



Workshop on Resource Mapping for the Implementation of the National Action Plan for Health Security of Eswatini

Mbabane, Eswatini

10 November – 13 November 2025

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1. Executive Summary

Eswatini, with technical support from the World Health Organization, conducted a resource mapping (REMAP) workshop 10 November to 13 November to accelerate implementation of the National Action Plan for Health Security (NAPHS) through identifying existing resources and gaps to facilitate evidenced-based actions on resource mobilization.

The workshop in Mbabane was based on the 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.

More than 50 participants joined the workshop including national and regional technical experts, representatives of multisectoral ministries and agencies, and donors supporting health security in Eswatini. This included experts from the Ministry of Health, Eswatini Centre for Disease Control (ECDC) - (NPHI), Umbutfo Eswatini Defence Force, Ministry of Agriculture Department of Veterinary and live Stock Services (DVLS), Eswatini Environmental Authority, His Majesty's Correctional Services, National Disaster Management Agency, Baphalali Eswatini Red Cross Society (BERCS), Africa CDC, United Nations International Organization for Migration, United Nations Food and Agriculture Organization, World Health Organization and others.

The workshop was directed at mapping resources for the Eswatini NAPHS (2026-2030) which Eswatini developed to strengthen health security based on the results of IHR Monitoring and Evaluation Framework assessments such as State Party Self-Assessment Annual Reporting (SPAR) and the Joint External Evaluation (JEE).

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, conducted in advance of the official NAPHS launch, demonstrated that **\$1.34 million in committed funding exists for the NAPHS** which has been costed at \$32.63 million. This represents a baseline funding gap of \$31.29 million – baseline information which is vital for the country to understand which NAPHS activities have funding in advance of the launch and which require resource mobilization.

The average implementation rate of NAPHS activities was mapped at 3 percent, demonstrating that progress has begun in advance of the official NAPHS launch particularly in the areas of Human Resources (35 percent implementation) and Immunization (12 percent implementation).

The workshop also included the mapping of more than **\$43.5 million in overall health security investments in Eswatini (not limited to the NAPHS)**. This provides an assessment of the totality of the existing health security resources available to Eswatini, identifies key stakeholders and their funding priorities by technical areas, and includes planned and ongoing projects (2024-2028) that have the

potential to be **leveraged/reallocated to support NAPHS implementation through cross-cutting activities.**

This mapping includes substantial health security support in Eswatini that is coming from both donors and the government, with the largest mapped investments in areas such as Infection Prevention and Control, Immunization, Health Services Provision, Chemical Events and Health Emergency Management, and much less funding in areas such as Risk Communication and Community Engagement and Points of Entry and Border Health.

The implementation of health security actions requires technical resources as well as funding and workshop participants also mapped needs for expert technical support. The participants identified whether technical (expert) assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required. They identified a wide range activities of requiring mobilization of technical support and detailed the nature of the assistance needed for each, which is included in the country dashboard.

WHO technical support for the workshop included building a country owned REMAP dashboard based on the workshop results that can be used by Eswatini moving forward. The dashboard provides a platform for the country to monitor, coordinate and update resources for NAPHS and overall health security, providing visualizations to inform country discussions on available funding as well as needs for targeted resource allocation.

2. RESOURCE MAPPING (REMAP) tool and Workshop Objectives

Strengthening outbreak, epidemic and pandemic preparedness is essential to mitigate the impacts of future health crises and to safeguard public health, economic stability and social cohesion. Integrated tools and approaches are available for countries to build 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.¹

This includes the development of National Action Plans for Health Security (NAPHS) based on assessments under the IHR-Monitoring and Evaluation Framework (IHR-MEF) such as State Parties self-assessment Annual Reporting (SPAR) and Joint External Evaluation (JEE), and complemented by the HR-PVS National Bridging Workshops (NBWs) outputs through which countries assess their core capacities to prevent, protect against, control, and respond to public health threats. Once the NAPHS is costed, it is necessary to map the existing and potential resources available for its implementation. In this context, Eswatini engaged in an exercise using the WHO Resource Mapping (REMAP) tool and process to map health security investments and activities at national and subnational levels, identify funding availability and gaps, human resources availability and gaps, and partnerships available and needed to support implementation of the NAPHS.

