAP

The following sections provide an overview of the 2023-27 JEAP, including (1) the scope and objectives (2) the shared vision and impact of the 2023-27 JEAP, (3) the priority Collaboration Areas, (4) financial and non-financial inputs required, and (5) the MEAL approach for the JEAP.

Scope and objectives

The Partnership has developed the 2023-27 JEAP to outline the shared vision and the approach that Africa CDC and WHO will take to align on EPR objectives, harmonize efforts and collectively address long-standing challenges in EPR across the continent. Overall, it sets the vision and proposed solutions, the governance arrangements between the organizations, and the steps that will be taken to ensure that the joint activities for Collaboration Areas achieve their intended impact. The 2023-27 JEAP builds on existing initiatives conducted by the Partnership.

The 2023-27 JEAP focuses on addressing the most pressing challenges throughout the EPR cycle, encompassing all member states within the African continent. The scope of activities is limited to the African Continent, thus excludes activities involving non-African WHO EMRO countries. To decide on priority areas of focus, the leadership of the two organizations came together to share experiences, present each other's strategies, and jointly identify a long list of potential areas of focus. The areas of focus were then selected from this list based on their alignment with the following criteria: (i) alignment to organization's priorities (ii) ability to mobilize resources in the area, (iii) feasibility of implementation, and (iv) opportunity for impact. Finally, with focus areas and intended impact defined, the Partnership aligned on a shared vision for the collaboration and agreed on a Theory of Change. It is important to note that this plan is part of a long-term effort to transform EPR systems. Three areas require further development, and other areas not covered in this plan¹⁵, will be revisited in future iterations of the JEAP.

The Detailed Action Plan was collaboratively developed by technical working groups comprising over 60 representatives from Africa CDC and WHO. Through a series of workshops and regular planning discussions, these working groups identified opportunities to combine overlapping activities and leverage synergies in areas that hold the greatest potential for the Partnership to make a significant impact. For each prioritized area of focus, the working groups defined the desired outcomes, set objectives, and outlined joint activities to be conducted by the Partnership. They also allocated specific roles and responsibilities to each organization¹⁶, clarifying their respective contributions in delivering the identified outcomes.

The working groups developed budgets for the Detailed Action Plan outlining the financial resources required to support implementation. Both direct and indirect expenses¹⁷ were identified and incorporated into the budgets for the JEAP. To calculate the costs, the working groups relied on best estimates derived from rates and quantities from similar activities or initiatives. In instances where no suitable reference points were available, the team provided an initial estimate and designated a specific team member to validate the figures through consultation with other reliable sources. The budgets for three Collaboration Areas under development will be determined once their action plans are finalized.

¹⁵ Climate Change, Digitization, and RCCE Collaboration Areas are under development.

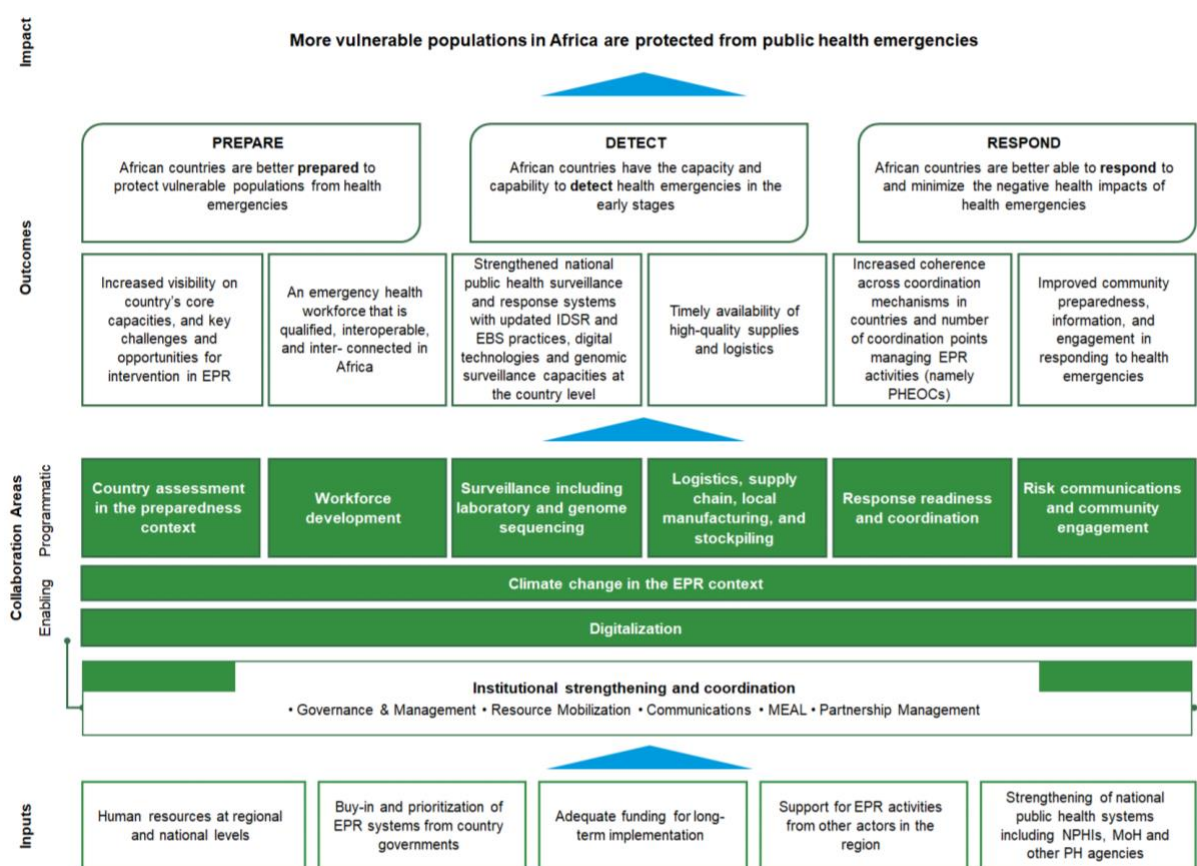
¹⁶ The organization best positioned for the task will be assigned the responsibility for coordinating implementation (as the lead), and supported by the other organisation (as the co-lead).

¹⁷ Including personnel, travel, consultants, capital expenses, and other direct costs.

2023-27 Shared vision and impact

Guided by the 2023-27 JEAP Theory of Change, the Partnership is committed to realizing a shared vision, where “More Vulnerable Populations in Africa are protected from public health emergencies”. The Partnership will seek to strengthen the capacity of all Member States to effectively PREPARE for, DETECT, and RESPOND to public health emergencies, thereby avoiding negative impacts on people’s lives and livelihoods. The Theory of Change (ToC) (outlined in Figure 2 below) illustrates the link between the joint activities conducted by the Partnership, and the eventual outcomes and impact achieved from these activities. It articulates a common pathway to change for Africa CDC and WHO and will serve as a tool to hold both organizations accountable to Member States, and the beneficiaries of their work.

Figure 2: 2023-27 JEAP Theory of Change



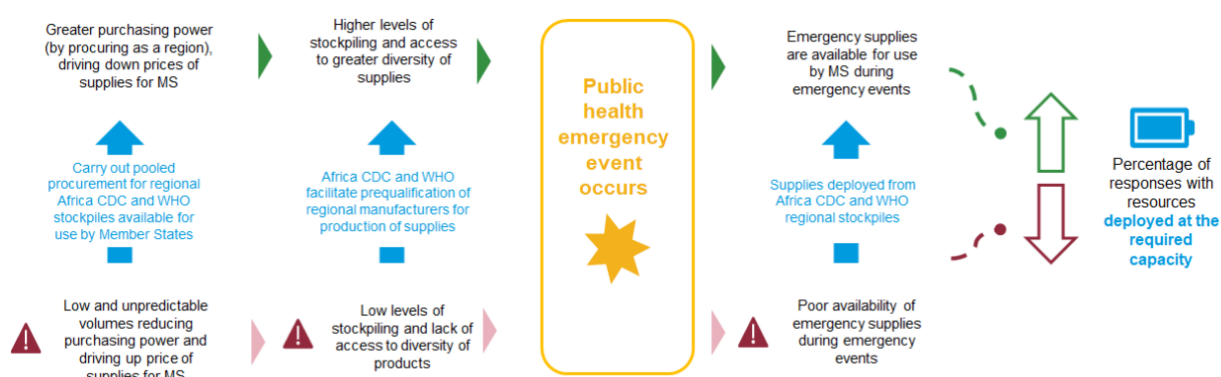
To achieve their shared vision, progress will be accelerated in three long-term outcomes related to strengthening EPR systems in Africa. The 2023-27 JEAP will have a wide-ranging impact on the entire EPR cycle, encompassing the areas of preparedness, detection, and response for all Member States. By adopting an end-to-end approach, the JEAP will work closely with Member States to address critical gaps in EPR policies, practices and resources across the region that impede countries’ ability respond. This effort will equip Member States with the capacity to promptly detect emergency events and deploy timely and sufficient responses. The benefits to EPR systems are expected to be attained immediately following the implementation of joint activities and continue beyond the 2023-27 JEAP’s implementation in 2027. The long-term outcomes¹⁸ are:

¹⁸ Illustrative sample results-orientated indicators for outcomes are provided in the MEAL section.

- African countries are better **prepared** to protect vulnerable populations from health emergencies.
- African countries have the capacity and capability to **detect** health emergencies in the early stages.
- African countries are better able to **respond** to and minimize the negative health impacts of health emergencies.

The figure below illustrates how joint EPR activities conducted by Africa CDC and WHO transforms in-country systems and processes, resulting in improved health emergency responses by Member States.

Figure 3: Illustrative example of the impact of joint activities conducted for logistics, supply chain and stockpiling



The legitimacy of the Theory of Change relies on a series of assumptions on the enabling environment required to execute joint activities. These assumptions may not be entirely within the control or influence of the Partnership. The assumptions are grouped into two categories (i) Output/Activity, and (ii) Input assumptions. The Output/Activity assumptions are necessary for activities conducted to deliver the intended outcomes, including maintaining the willingness to collaborate and engage, resolving political barriers, implementing a robust MEAL framework, and having adequate capacity and capabilities. The Input assumptions are the internal and external factors needed to support the implementation of activities, including having access to the human resource required, buy-in from national governments and ministries, continued strengthening and investment into national public health systems (including NPHIs and public health agencies), timely funding, and support from other regional actors. These assumptions will be continuously monitored to assess their potential impacts on the program and identify mitigating actions.

Priority Collaboration Areas

The Partnership will work with Member States to tackle key challenges within six Programmatic and two Enabling Collaboration Areas across the areas of preparedness, detection and response. The Programmatic Collaboration Areas are: (i) country assessment in the preparedness context, (ii) workforce development, (iii) surveillance including laboratory and genome sequencing, (iv) logistics, supply chain, local manufacturing and stockpiling¹⁹, (v) response readiness and coordination, and (vi) risk communications and community

¹⁹ Includes local manufacturing of EPR supplies

engagement. The two Enabling Collaboration Areas are (i) climate change in the EPR context, and (ii) digitalization. Africa CDC and WHO jointly decided on the collaboration areas based on analysis of key systemic challenges within EPR systems in Africa.

Programmatic Collaboration Areas have set out to achieve a specific set of outcomes and objectives aimed at increasing the EPR capacity and capability of Member States by 2027. These intermediate outcomes and objectives are mutually reinforcing and reflect the transformational change to EPR systems that the Partnership seeks to support. To achieve this, the Partnership has identified and agreed on a list of joint objectives and supporting activities to pursue across the Programmatic Collaboration Areas over the life of the plan. These activities will be implemented jointly during the next 5 years of the collaboration, with the goal of achieving intermediate outcomes and objectives by 2027. The outcomes and objectives for Programmatic Collaboration Areas are outlined in the table below.

Table 1: Programmatic Collaboration Area outcomes and objectives

Collaboration Area	Outcomes	Objectives
Country assessment in the preparedness context	Increased visibility on country's core capacities, and key challenges and opportunities for intervention in EPR	<ul style="list-style-type: none"> i. Ensure the harmonization of EPR tools and processes ii. Support countries to conduct and report on EPR capacity assessments iii. Support countries to develop and implement action plans
Workforce development	An emergency health workforce that is qualified, interoperable, and inter-connected in Africa	<ul style="list-style-type: none"> i. Support the identification, capacity building and retainment of an emergency health workforce ii. Ensure the coordination and deployment of the emergency health workforce iii. Reinforce the emergency health workforce leadership iv. Scale up sustainable and institutionalised Community Health Worker (CHW) programmes in Member States
Surveillance including laboratory and genome sequencing	Strengthened national public health surveillance and response systems with updated IDSR and EBS practices, and genomic surveillance capacities at the country level	<ul style="list-style-type: none"> i. Ensure that all member states have capacity to timely detect, report and respond to public health threats ii. Establish a functional continental network for data and information exchange iii. Ensure that all member states have laboratory capacity to diagnose, and report pathogens that can cause outbreaks iv. Ensure that all member states have laboratory sequencing capacity for pathogens that can cause outbreaks
Logistics, supply chain, local manufacturing and stockpiling	Timely availability of high-quality supplies and logistics	<ul style="list-style-type: none"> i. Provide robust and agile supply chain and operational support to Member States in preparedness and response to emergencies

Collaboration Area	Outcomes	Objectives
		ii. Expand local manufacturing of medical supplies, diagnostics, and therapeutics for use in responses to emergencies ²⁰
Response readiness, and coordination	Increased coherence across coordination mechanisms in countries and number of coordination points managing EPR activities, (namely PHEOCs)	<ul style="list-style-type: none"> i. Ensure that at least 90% of Member States in Africa have a PHEOC facility in place equipped with information, communication technology and physical infrastructure that meets the minimum requirements by 2027 ii. Ensure that at least 90% of Member States in Africa have developed and implemented core PHEOC policy, plans and procedures: legal framework, operational and functional plans and procedures iii. Ensure that 90% of PHEOCs in Member States of Africa have the information management and sharing platform(s) containing the minimum data required iv. Develop and/or strengthen the capabilities of the PHEOC workforce (routine and surge staff) to support preparedness and response coordination in at least 90% of Member States in Africa v. Evaluate the implementation of key activities in the strategic plan: conduct mid-term and end-term evaluations
Risk communications and community engagement²¹	Improved community preparedness, knowledge, and engagement in responding to health emergencies	<ul style="list-style-type: none"> i. Strengthen community engagement with, and indigenous knowledge of EPR ii. Promote public education and awareness of EPR through advocacy initiatives iii. Promote communities of practice and behavioural change approaches to RCCE iv. Strengthen the Public Health RCCE Community of Practice for Africa v. Tackle Rumours and misinformation regarding public health emergencies vi. Promote the adoption of best practices in RCCE in the context of EPR

Efforts in Enabling Collaboration Areas will amplify the programmatic impact by ensuring the Partnership supports the development of climate resilient green health systems, and remains at the forefront of technological advancements. Africa CDC and WHO acknowledge the significance of adopting a 'one health' all hazard approach to addressing the diverse origins and widespread effects of health emergencies on the African continent. Given the impending effects of climate change on the frequency of outbreaks, the Climate Change enabling area will be devised to incorporate considerations for climate and

²⁰ The activities for this objective are under development

²¹ The outcomes, and objectives for this Collaboration Area is preliminary. This will be refined upon the establishment of the relevant TWGs.

environmental risk factors affecting health emergencies, and support development of green health systems across the continent. The Partnership will also aim to implement technological advancements under a multi-disciplinary approach to EPR. This will involve harnessing new technologies such as data analytics, and digital applications to enhance the speed, accuracy, and efficiency of detection and response systems for health emergencies. The preliminary outcomes and objectives for the Enabling Collaboration Areas are outlined in the table below.

