Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security in Ethiopia

June 18-20, 2024 Addis Ababa, Ethiopia

Contents

1. Executive Summary

In order to advance the implementation of the National Action Plan for Health Security (NAPHS) of Ethiopia, the Ministry of Health and Ethiopian Public Health Institute, with support from the World Health Organization, conducted an exercise in resource mapping to facilitate the identification of financial and technical resources and needs and gaps.

The workshop was held between June 18-20/2024 at Ellily Hotel, Addis Ababa. The workshop aimed at mapping resource availability and needs for the NAPHS 2024-2028/29 and it involved use of the resource mapping (REMAP) tool and process developed by WHO to identify financial and technical support for health security in the country, as well as needs for support.

The workshop brought together 128 participants including representatives from multisectoral line Ministries, agencies and partners including the Ministry of Health, Ministry of Agriculture, The Ethiopian Public health institute, Wildlife, Environment, as well as development partners. The workshop was directed at mapping resources for the NAPHS, which the country developed to strengthen health security based on IHR Monitoring and Evaluation Framework assessments such as State Party Self-Assessment Annual Reporting (SPAR) and Joint External Evaluation (JEE). The resource mapping was focused on the 5 years strategic NAPHS.

The REMAP tool and process was used to map the health security projects that partners and the government are supporting in the country at national and subnational levels, allowing policymakers, donors, and partners to see where gaps exist and where more investment of financial and technical resources is needed.

The resource mapping demonstrated that more than 114 million USD is currently committed directly for NAPHS activities in the 5 years strategic NAPHS that was costed at [1]1.9 billion USD. In addition, more than 476 million USD in support for overall health security activities in the country (beyond the NAPHS) was mapped. This overall health security funding has the potential to be leveraged to support NAPHS implementation in addition to the salary and infrastructure support that is being provided by the government.

The mapping demonstrated that the partner support is heavily weighted toward areas such as health services provision followed by National Laboratory System. Major gaps were identified in areas such as food safety and Radiation emergencies. The process involved identifying the key partners and stakeholders supporting health security in the country and their priority areas, which can be used to facilitate coordination and alignment for NAPHS.

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[1] The 1.9 billion USD figure is based on the exchange rate at the time of NAPHS costing of 107,919,929,687 Ethiopian Birr in advance of the June 2024 REMAP workshop. This figure is subject to recalculation as currency rates fluctuate.

Workshop participants further used the REMAP tool and process to map the human resource needs for implementation of the NAPHS activities. The national experts identified whether outside technical assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required. This portion of the exercise was designed to support Ethiopia in the identification and matching of technical partners that can assist. The identification of human resource needs can inform country requests for assistance to a multisectoral network of technical partners that have expressed interest in providing targeted expert technical assistance for NAPHS implementation.

A range of NAPHS activities were identified during the REMAP workshop as in need of expert technical assistance for completion, with areas of particular need including finance expert, food testing, IHR coordination, SimEx and surveillance. The details are described on the technical needs part of the proceeding.

The REMAP tool and dashboard provides Excel and online platforms for visualizing NAPHS implementation in the country and for national focal points to use in the ongoing tracking and analysis of health security resources, as the resource mapping is meant to be an ongoing process with partners invited to share information and become involved in a coordinated multisectoral approach to strengthening preparedness.

2. Country Background

The Federal Democratic Republic of Ethiopia is a landlocked country located in the Horn of Africa with an estimated 120 million population. While Ethiopia faces significant health challenges, efforts are underway to improve healthcare access, infrastructure, and outcomes for its population in collaboration with local and international partners. Infectious diseases continue to be a significant public health challenge in Ethiopia. Currently, there are more than two ongoing outbreaks such as cholera, measles, and Malera. Ethiopia has conducted JEE in September 2023. The overall JEE score has improved from the baseline of 41% in 2016-2028 to 65% in 2023. The NAPHS development timeline has improved dramatically from approximately 2years to 6 months