¹ <https://www.who.int/publications/i/item/9789241580410>

I. Workshop Objectives

The REMAP workshop aimed to:

- To provide **better visibility of available and potential resources** for health security in order to accelerate the implementation of the National Action Plan for Health Security (NAPHS)
- Facilitate the **sharing of information between stakeholders, partners and donors**, including data on partner and stakeholder 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

3. Resource Mapping Process

The resource mapping began with pre-workshop data collection to gather as much information as possible in advance of the workshop on overall health security investments in Eswatini. This information was included in the workshop materials for participant validation, and the workshop itself was held from 10 November to 13 November in Mbabane.

The main activities carried out during the workshop were:

- Overall health security investments in the country that can be leveraged to support the NAPHS and strengthened preparedness mapped; key health security stakeholders identified
- Progress in NAPHS implementation identified
- Direct committed financial investments in NAPHS activities determined
- Technical needs for external support in implementing activities in the NAPHS identified

I. Methodology

Working group discussions were the core of the workshop. Participants were divided into 4 groups based on their technical expertise.

The participants, guided by facilitators, used the **Overall Health Security Investments Data Sheet** to identify the ongoing and planned (2026-2030) health security investments and activities at national and subnational levels (not limited to the NAPHS) and the financial, technical and in-kind support that enables them.



Working Group participants discuss the overall health security investments in Eswatini during the REMAP workshop in Mbabane 10 November – 13 November 2025. (WHO photo)

Participants also used the **NAPHS 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 further indicated the status of progress in implementing activities in the NAPHS.

II. Results from working session and key findings

Direct Committed Funding for the NAPHS

The resource mapping resulted in the mapping of **\$1.34 million committed investment in activities within the National Action Plan for Health Security (NAPHS)** of Eswatini (2026-2030), which has been costed at \$31.29 million.

This represents a funding gap of \$31.29 million in advance of the official NAPHS launch and subsequent implementation phase. This represents an initial baseline to determine which advance funding already exists, and for which technical areas, to facilitate targeted domestic and external resource mobilization based on the identified gaps.

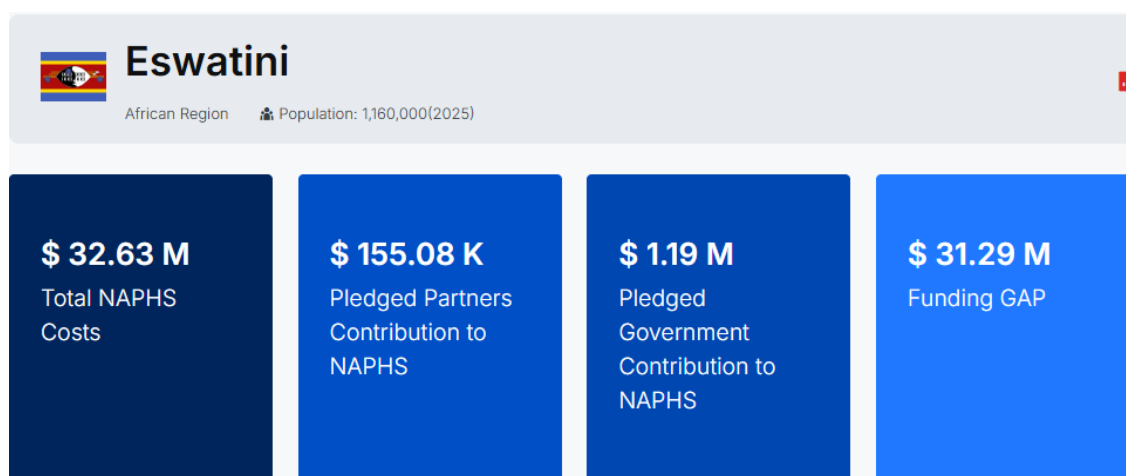


Figure 1: Illustration of the November 2025 mapped initial funding gap in the Eswatini NAPHS (2026-2030)

The baseline NAPHS investment in Eswatini is all domestic funding with the exception of \$95,600 mapped from the World Health Organization, \$46,000 from the World Bank, and smaller amounts from the Fleming Fund, the United States Centers for Disease Control and Prevention (U.S. CDC), and Young Heroes, an Eswatini-based organization. The totals represent funding that is specifically committed to activities within the NAPHS.