Table 2: Preliminary Enabling Collaboration Area outcomes and objectives²²

Collaboration Area	Outcomes	Objectives
Climate Change	Climate resilient and green health systems that are ready to detect and respond to health emergencies caused by climate crises	<ul style="list-style-type: none"> i. Support countries to conducted Integrated Climate Change Vulnerability Assessments ii. Support Countries to develop Climate resilient health systems iii. Support countries to develop Sustainable low carbon health systems iv. Enhance national early warning and response systems (EWARS) to provide timely response to climate-sensitive diseases and conditions. v. Establish guidelines and policies on reducing carbon footprint of logistics and supplies provided in response to health emergencies vi. Support Member States to undertake high-level climate-diplomacy and implement COP26 (and future COP 28) commitments
Digitalization	Increased adoption of digital health technologies by national public health systems of Member States	<ul style="list-style-type: none"> i. Support digitalization of primary health, focusing on policies, interoperability standards ii. Develop the Africa Digital Health Monitor to assess the progress of Member States in digitizing their public health systems iii. Strengthen the digital health literacy and skills of frontline health workers and the developer community iv. Support Member States to transition public health certificates to digital using the Africa CDC PolyGlot platform v. Explore digitizing the decision-making process for determining immunity duration, booster selection, and interval scheduling for vaccines vi. Explore the establishment of a digital clinical trial platform in Member States

The Partnership will simultaneously build the institutional capabilities necessary for the effective management, governance, and co-ordination of the collaboration. Avoiding duplication of efforts and maximizing the use of comparative advantages will require a high degree of coordination and strong governance within the Partnership. Africa CDC and WHO

²² The outcomes, and objectives for these Collaboration Areas are preliminary. These will be refined upon the establishment of the relevant TWGs.

will jointly perform cross-cutting functions to support all Collaboration Areas and the management of the Partnership, including activities related to governance, resource mobilization, communications, MEAL, and partnerships management. The cross-cutting functions and their objectives are outlined in the figure below.

Figure 3: Cross-cutting functions and objectives

Cross-cutting function	Main objectives
Governance and management	Ensure effective project governance and management to support the implementation of the JEAP
Resource mobilization	Expand the resource base for the JEAP through identifying, soliciting and acquiring new funding sources
Communications	Ensure on-going communication and engagement of all relevant stakeholders in the JEAP
Monitoring, Evaluation, Accountability and Learning (MEAL)	Ensure on-going monitoring of progress, evaluating, accountability and learning
Partner management	Broaden and strengthen the base of partners to support the ambitions of the JEAP

Financial and non-financial inputs

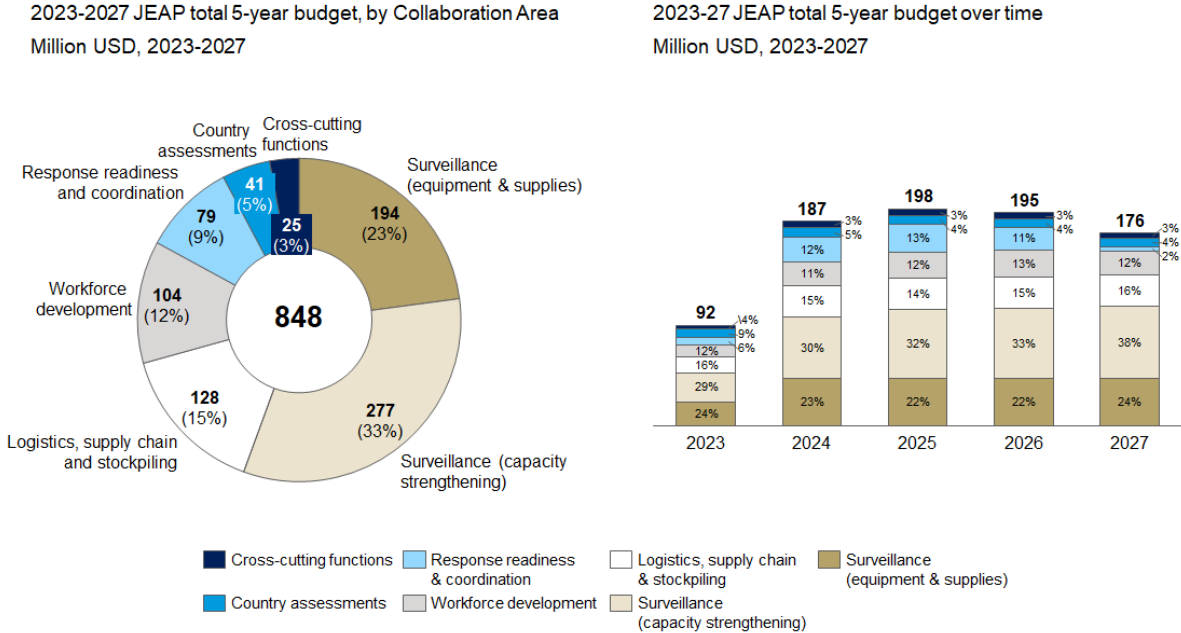
A Partnership of this scale and influence requires significant investment of human and financial resources, along with leadership and buy-in from global, regional and sub-national EPR actors alike. The implementation of the 2023-27 JEAP will require an investment of human resources from Africa CDC and WHO (at regional and national levels) to support the management of the Partnership, and co-ordination and execution of the Detailed Action Plan. This includes technical experts, coordination staff, and active involvement from frontline resources at all levels of the EPR system in the region. As a country-driven initiative, the success of the JEAP is contingent on the buy-in and commitment from Members States (as well as other EPR actors) towards investing into EPR capacity and the continued strengthening of national public health systems, including NPHIs, Ministries of Health, and other public health agencies²³. In addition, partnerships with EPR actors in the region will be critical to covering the resourcing needs and technical capabilities beyond the current capacity of Africa CDC and WHO.

Financially, the Partnership will require investment of \$848 million²⁴ over the 5 years to support the ambitions of the 2023-27 JEAP. The budgets for the Collaboration Areas reflect the total funding required to deliver the joint activities defined in the Detailed Action Plan at the scale required to achieve the objectives set by the Partnership. The budget for cross-cutting activities is set at 3% of total funding of the 2023-27 JEAP and will be used to scale up capacity within the Partnership to provide cross-cutting activities required to support implementation

²³ A detailed outline of the joint activities conducted by the Partnership to strengthen NPHIs can be in the Annex.
²⁴ Budgets for Climate Change, Digitalization, and RCCE collaboration areas are not included. These will be determined upon the finalization of their action plans.

over the life of the plan²⁵. The Partnership anticipates that funding sources will encompass their individual programs of work (in Africa CDC and WHO), contributions from member states, and resources mobilized specifically for the JEAP. A high-level summary of the budget is outlined in the figure below. Detailed budgets can be found in the Annex.

Figure 4: High-level budget²⁶



Budgets for Collaboration Areas vary because of the differing costs associated with operating in areas of the EPR system. The primary factors determining the funding requirements are (i) the number of targeted recipients (e.g., countries, emergency health experts, etc.), and (ii) the cost profiles of operating within a certain area of the EPR system, including any necessary investments or purchases for capacity development (such as equipment and supplies). Surveillance activities require more funding due to the significant investments required for equipment, supplies, and establishing an integrated surveillance system for Member States. In contrast, the Country Assessments Collaboration Area operates in a less capital-intensive area of the system, resulting in lower financial needs. Further, the Partnership will carry out activities to optimize the allocation and utilization of EPR resources, ensuring value for money across Collaboration Areas and Member States. This includes developing cost-effectiveness assessment and optimization tools, establishing learning networks on resourcing optimization and providing technical support and training to Member States. An outline of the activities can be found in the Annex.

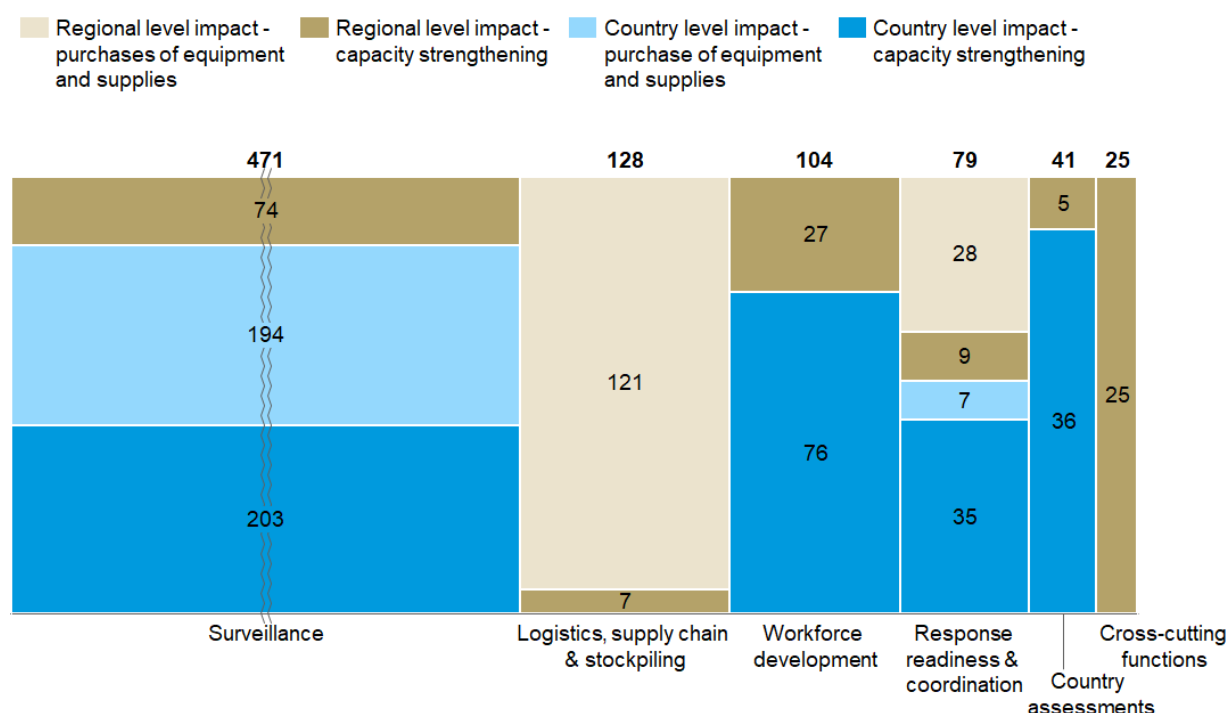
The budgets are organized into investible packages that provide flexibility in how the JEAP can be implemented and funded to have impact. Within each Collaboration Area, the budgets are grouped into packages of interrelated activities that can be executed together as a discrete unit of work. They provide flexibility in the sequencing of the JEAP implementation and offer multiple entry points for funders to engage with. These investible packages are organized by:

²⁵ Any additional indirect expenses related to the management of the grant (e.g., Africa CDC and WHO management) will depend on the funding arrangement agreed between the Partnership and resource partners, and as such are not included in this budget.
²⁶ Budget for five Collaboration Areas and the cross-cutting functions are based on estimates provided by Focal Points and Technical Working Groups as part of the development of the 2023-27 JEAP.

- Area of EPR impact – packages of activities targeted at specific areas of EPR (i.e., Collaboration Areas and their objectives).
- Geographical focus of impact – packages of activities intended for (i) the primary benefit of a specific country²⁷, or (ii) the shared benefit of the entire region.
- Mode of impact – packages of activities targeted at supporting (i) capacity strengthening activities conducted by the Partnership together with Member States, or (ii) purchasing of equipment and supplies for direct use by Members States.

The figure below provides an overview of these investible packages within Collaboration Areas.

Figure 5: Investible packages within the 2023-27 JEAP budget by geographical focus and mode of impact, 5 year total, \$US millions²⁸



The 2023-27 JEAP will be funded through contributions from resource partners, as well as co-contributions from Africa CDC and WHO. To date, US\$10M in seed funding has been secured from the Bill and Melinda Gates Foundation to establish the Partnership and support early implementation of the JEAP. The remaining funding will come from a mix of contributions from funders and co-investment of resources from Africa CDC and WHO²⁹. Work is on-going to engage potential resource partners to secure financial and in-kind support for the JEAP.

²⁷ Country-focused packages are structured as unit investments, enabling contributions specifically targeted towards countries of interest.

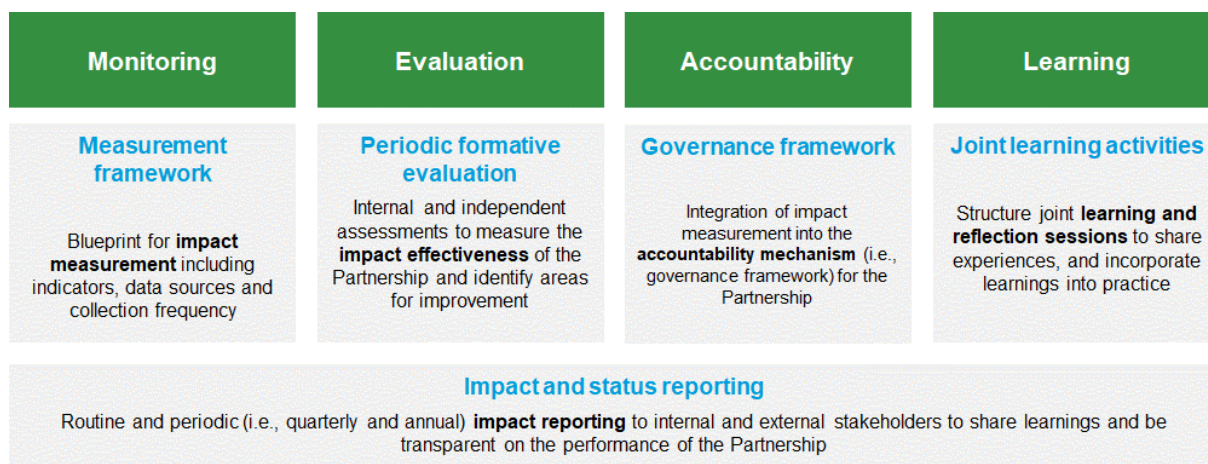
²⁸ Values reflect the combined budgets of activities in the investible packages. TWGs determined activity groupings to ensure technical feasibility for implementing activities as discrete units of work.

²⁹ Level of co-investment of Africa CDC and WHO resources will be agreed on together with resource partners.

Monitoring, evaluation, accountability and learning

The MEAL framework for the JEAP outlines the Partnership's commitment to measuring the performance and impact of the 2023-27 JEAP. Guided by the MEAL framework, the Partnership will conduct joint monitoring, evaluation, accountability and learning activities throughout the entire duration of the 2023-27 JEAP. Work is on-going to strengthen the monitoring and evaluation capabilities of the Partnership, including develop a MEAL plan and onboarding a permanent Africa CDC and WHO team to deliver MEAL. The components of the 2023-27 JEAP MEAL framework is outlined in the figure below.