3. RESOURCE MAPPING (REMAP) tool and Workshop Objectives

The enormous human, economic, and social cost of the COVID-19 pandemic, as well as the lessons learned from other outbreaks, epidemics and global pandemics, have highlighted the urgent need for coordinated action to strengthen health systems and mobilize additional resources for pandemic prevention, preparedness, and response. WHO has developed integrated tools and approaches countries can take to strengthen health emergency preparedness and meet the requirements of the International Health Regulations (IHR, 2005) to develop, strengthen and maintain minimum national core public health capacities to prevent, detect, assess, notify and respond to events that may constitute a public health emergency of international concern.[2]

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[2] https://www.who.int/publications/i/item/9789241580410

WHO developed the resource mapping (REMAP) tool to advance this effort and support Member States in strengthening core health security capacities. The REMAP tool and process was first launched in 2018 to support country efforts to meet the requirements of the IHR, 2005 through the implementation of the National Action Plans for Health Security (NAPHS).

NAPHS implementation requires identifying country gaps and needs, mobilizing financial and technical resources (domestic and external) and monitoring and evaluation of national plans. The REMAP tool is customized for each country to link national priorities for health security with available and potential resources (financial and technical) . The tool and process is used to map the health security activities and investments in the country, both domestic and external, and to identify gaps and needs, while highlighting key areas for collaboration between the government and partners. The REMAP tool is used to map the health security projects and interventions in the country — through financial or technical assistance — allowing policymakers and partners to see where the gaps exist and where more investment of resources is needed.

REMAP provides details of each health security activity mapped in the country, including the funding source, timeline, geographical location, nature of activity, and technical area supported (i.e. surveillance, laboratory or risk communication). As a result, the countries and partners now know what is being supported in the countries and by whom, and which key technical and geographical areas are lacking support. The process also includes human-resource mapping, which is necessary to identify human-resource needs for implementing the health security plan. By identifying needs and gaps, decision-makers can make evidence-informed decisions on resource allocation and re-allocation necessary to implement health security plans.

I.   Workshop Objectives

The REMAP workshop aimed to:
- Provide government, partners, donors, agencies and other multisectoral stakeholders with better visibility of available and potential resources for health security in order to accelerate the implementation of the Operational and strategic National Action Plan for Health Security (NAPHS)
- Facilitate the sharing of information between the country, partners and donors, including data on partner and government health security investments and activities, on country needs and gaps, and on opportunities for collaboration to enhance health security
- Encourage collaboration and synergies through the alignment and harmonization of the efforts of the country, donors and partners in order to prepare the strengthening of national capacities for prevention, detection and response as well as public health;
- Provide a platform for monitoring and tracking the resources for NAPHS implementation and identifying specific technical needs for assistance in completing activities needed to strengthen health security

4. Report on Sessions

The workshop was conducted from June 18-20 in Addis Ababa with the presence of 128 participants including representatives from multisectoral line ministries, agencies and partners including: The Ministry of Health, ministry of Agriculture, Ethiopian Public Health Institute, Ethiopian wildlife conservative Authority, The Environmental Commission, Ethiopian Animal Health Institute, Ethiopian Radiological authority and Aviation authority were represented in the workshop. Partners such as USAID, USCDC, UKHSA, FAO, WHO, RTSL, DTRA, GOHI were also among the participants. NAPHS is based on an all-hazards and whole-of-government approach, and multisectoral engagement and ownership is vital for implementation.

The main activities carried out in the workshop were:

- Identification of existing investments in NAPHS activities for baseline assessment of funding gap
- Technical Needs for Assistance identified (human resources) for implementation of the NAPHS, data which can be shared with technical partners for enhanced mobilization of assistance
- Mapping of health security activities and investments throughout the 19 technical areas to facilitate the identification of needs and gaps and the allocation and reallocation of resources.

I.　　　Welcome and opening remarks

During the workshop different government officials and representatives of different partners provided remarks. The opening remarks are stated as follows.

Dr. Dereje Duguma, State Minister of Health:

- Emphasized Ethiopia's commitment to achieving universal health coverage and adherence to the International Health Regulations (IHR 2005).
- Highlighted the implementation of the National Action Plan for Health Security (NAPHS) and called for financial and technical support from all partners.

Dr. Mesay Hailu, DG of EPHI:

- Emphasized that strategic partnership is the cornerstone in NAPHS implementation and EPHI commitment to follow and collaborate with other stakeholders.