The tables below illustrate the costs of the activities in each of the 19 technical areas in the NAPHS and the amount of baseline funding committed for the activities identified during the November 2025 resource mapping.

TECHNICAL AREAS ¹	NAPHS COSTS ¹	PLEDGED PARTNERS CONTRIBUTION TO NAPHS ¹	PLEDGED GOVERNMENT CONTRIBUTION TO NAPHS ¹
P.1 Legal Instruments	\$92,518	\$46,908	\$25,986
P.2 Financing	\$803,060	\$0	\$36,871
P.3 IHR Coordination, National IHR Focal Point Functions And Advocacy	\$813,541	\$0	\$101,020
P.4 Antimicrobial Resistance	\$631,765	\$0	\$586
P.5 Zoonotic Disease	\$1,039,016	\$0	\$0
P.6 Food Safety	\$1,883,628	\$0	\$0
P.7 Biosafety and Biosecurity	\$352,306	\$34,251	\$0
P.8 Immunization	\$4,727,383	\$10,643	\$3,219

Table 1: Illustration of committed funding mapped for the NAPHS (2026-2030) by technical area in the Prevent Category as of November 2025

TECHNICAL AREAS ¹	NAPHS COSTS ¹	PLEDGED PARTNERS CONTRIBUTION TO NAPHS ¹	PLEDGED GOVERNMENT CONTRIBUTION TO NAPHS ¹
D.1 National Laboratory System	\$1,350,817	\$7,737	\$0
D.2 Surveillance	\$2,281,296	\$0	\$0
D.3 Human Resources	\$944,285	\$46,000	\$19,853

Table 2: Illustration of committed funding mapped for the NAPHS (2026-2030) by technical area in the Detect Category as of November 2025

TECHNICAL AREAS ¹	NAPHS COSTS ¹	PLEDGED PARTNERS CONTRIBUTION TO NAPHS ¹	PLEDGED GOVERNMENT CONTRIBUTION TO NAPHS ¹
R.1 Health Emergency Management	\$3,596,495	\$5,000	\$894,671
R.2 Linking Public Health and Security Authorities	\$532,992	\$0	\$0
R.3 Health Services Provision	\$416,229	\$0	\$0
R.4 Infection Prevention and Control	\$3,324,567	\$0	\$3,219
R.5 Risk Communication and Community Engagement	\$6,137,308	\$44,556	\$103,067

Table 3: Illustration of committed funding mapped for the NAPHS (2026-2030) by technical area in the Respond Category as of November 2025

TECHNICAL AREAS ¹	NAPHS COSTS ¹	PLEDGED PARTNERS CONTRIBUTION TO NAPHS ¹	PLEDGED GOVERNMENT CONTRIBUTION TO NAPHS ¹
CE. Chemical Events	\$427,144	\$0	\$0
RE. Radiation Emergencies	\$1,418,279	\$0	\$0
RE. Points of Entry and Border Health	\$1,860,541	\$0	\$0

Table 4: Illustration of committed funding mapped for the NAPHS (2026-2030) by technical area in the Other IHR Category as of November 2025

Technical Needs for Support

The workshop participants identified whether technical assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required. Participants identified 233 activities in the plan that require the mobilization of technical support.

Some examples of the needs identified are below, with the full listing included in the REMAP dashboard provided to Eswatini.