Figure 6: Outline of the 2023-27 JEAP MEAL framework



The performance of the 2023-27 JEAP will be measured using 62 indicators³⁰ that cover the breadth of impact the Partnership aims to achieve for EPR systems in Member States. The indicators are derived from the 2023-27 JEAP ToC to ensure the Partnership remains accountable to its objectives. The overall impact of the Partnership will be measured based on changes to mortality and morbidity rates attributed to public health emergencies in Member States. The achievement of long-term outcomes of the 2023-27 JEAP will be measured using three sets of indicators across the areas of emergency preparedness, detection and response. These are:

- Preparedness: 15 IHR core capacity index scores grouped into 5 thematic areas of the EPR system.
- Detection: 2 indicators measuring the timeliness of detection, early warning, and alert systems, and 1 indicator measuring surveillance coverage for the continent.
- Response: 2 indicators measuring the timeliness of the initiation and deployment of responses, and 1 indicator measuring successful transitions to recovery.

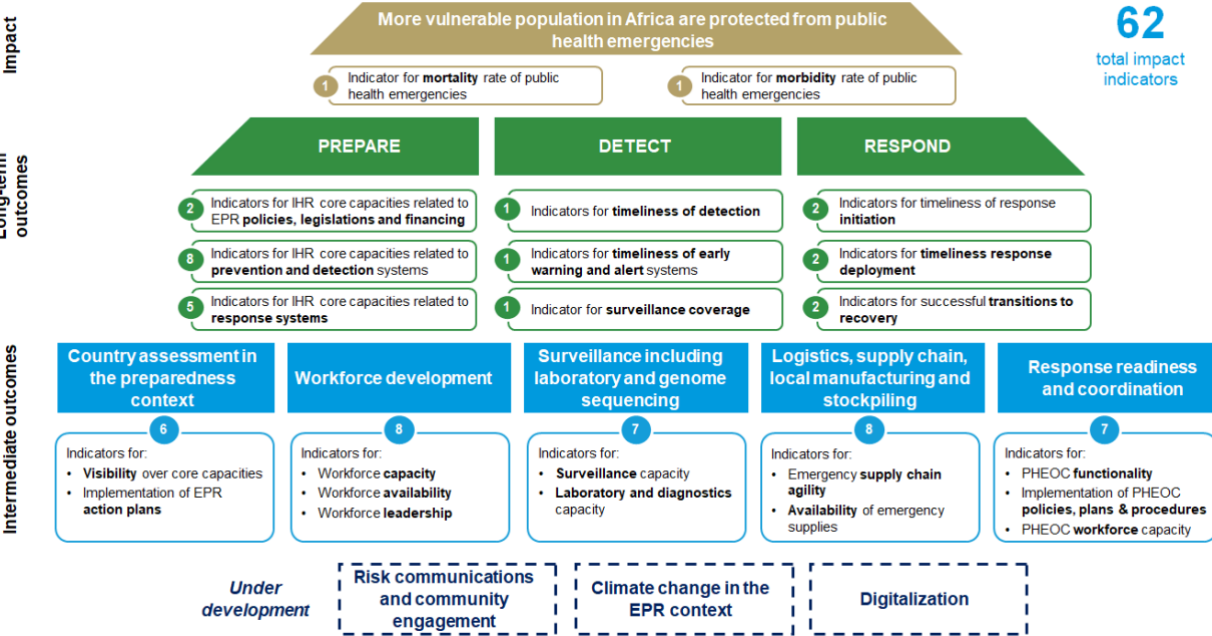
Long term outcome indicators are consistent with existing emergency response performance standards and measurement frameworks³¹. These performance standards, among others, will also be considered for use as potential benchmarks to assess performance. The Partnership has also developed indicators for the Collaboration Areas and will refine them further as MEAL

³⁰ Does not include indicators for Climate change, Digitalization and RCCE collaboration areas. These will be developed upon the finalization of their action plans.

³¹ Includes the Thirteenth General Programme of Work methods for impact measurement, the WHO Emergency Response Framework (2017), and International Health Regulations Measurement and Evaluation Framework.

capabilities are strengthened. Routine measurement, data collection and analysis capabilities will be implemented in accordance with the development of the 2023-27 MEAL plan. Figure 7 provides an overview of the indicators in the measurement framework. A detailed outline of the framework can be found in the Annex.

Figure 7: Outline of the 2023-27 JEAP Measurement framework ³²



Periodic evaluations will be conducted to assess the merits of the Partnership under the 2023-27 JEAP and identify areas for improvement. There are two types of evaluations that will be conducted at defined milestones through the duration of the 2023-27 JEAP. These are (i) bi-annual formative evaluations to assess the efficiency and effectiveness of the implementation and identify areas for immediate improvement, and (ii) annual independent summative evaluations will determine if the Partnership has achieved the intended impact in Member States. Together, these evaluations will cover the six lenses defined by the OECD Evaluation Criteria³³ (i.e., effectiveness, efficiency, sustainability, relevance, coherence and impact), providing a comprehensive assessment of the Partnership’s performance. The evaluation results will be widely shared to ensure accountability and to provide valuable insights for enhancing other institutional collaborations in the EPR sector.

To re-enforce accountability, the Partnership will integrate performance measures into the governance structure, and transparently report on performance. The MEAL framework will be integrated into the governance framework to ensure accountability for the outcomes outlined in the ToC. This includes aligning the measures of success for governance organs to the indicators in the measurement framework and incorporating impact reporting and reviews into governance meetings at all levels. To enhance transparency, the Partnership will publish quarterly and annual reports to EPR stakeholders, providing updates on progress, challenges, and lessons learned. Quarterly reports will focus on implementation progress of the Collaboration Areas (including on measures related to financial efficiency), while annual reports will focus on the impact and effectiveness of the Partnership overall. Regular

³² In selecting these KPIs, two main principles will be used: (1) as much as possible, KPIs will be quantifiable to reduce subjectivity from qualitative indicators and (2) data for the KPI should be attainable within the geographic setting in which it will be collected.

³³ OECD, Applying Evaluation Criteria Thoughtfully, OECD Publishing, Paris, (2021)

performance updates from routine measurements will be incorporated into communications to partners, funders, and other EPR actors as required.

The Partnership will foster a culture of learning and continuous improvement by reflecting together on results and promoting knowledge exchange across the Partnership. The Partnership will hold structured joint learning activities to encourage knowledge exchange across teams and incorporate learnings into the implementation of the JEAP. This includes thematic learning sessions based on key findings from MEAL activities, and an annual Partnership-wide convening to share key highlights, challenges, and improvement opportunities. Learnings will be documented and incorporated into continuous improvements efforts for the 2023-27 JEAP and endeavours of the Partnership. Additionally, virtual meetings with external stakeholders will be organized to share updates and foster knowledge exchange within the broader EPR system.

Figure 8: List of indicators for impact and long-term outcomes

Note: A detailed measurement framework outlining the indicators, reporting frequency, and data sources for all outcomes can be found in the Annex.

Outcome	Indicator theme	Indicator	Reporting frequency
Impact – More vulnerable population in Africa are protected from public health emergencies	Mortality	<ul style="list-style-type: none"> Mortality rate attributed to public health emergencies 	Annual
	Morbidity	<ul style="list-style-type: none"> Incidence and disease burden (DALYs) attributed to public health emergencies 	Annual
PREPARE – African countries are better prepared to protect vulnerable populations from health emergencies ³⁴	IHR core capacities score for policies legislations, and financing	<ul style="list-style-type: none"> IHR score for policy, legal and normative instruments to implement IHR 	Annual
		<ul style="list-style-type: none"> IHR score for financing of IHR implementation and public health emergency response 	Annual
	IHR core capacities scores for prevention and detection systems	<ul style="list-style-type: none"> Average of 5 IHR scores related to prevention systems, including Points of entry and border health events, zoonotic events, food safety events, chemical events, and radiation emergencies 	Annual
		<ul style="list-style-type: none"> Average of 3 IHR scores related to detection systems, including laboratory, surveillance, and human resources 	Annual
IHR core capacities scores for Response systems	<ul style="list-style-type: none"> Average of 5 IHR scores related to response systems, including Health emergency management, health services provision, Infection prevention and control, Risk communications and community engagement, and IHR Coordination 	Annual	

³⁴ Indicators are based on IHR (2005) core capacities score (SPAR, 2nd edition) reports

Outcome	Indicator theme	Indicator	Reporting frequency
DETECT – African countries have the capacity and capability to detect health emergencies in the early stages ³⁵	Timeliness of detection	<ul style="list-style-type: none"> Time taken to assess and grade public health emergencies from the time the event is verified 	Annual
	Timeliness of early warning and alert system	<ul style="list-style-type: none"> Time taken to activate early warning and alert, and incident management systems after grading of a public health emergency 	Annual
	Surveillance coverage	<ul style="list-style-type: none"> Percentage of countries reporting health data in real-time, and at the minimum standards, for public health emergencies 	Annual
RESPOND – African countries are better able to respond to and minimize the negative health impacts of health emergencies ³⁶	Timeliness of response initiation	<ul style="list-style-type: none"> Time taken to activate surge capacity / rosters and incident management teams for country-level deployment Time taken to issue initial, and final response strategy and operational plans 	Annual
	Timeliness of response deployment	<ul style="list-style-type: none"> Time taken to (i) deploy surge teams and (ii) release financial resources to support the response Time taken to deploy supplies from country and regional hubs 	Annual
	Transition to recovery	<ul style="list-style-type: none"> Percentage of responses with resources deployed at planned capacity Percentage of countries with transition and recovery plans in place following a public health emergency 	Annual

³⁵ Timeliness indicators are adapted from the WHO Emergency Response Framework (2nd Edition, 2017), and the GPW13 Methods For Impact Measurement.

³⁶ Timeliness indicators are adapted from the WHO Emergency Response Framework (2nd Edition, 2017), and the GPW13 Methods For Impact Measurement.

4. 2023-27 Detailed Action Plan

The Partnership will work together with Member States and other EPR actors to implement joint activities developed by Africa CDC and WHO, as outlined in the Detailed Action Plan for the 2023-27 JEAP. The following section provides an outline of the Detailed Action Plan for the Collaboration Areas, and Cross-cutting functions, covering (1) the key objectives and outcomes it seeks to achieve, (2) set of activities that link to key objectives, and (3) implementation timelines.

The full Detailed Action Plan including sub activities and illustrative outputs for Collaboration Areas can be found in the Annex.

Country assessments in the preparedness context

The aim of this collaboration area is to support countries in assessing and developing IHR core capacities to prepare and respond to public health emergencies, through enhanced partnership and coordination, at regional and national levels.

The Detailed Action Plan in this Collaboration Area will seek to deliver the following:

- **Outcomes:**
 - I. Increased visibility on country's core capacities, and key challenges and opportunities for intervention in health EPR.
- **Objectives:**
 - I. Ensure the harmonization of EPR tools and processes.
 - II. Support countries to conduct and report on EPR capacity assessments.
 - III. Support countries to develop and implement EPR action plans.

The table below outlines the activities for the Collaboration area, including a high-level implementation timeline.

Table 3: Detailed Action Plan – Country assessments in the preparedness context

Objective	Activity	Timeline (Years)		
		2023	2024-25	2026-27
Ensure the harmonization of EPR tools and processes	Map existing assessment tools and processes	x		
Support countries to conduct and report on EPR capacity assessments	Support countries to conduct and report on EPR capacity assessments	x	x	x
	Develop the continental risk atlas	x	x	
Support countries to develop and implement action plans	Support countries to develop and/or refine their NAPHS and other action plans	x	x	x
	Provide capacity-specific support to identified countries	x	x	x

	Support to improve regional-level cooperation for public health emergencies	x	x	x
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Workforce development

The aim of this collaboration area is to develop and sustain an emergency health workforce that is adequate, trained, rapidly deployable, interoperable, supported and connected regionally through existing networks at the leadership, technical and operational levels.

The Detailed Action Plan in this Collaboration Area will seek to deliver the following:

- **Outcomes:**
 - I. An emergency health workforce that is qualified, interoperable, and inter-connected in Africa.
- **Objectives:**
 - I. Support the identification, capacity building and retainment of an emergency health workforce.
 - II. Ensure the coordination and deployment of the emergency health workforce (in response to a health emergency).
 - III. Reinforce the emergency health workforce leadership.
 - IV. Scale up sustainable and institutionalised Community Health Worker programmes in Member States

The table below outlines the activities for the Collaboration area, including a high-level implementation timeline.

Table 4: Detailed Action Plan – Workforce development

Objective	Activity	Timeline (Years)		
		2023	2024-25	2026-27
Support the identification, capacity building and retainment of an emergency health workforce	Establish a functional and interoperable emergency health workforce database	x	x	x
	Undertake joint capacity building for emergency health workforce	x	x	x
	Support countries to retain the trained emergency health workforce		x	x
	Undertake continuous professional development for the existing emergency health workforce		x	x
Ensure the coordination and deployment of the emergency health workforce	Advocate with governments on the process of emergency health workforce deployment	x	x	x
	Develop and adapt regional operating protocols and procedures	x	x	

Objective	Activity	Timeline (Years)		
		2023	2024-25	2026-27
	Ensure contingency fund for surge deployment capacities	x	x	x
	Conduct joint learning, cooperation, and experience sharing exercises	x	x	x
Reinforce the emergency health workforce leadership	Harmonize existing leadership programs across the two organizations	x	x	x
	Enhance capacities for national leaders involved in emergency operations		x	x
	Establish a network of health emergency leaders and better connect them across borders to ensure a coordinated response		x	x
Scale up sustainable and institutionalised Community Health Worker programmes in Member States	Continental standard operating procedures and guidelines for provision of CHW integrated services in the community	x	x	
	Conduct geo mapping of professional community health workers on the continent		x	
	Build capacity of community health workers, programs and systems for achieving the objectives of Health Equity/Universal Health Coverage, community-based surveillance and deployment for outbreak and pandemic response		x	x
	Develop joint country support capacity plans with Member States level to set opportunities for multi-stakeholder partnerships, collaboration and coordination		x	x

Surveillance including laboratory and genomic sequencing

The aim of this collaboration area is to enhance the capacity of all member states to detect and respond to public health threats by strengthening integrated public health surveillance and laboratory systems and implementing digital technologies through coordination between Africa CDC and WHO AFRO/EMRO.

The Detailed Action Plan for this Collaboration Area will seek to deliver the following:

- **Outcome:**

- I. Strengthened national public health surveillance and response systems with updated IDSR and EBS practices, digital technologies and genomic surveillance capacities at the country level.

- **Objectives:**

- I. Ensure that all member states have capacity to timely detect, report and respond to public health threats.
- II. Establish a functional continental network for data and information exchange.
- III. Ensure that all Member States have laboratory capacity to diagnose, and report pathogens that can cause outbreaks.
- IV. Ensure that all Member States have laboratory sequencing capacity for pathogens that can cause outbreaks.

The table below outlines the activities for the Collaboration area, including a high-level implementation timeline.

Table 5: Detailed Action Plan – Surveillance including laboratory and genomic sequencing

Objective	Activity	Timeline (Years)		
		2023	2024-25	2026-27
Ensure that all member states have capacity to timely detect, report and respond to public health threats	Implementing and scaling up of IDS/IDSR	x	x	x
	Enhancing / establishing epidemic intelligence (including event-based surveillance) capacity across the continent	x	x	x
	Support member states with developing operational surveillance plans	x	x	x
Establish a functional continental network for data and information exchange	Ensuring health Information exchange; between countries, partners etc.	x	x	x
	Enhancing the utilization of digital technologies and data analytics for EBS/IBS (Indicator-Based Surveillance)	x	x	x
Ensure that all member states have laboratory capacity to diagnose, and report pathogens that can cause outbreaks	Harmonizing coordination of diagnostics and sequencing activities among Africa CDC, WHO AFRO and EMRO	x	x	x
	Strengthening diagnostics strategy and capacity at national and sub-national levels	x	x	x
Ensure that all member states have laboratory sequencing capacity for pathogens that can cause outbreaks	Creating enabling mechanisms for integration of sequencing with routine surveillance for public health response	x	x	x
	Enhancing in-country capacity for genomic surveillance through an end-to-end framework	x	x	x
	Enhancing sharing of sequencing data	x	x	x

Logistics, supply chain, local manufacturing and stockpiling

The aim of this collaboration area is to optimize member states' operational capacity and expand the base of local manufacturing and logistics hubs to strengthen emergency response.