Dr. Wubshet Zewde, Ministry of Agriculture:

- Stressed the importance of collaboration across sectors for successful NAPHS implementation, particularly in preventing and controlling zoonotic diseases and pandemic risks.

Dr. Melkamu Abte, DDG of EPHI:

- Emphasized the importance of developing a robust NAPHS to identify resources and gaps for effective goal achievement, including securing funding.

Dr. Feyesa Regassa, Head of IHR and One Health Office:

- Advocated for a coordinated and collaborative approach under the one health framework to enhance national health security.

Dr. Fekadu Adugna, WHO delegate:

- Highlighted WHO's technical and financial support for Ethiopia in implementing the IHR and NAPHS, reaffirming continued commitment.

Dr. Chenjerai Njago, FAO delegate:

- Reaffirmed FAO's collaboration with Ethiopia to strengthen one health initiatives and support the implementation of NAPHS.

Dr. Noah Sprafkin, USAID representative:
- Emphasized USAID's commitment to promoting a one health approach and investing in capacity building to enhance global health security.

Dr. Birhanu, Acting Director of CDC:
- Praised the collaborative efforts with Ethiopia on health security and emphasized CDC's focus on creating resilient health systems aligned with IHR and NAPHS priorities.

Sajil, UKHSA representative:
- Clarified UKHSA's role as a technical partner rather than a donor, highlighting their expanding support for health security implementation in Ethiopia.

II.   Methodology

Working group discussions were the core of the workshop. Participants were divided into 6 working groups based on their technical areas of expertise and provided with data sheets and guidance. Participants used the *Health Security Activities Data Sheet* to identify whether each NAPHS activity has committed funding (from government and partners), if the activity requires technical assistance to be implemented and, if so, what specific technical assistance is needed.

Participants, guided by facilitators, also used the *REMAP Data Sheet* to identify the overall health security investments and activities at national and subnational levels (beyond the NAPHS) and the financial, technical and in-kind support that enables them. WHO compiled the results in the REMAP tool for analysis and discussion.

III.   Results from working session and key findings

The resource mapping resulted in the mapping of an initial **$114 million direct committed investment in activities within the National Action Plan for Health Security (NAPHS)** of Ethiopia (2024-2028/29), which has been costed at $1.9 billion[3].

This represents an initial NAPHS funding gap of $1.795 billion, which provides a baseline for determining future funding allocations as implementation advances.

Summary	
Direct NAPHS Support	
NAPHS Costing	$1,909,829,110.08
Partner NAPHS Inv.	$110,398,064.31
Gov NAPHS Inv.	$3,972,963.11
Funding GAP	$1,795,458,082.66

Table 1: Illustration of the June 2024 mapped funding gap in the Ethiopia NAPHS

The largest amount of direct committed investment in NAPHS activities was mapped in the technical area of national laboratory system, where $48.7 million of committed partner funding was mapped to support activities in the NAPHS.

The technical area of immunization was identified as having $21.5 million in committed funding for NAPHS activities, while nearly $13.8 million in committed funding was identified for surveillance activities in the NAPHS.

The table below illustrates the activity cost of each of the 19 technical areas in the NAPHS and the amount of initial baseline partner and government funding for the activities as identified during the June 2024 resource mapping.

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[3] The 1.9 billion USD figure is based on the exchange rate at the time of NAPHS costing of 107,919,929,687 Ethiopian Birr in advance of the June 2024 REMAP workshop. This figure is subject to recalculation as currency rates fluctuate.