- Support to conduct mapping and assessment of legal instruments for all relevant sectors in alignment with the implementation of the IHR.
- Support to conduct IHR core capacity strategic risk assessment for a total of 8 PoEs
- AMR and One Health experts to provide technical assistance for the One Health Committee on use of AMR data to inform policy
- Specialist to support development of an Intersectoral Food Safety Policy that aligns with global standards
- Support to develop national biosafety and biosecurity regulations
- Support for developing immunization and PHC integration field guide and standard operating procedure
- Support to draft the national chemical event response plan, SOPs, and coordinate workshops
- Support for the development of SOPs for formal co-ordination and communication during a radiation emergency.

Initial NAPHS Implementation

The participants further used the REMA00 tool to identify initial progress in NAPHS implementation in advance of the official launch. This determined that work has commenced in some technical areas even though the implementation does not formally begin until 2026, with an **average implementation rate to date of 3 percent**.

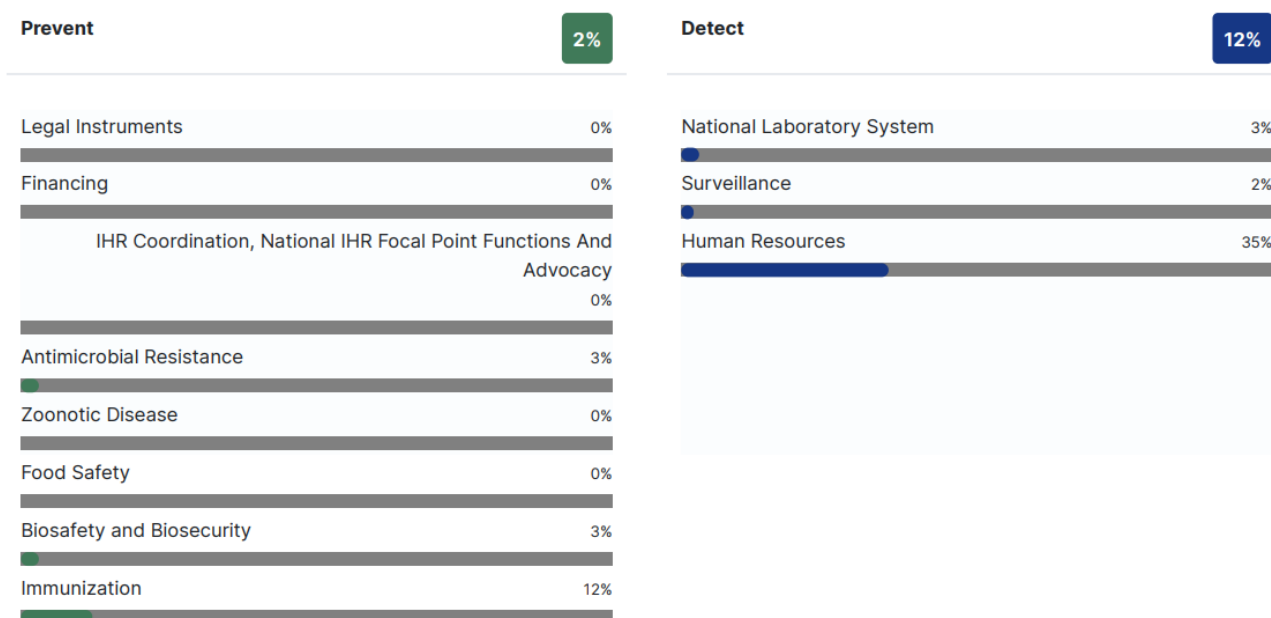


Table 5: Illustration of initial NAPHS implementation progress mapped through REMAP in the Categories of Prevent and Detect as of November 2025