The Detailed Action Plan for this Collaboration Area will seek to deliver the following:

- **Outcome:**
 - I. Timely availability of high-quality supplies and logistics.
- **Objective:**
 - I. Provide robust and agile supply chain and operational support to member states in preparedness and response to emergencies.
 - II. Expand local manufacturing of medical supplies, diagnostics, and therapeutics for use in response to emergencies³⁷

The table below outlines the activities and sub-activities for the Collaboration area, including a high-level implementation timeline.

Table 6: Detailed Action Plan – Logistics, supply chain, local manufacturing and stockpiling

Objective	Activity	Timeline (Years)		
		2023	2024-25	2026-27
Provide robust and agile supply chain and operational support to member states in preparedness and response to emergencies	Reinforce Human Resources (HR) capacity at the national, regional, and continental level	x	x	x
	Strengthen and harmonize SCMS at national, regional, and continental level	x	x	x
	Improve medical supply availability and distribution to emergencies	x	x	x
	Strengthen coordination and reporting mechanism between Africa CDC and WHO	x	x	x
Expand local manufacturing of medical supplies, diagnostics, and therapeutics for use in response to emergencies ³⁸	Identify local production capacity for top routed items		x	x

³⁷ The activities for this objective are under development

³⁸ The activities for this objective are under development

Response readiness and coordination

The aim of this collaboration area is to ensure that member states in Africa are better able to respond to health emergencies by establishing PHEOCs to work both at country and regional levels.

The Detailed Action Plan for this Collaboration Area will seek to deliver the following:

- **Outcomes:**
 - I. Increased coherence across coordination mechanisms in countries.
 - II. Increase in the number of coordination points managing EPR activities (namely PHEOCs).
- **Objectives:**
 - I. Ensure that at least 90% of Member States in Africa have a PHEOC facility in place equipped with information, communication technology and physical infrastructure that meets the minimum requirements by 2027.
 - II. Ensure that at least 90% of Member States in Africa have developed and implemented core PHEOC policy, plans and procedures: legal framework, operational and functional plans and procedures.
 - III. Ensure that 90% of PHEOCs in Member States of Africa have the information management and sharing platform(s) containing the minimum data required.
 - IV. Develop and/or strengthen the capabilities of the PHEOC workforce (routine and surge staff) to support preparedness and response coordination in at least 90% of Member States in Africa.
 - V. Designate five PHEOC “Centres of Excellence” in selected Member States by the end of the 2027.
 - VI. Evaluate the implementation of key activities in the strategic plan: conduct mid-term and end-term evaluations.

The activities for the Collaboration area were derived from the wider 5-year PHEOC Strategic Plan and adapted to reflect only the work conducted in African countries. A detailed outline of the activities included from the 5-year PHEOC Strategic Plan can be found in the Annex.

Risk communications and community engagement

The aim of this collaboration area is to strengthen Member States' RCCE strategies to ensure communities are aware, knowledgeable, and well-informed on public health emergencies, enabling prevention and mitigation of their impacts.

The Detailed Action Plan for this Collaboration Area will seek to deliver the following:

- **Outcome:**
 - I. Improved community preparedness, knowledge, and engagement in responding to health emergencies.
- **Objective:**
 - I. Strengthen community engagement with, and indigenous knowledge of EPR.
 - II. Promote public education and awareness of EPR through advocacy initiatives.
 - III. Promote communities of practice and behavioural change approaches to RCCE.
 - IV. Strengthen the Public Health RCCE Community of Practice for Africa.
 - V. Tackle Rumours and misinformation regarding public health emergencies.
 - VI. Promote the adoption of best practices in RCCE in the context of EPR.

The aims, outcomes, and objectives for this Collaboration Area are preliminary. A detailed action plan will be finalized for this Collaboration Area upon the establishment of the TWG.

Climate change in the EPR context

The aim of this collaboration area is to enable Member States to address the environmental determinants of health, including climate change, and assist countries develop climate resilient, net zero public health systems.

The Detailed Action Plan for this Collaboration Area will seek to deliver the following:

- **Outcomes**
 - I. Climate resilient and green health systems that are ready to detect and respond to health emergencies caused by climate crises.
- **Objective:**
 - I. Support countries to conduct Integrated Climate Change Vulnerability Assessments.
 - II. Support Countries to develop climate resilient health systems.
 - III. Support countries to develop sustainable low carbon health systems.
 - IV. Enhance national early warning and response systems to provide timely response to climate-sensitive diseases and conditions.
 - V. Develop guidelines and policies on reducing carbon footprint of logistics and supplies provided in response to health emergencies.

- VI. Support Member States to undertake high-level climate-diplomacy and implement COP26 (and future COP 28) commitments.

The aims, outcomes, and objectives for this Collaboration Area are preliminary. A detailed action plan will be finalized for this Collaboration Area upon the establishment of the TWG.

Digitalization

The aim of this collaboration area is to strengthen the ability of national public health systems to prepare for, detect and respond to health emergencies by supporting Member States to adopt nation-wide and interoperable digital health technologies.

The Detailed Action Plan for this Collaboration Area will seek to deliver the following:

- **Outcome:**
 - I. Increased adoption of digital health technologies by public health systems in Member States.
- **Objective:**
 - I. Support digitalization of primary health, focusing on policies, interoperability standards.
 - II. Develop the Africa Digital Health Monitor to assess the progress of Member States in digitizing their public health systems.
 - III. Strengthen the digital health literacy and skills of frontline health workers and the developer community.
 - IV. Support Member States to transition public health certificates to digital using the Africa CDC PolyGlot platform.
 - V. Explore digitizing the decision-making process for determining immunity duration, booster selection, and interval scheduling for vaccines.
 - VI. Explore the establishment of a digital clinical trial platform in Member States.

The aims, outcomes, and objectives for this Collaboration Area are preliminary. A detailed action plan will be finalized for this Collaboration Area upon the establishment of the TWG.

Institutional strengthening and coordination

The aim of this collaboration area is establishing the institutional capabilities needed within the Partnership to coordinate joint activities and ensure effective decision making and management within the Partnership.

The Detailed Action Plan for the Cross-cutting functions will seek to deliver the following:

- **Objectives:**

- I. Governance and Management: Ensure effective project governance and management to support the implementation of the JEAP.
- II. Resource Mobilization: Expand the resource base for the JEAP through identifying, soliciting and acquiring new funding sources.
- III. Communications: Ensure ongoing communication and engagement of all relevant (internal and external) stakeholders for the JEAP.
- IV. Monitoring, Evaluation, Accountability, and Learning: Ensure ongoing monitoring of progress, evaluation, accountability and learning.
- V. Partner Management: Broaden and strengthen the base of partners to support the ambitions of the JEAP.

The table below outlines the activities for the Collaboration area, including a high-level implementation timeline.

Table 7: Detailed Action Plan – Institutional strengthening and coordination

Objective	Activity	Timeline (Years)		
		2023	2024-25	2026-27
Governance and Management: Ensure effective project governance and management to support the implementation of the JEAP	Refine the project governance structure and practices for the collaboration	x		
	Refine the PMO setup and transition the team to a permanent host (Africa CDC and WHO)	x		
	Undertake the functions of the PMO to support the implementation of the JEAP	x	x	x
Resource Mobilization: Expand the resource base for the JEAP through identifying, soliciting and acquiring new funding sources	Set up a joint resource mobilization team	x		
	Develop a resource mobilization strategy outlining an approach to acquiring resource partners	x		
	Execute resource mobilization strategy to raise funds (as required) for the implementation of the JEAP	x	x	x
Communications: Ensure on-going communication and engagement of all relevant stakeholders in the JEAP	Set up a joint communications team for the JEAP	x		
	Develop a communications strategy to engage key stakeholders and improve the visibility of the JEAP	x		
	Implement the communications strategy and provide on-going support for other communications related activities	x		

Objective	Activity	Timeline (Years)		
		2023	2024-25	2026-27
Monitoring, Evaluation, Accountability, and Learning: Ensure ongoing monitoring of progress, evaluations, accountability and learning	Set up and operationalize the MEAL for the JEAP, including developing a MEAL plan	x		
	Conduct ongoing performance monitoring, evaluation and reporting activities for the implementation of the JEAP	x	x	x
	Conduct independent evaluations to inform decision making and the learning agenda for the JEAP (as required)	x	x	x
Partner Management: Broaden and strengthen the base of partners to support the ambitions of the JEAP	Co-ordinate partners across collaboration areas and manage relationships with member states	x	x	x
	Build and maintain new partnerships to support the implementation of the JEAP (working in collaboration with TWGs)	x	x	x

5. Governance, accountability, and risk

Africa CDC and WHO have established a governance framework to managing, overseeing and coordinating joint work conducted under the Partnership. The following section provides an outline of (1) overall governance framework, (2) roles, responsibilities, and composition of the organs within the structure, and (3) key programmatic risks and mitigation strategies.

Governance framework

The governance framework for the Partnership enables joint decision-making and shared accountability for the 2023-27 JEAP. The Partnership aims to work together seamlessly and present a united front of support to Member States. For this purpose, a clear decision-making process has been established at three different levels to manage the Partnership effectively:

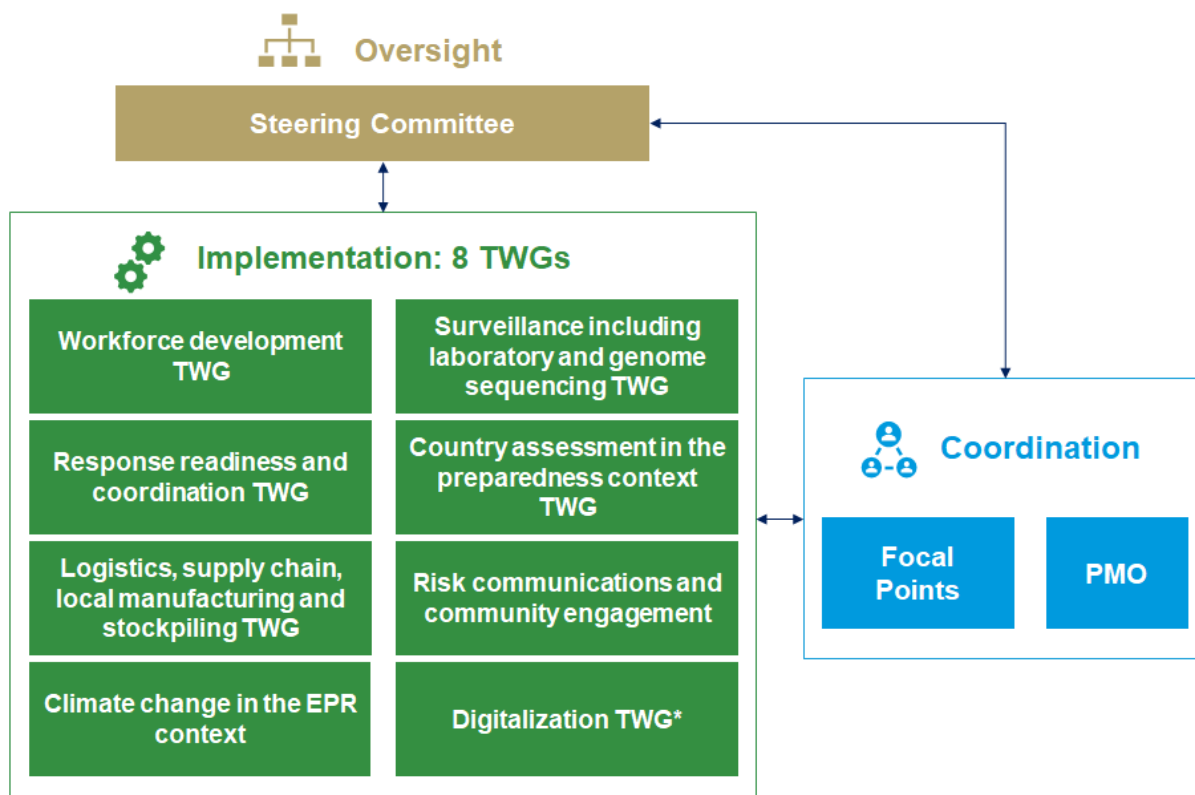
- i. Oversight and strategy decisions – decisions that shape the vision and strategy of the collaboration.
- ii. Implementation decisions - decisions that shape the rollout of activities at the regional and country levels.
- iii. Coordination decisions - decisions on cross cutting issues, such as resource mobilization, monitoring, evaluation, accountability and learning as well as communication.

In the spirit of the fairness and unity, the Partnership has adopted a consultation and consensus-based³⁹ decision-making process. The expectation is that all decisions are based on mutual consultation between Africa CDC and WHO to promote shared accountability. The operational details of the joint decision-making process can be found in the Annex.

The governance framework is composed of organs supporting the different levels of decision making for the Partnership. These include a steering committee (SteerCo), technical working groups (TWGs), and Focal Points and a Program Management Office (PMO) for coordination. At the oversight level, the main organ is the SteerCo. For the implementation level, TWGs have been defined corresponding to each of the prioritized Collaboration Areas. As for the coordination level, the main organs are the Focal Points and a PMO. Africa CDC and WHO will work together through frequent interactions and specific meeting cadences, with the PMO working closely with the Focal Points to ensure effective decision-making across all organs.

³⁹ In the instance a unanimous decision cannot be achieved, decisions will be escalated to the Focal Points or the Steering Committee for resolution (depending on the level of urgency and risk). This may be resolved offline via e-mail (via the PMO), or through an out of session meeting.

Figure 9: Interactions between the organs in the governance framework



*TWGs for these Collaboration Areas will be defined.

Each organ within this structure will be composed of representatives from Africa CDC and WHO, which will allow the Partnership to leverage each other’s comparative advantages. The objectives and composition of each organ have been defined (as shown in Table 8) to ensure that the individuals involved have the necessary authority and expertise for the work to be undertaken. For instance, the TWGs will leverage the African Union at the regional level for greater access to heads of states, while utilizing WHO’s extensive in-country presence (including staff, offices, resources, etc.) to access sub-national actors. Technical partners will be invited to engage as needed in discussions hosted by TWGs.