Initial NAPHS Committed Funding and Gap Identified

Row Labels	Total Costed NAPHS	Gov. NAPHS Support	Partner NAPHS Support	Total Direct NAPHS Support	Gap
Antimicrobial Resistance	$19,340,506	$3,415,400	$4,573,939	$7,989,338	$11,351,167
Biosafety and Biosecurity	$3,929,280	$0	$902,986	$902,986	$3,026,294
Chemical Events	$2,730,353	$92,414	$225,467	$317,881	$2,412,472
Financing	$2,841,767	$0	$0	$0	$2,841,767
Food Safety	$2,028,273	$0	$0	$0	$2,028,273
Health Emergency Management	$59,648,892	$0	$8,400,666	$8,400,666	$51,248,226
Health Services Provision	$182,935,845	$0	$0	$0	$182,935,845
Human Resources	$8,995,408	$17,975	$2,516,600	$2,534,575	$6,460,833
IHR Coordination, National IHR Focal Point Functions and Advocacy	$7,156,147	$0	$72,860	$72,860	$7,083,287
Immunization	$1,315,857,767	$0	$21,532,622	$21,532,622	$1,294,325,145
Infection Prevention and Control	$31,543,036	$0	$0	$0	$31,543,036
Legal Instruments	$1,727,442	$0	$1,139,712	$1,139,712	$587,731
Linking Public Health and Security Authorities	$1,622,243	$183,476	$183,469	$366,945	$1,255,298
National Laboratory System	$112,614,709	$0	$48,696,977	$48,696,977	$63,917,732
Points of Entry and Border Health	$11,031,457	$193,325	$4,222,050	$4,415,375	$6,616,082
Radiation Emergencies	$723,940	$70,373	$240,000	$310,373	$413,567
Risk Communication and Community Engagement	$9,226,683	$0	$1,563,186	$1,563,186	$7,663,498
Surveillance	$32,077,563	$0	$13,790,795	$13,790,795	$18,286,768
Zoonotic Disease	$103,797,799	$0	$2,418,842	$2,418,842	$101,378,957
Grand Total	**$1,909,829,110**	**$3,972,963**	**$110,480,170**	**$114,453,134**	**$1,795,375,977**

Table 2: *Illustration of committed funding mapped for the NAPHS by technical area*

In addition to the committed funding for the NAPHS as described above, the resource mapping identified $476 million in **overall health security investments in the country (beyond the NAPHS)** that are ongoing or planned and have the potential to be leveraged to support NAPHS activities with the concurrence of the donors.

This includes support from 33 partners, with the largest amounts of health security support coming from the World Bank, providing more than $180 million in support, the Bill and Melinda Gates Foundation, with $126 million in support and GAVI, the Vaccine Alliance, with $77.5 million in health security support for Ethiopia identified.

This mapping identifies the key partners and stakeholders who are supporting health security in Ethiopia and can be engaged in collaboration to facilitate coordination and alignment for NAPHS implementation. The mapping of donor support for health security is designed to be updated in the REMAP tool as new data is received.

Overall Health Security Investments (Beyond the NAPHS): Total of $476,547,585.85 investment by 33 partners and Gov. in Ethiopia initially mapped
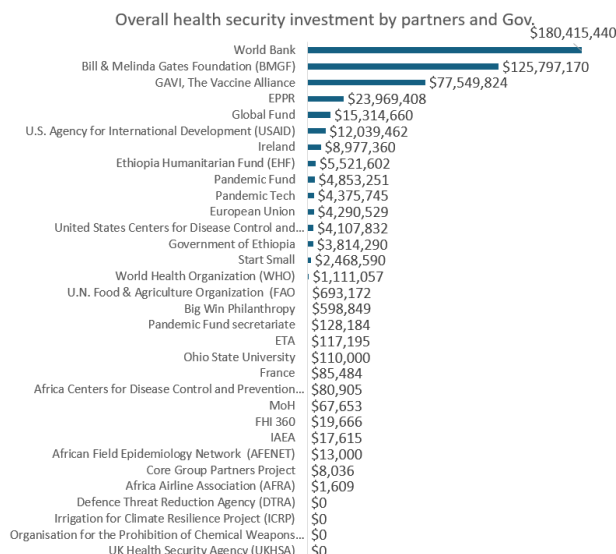
Overall health security investment by partners and Gov.