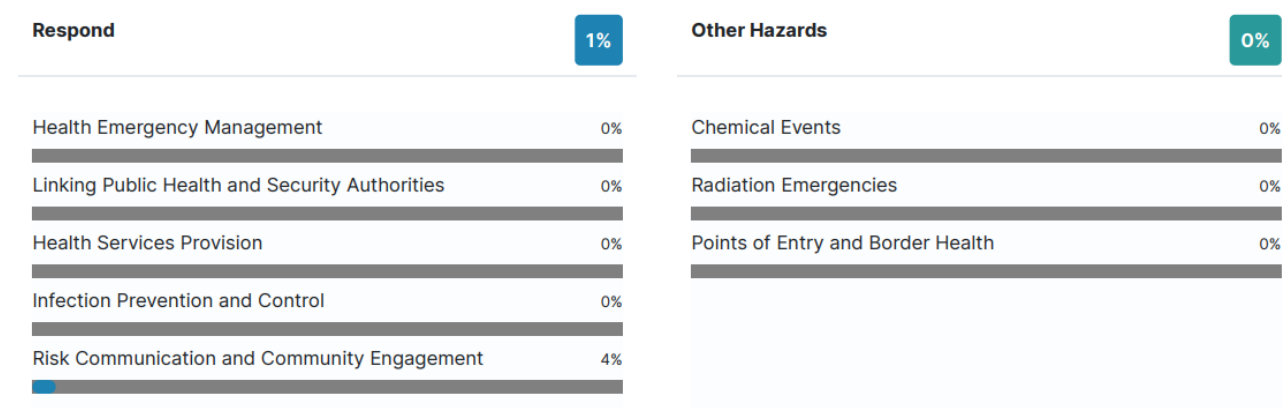


Table 6: Illustration of initial NAPHS implementation progress mapped through REMAP in the Categories of Respond and Other Hazards as of September 2025

Overall Health Security Investments (not limited to the NAPHS)

In addition to the committed funding for the NAPHS described in the previous section, **the resource mapping identified more than \$43.5 million in overall health security investments in the country (not limited to the NAPHS).** These mapped investments (2025-2030) represent the overall health security resource landscape for Eswatini, demonstrating key stakeholders and their funding priorities, and investments with the potential to be leveraged/reallocated to support NAPHS through cross-cutting activities.

This supports optimization of available resources through an understanding of the full range of health security investments in the country.

The health security funding is coming from both domestic and external sources (government funding may be indicative pending final budget approvals) with participants identifying some domestic funding as coming from a specific ministry, such as Ministry of Health, and other funding more broadly ascribed as from the Government of Eswatini.



Figure 2: Breakdown of domestic versus external overall funding for health security (not limited to the NAPHS) mapped in Eswatini

Overall health security investments (not limited to the NAPHS) were mapped from a total of 23 funding sources, including partners such as the World Bank, the European Union, Global Fund, the Global Environment Facility (GEF), the United States Centers for Disease Control and Prevention (U.S. CDC), Africa Centers for Disease Control and Prevention (Africa CDC), the Clinton Health Initiative, WHO and other UN agencies.

World Bank	\$ 15,825,000
Ministry of Health	\$ 6,742,328
Government of Eswatini	\$ 5,634,542
European Union	\$ 4,665,871
Global Fund	\$ 2,962,626
Global Environment Facility (GEF)	\$ 2,950,000
United States Centers for Disease Control and Prevention (U.S. CDC)	\$ 1,230,299
U.N. Food & Agriculture Organization (FAO)	\$ 1,225,000
United Nations Children's Fund (UNICEF)	\$ 581,576
World Health Organization (WHO)	\$ 526,430
Africa Centers for Disease Control and Prevention (Africa CDC)	\$ 400,006
Clinton Health Initiative	\$ 379,805
Centre for Environment Justice And Development (CEJAD) ,	\$ 105,882
NERCHA	\$ 81,500
International Atomic Energy Agency	\$ 69,444
Ministry of Tourism	\$ 43,700
African Society for Laboratory Medicine (ASLM)	\$ 29,473
Government	\$ 20,485
Baylor University	\$ 11,558
International Organization on Migration (IOM)	\$ 10,000
U.S. Defense Threat Reduction Agency (DTRA)	\$ 9,246

Figure 3: Investments in overall health security (not limited to NAPHS) mapped by the identified source of funding.