Table 8 : Responsibilities and composition of each organ of the governance structure

Organ	Objectives	Preliminary composition
SteerCo	<ul style="list-style-type: none"> To set the long-term vision and strategy for the partnership and facilitate delivery on the objectives of the five-year Joint Emergency Preparedness and Response Action Plan (JEAP) as well as monitor overall progress and make recommendations for improvement 	<ul style="list-style-type: none"> Africa CDC Director for PHE⁴⁰ WHO AFRO Regional Emergency Director WHO EMRO Regional Emergency Director
TWGs	<ul style="list-style-type: none"> To plan, conduct, and monitor the implementation of activities within each collaboration area between the organizations and ensure they are 	<ul style="list-style-type: none"> 1 or more members from each organization for each collaboration area (i.e., 3-5 members in each TWG)

⁴⁰ Or as assigned by the Africa CDC Director General

Organ	Objectives	Preliminary composition
	leveraging capabilities across collaboration areas where possible	
Focal Points	<ul style="list-style-type: none"> To coordinate between the partners on cross cutting issues, as well as support the Steering Committee and TWGs with strategic planning, tactical decision making and monitoring delivery of the Joint EPR Action Plan 	<ul style="list-style-type: none"> Africa CDC – Head of EPR division WHO AFRO –Strategic Support Unit Manager, EPR WHO EMRO – Planning Officer, Program Management Officer
PMO	<ul style="list-style-type: none"> To work closely with the Focal Points and to act as a resource to them with the objective of conducting the day-to-day tasks required for coordination across all the different organs 	<ul style="list-style-type: none"> 2-3 staff from Africa CDC and WHO AFRO/EMRO In the short term, composed with personnel from an external firm

At an activity level, Africa CDC and WHO are assuming shared responsibility for the implementation the 2023-27 JEAP. Project design, decision making, and evaluation responsibilities will continue to be done jointly, and the organization best positioned for the task will be assigned the responsibility for coordinating implementation. The partnership has set guiding principles to collaboratively assign roles, ensure fairness and shared accountability, and prioritize impact for Member States.

Risks and mitigants

Key program risks and their corresponding mitigation strategies have been identified, including risks related to achieving impact, acquiring funds, and implementing activities. Risks will be closely tracked, updated and managed through the implementation of the JEAP. Mitigation strategies will also be incorporated in workplans prepared by Collaboration areas and cross-cutting functions, as required. The risk management process will be undertaken by way of regular meetings with SteerCo, TWGs and FPs and will be facilitated by the PMO. The table below provides an overview of the key risks. The risk assessment and mitigation strategies for the implementation of the JEAP is summarized in the table below.

Table 9: Risks and mitigants

Risk	Type ⁴¹	Rating		Mitigation strategies
		Likelihood of occurrence	Severity of consequence	
Insufficient financial, human, or technical resources	External risk	Medium	High	<ul style="list-style-type: none"> Have a dedicate resource mobilization strategy and team in place to monitor and secure a diverse range of resources and

⁴¹ Internal risks refer to potential issues or weaknesses that exist within the partnership that may affect the overall success of the 2023-27 JEAP. External risks refer to issues or threats to the success of 2023-27 JEAP that occur outside of the control of the Partnership.

Risk	Type ⁴¹	Rating		Mitigation strategies
		Likelihood of occurrence	Severity of consequence	
available resulting in delays to implementation or the outcomes achieved.				<p>partnerships for the implementation of the JEAP.</p> <ul style="list-style-type: none"> • Seek to diversify funding sources for the program • Ensure robust financial and resource management processes are in place (e.g., budgeting, partnerships management) to monitor, identify and resolve resourcing needs in a timely manner.
Unforeseen circumstances leading to stretched timelines.	Internal or external risk	High	Medium	<ul style="list-style-type: none"> • Ensure there are dedicated PMO resources from both organizations supporting the coordination and management of plans. • Conduct regular work-planning meetings with Focal Points and TWGs to anticipate delays, and adjust workplans to minimize impact on overall project goals.
External factors such as changes in political, economic, or social contexts hindering implementation, or compromising outcomes.	External risk	Low	High	<ul style="list-style-type: none"> • Monitor external changes and developments in political, economic, and social environment across the continent. • Maintain close communication and engagement with key EPR stakeholders, to allow for early identification and response to external risks. • Actively engage in advocacy to raise the prominence of the Partnership and remain resilient through potential change.
Lack of visibility over the scope of work of the Partnership leading to duplicated efforts within the JEAP and other Africa CDC and WHO teams.	Internal risk	Medium	Medium	<ul style="list-style-type: none"> • Identify and monitor interdependencies and overlaps across Collaboration Areas and have the PMO coordinate implementation of these activities. • Utilize existing internal communication channels (e.g., staff calls, internal newsletters, etc.) to increase visibility on the broader objectives of the partnership and ongoing activities of the TWGs.
Competing priorities of internal and external stakeholders lead to challenges in reaching consensus on	Internal risk	Low	Medium	<ul style="list-style-type: none"> • Maintain clear and open communication channels with all stakeholders to facilitate regular and transparent discussions on potential concerns. • Maintain consensus based decision making approach in the Governance framework.

Risk	Type ⁴¹	Rating		Mitigation strategies
		Likelihood of occurrence	Severity of consequence	
implementation priorities.				<ul style="list-style-type: none"> Ensure decisions on implementation priorities are based on feedback from diverse group of stakeholders within and outside the Partnerships.

6. The way forward

Joint work on the five Collaboration Areas have already begun. Over the next 5-years, the Collaboration will continue to deliver the joint activities outlined in the 2023-27 JEAP to bring about significant and sustainable change to EPR systems across the continent.

The Partnership is focused on mobilizing resources and scaling up implementation of the 2023-27 JEAP. The implementation of the 2023-27 JEAP will be an important test for the Partnership, but the foundations are in place. Implementation of pilot initiatives and priority joint activities in the 2023-27 Detailed Action Plan is underway, signalling that the Partnership is operational. The main priority now is to catalyze the scale and influence needed to support the ambitions of the 2023-27 JEAP. In this context, the Partnership is focused on the following activities:

- Mobilizing cross-cutting functional teams to strengthen the collaboration and scale implementation of the 2023-27 JEAP. This includes growing resource mobilization, MEAL, and communications teams.
- Securing resources for 2023-27 JEAP by engaging potential partners to provide financial and in-kind support.
- Growing the visibility of the JEAP by engaging a wide range of stakeholders with the 2023-27 JEAP through key events, dialogue, and communications.
- Establishing a joint Monitoring, Evaluation, Accountability and Learning plan and function and implementing routine data collection and reporting systems.
- Continuing with the on-going implementation of pilot initiatives and priority joint activities outlined in the 2023-27 Detailed Action Plan.

7. Annex

Action plan for strengthening National Public Health Institutions

Table 10: Joint action plan for 40strengthening National Public Health Institutions

Activity	Timeline (years)			
	2024	2025	2026	2027
Support Member States to establish functional NPHIs responsible for coordination of public health functions at national level	x	x	x	x
Improve sustainable cooperation and knowledge transfer among NPHIs in Africa by facilitating peer-to-peer exchange program among Member States	x	x	x	x
Build the workforce capacity of NPHIs through advanced and frontline Field Epidemiology Training Programs	x	x	x	x
Set up a partners' forum for NPHIs to coordinate and harmonize support and organize a regular meeting to share information and track progress of NPHI development in the continent	x	x	x	x
Support Primary Health Care digitalization, solarization and connectivity	x	x	x	x

Mainstreaming Resource Optimization in the JEAP

The 2023-27 JEAP provides an opportunity to implement activities that can enhance countries' capacity to optimize EPR resource allocation and utilization. The goal is to enable countries to achieve their priorities at the lowest possible cost. The resource optimization activities have been determined for each Collaboration Area and are outlined in the table below.

Table 11: Resource optimization activities

Collaboration Area	Activities
Country assessments in the preparedness context	<ul style="list-style-type: none"> Assess capacity to collect and use health and economic data for prioritization and resource optimization Assess human resource capacity (e.g., health economics) and systems (e.g., linkages to EOCs) needed to mainstream resource optimization in national EPR plans Identify systemic bottlenecks that could prevent reallocation of resources when needed to maximize health impact Develop self-assessment tools to enable national and sub-national assessment of resource optimization capacity
Workforce development	<ul style="list-style-type: none"> Conduct workshops and trainings on approaches to improving efficiencies (allocative and technical) within the EPR context Establish cross-country linkages (e.g., learning tours, exchange programs) to encourage collaboration and learning about resource optimization for EPR on the continent. This will build on ongoing work by Africa CDC to develop a continental framework for resource optimization. Establish a learning network to facilitate sharing/diffusion of best practices on resource optimization across the continent.
Surveillance including laboratory and genome sequencing	<ul style="list-style-type: none"> Mainstream resource optimization into the selection of activities and investments that aid surveillance
Logistics, supply chain, local manufacturing and stockpiling	<ul style="list-style-type: none"> Engage with key decision makers, so they see the need and benefits of resource optimization in the collaboration area.

Collaboration Area	Activities
	<ul style="list-style-type: none"> • Provide technical support to countries willing to mainstream resource optimization into decisions around activities and investments in this collaboration area. This will build on ongoing work by Africa CDC to develop a continental framework for resource optimization.
Response readiness and coordination.	<ul style="list-style-type: none"> • Support the development of standardized tools to strengthen resource optimization at national and subnational levels⁴².

⁴² E.g., An Excel-based cost-effectiveness analysis tool for EPR or an EPR module for One Health Tool. This will create a shared understanding of important resource optimization concepts and improve communication across in-country EPR teams.

Detailed measurement framework

Impact and long-term outcomes

Table 12: Detailed measurement framework – impact and long-term outcomes

Outcome	Indicator theme	Indicator	Reporting level	Reporting frequency	Potential data sources
Impact – More vulnerable population in Africa are protected from public health emergencies	Mortality rate	<ul style="list-style-type: none"> Excess Mortality rate attributed to public health emergencies 	By country and region (aggregate)	Annual	Africa CDC/WHO surveillance data, IHME Global Burden of Disease datasets
	Morbidity rate	<ul style="list-style-type: none"> Excess Incidence and disease burden (DALYs) attributed to public health emergencies 	By country and region (aggregate)	Annual	
PREPARE - African countries are better prepared to protect vulnerable populations from health emergencies	IHR core capacities score for Policies, legislations and financing	<ul style="list-style-type: none"> IHR score for policy, legal and normative instruments to implement IHR 	By country and region (aggregate)	Annual	IHR (2005) core capacities score (SPAR, 2 nd edition) reports
		<ul style="list-style-type: none"> IHR score for financing of IHR implementation and public health emergency response 	By country and region (aggregate)	Annual	
	IHR core capacities scores for prevention and detection systems	<ul style="list-style-type: none"> Average of 5 IHR scores related to prevention systems, including Points of entry and border health events, zoonotic events, food safety events, chemical events, and radiation emergencies 	By country and region (aggregate)	Annual	
		<ul style="list-style-type: none"> Average of 3 IHR scores related to detection systems, including 	By country and region (aggregate)	Annual	

Outcome	Indicator theme	Indicator	Reporting level	Reporting frequency	Potential data sources
		laboratory, surveillance, and human resources			
	IHR core capacities scores for response systems	<ul style="list-style-type: none"> Average of 5 IHR scores related to response systems, including Health emergency management, health services provision, Infection prevention and control, Risk communications and community engagement, and IHR Coordination and focal point 	By country and region (aggregate)	Annual	
DETECT - African countries have the capacity and capability to detect health emergencies in the early stages ⁴³	Timeliness of detection	<ul style="list-style-type: none"> Time taken to assess and grade public health emergencies from the time the event is verified 	By country	Annual	WHO Event Information and Event Management systems (EIS, EMS)
	Timeliness of early warning and alert system	<ul style="list-style-type: none"> Time taken to activate early warning and alert systems, and incident management systems after grading of a public health emergency 	By country	Annual	
	Surveillance coverage	<ul style="list-style-type: none"> Percentage of countries reporting health data in real-time, and at the minimum standards, for public health emergencies 	By region (aggregate)	Annual	Africa CDC / WHO surveillance data
RESPOND - African countries are better able to	Timeliness of response initiation	<ul style="list-style-type: none"> Time taken to activate surge capacity / rosters and incident management teams for country-level deployment 	By country and region (aggregate)	Annual	WHO Event Information and Event

⁴³ Timeliness indicators are adapted from the WHO Emergency Response Framework (2nd Edition, 2017), and the GPW13 Methods For Impact Measurement.

Outcome	Indicator theme	Indicator	Reporting level	Reporting frequency	Potential data sources
respond to and minimize the negative health impacts of health emergencies		<ul style="list-style-type: none"> Time taken to issue initial, and final response strategy and operational plans 			Management systems (EIS, EMS)
	Timeliness of response deployment	<ul style="list-style-type: none"> Time taken to (i) deploy surge teams and (ii) release financial resources to support the response Time taken to deploy supplies from country, and regional hubs 	By country and region (aggregate)	Annual	
	Transition to recovery	<ul style="list-style-type: none"> Percentage of responses with resources deployed at planned capacity Percentage of countries with transition and recovery plans in place following a public health emergency 	By region (aggregate)	Annual	

Intermediate outcomes

Table 13: Detailed measurement framework – intermediate outcomes

Collaboration Area/Outcome	Objective	Indicator	Reporting level	Reporting frequency	Source
Country assessment in the preparedness context - Increased visibility on country's core capacities, and key challenges and opportunities for intervention in EPR	Visibility on core capacities	<ul style="list-style-type: none"> Number of countries that have conducted (i) UHDRs (Universal Health and Preparedness Review), (ii) simulation exercises, (iii) IAR/AAR, and (iv) JEEs 	By region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
	Implementation of EPR action plans	<ul style="list-style-type: none"> Number of countries with NAPHS and Annual Operational Plans in place Number of countries with contingency plans and SoPs in place for high risk hazards Number of NAPHS mid-term reviews conducted Number of countries implementing and monitoring their NAPHS Number of countries with cross-border MoUs or cross-border plans in place 	By region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
Workforce development - An emergency health workforce that is qualified, interoperable, and inter-connected in Africa	Workforce capacity	<ul style="list-style-type: none"> Number of emergency health staff trained (including phase 1 and 2 of SURGE training) Number of Member States with continuous professional development plans in place Emergency expert team breakdown by line ministry 	By region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)

Collaboration Area/Outcome	Objective	Indicator	Reporting level	Reporting frequency	Source
	Workforce availability	<ul style="list-style-type: none"> Percentage of emergency workforce registered in the national database (e.g., SURGE E-database) for response activities in each country Number of Workforce MoUs in place across the region Number of Member State's protocols and procedures updated for inter-country workforce deployment 			Internal JEAP reporting on detailed action plans (to be developed)
	Workforce leadership	<ul style="list-style-type: none"> Number of trainings conducted with emergency workforce leaders Number of regional simulation exercises conducted with health workforce leaders 	By country and region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
Surveillance including laboratory and genome sequencing - Strengthened national public health surveillance and response systems with updated IDSR and EBS practices, digital technologies, and genomic surveillance capacities at the country level.	Surveillance capacity	<ul style="list-style-type: none"> Number of countries with IDS/IDSR implemented and operational Number of countries with operational Epidemic Intelligence from Open Sources (EIOS) and Event Based Surveillance (EBS) systems in place Number of countries with staff trained for detection at national and sub national levels Number of countries with recommended digital surveillance technologies implemented 	By country and region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
	Laboratory capacity	<ul style="list-style-type: none"> Number of countries with (i) integrated genomic surveillance, and (ii) 	By country and region (aggregate)	Quarterly	Internal JEAP reporting on detailed action