World Bank	$180,415,440
Bill & Melinda Gates Foundation (BMGF)	$125,797,170
GAVI, The Vaccine Alliance	$77,549,824
EPPR	$23,969,408
Global Fund	$15,314,660
U.S. Agency for International Development (USAID)	$12,039,462
Ireland	$8,977,360
Ethiopia Humanitarian Fund (EHF)	$5,521,602
Pandemic Fund	$4,853,251
Pandemic Tech	$4,375,745
European Union	$4,290,529
United States Centers for Disease Control and...	$4,107,832
Government of Ethiopia	$3,814,290
Start Small	$2,468,590
World Health Organization (WHO)	$1,111,057
U.N. Food & Agriculture Organization (FAO	$693,172
Big Win Philanthropy	$598,849
Pandemic Fund secretariate	$128,184
ETA	$117,195
Ohio State University	$110,000
France	$85,484
Africa Centers for Disease Control and Prevention...	$80,905
MoH	$67,653
FHI 360	$19,666
IAEA	$17,615
African Field Epidemiology Network (AFENET)	$13,000
Core Group Partners Project	$8,036
Africa Airline Association (AFRA)	$1,609
Defence Threat Reduction Agency (DTRA)	$0
Irrigation for Climate Resilience Project (ICRP)	$0
Organisation for the Prohibition of Chemical Weapons...	$0
UK Health Security Agency (UKHSA)	$0

Figure 1: *Illustration of Overall Health Security Investments (beyond NAPHS) mapped by donor.* ***Note: $0 in the chart means there were health security activities mapped but no specific funding amount was provided.***

The mapping of overall health security investments (beyond the NAPHS) showed that the technical areas of Health Services Provision, National Laboratory System, and Immunization receive the most support, with little support mapped in areas such as Food Safety, Radiation Emergencies, and Linking Public Health and Security Authorities.

Overall Health Security (beyond the NAPHS) investment in Ethiopia mapped by technical areas $476,547,585.85

Partner & Gov Investment mapped under each technical area

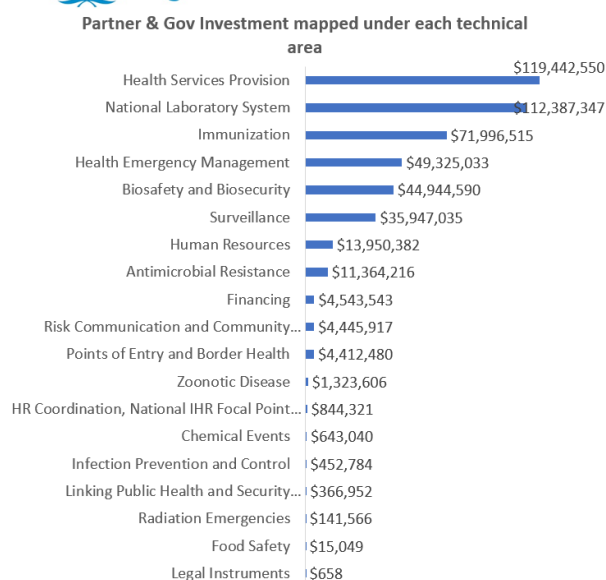|	
Health Services Provision	$119,442,550
National Laboratory System	$112,387,347
Immunization	$71,996,515
Health Emergency Management	$49,325,033
Biosafety and Biosecurity	$44,944,590
Surveillance	$35,947,035
Human Resources	$13,950,382
Antimicrobial Resistance	$11,364,216
Financing	$4,543,543
Risk Communication and Community...	$4,445,917
Points of Entry and Border Health	$4,412,480
Zoonotic Disease	$1,323,606
HR Coordination, National IHR Focal Point...	$844,321
Chemical Events	$643,040
Infection Prevention and Control	$452,784
Linking Public Health and Security...	$366,952
Radiation Emergencies	$141,566
Food Safety	$15,049
Legal Instruments	$658

Figure 2: Illustration of Overall Health Security Investments (beyond NAPHS) mapped by technical area.

More detailed information on the partners and government health security support mapped in the country is included in the Excel and online REMAP dashboards created for Ethiopia, including the details of activities, years of the project, districts being supported, amount of investment, implementing agency (if any), whether the activity represents financial or technical assistance, and other relevant details. Ethiopia is encouraged to use the data for an evidenced-based dialogue with partners on how these existing health security investments can be leveraged to support the implementation of national priorities as reflected in the country's NAPHS, as well as to promote the allocation and reallocation of resources in areas of particular need. The data is also encouraged to be shared, including through WHO, with other partners who are not currently working in the country to better understand areas of need and how they might support the country.