The largest amount of overall health security investments (not limited to NAPHS) mapped was in the technical area of Infection Prevention and Control, with more than \$15.2 million. This is primarily a result of WASH (Water, Sanitation and Hygiene) investments by the World Bank, including for health facilities. The World Bank funding will run until September 2026 and the World Bank will begin in January developing its future funding plans for the country. This represents an opportunity to engage the World

Bank and ensure that NAPHS priorities and health security are reflected in the Eswatini support plans moving forward.

Other major areas of health security support mapped include more than \$7.3 million for Immunization, which demonstrates the government's commitment to procurement of vaccines and pharmaceuticals, more than \$5 million for Health Services Provision and more than \$4.5 million for the National Laboratory System.

R4. Infection Prevention and Control	\$ 15,263,133
P8. Immunization	\$ 7,347,383
R3. Health Services Provision	\$ 5,153,494
D1. National Laboratory System	\$ 4,451,358
CE. Chemical Events	\$ 3,880,882
R1. Health Emergency Management	\$ 3,312,218
D3. Human Resources	\$ 1,444,444
D2. Surveillance	\$ 1,100,983
P6. Food Safety	\$ 901,896
PoE. Points of Entry and Border Health	\$ 250,000
P7. Biosafety and Biosecurity	\$ 141,697
R5. Risk Communication and Community Engagement	\$ 102,485
P3. IHR Coordination, National IHR Focal Point Functions And Advocacy	\$ 81,100
RE1. Radiation Emergencies	\$ 43,700
P1. Legal Instruments	\$ 30,000

Figure 4: Investments in overall health security (not limited to 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 Eswatini, including details of all health security activities mapped, years of the project, regions being supported, amount of investment, implementing agency (if any), whether the activity represents financial or technical assistance, and other relevant details.