Collaboration Area/Outcome	Objective	Indicator	Reporting level	Reporting frequency	Source
		<p>environmental surveillance, as part routine surveillance.</p> <ul style="list-style-type: none"> Number of national teams trained for sample referral, genomics and bio informatics Number of countries with the required supplies, reagents, and equipment for outbreak detection 			plans (to be developed)
Logistics, supply chain, local manufacturing and stockpiling - Timely availability of high-quality supplies and logistics	Supply chain agility	<ul style="list-style-type: none"> Number of trained operations, support and logistics staff on the regional roster Percentage of emergency expert teams with adequate transport means Percentage of countries with an integrated supply chain management system implemented Percentage of countries with a blanket customs clearance for medical supplies in graded emergencies 	By country and region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
	Availability of emergency supplies	<ul style="list-style-type: none"> Percentage of countries with adequate access to (i) supplies medical supplies during emergencies, and (ii) locally based manufacturers and suppliers. Adequacy of storage conditions of medical products and supplies at country level Adequacy of Africa CDC and WHO stock levels relative to needs for each country Number of active regional manufacturers and suppliers with pre-qualifications to service MS 	By country	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)

Collaboration Area/Outcome	Objective	Indicator	Reporting level	Reporting frequency	Source
Response readiness and coordination - Increased coherence across coordination mechanisms in countries and number of coordination points managing EPR activities (namely PHEOCs)	PHEOC functionality	<ul style="list-style-type: none"> Percentage of countries with fully equipped and functional PHEOCs Percentage of public emergencies for which the PHEOC has been activated Percentage of PHEOCs in countries have information management platforms containing the minimum data required 	By region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
	Implementation of PHEOC policies, plans and procedures	<ul style="list-style-type: none"> Percentage of target countries where the PHEOC has a legal mandate Number of countries where the PHEOC has the appropriate anchoring Percentage of countries with developed PHEOC policies, plans and procedures 	By region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
	PHEOC workforce capacity	<ul style="list-style-type: none"> Percentage of countries with PHEOC workforce capable of supporting preparedness and response coordination 	By region (aggregate)	Quarterly	Internal JEAP reporting on detailed action plans (to be developed)
Risk communications and community engagement - Improved community preparedness, knowledge, and engagement in responding to health emergencies	<i>To be developed</i>				

Collaboration Area/Outcome	Objective	Indicator	Reporting level	Reporting frequency	Source
Climate change in the EPR context - Climate resilient and green health systems that are ready to detect and respond to health emergencies caused by climate crises	<i>To be developed</i>				
Digitalization - Increased adoption of digital health technologies by public health systems in Member States	<i>To be developed</i>				

Institutional strengthening and co-ordination Key Performance Indicators (KPIs)

Table 14: Detailed measurement framework – cross-cutting functions

Cross-cutting function	Key performance indicator	Reporting frequency	Data source
Governance and management	<ul style="list-style-type: none"> Percentage of Governance meetings held (as scheduled) Attendance rates for Governance meetings Project management reporting compliance by governance organ Percentage of activities, by collaboration area, for which the goals (and timelines) have been met 	<ul style="list-style-type: none"> Quarterly Quarterly Quarterly Quarterly 	Internal JEAP reporting (to be developed)
Communications	<ul style="list-style-type: none"> Number of EPR actors engaged through communications activities, including formal dialogue, informal channels (e.g., social media), events and published content 	<ul style="list-style-type: none"> Quarterly 	Internal JEAP reporting (to be developed)

Cross-cutting function	Key performance indicator	Reporting frequency	Data source
	<ul style="list-style-type: none"> Number of articles, publications and press-releases published related to Partnership Number of events related to the Partnership held Sentiment scores (e.g., NPS) for key stakeholder groups 	<ul style="list-style-type: none"> Quarterly Quarterly Yearly 	
MEAL	<ul style="list-style-type: none"> Percentage reporting compliance for MEAL indicators Quarterly impact report developed and published for each quarter Number of learning events held with TWGs, Focal Points relevant JEAP partners 	<ul style="list-style-type: none"> Quarterly Yearly Quarterly 	Internal JEAP reporting (to be developed)
Resource mobilization	<ul style="list-style-type: none"> Number of Africa CDC and WHO AFRO/EMRO staff involved in the coordination and implementation of the JEAP and the detailed action plans Number and value (USD) of grant proposals in development, submitted and won Variance in budget vs actual funding secured Amount (USD) and percentage of funding disbursed for implementation 	<ul style="list-style-type: none"> Quarterly Quarterly Quarterly Quarterly 	Internal JEAP reporting (to be developed)
Broadening and strengthening the base of partners to support the ambitions of the JEAP	<ul style="list-style-type: none"> Number of Member States formally involved (as a beneficiary or partner) with JEAP implementation Number of formal agreements (e.g., MoUs) in place with technical partners Number of regional actors involved in the implementation of EPR activities 	<ul style="list-style-type: none"> Quarterly Yearly Yearly 	Internal JEAP reporting (to be developed)

Detailed budget by Collaboration Area

Figure 10: Total JEAP budget by activity, 2023-27

Activity	2023	2024	2025	2026	2027	Total (5 years)
Technical Collaboration Areas						
Country Assessment in the preparedness context						
1 Map existing assessment tools and processes	70,000	-	-	-	-	70,000
2 Support countries to conduct and report on EPR capacity assessments	5,014,000	5,414,000	5,114,000	5,414,000	5,114,000	26,070,000
3 Develop the continental risk atlas	962,500	2,095,000	1,090,000	-	-	4,147,500
4 Support countries to develop and/or refine their NAPHS and other action plans	986,000	1,186,000	1,186,000	1,186,000	1,186,000	5,730,000
5 Provide capacity-specific support to identified countries	172,000	172,000	172,000	172,000	172,000	860,000
6 Support to improve regional-level cooperation for public health emergencies	802,000	802,000	802,000	802,000	802,000	4,010,000
Total for Collaboration Area	8,006,500	9,669,000	8,364,000	7,574,000	7,274,000	40,887,500
Workforce Development						
1 Establish a functional and interoperable emergency health workforce database	200,000	160,000	160,000	160,000	160,000	840,000
2 Undertake joint capacity building for emergency health workforce	5,210,000	6,000,000	7,210,000	8,000,000	8,000,000	34,420,000
3 Support countries to retain the trained emergency health workforce	-	220,000	100,000	100,000	100,000	520,000
4 Undertake continuous professional development for the existing emergency health workforce	-	820,000	1,200,000	1,550,000	1,600,000	5,170,000
5 Advocate with governments on the process of emergency health workforce deployment	750,000	800,000	800,000	800,000	800,000	3,950,000
6 Develop and adapt regional operating protocols and procedures	100,000	-	-	-	-	100,000
7 Ensure contingency fund for surge deployment capacities	50,000	-	-	-	-	50,000
8 Conduct joint learning, cooperation, and experience sharing exercises	480,000	480,000	480,000	480,000	480,000	2,400,000
9 Harmonize existing leadership programs across the two organizations	140,000	280,000	150,000	150,000	-	720,000
10 Enhance capacities for national leaders involved in emergency operations	-	7,000,000	7,000,000	7,000,000	4,000,000	25,000,000
11 Establish a network of health emergency leaders and better connect them across borders to ensure a coordinated response	-	1,150,000	2,270,000	2,270,000	2,270,000	7,960,000
a Personnel over the course of five years	4,500,000	4,500,000	4,500,000	4,500,000	4,500,000	22,500,000
Total for Collaboration Area	11,430,000	21,410,000	23,870,000	25,010,000	21,910,000	103,630,000
Surveillance						
1 Implementing and scaling up of IDS/IDSR	5,420,000	11,420,000	17,420,000	18,920,000	11,420,000	64,600,000
2 Enhancing / establishing epidemic intelligence (including event-based surveillance) capacity across the continent	2,200,000	4,600,000	7,600,000	6,200,000	4,000,000	24,600,000
3 Support member states with developing operational surveillance plans	1,064,000	1,064,000	4,064,000	10,064,000	16,564,000	32,820,000
4 Ensuring health information exchange; between countries, partners etc.	480,000	408,000	480,000	480,000	480,000	2,328,000
5 Improving data analytics and use for EBS/IBS	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	6,000,000
Total for Collaboration Area	10,364,000	18,692,000	30,764,000	36,864,000	33,664,000	130,348,000
Laboratory						
1 Harmonizing coordination of diagnostics and sequencing activities among WHO AFRO, EMRO and Africa CDC	5,506,000	9,447,000	10,444,500	9,447,000	10,444,500	45,289,000
2 Creating enabling mechanisms for integration of sequencing with routine surveillance for public health response	2,803,250	2,481,500	594,000	594,000	594,000	7,066,750
3 Strengthening diagnostics strategy and capacity at national and sub-national levels	11,995,454	26,746,682	28,810,907	26,746,682	28,810,907	123,110,632
4 Enhancing in-country capacity for genomic surveillance through an end-to-end framework	12,222,141	27,016,682	29,130,907	27,066,682	29,130,907	124,567,319
5 Enhancing sharing of sequencing data	3,151,500	10,483,000	1,858,000	1,858,000	1,858,000	19,208,500
6 Establishing Environmental Surveillance (ES) for detection and monitoring pathogens	2,387,500	4,775,000	4,775,000	4,775,000	4,775,000	21,487,500
Total for Collaboration Area	38,065,845	80,949,864	75,613,314	70,487,364	75,613,314	340,729,701
Logistics, supply chain and stockpiling						
1 Reinforce HR capacity at the national, regional, and continental level	433,250	866,500	866,500	866,500	866,500	3,899,250
2 Strengthen and harmonize SCMS at national, regional, and continental level	306,064	612,128	612,128	612,128	612,128	2,754,576
3 Improve Medical Supply availability and distribution to emergencies	13,490,000	26,980,000	26,980,000	26,980,000	26,980,000	121,410,000
4 Strengthen coordination and reporting mechanism between WHO and Africa CDC	1,000	2,000	2,000	2,000	2,000	9,000
Total for Collaboration Area	14,230,314	28,460,628	28,460,628	28,460,628	28,460,628	128,072,826
Response readiness and coordination						
1 Country Level Workshops, Training and Advocacy Meetings	5,017,818	9,092,222	10,607,554	6,390,527	1,466,388	32,574,509
2 Regional Level Workshops, Training and Advocacy Meetings	483,787	811,295	2,630,706	2,178,682	2,321,865	8,426,335
3 Travels and Short Deployments	447,925	792,925	810,980	708,860	353,280	3,113,970
4 Equipment and Supplies	-	11,593,725	11,593,725	11,593,725	-	34,781,175
Total for Collaboration Area	5,949,530	22,290,167	25,642,965	20,871,794	4,141,533	78,895,989
Total for all technical Collaboration Areas	88,046,188	181,471,659	192,714,907	189,267,786	171,063,475	822,564,015
JEAP cross-cutting activities (3% total)	3,521,848	5,444,150	5,781,447	5,678,034	5,131,904	25,557,382
Total JEAP	91,568,036	186,915,809	198,496,354	194,945,820	176,195,379	848,121,398

Operational details of the governance organs

To strengthen the nature of the collaboration and ensure that all decisions taken are fair and unified, and that they are aligned with the expectations of all parties, the group has defined preliminary operational details. The goal is to enhance accountability and transparency and provide clarity on the direction of the Partnership through the implementation of the 2023-27 JEAP. These operational details include the decision-making process, the cadence of meetings, the length of appointment and examples of actions for each organ.

In terms of decision-making process, the Partnership will adopt consultation and consensus-based decision-making in the spirit of the fairness and unity. For the SteerCo and Focal Points, all members will be present before a meeting can proceed and for decisions to be unanimous⁴⁴. For the TWGs, implementation decisions pertaining to a specific collaboration area will be at the discretion of the members of the TWG. The expectation is that all decisions will be based on mutual consultation. As for the PMO, it will not have any decision-making power but will take on the administrative duties involved in the coordination function. Given that there is limited availability of MEAL capacity within both organizations, this role will be outsourced at the start of the collaboration and then progressively transferred over to designated experts within both organizations as the collaboration matures.

In terms of the cadence of meetings, the Partnership will hold regular meetings with set goals and agendas based on the organ. For the SteerCo, the suggestion is to meet at least four times a year to set the priorities and assess the progress of the partnership against the key milestones. As for the TWGs, the recommendation is to hold biweekly meetings to align on implementation priorities and operational modalities. It is also recommended that they meet with SteerCo at least twice a year. As for the Focal Points, the recommendation is to hold biweekly meetings including the PMO team to address the coordination needs that are arising and advance the cross-cutting activities. It is also recommended that they meet with the SteerCo at least twice a year jointly or separately with the TWGs depending on the context. Table 15 below summarizes the operational details, which at this early stage are aspirational and will be refined based on the implementation realities.

Table 15: Operational details of the organs within the governance structure

Organ	Length of appointment	Meeting cadence	Decision-making process	Roles and responsibilities (non-exhaustive ⁴⁵)
Steering Committee	5 years	<ul style="list-style-type: none"> A minimum of two meetings annually with the TWGs and Focal Points around major outputs of the partnership, e.g. detailed plans, progress reports, etc. 	<ul style="list-style-type: none"> Decisions will be made unanimously 	<ul style="list-style-type: none"> Ensuring strategic alignment and successful collaboration between the organizations at the senior leadership level for EPR Providing direction to teams coordinating and implementing the Joint EPR Action Plan, and guide decision making where appropriate Acting as stewards of the collaboration with external stakeholders, particularly at the highest political levels of governments and international organizations as part of their roles as

⁴⁴ In the instance a unanimous decision cannot be achieved, decisions will be escalated to the Focal Points or the Steering Committee for resolution (depending on the level of urgency and risk). This may be resolved offline via e-mail (via the PMO), or through an out of session meeting.

⁴⁵ A longer list of roles and responsibilities can be found in the Terms of References for the Partnership.

Organ	Length of appointment	Meeting cadence	Decision-making process	Roles and responsibilities (non-exhaustive ⁴⁵)
				<p>leaders of their respective organizations</p> <ul style="list-style-type: none"> Engaging existing and potential contributors to ensure financial sustainability of collaboration
TWGs	5 years	<ul style="list-style-type: none"> Bi-weekly meetings between each of the TWGs Quarterly meetings with all TWGs, Focal Points, and PMO members Two meetings annually with the Steering Committee and Focal Points 	<ul style="list-style-type: none"> Decisions will be made at the discretion of members 	<ul style="list-style-type: none"> Planning and coordinating implementation activities within their collaboration area between the organizations Monitoring progress of the implementation, ensuring roles and responsibilities are clear and colleagues are held accountable for delivery Ensuring that there is alignment of implementation between collaboration areas, where necessary (e.g., where it might be beneficial to begin implementing of collaboration areas in the same countries)
Focal Points	5 years	<ul style="list-style-type: none"> Bi-weekly meetings with the coordination team (i.e., Focal Points and PMO) Quarterly meetings with all TWGs, Focal Points, and PMO members (Chaired by Focal Points) Two meetings annually with the Steering Committee and TWGs 	<ul style="list-style-type: none"> Decisions will be made unanimously 	<ul style="list-style-type: none"> Supporting the process to set the vision and strategy for the collaboration, e.g., by facilitating dialogue and decision making Coordinating the cross-cutting elements of the partnership, including resource mobilization, MEAL, communication Coordinating monitoring of the overall implementation of activities of the JEAP and report to the respective organizations
PMO	5 years	<ul style="list-style-type: none"> Day-to-day with the PMO team Bi-weekly with the coordination team (i.e., Focal Points and PMO) 	<ul style="list-style-type: none"> Decisions will be made unanimously 	<ul style="list-style-type: none"> Drafting both internal and external communications materials for the collaboration under the JEAP Collating Monitoring, Evaluation, Accountability, and Learning (MEAL) analysis from activities and generating MEAL products for collaboration areas Developing materials for resource mobilization (i.e., proposals, presentations, etc.)