Along with the mapping of financial investments, gaps and needs, the REMAP workshop included mapping technical needs. This involved identifying areas in which the country would benefit from external expert technical support for NAPHS implementation.

Examples of technical needs for assistance identified during the exercise are summarized below (please see in annex 4 for the full list of NAPHS activities identified as requiring external technical support for implementation.)

- Financing expert for assessment of the functionality of emergency public financing mechanisms (PFM)

- IHR Coordination support in familiarization with the tripartite multisectoral coordination mechanism (MCM) tool and subnational IHR assessment tool

- Training of Trainers on food testing methods and molecular testing

- Tool development and designing customized methodology for surveillance system evaluation, as well as the preparation of surveillance SimEx materials to evaluate operational capability of EWARS systems

- Capacity building and assistance with training module on collaboration between public health and security authorities

5. Recommendations

- Government of Ethiopia to use the REMAP data to inform domestic and international resource mobilization strategies to accelerate health security strengthening in the country
- Government of Ethiopia to discuss with WHO the possibility of mobilizing technical support through the dedicated technical partner network for NAPHS implementation

- Government of Ethiopia to use the resource mapping tool as a platform to update and monitor the data on financial and technical resources for NAPHS and discuss the results during regular meetings
- WHO to support Ethiopia to periodically update the resource mapping data, providing any technical assistance necessary to assist country focal points in continuing use of the tool

6. Next Steps

- WHO will train national focal points in the use and updating of the REMAP tool, providing password-protected access to the online resource mapping tool for Ethiopia
- The country should periodically update the REMAP tool with the assistance of WHO to reflect changes in NAPHS and the resource landscape for health security in the country
- The REMAP results to be shared on the WHO Strategic Partnership for Health Security and Emergency Preparedness Portal (SPH Portal), which will be used for information sharing and as a platform for collaboration and advocacy to advance the implementation of the Operational NAPHS
- Official launching of the National Action Plan (NAPHS) of Ethiopia (2024-2028)

7. Annexes

Annex 1: Meeting in photos:

Ethiopian Public Health Institute

Resource Mapping (REMAP) Workshop
June 18-20,2024, Elily Hotel Addis Ababa

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Workshop on Resource Mapping (REMAP) for the Implementation of the Ethiopia National Action Plan for Health Security (NAPHS)
Elilly Hotel, Addis Ababa
18 – 20 June 2024
DAY 1

Time	Programme Description
8.30 – 9.00	**Registration and welcome coffee**
9.00 – 9.30	**Introduction, Keynote address and Opening Remarks:** • **Welcome address-------**Dr Melkamu Abte, EPHI, DDG • **Keynote address** ………. *WHO, FAO, USAID, CDC, UKHSA* • **Keynote address --------** *Dr Fikiru Regassa, State Minister, MOA* • **Keynote address** ………. *Dr Mesay Hailu, DG, EPHI* • **Opening Remark** ……….. *Dr Dereje Duguma*, State Minister, MOH **Facilitator: Dr Feyesa Regassa IHR-OH Head, EPHI.**
9.30 – 9:45	Development of National plan for health security and Objectives of the workshop **Presenter: Dr Feyesa Regassa, Head, IHR-OH office** **Moderator: Dr Fekadu Adugna, WHO**
9:45 – 10.45	Introduction of Resource Mapping Tool and Process, and Q & A **Presenter: WHO HQ** **Moderator: Dr Fekadu Adugna, WHO**
10.45 – 11.00	**Coffee and Tea Break with Group Picture**

Time	Programme Description
11.00 – 12.30	**NAPHS Resources Group Work** *Workshop participants will be divided up into four groups (Prevent, Detect, Respond and Other IHR) based on their expertise. The participants, with the aid of a facilitator and a rapporteur, will complete the NAPHS data input sheets identifying partner and government direct committed contributions to the Operational NAPHS activities and needs for outside technical (expert) assistance to implement the activities.* **Moderator: WHO**
	PREVENT • Legal Instruments • Financing • IHR coordination, National IHR Focal Point Functions and Advocacy • Antimicrobial Resistance • Zoonotic Disease • Food Safety • Biosafety and Biosecurity • Immunization **Facilitator: tbc** **Rapporteur: tbc**
	DETECT • National Laboratory System • Surveillance • Human Resources **Facilitator: tbc** **Rapporteur: tbc**
	RESPOND • Health Emergency Management • Linking Public Health and Security Authorities • Health Services Provision • Infection Prevention and Control • Risk Communication and Community Engagement **Facilitator: tbc** **Rapporteur: tbc**