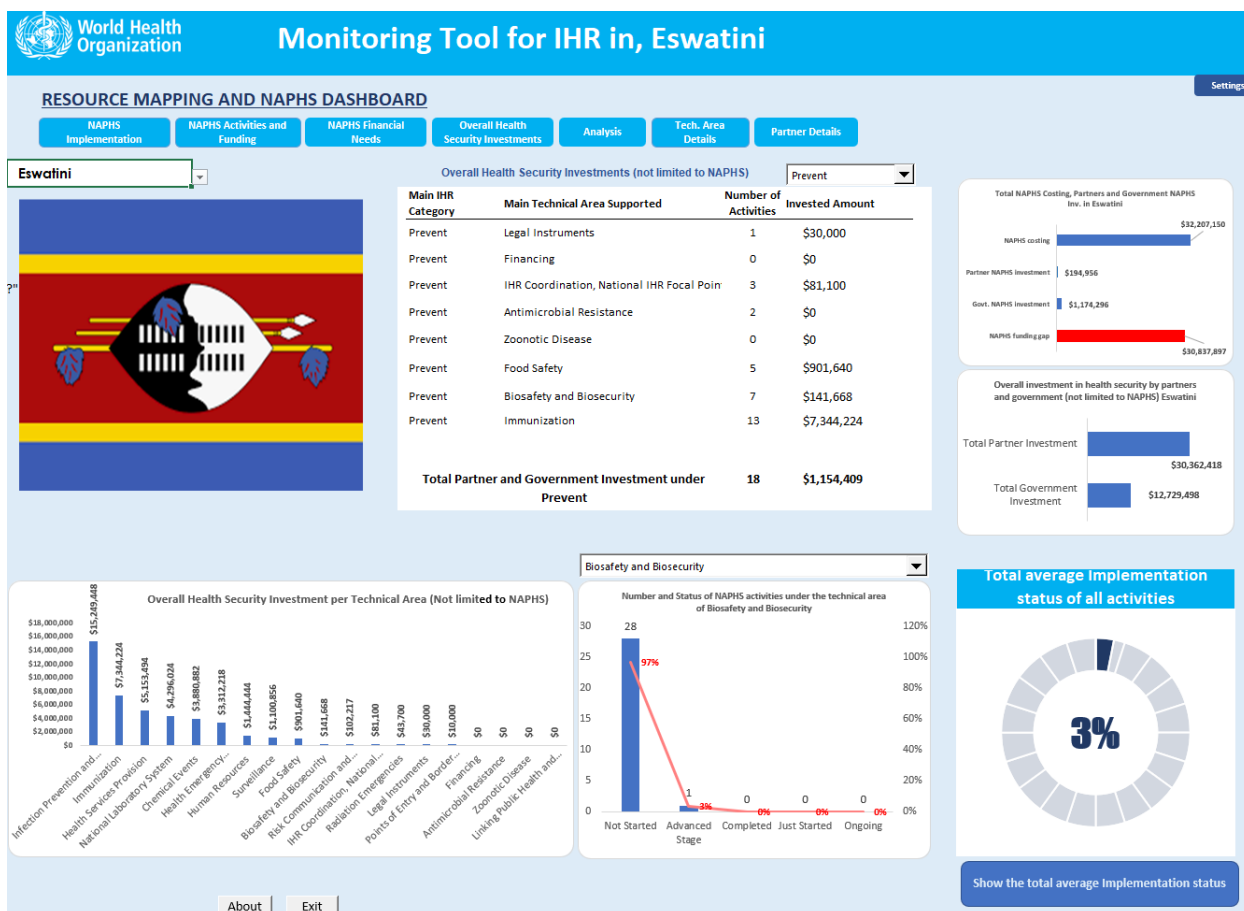


Figure 5: Screenshot of the Excel REMAP dashboard created for Eswatini

The REMAP results and dashboard will be used by Eswatini to inform resource mobilization strategies (domestic and external) to fill the identified gaps. As an example, the provided details of the projects, particularly those supporting Surveillance, National Laboratory System and Human Resources, are recommended be used by Eswatini to demonstrate co-financing and co-investment in its next **Pandemic Fund application**.

The Pandemic Fund requires all funding proposals to clearly show how domestic co-investment and donor co-financing will be achieved, where the resources will be coming from, and how the resources will support project implementation. The REMAP results detail such investments that can be synergistic with Pandemic Fund grants, strengthening the country's Pandemic Fund application and increasing the likelihood of sustainable impact.

4. Recommendations

- Eswatini to use the REMAP data to inform domestic and international resource mobilization strategies to accelerate health security strengthening in the country;

- Eswatini to use the REMAP baseline resource information to conduct a policy dialogue with key multisectoral government stakeholders on sustainability and alignment of resources; Inclusion of NAPHS priorities in annual budgetary planning processes
- Eswatini to convene a donor coordination forum to discuss the identified financial needs and gaps and the benefits of collaboration and alignment, using the NAPHS launch as an opportunity for resource mobilization
- Eswatini NAPHS Coordination team 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 Eswatini to periodically update the resource mapping data, providing any technical assistance necessary to assist country focal points in continuing use of the tool

5. Next steps

- WHO to develop REMAP narrative report for country validation and clearance to be shared on the WHO SPH Portal as a platform for strengthened collaboration and advocacy for the NAPHS
- Nomination of Eswatini REMAP focal points to join a WHO orientation session on the use of the REMAP platform and provided with the country dashboard
- Eswatini recommended to periodically update the tool with the assistance of WHO to reflect changes in NAPHS and the resource landscape for health security in the country

6. Annexes

Annex 1: List of Participants

Name and Surname	Workplace
1. Derrick Khumalo	Ministry of Health (MoH) -Laboratory
2. Samkelisiwe Shabangu	Eswatini Centre for Disease Control (ECDC)
3. Milton Lokotfwako	MoH Environmental Health Department
4. Zethu Mamba	Africa CDC
5. Nelisiwe Mngometulu	MoH Environmental Health Department
6. Lindiwe Dlamini	MoH Epidemiology and Disease Control Unit
7. Tichana Fambirani	Africa CDC
8. Phesheya Hlophe	Africa CDC
9. Getnet Abtew	Africa CDC
10. Phinda Mamba	Umbutfo Eswatini Defence Force
11. Nkosinathi Khumalo	BERCS
12. Mduduzi Lokotfwako	MoH Emergency Preparedness and Response Unit