Full 2023-27 Detailed Action Plan

The following sections provide an outline, for the Collaboration Areas and Cross-cutting functions, (1) illustrative outputs to be delivered, and (2) set of activities and sub-activities that link to key objectives, (3) implementation timelines and lead agencies.

Detailed action plans for RCCE, climate change in the EPR context, and Digitalization Collaboration Areas are currently being developed and will be included upon their finalization.

Country assessments in the preparedness context

Table 16: Detailed Action Plan - Country assessments in the preparedness context

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
Ensure the harmonization of EPR tools and processes	Map existing assessment tools and processes	Develop the assessment tools' mapping concept note	x		
		Gather the assessment tools that are existing and in use by each organization	x		
		Analyze existing tools and processes to identify similarities and gaps	x		
		Recommend the tools and processes to be updated and/or developed	x		
		Develop and update the country EPR assessment guide	x		
Support countries to conduct and report on EPR capacity assessments	Support countries to conduct and report on EPR capacity assessments	Conduct two UHPR annually	x	x	x
		Conduct four simulation exercises annually	x	x	x
		Conduct at least four Intra/After-Action Reviews for public health emergencies annually	x	x	x
		Conduct five Joint external evaluations (JEE) annually	x	x	x

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Develop and update country capacity profiles (dashboard) for the AU Summit	x	x	x
		Support other national assessments (for specific IHR core capacities) based on countries' requests and needs (at least two/year)	x	x	x
		Provide training on the IHR MEF framework every two years		x	x
		Conduct annual meetings for IHR national focal points	x	x	x
		Support four countries to conduct readiness assessments annually		x	x
	Develop the continental risk atlas	Source preliminary data and generate insights	x	x	
		Conduct in-depth analysis and modelling of outbreaks and hazards		x	
		Optimize activities and cascade Member States		x	
	Support countries to develop and implement action plans	Support countries to develop and/or refine their NAPHS and other action plans	Support at least three countries to develop NAPHS and operational plans for 2023 annually	x	x
Support at least three countries annually to develop/update contingency plans and Standard Operating Procedures (SOPs) for Very High- and High-Risk Hazards as informed by the Strategic Toolkit for Assessing Risks			x	x	x
Support at least five countries annually to conduct mid-term reviews of NAPHS implementation				x	x
Provide capacity-specific support to identified countries		Provide training to all IHR national Focal points and preparedness focal points on core capacities, by 2027, by country or by region, according to needs	x	x	x
		Facilitate at least two lessons learned and experience sharing ((virtual) on the implementation of preparedness activities between countries annually	x	x	x
		Map and share training materials available on IHR capacities with countries		x	

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Update the repository of training materials		x	x
	Support to improve regional-level cooperation for public health emergencies	Support and facilitate one cross-border collaboration high level meeting for advocacy, annually	x	x	x
		Develop and update at least two Points of Entry (PoE) contingency plans and SoPs annually		x	x
		Conduct a simulation exercise every to test PoE contingency plan and cross-border response	x	x	x
		Conduct two cross-border TWG regular meetings/workshops per year, bilaterally/multilaterally	x	x	x
		Support countries to develop at least one MoU and cross-border plan annually		x	x

Workforce development

Table 17: Detailed Action Plan - Workforce development

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
Support the identification, capacity building and retainment of an emergency health workforce	Establish a functional and interoperable emergency health workforce database	Identify/ Expand a multi-disciplinary emergency workforce across Africa (cover 55 countries in three years, and update in the remaining two years)	x	x	x
		Establish regional and national databases of emergency experts	x		
		Harmonize, update and deploy the workforce platform	x		
	Undertake joint capacity building for emergency health workforce	Conduct an assessment on training needs	x	x	
		Develop a competency framework for emergency health workforce	x	x	
		Map, harmonize and update training tools and processes	x	x	
		Undertake training for the emergency health experts	x	x	x
	Support countries to retain the trained emergency health workforce	Develop a regional guidance document for retaining emergency workforce		x	
		Support selected countries to adapt/ update the regional guidance document		x	x
		Develop post emergency deployment reward and recognition mechanisms		x	
	Undertake continuous professional development for the existing emergency health workforce	Develop a continuous professional development plan (updating community of learners, learning pathways for high potential workforce, launching mentoring and coaching programs)		x	

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Implement and monitor the continuous professional development plan		x	x
Ensure the coordination and deployment of the emergency health workforce	Advocate with governments on the process of emergency health workforce deployment	Organize high-level advocacy meetings to adopt the emergency health workforce deployment process	x	x	x
		Sign MoUs on deployment of emergency health workforce		x	
		Organize joint side events during the AU Summit, World Health Assembly and AFRO/EMRO regional committees		x	x
	Develop and adapt regional operating protocols and procedures	Develop, review and update national and inter-country deployment SoPs and ToRs	x	x	
		Develop, harmonize and adapt selection criteria and processes for inter-country deployment	x	x	
	Ensure contingency fund for surge deployment capacities	Identify the funding gaps and needs for deployment operations (<i>based on different emergency scenarios leveraging the continental atlas</i>)	x	x	x
		Ensure funding is allocated (included in annual budgets)	x	x	x
	Conduct joint learning, cooperation, and experience sharing exercises	Conduct deployment operation reviews and document best practices	x	x	x
		Conduct annual experience sharing meetings		x	x
		Adapt and update operating protocols and procedures as needed		x	x
Reinforce the emergency health workforce leadership	Harmonize existing leadership programs across the two organizations	Map existing leadership programs across the organizations	x		
		Identify target audience and appropriate competencies	x	x	

Objective	Activity	Sub-activity	Timeline (Years)			
			2023	2024-25	2026-27	
		Develop unified leadership programs		x		
		Modify and update the existing programs		x	x	
	Enhance capacities for national leaders involved in emergency operations	Undertake emergency leaders training for emergency health workforce		x	x	
		Organise regional simulation exercises (two annually)		x	x	
	Establish a network of health emergency leaders and better connect them across borders to ensure a coordinated response	Creating a community of health emergency leaders at national and regional levels		x	x	
		Organize meetings for health emergency leaders to discuss cross-cutting issues at strategic and technical levels to operate in a coordinated manner		x	x	
		Ensure robust regional & global platforms to prepare for and respond to health emergencies		x	x	
	Scale up sustainable and institutionalised Community Health Worker programmes in Member States	Continental standard operating procedures and guidelines for provision of CHW integrated services in the community		x	x	
		Conduct geo mapping of professional community health workers on the continent			x	
Build capacity of community health workers, programs and systems for achieving the objectives of Health Equity/Universal Health Coverage, community-based surveillance and deployment for outbreak and pandemic response			x	x		
Develop joint country support capacity plans with Member States level to set opportunities for multi-stakeholder partnerships, collaboration and coordination			x	x		

Surveillance including laboratory and genomic sequencing

Table 18: Detailed Action Plan - Surveillance including laboratory and genomic sequencing

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
Ensure that all member states have capacity to timely detect, report and respond to public health threats	Implementing and scaling up of IDS/IDSR	Joint capacity building for the internal workforce of Africa CDC, WHO AFRO and EMRO, including a few selected member states	x	x	x
		Recruiting of program officers to manage the joint program	x		
		Preparation of surveillance focused programs and implementation structures for a 10X increase in capacity and efficiency	x		
		Finalize the development of the IDS capacity assessment tool (scorecard)	x		
		Harmonize case investigation and reporting tools (including Situation Reports) for epidemic prone diseases on the continent		x	
		Organize advocacy workshops at the national and regional levels to ensure political commitment and resource mobilization for integration, including support on accessing the pandemic fund	x	x	x
		Establish Technical Working group on Integrated public health surveillance	x	x	x
		Map the current situation of integrated surveillance at the national level in light of the regional strategy for public health surveillance (scorecard)	x	x	x
		Develop MEAL framework for integrated public health surveillance implementation	x	x	x

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Developing/roll out integrated public health surveillance implementation packages at the (sub) national level	x	x	x
		Provide training to country data managers on data management and analytics	x	x	x
		Joint supervision on in-country public health surveillance processes	x	x	x
		Support countries to adopt interoperable digital solutions in support of integrated public health surveillance (linked with Lab)	x	x	x
	Enhancing / establishing epidemic intelligence (including event-based surveillance) capacity across the continent	Build national EBS capacities by: Conducting Situation analysis Mapping stakeholders and establish national EBS TWG Developing EBS Operational guideline and SoP (using Africa CDC framework) Developing innovative solutions to capture, process and manage unstructured data Conducting training of trainers and pilot EBS Evaluating the pilot	x	x	x
	Add media scanning component to the national surveillance/EBS system by deploying the EIOS tool conducting national EIOS Training and developing national SoP for media scanning	x	x	x	
	Periodic assessment to monitor progress, and evaluations every 3-5 years to understand effectiveness of EBS	x	x	x	
	Conduct continental conference on Epidemic intelligence				
	Establish continental big data platform utilizing all surveillance (structured and		x		

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		unstructured data) for improved Epidemic intelligence on the continent			
		Conduct joint workshop with the Lab JEAP to improve knowledge on the interpretation of phylogenetic tree for the detection of new variants of public health concern		x	
		Develop continental strategy for improving disease surveillance in MS (This would be some kind of road map based on the capacity assessment for all the countries- on how we intend to support countries to take them to the maturity level we intend)	x		
	Support member states with developing operational surveillance plans	Develop a template for operational surveillance plans (annual plan)	x		
		Hold 2-day workshops with countries/regions to develop the operational plans	x	x	x
		Reviews of operational plans between IDS TWG and Africa CDC / WHO followed by financial support if appropriate	x	x	x
		Implementation, monitoring, and reporting, including across countries	x	x	x
Establish a functional continental network for data and information exchange	Ensuring health Information exchange; between countries, partners etc.	Establishing functional communities of practices for EBS/IDSR at regional level	x	x	x
		Country level webinars on ongoing events; regional meetings; epidemiological bulletins	x	x	x
		Organize 5 regional workshops every two years to strengthen EBS/ IDS information sharing		x	x
		Undertake advocacy for developing data sharing platform between Africa CDC and WHO			

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
	Enhancing the utilization of digital technologies and data analytics for EBS/IBS	Development of a standards manual for the management of IBS/EBS data	x	x	
		Capacity development for digital technologies and data analytics utilization at both national and subnational levels		x	x
		Building a dashboard to support data analytics and use and regular check ins		x	x
Ensure that all member states have laboratory capacity to diagnose, and report pathogens that can cause outbreaks	Harmonizing coordination of diagnostics and sequencing activities among Africa CDC and WHO AFRO/EMRO	Establish a technical coordination meeting between Africa CDC, WHO-AFRO and WHO-EMRO to achieve 90% of activities implemented in a jointly agreed framework	x		
		Preparation of Laboratory focused programs and implementation structures for a 10X increase in capacity and efficiency	x		
		Setting up and running of an operational team	x	x	x
		Harmonize standardized guidelines for collection, handling, shipment within and across borders for all pathogens with epidemic and pandemic potential	x		
		Harmonize standardized guidelines for testing, and sequencing of samples within and across borders for priority pathogens with epidemic and pandemic potential		x	x
		Review and update 100% of available standardized collection, handling, shipment, testing and sequencing of samples within and across borders	x	x	x
		Coordinate sample management including specimen shipment between countries and reference labs for 100% of suspected cases tested in a timely manner	x	x	x

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Developing strategies and harmonizing training materials for workforce development at all levels by methodology	x	x	x
		Coordinate trainings and workforce development at all levels: 1045 Training of Trainers (ToTs) for sample referral, genomics and bioinformatics per year	x	x	x
		Harmonize the regional strategy between Africa CDC, WHO AFRO, and WHO EMRO	x		
		Revision of harmonized regional strategies		x	x
		Develop guidelines for detection, confirmation, and reporting of outbreaks for each priority pathogen	x		
	Strengthening diagnostics strategy and capacity at national and sub-national levels	Mapping 100% of national reference laboratories and their capacities for diagnostics of potential pandemic and epidemic pathogens	x		
		Improve sample management and storage for all member states including sample collection, handling, and shipment to reference laboratory - including training needs, procurement of packaging and labelling materials	x	x	x
		Training of approx. 2090 workforce on priority pathogens with epidemic and pandemic potential for diagnostics at all levels		x	x
		Developing an SOP for coordination of supplies, reagents and equipment requests and distribution mechanisms between Africa CDC, WHO AFRO, and WHO EMRO		x	
		Ensuring availability of supplies, reagents, and equipment for detection and confirmation tests		x	x

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
	Establishing Environmental Surveillance (ES) for detection and monitoring pathogens	Establishing ES sites in select Member States	x	x	x
		Establish concentration laboratories in select Member States		x	x
		Strengthen the collaboration with ES Polio laboratories in select Member States with ES Polio labs	x	x	x
		Capacity building on ES	x	x	x
Ensure that all member states have laboratory sequencing capacity for pathogens that can cause outbreaks	Creating enabling mechanisms for integration of sequencing with routine surveillance for public health response	Developing, adopting, implementing, and monitoring the operational and quality assurance framework for the genomic surveillance network for Africa	x	x	x
		Support Member States to develop and/or update national pathogen strategies with epidemic and pandemic potential		x	
		Develop an advocacy plan at the country, regional, and global levels for strengthening diagnostics and genomic surveillance in Africa	x		
		Roll out advocacy plan at the country, regional, and global levels for strengthening diagnostics and genomic surveillance in Africa including an annual ministerial meeting	x	x	x
		Develop, review and update partnerships engagement and resource mobilization plan	x	x	x
		Coordinating and supporting the development and implementation of a digitalized operations (e.g., labelling, shipping dates, temperature measurements, meta data, dashboard, etc.) at all levels of sample referral for diagnostics and sequencing	x	x	x

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
	Enhancing in-country capacity for genomic surveillance through an end-to-end framework	Mapping of national reference laboratories and their capacities for genomics of potential pandemic and epidemic pathogens	x		
		Improve sample management for Member States including sample collection, handling, and shipment to reference laboratory	x	x	x
		Training of workforce on priority pathogens for sequencing at all levels		x	x
		Conducting an experience sharing program 2 times a year between the genomic network	x	x	x
		Developing SOPs for coordination of supplies, reagents and equipment requests and distribution mechanisms between Africa CDC, WHO AFRO, and WHO EMRO		x	
		Ensuring availability of supplies, reagents, and equipment for sequencing and data analysis of outbreaks in Member States		x	x
	Enhancing sharing of sequencing data	Develop policy framework for pathogen data sharing in Africa with ongoing monitoring	x		
		Develop an advocacy and coordination mechanisms of data sharing platforms for Africa		x	x
		Enhance genomic data sharing knowledge and capacity for Member States through high level leadership training e.g., Ministry of Health (MOH) officials		x	x
		Updating data sharing MoUs/mechanisms between all member states as well as reference / regional labs		x	x
		Updating reporting systems as per national and regional regulations		x	x
		Capacity building activities for data managers at all levels in data sharing	x	x	x

Logistics, supply chain, local manufacturing and stockpiling

Table 19: Detailed Action Plan - Logistics, supply chain, local manufacturing and stockpiling

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
Provide robust and agile supply chain and operational support to member states in preparedness and response to emergencies	Reinforce HR capacity at the national, regional, and continental level	Develop a joint regional roster for SC and Logistics Officers	x	x	x
		Build capacity of Operations Support and Logistics staff from Member states and other relevant stakeholders	x	x	x
		Capitalize on lessons learned from emergency responses (IAR/AAR) and establish community of practices	x	x	x
	Strengthen and harmonize SCMS at national, regional, and continental level	Develop SCMS, tools, templates, SOPs, etc	x		
		Develop and implement tools and a shared database for supply forecasting and pipeline monitoring	x	x	x
		Implement integrated Supply Chain Management System at country level	x	x	x
	Improve Medical Supply availability and distribution to emergencies	Optimize stockpiling and shipment among Africa CDC and WHO	x	x	x
		Advocate for blanket customs clearance waiver (Green Light) for medical supplies during emergencies response at country level	x		
		Facilitate prequalification of regional manufacturers	x	x	x
		Carry out pooled procurement between Africa CDC and WHO	x	x	x
	Strengthen coordination and reporting mechanism between Africa CDC and WHO	Develop joint SOPs for deployment, resource, and expertise sharing	x		
		Develop a joint monitoring framework, including KPIs for response effectiveness	x	x	x

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Develop and implement a formal communication and coordination for joint emergency response	x	x	x
		Leverage information/experience for future responses	x	x	x
Expand local manufacturing of medical supplies, diagnostics, and therapeutics for use in response to emergencies	The activities for this objective are under development				

Response readiness and coordination

Note: The Detailed Action Plan in this Collaboration Area is derived from the existing PHEOC Strategic Plan, and is therefore presented differently to the other workplans in this document.