Time	Programme Description
	IHR Related Hazards and Points of Entry and Border Health
	• Points of Entry and Border Health
	• Chemical Events
	• Radiation Emergencies
	Facilitator: tbc
	Rapporteur: tbc
12.30 – 13.15	**Lunch Break**
13:15 – 15.00	**Group Work Continued**
15.00 – 15:15	**Coffee and Tea Break**
15.15 – 16:30	**Group work continued**
16.30 – 17.00	**Wrap up of the day**
	• **Taking stock of progress of each group**
	• **Programme of next day**
DAY 2	
09.00 – 10.45	**Health Security Investments Group Work**
	Workshop participants will continue on Day 2 working in the four groups (Prevent, Detect, Respond and Other IHR). The participants, with the aid of a facilitator and a rapporteur, will complete the resource mapping data input sheets identifying overall partner and government contributions to health security activities (going beyond funding of the NAPHS) at national and sub national level in each of the technical areas
10.45 – 11.00	**Coffee and Tea Break**
11.00 – 12.30	**Group Work Continued**
12.30 – 13.15	**Lunch**
13.15 – 15.00	**Group Work Continued**
15.00 – 15.15	**Coffee and Tea Break**
15.15 – 16.45	**Group Work Continued**
16.45 – 17.00	**Wrap up of the day**
	• **Taking stock of progress of each group**
	• **Programme of next day**
DAY 3	
09.00- 09.30	**Recap of Day 2 and Discussion of Validation Process**
09.30- 10.30	**Plenary Validation**
	Facilitators of each of the 4 working groups will present and discuss the results of their work for validation of the data collected during the workshop, making any necessary adjustments

Time	Programme Description
10.30 – 10.45	**Coffee and Tea Break**
10.45 – 11:30	**Prioritization of Technical Needs** *Each of the 4 working groups will use the NAPHS data input sheet to indicate the 2 activities in each technical area most urgently in need of outside technical (expert) support for implementation.*
11:30 – 12:00	**Presentation of the Resource Mapping Dashboard and Recommendations** *WHO will present the Resource Mapping Dashboard and recommendations for the country based on the results of the group work. The dashboard visualizes the alignment of resources with the prioritized activities identified in the National Action Plan for Health Security (NAPHS)* *Q and A*
12.00-12.30	**Closing Ceremony** **Moderator: EPHI/MOH** **Presenters:** • **Partner Representative** • **WHO Representative** • **Government Representative**
12.30-13.30	**Lunch**
End of WORKSHOP	

Annex 4: Technical Assistance Needs for NAPHS implementation

Technical Area	Activity Details	Technical Assistance Needs	Timeline
Financing	2.1.5 Provide training on resource mapping in line with NAPHS operational Plan for sector focals	Hiring consultant firm for providing training	2024-2028
	2.2.3 conducting assessment on the functionality of emergency public financing mechanisms (PFM), for the implementation of public health emergency financing at the National and sub-national level by all relevant sectors	Provide training/capacity building, consultant , tool development , analysis and develop implementation strategy	2025-2028
	2.2.10 Conduct an assessment on emergency financing effectiveness, focusing on speed, transparency, and accountability at national and sub-national levels in all relevant sectors annually (Financial , Programmatic and IT/Digital health)	*No Detail Provided*	2026

Technical Area	Activity Details	Technical Assistance Needs	Timeline
IHR Coordination, National IHR Focal Point Functions and Advocacy	Strengthening the national IHR coordination mechanisms	TA who will be supporting on familiarization of the tripartite Multisectoral coordination mechanism(MCM) operational tool	2024-2028
	Conduct sub national health security capacity assessment	TA who will support on the subnational IHR assessment tool contextualization	2024-2028