Table 20: Detailed Action Plan - Response readiness and coordination, country-level actions

Objective	Activities	Timeline (Years)		
		2023	2024-25	2026-27
Ensure that at least 90% of MS in Africa have a PHEOC facility in place equipped with information, communication technology and physical infrastructure that meets the minimum requirements by 2027.	Conduct high-level advocacies on the importance with heads of state, ministries, and agencies (offices of the president, prime minister, MOH, national disaster management agency, relevant ministries and agencies, civil societies, partners, and other relevant stakeholders) of establishing functional PHEOCs	x	x	x
	Hold regular steering committee meetings to review the PHEOC implementation and the progress of the five-year strategic plan	x	x	x
By 2027, at least 90% of MS in Africa will have developed and implemented the core PHEOC policy, plans and procedures: legal framework, operational and functional plans, and procedures.	Conduct workshop and complete a comprehensive mapping of existing legal mandates on public health emergency management systems and PHEOC	x	x	x
	Conduct workshop to adapt and/or amend a legal framework for operationalization of the PHEOC, in line with existing national disaster/emergency management act/policy	x	x	x
	Conduct sensitization workshop on the PHEOC legal framework to leadership, experts of key sectors and partners	x	x	x
	Conduct workshop to adapt a handbook/plan for the PHEOC Operations and Management	x	x	x
	Conduct workshops to adapt/prepare programs/plans for the management of PHEOC and emergency management training and exercises	x	x	x

Objective	Activities	Timeline (Years)		
		2023	2024-25	2026-27
	Conduct workshop to adapt/prepare country-level SOPs for management of Rapid Response Team (RRT) and surge personnel in the PHEOC		x	
	Conduct workshop to prepare SOP/guide for financial management within the PHEOC		x	
	Conduct workshops to validate the key PHEOC policy, plans and procedures (handbook/plan and procedures)	x	x	x
	Conduct workshops on the key PHEOC policy, plans and procedures to aware the leadership and experts from MOH, relevant agencies, sectors, and partners	x	x	
	Conduct training on the validated PHEOC policy, plans and procedures for the PHEOC and surge personnel	x	x	x
By 2027, at least 90% of PHEOCs in MS of Africa have the information management and sharing platform(s) containing the minimum data required	Conduct a consultative workshop to map the existing information management and sharing platforms to collect, process, display and communicate data from and to the PHEOC	x	x	x
	Convene a workshop to map data sources and requirements for the PHEOC	x	x	x
	Conduct a workshop to develop an interoperability platform for exchanging information between the various existing information systems	x	x	x
	Conduct a workshop to prepare/adapt and implement SOPs and MOU to establish communication, coordination and information management and sharing mechanisms between the concerned stakeholders	x	x	x
	Provide training on the application and management of the software to PHEOC staff and relevant experts	x	x	x
Develop and/or strengthen the capabilities of the PHEOC workforce (routine and surge staff) to support preparedness and response coordination in at least 90% of MS in Africa and the Eastern Mediterranean	Conduct high-level advocacies in the presence of top leadership from the MOH and other relevant agencies on the importance of assigning permanent and qualified staff to run the PHEOC's day-to-day preparedness activities	x	x	x
	Prepare a strategy for staff retention with a focus on maintaining the skilled and routine PHEOC staff	x	x	x

Objective	Activities	Timeline (Years)		
		2023	2024-25	2026-27
region by 2027.	Cascading/providing the regional IMS and emergency management training at the country level	x	x	x
	Provide high-level PHEOC operations and IMS training to central-level leadership and mid-level managers	x	x	x
	Conduct simulation exercise needs assessment involving relevant ministries, agencies, and sectors at the country level	x	x	x
	Design and conduct country-level tabletop simulation (SIMEX) involving key personnel from the concerned stakeholders	x	x	x
	Design and conduct country-level functional simulation exercise (SIMEX) involving key personnel from the concerned stakeholders		x	x
Evaluate the implementation of the key activities in the strategic plan: conduct mid-term and end-term evaluations	Conduct a national Annual Review Meeting (ARM) to track the implementation of key activities of the PHEOC annual plan	x	x	x
	Organize and conduct a mid-term evaluation to track the implementation progress of the PHEOC five-year strategic plan with all the relevant stakeholders at the national level		x	
	Organize and conduct an end-term evaluation to track the implementation progress of the PHEOC five-year strategic plan with all the relevant stakeholders at the national level			x

Table 21: Detailed Action Plan - Response readiness and coordination, regional-level actions

Objective	Activities	Timeline (Years)		
		2023	2024-25	2026-27
Ensure that at least 90% of MS in Africa have a PHEOC facility in place equipped with information, communication technology and physical infrastructure that meets the minimum requirements by 2027.	Conduct high-level advocacies on the importance with heads of state, ministries, and agencies (offices of the president, prime minister, MOH, national disaster management agency, relevant ministries and agencies, civil societies, partners, and other relevant stakeholders) of establishing functional PHEOCs	x	x	x
	Conduct assessments on annual basis to identify requirements to equip the PHEOCs with office supplies and communication	x	x	

	technology equipment (Computers/laptops, printers, scanners, internet modems, Smart TVs, internet subscription fee, Antivirus) at least about 15 persons per PHEOC facility			
By 2027, at least 90% of MS in Africa will have developed and implemented the core PHEOC policy, plans and procedures: legal framework, operational and functional plans, and procedures.	Develop regional-level Standard Operating Procedures (SOPs) to guide the development of country-level SOPs for the management of RRT and surge personnel in the PHEOC		x	
	Organize regional-level workshops to share experience and best practices on PHEOC operations and response coordination between countries		x	x
By 2027, at least 90% of PHEOCs in MS of Africa have the information management and sharing platform(s) containing the minimum data required	Prepare and share regional-level communication and information management and sharing standard SOPs and MoU	x	x	
	Adapt SOPs/user manual for the application of the software and prepare training materials to train PHEOC staff	x	x	
Develop and/or strengthen the capabilities of the PHEOC workforce (routine and surge staff) to support preparedness and response coordination in at least 90% of MS in Africa by 2027	Conduct regional-level ToT on IMS and emergency management to 200 PHEOC and/or PHEM professionals from MS of Africa	x	x	x
	Develop/design, a web-based/online PHEOC/IMS training platform to enable all emergency management professionals from all MS to receive the training to enhance their knowledge	x	x	
	Develop selection criteria to identify potential Academic Institutions in Africa to provide a Public Health Emergency Management Fellowship (PHEM-F)	x	x	
	Adapt/develop PHEM-F in collaboration with the identified Academic Institutions (adapt curriculum, course materials, commence the fellowship, etc.)	x	x	
	Enrol and provide the PHEM-F to 250 PHEOC and/or PHEM experts (two fellowship programs a year) in collaboration with the Academic Institutions		x	x
Designate five PHEOC “Centers of Excellence” in selected Member States by the end of 2027	Develop a guidance document for the Center of Excellence PHEOCs, including standards and requirements	x	x	
	Develop a site selection standardized tool for establishing a center of excellence PHEOC		x	
	Finalize the selection process and disseminate the assessment report to the selected countries and other relevant stakeholders		x	x

	Conduct high-level advocacies with the leader and experts in MOH, relevant agencies of the selected MS, other key stakeholders, and partners		x	
	Organize meetings to review implementation progress with all relevant stakeholders at least twice a year		x	x
Evaluate the implementation of the key activities in the strategic plan: conduct mid-term and end-term evaluations	Organize and conduct a mid-term evaluation to track the implementation progress of the PHEOC five-year strategic plan with all the relevant stakeholders at the regional level		x	
	Organize and conduct a mid-term evaluation to track the implementation progress of the PHEOC five-year strategic plan with all the relevant stakeholders at the regional level			x
	Organize dissemination workshops of the findings of the mid-term and end-term evaluations of the PHEOC five-year strategic plan involving the relevant stakeholders		x	x

Institutional strengthening and coordination

Table 22: Detailed Action Plan – Institutional strengthening and coordination

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
Governance and Management: Ensure effective project governance and management to support the implementation of the JEAP	Refine the project governance structure and practices for the collaboration	Identify refinements to be made to the oversight and coordination structure and its practices	x		
		Develop a set of KPIs to monitor the performance of the PMO	x		
	Refine the PMO setup and transition the team to a permanent host (Africa CDC and WHO)	Refine (as required) the responsibilities of the PMO resources in relation to other governance bodies and in the day-to-day management of the operations of the JEAP	x		

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Determine the financial and human resources needed for the PMO to support the implementation phase of the JEAP	x		
		Fill/identified PMO roles as required from internal (i.e., staff from each organization) or external resources	x		
		Identify knowledge gaps within the PMO and the relevant trainings that would address the gaps and enhance effectiveness	x		
		Provide relevant training on PMO tools and processes for day-to-day operation	x		
	Undertake the functions of the PMO to support the implementation of the JEAP	Advise SteerCo and TWGs on strategic matters and/or decisions related to cross cutting areas such as communications, advocacy, resource mobilization etc.	x	x	x
		Support co-ordination and monitoring of joint activities	x	x	x
		Monitor potential risks and support the development of mitigation strategies	x	x	x
		Develop annual and/or semi-regular reporting on KPIs to communicate the performance of the PMO (including for internal teams and external partners)	x	x	x
Resource Mobilization: Expand the resource base for the JEAP through identifying, soliciting and acquiring new funding sources	Set up a joint resource mobilization team	Identify resource mobilization staff in each organization and setup a joint resource mobilization team	x		
		Agree the terms of reference for the JRM team and define its ways of working	x		
	Develop a resource mobilization strategy outlining an approach to acquiring resource partners	Identify and validate the financial and resource gaps for the implementation of the JEAP	x		
		Conduct a mapping of potential resource partners (e.g., donors), identifying their priorities and	x		

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		develop a shortlist that can be jointly targeted by the Partnership			
		Determine an overarching resource mobilization strategy for the JEAP, outlining the approach to engaging with and securing funding from potential resource partners (delineating joint and separate initiatives to be undertaken within the partnership)	x		
		Confirm list of target resource partners with the JEAP leadership and develop specific engagement plans for targets.	x		
	Execute resource mobilization strategy to raise funds (as required) for the implementation of the JEAP	Socialize and communicate the JEAP to potential resource partners	x	x	x
		Reach out to target resource partners/ donors in line with the RM strategy and outreach plans; leverage existing relationships/ relevant contacts in each target donor, where possible	x	x	x
		Conduct discussions with target donors, negotiating with them on their contributions to the JEAP	x	x	x
		Provide periodic updates (e.g., reports, review meetings) to donors on the activities of the JEAP, use of funds received, and impact generated.	x	x	x
Align Resource Mobilization activities with communications strategy					
Communications: Ensure ongoing communication and engagement of all relevant stakeholders in the JEAP	Set up a joint communications team for the JEAP	Identify communications staff/ resources in each organization and setup a joint communications team	x		
		Define the joint team's ways of working, leveraging existing practices in each organization	x		
	Develop a communications strategy to engage key stakeholders and improve the visibility of the JEAP	Identify all the key internal and external stakeholders in that need to be engaged i.e., stakeholders that have the power, influence and interest to make the JEAP a success	x		

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Determine the communications messages to the identified stakeholders/ stakeholder groups to keep them satisfied and ensure their buy-in, the appropriate communications channels, and the frequency of communication	x		
		Determine outreach activities to improve visibility of the JEAP to key actors	x		
		Align with the resource mobilization plan on joint resources needed to implement the communications strategy, including additional budget required for communications related activities.	x		
		Align with MEAL framework on approach to monitoring the performance of communications strategy	x		
	Implement the communications strategy and provide on-going support for other communications related activities	Implement the communication strategy including development of collateral, establishing communications channels, and conducting outreach., among others	x		
		Provide on-going internal and external communications supports (e.g., communications collateral, convenings, events etc.) to the Partnership			
Monitoring, Evaluation, Accountability, and Learning: Ensuring ongoing monitoring of progress, evaluation, accountability and learning	Set up and operationalize the MEAL for the JEAP, including developing a MEAL plan	Identify staff and processes in each organization that can support the MEAL efforts for the JEAP	x		
		Bridge gaps in resourcing and capabilities to conduct MEAL	x		
		Develop a MEAL plan	x		
		Develop a learning strategy for the JEAP	x		
		Define methodology for data collection and reporting frequency	x		

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Implement performance monitoring, data interpretation and analysis	x	x	x
	Conduct ongoing performance monitoring, evaluation and reporting activities for the implementation of the JEAP	On-going data collection, performance monitoring and reporting on progress against indicators	x	x	x
		Incorporate lessons learned from performance monitoring, and independent evaluations to inform the improvement of the next program management cycle for the JEAP	x	x	x
		Revise indicators and targets based on learnings from results of performance monitoring reports	x	x	x
	Conduct independent evaluations to inform decision making and the learning agenda for the JEAP (as required)	Conduct periodic independent evaluation of performance of the JEAP	x	x	x
		Disseminate results from independent impact evaluation of the JEAP to relevant stakeholder groups/ audiences		x	x
Partner Management: Broaden and strengthen the base of partners to support the ambitions of the JEAP	Co-ordinate partners across collaboration areas and manage relationships with member states	Map out strength of existing relationships (with delivery partners and Member States), and their relative importance to the implementation of the JEAP	x		
		Outline a strategy to manage and deepen partnerships critical to supporting the implementation of the JEAP	x		
		Support Collaboration Areas to deepen relationships with, better utilize and work more effectively with the base of partners (e.g., through coordination and administrative supports)	x	x	x
	Build and maintain new partnerships to support the implementation of the JEAP (working in collaboration with TWGs)	Assess capability gaps across Collaboration Areas and identify organizations/partners required to meet the objectives of the JEAPs	x	x	
		Reach out to target partners leveraging existing relationships where possible	x	x	

Objective	Activity	Sub-activity	Timeline (Years)		
			2023	2024-25	2026-27
		Negotiate objectives, terms and resourcing of partnerships, and formalize where appropriate (e.g., MoUs, contracts etc).	x	x	x



JEAP

JOINT EMERGENCY ACTION PLAN