Technical Area	Activity Details	Technical Assistance Needs	Timeline
Zoonotic Disease	3. Train AH and PH staff in zoonotic disease surveillance and reporting and information sharing using the tripartite surveillance and information sharing (SIS) tool	TA support for familiarizing tripartite surveillance and information sharing (SIS) operational tool who trained TOT from FAO,WHO, WOAH	2024-2028

Technical Area	Activity Details	Technical Assistance Needs	Timeline
Food Safety	P6.1.4.1 Conduct training on food sample testing capacities for laboratory experts	TA support on TOT training of food testing methods, chemical, pesticides, allergies molecular testing from WHO	2024

Technical Area	Activity Details	Technical Assistance Needs	Timeline
Immunization	Conduct EPI Data Quality Assessment (MOH,RHB, ZHB,WHO)	Tool revision, standardization and digitalization	2025-2028
	Training on implementation of DHIS2 for HIT and EPI focal at all HC, Hospitals and Woreda	skilled personnel to provide training	2024-2028
	Training on implementation of eCHIS for HEWs at health post level	skilled personnel to provide training	2026-2028
	Provide training for the AEFI joint investigation taskforce on AEFI surveillance, Investigation and response from HF, Woreda, ZHB, RHB,MOH,EPSS,EFDA EPHI and MOA (For EPI and PHEM Focal at Woreda , HC, ZHB,RHB)	developing interoperable DHIS2 system, skilled personnel to develop and provide training	2025-2027
	Develop AEFI- DHIS-2 System and integrate with routine health information system	skilled personnel to provide training	2025-2028

Training on AEFI- DHIS-2 reporting system for EPI and PHEM focal persons	skilled personnel to revise and develop the strategy plan	2025-2027
Revise the national CMYP to national immunization strategies	skilled personnel to revise and develop the strategy plan	2024
Develop and implement strategy plan for hit and run approach (MOH, EPHI, national disaster mgt, ministry of peace)	skilled personnel to develop the strategy plan	2025
Conduct training on the inspection and monitoring of vaccine clinical trials, Evaluation of vaccine clinical trial application and dossier	skilled personnel to conduct the training on vaccine clinical trial	2025-2028
Impact assessment on the new vaccines at sentinel surveillance areas	skilled personnel to conduct the assessment	2025-2027
Develop the National Strategy and Plan of Action for human and animal Vaccine manufacturing in Ethiopia	skilled personel to develop the strategy plan	2024-2025
Capacity building for local vaccine production for MOH, AHRI, NVI, Shield Vac, EPHI	skilled personel to develop the strategy plan	2025-2027
Technical support on National Vaccine Research and Development centers (High-tech Equipment, installation and Maintenance)	skilled personnel to support National Vaccine Research and Development centers	2025-2028
Conduct cold chain equipment inventory at all health post , health center and Hospital	skilled personnel to revise and develop tools and coordinate the assessment	2025-2027
Conduct Effective Vaccine Management Assessment	skilled personnel to revise and develop tools and coordinate the assessment	2025-2028
Develop Operational plan to service and procure Colchian infrastructure as needed that includes ensuring sufficient availability of cold vans and vehicles for vaccine distribution	skilled personnel to revise and develop operational plan	2024-2028

	Capacity building of health care workers (HEWs, HC staff, woreda health office) staff on developing REC/RED micro plan, identifying underserved target and monitor RI services	Tool revision, standardization and digitalization	2024-2028

Technical Area	Activity Details	Technical Assistance Details	Timeline
Surveillance	Customization of surveillance system evaluation tool with engagement of partners and different sectors engaged on disease surveillance	Tool development and designing customizing methodology for the surveillance system evaluation	2025
	Conduct functional simulation exercise to evaluate the operational capability of EWARS systems	Preparation of SIMEX materials	2025
	Training on Advanced Data Analytics and Modelling national and regional PHEM officers	To provide training on modeling	2025-2028
	Establish robust and resilient mechanisms for collecting, transmitting, and integrating health data from challenging environments(IDP, Conflict into the DHIS2 system/	Tool customization	2025-2026

Technical Area	Activity Details	Technical Assistance Details	Timeline
Linking Public Health and Security Authorities	Conduct curriculum document validation and endorsement meeting related to linking public health with security authorities.	Capacity building training technical assistance	2024-2028