13. Mhlonishwa Mamba	Eswatini Environmental Authority
14. Patience Vilane	Eswatini Environmental Authority
15. Bongiwe Ngozo	Ministry of Agriculture Department of Veterinary and live Stock Services (DVLS) Food Health Laboratory
16. Senteni Mamba	MoH Environmental Health Department
17. Sanele Khumalo	MoH Noncommunicable Diseases, Injuries and Mental Health
18. Zinhle Shabangu	MoH Noncommunicable Diseases, Injuries and Mental Health
19. Glory Zulu	MoH Emergency Preparedness and Response Unit
20. Ndumiso Mkhali	United Nation International Organization for Migration
21. Andiswa Dlamini	MoH Eswatini Health Laboratory Services
22. Nelisiwe Khumalo	Ministry of Agriculture CVL Veterinary Laboratory
23. Mandla Bhembe	MoH Environmental Health Department
24. Bongani Tsabedze	MoH Emergency Preparedness and Response Unit
25. Sphephelo Mdluli	MoH Epidemiology and Disease Control Unit
26. Mduduzi Nicks Dlamini	Eswatini Environmental Authority
27. Susan Kamalizeni	MoH Eswatini Health Laboratory Services
28. Nomcebo Phungwayo	MoH Eswatini Health Laboratory Services
29. Zamokuhle Matsebula	MoH NRC
30. Dr. Lul Rick	Africa CDC
31. Dr. Masitsela Mhlana	MoH Emergency Preparedness and Response Unit
32. Ziyanda Ginindza	MoH Emergency Preparedness and Response Unit
33. Dr. Lonkululeko Khumalo	WHO
34. Dr. Fekadu Aduana	WHO Ethiopia
35. Thabang Masangane	MoH Infection and Prevention Control Program
36. Majahonke Mamba	Food Agriculture Organization
37. Dr. Adman Shabangu	MoH Senior Management Officer for Public Health
38. Tipho Makama	Ministry of Health Human Resource Department
39. Majahonke Khumalo	MoH Emergency Preparedness and Response Unit
40. Behlule Ndlela	MoH Legal Department
41. Dr. Mulume Ngoie	His Majesty's Correctional Services
42. Kwandza Fakudze	MoH Radio-nuclear
43. Owen Dlamini	His Majesty's Correctional Services
44. Tholie Simelane	MoH Expanded Program on Immunization
45. Nondumiso Dlamini	MoH Infection and Prevention Control Program
46. Bawinile Mdziniso	WHO Country Office
47. Mandla Ndlovu	MoH Environmental Health Department
48. Gcebile Ginindza	National Disaster Management Agency
49. Sidumo Lukhele	MOH – Health Promotion (RCCE)
50. Sean Cockerham	WHO- HQ

Annex 2: Workshop Agenda

Workshop on Resource Mapping (REMAP) for the Implementation of the Eswatini National Action Plan for Health Security

Agenda

Virtual Orientation Workshop (06 November Thursday)

Time	Programme Description
15.00 – 16.00	Pre-workshop Orientation and Briefing for the Working Group Facilitators

Day 1 (10 November - Monday)

Time	Programme Description
8.30 – 9.00	Registration and welcome coffee
9.00 – 9.30	Welcome and Opening Remarks Master of Ceremonies: TBC <ul style="list-style-type: none">• Government representative• WHO Representative
9.30 – 10.00	Introductory Discussion <ul style="list-style-type: none">• Development and governance of the National Action Plan for Health Security• Objectives of the workshop Presenter: <ul style="list-style-type: none">• Ministry
10.00 – 10.15	Group photograph + Coffee break
10.15 – 11.00	Introduction of Resource Mapping Tool and Process and Q & A Moderator: Ministry

Time	Programme Description
	<p>Presenters:</p> <ul style="list-style-type: none"> • WHO HQ and AFRO (In person or Virtual Presentation)
11:00 – 11.15	<p>Introduction to Working Group Sessions</p> <p>Presenters:</p> <ul style="list-style-type: none"> • WHO • Ministry
11.15 – 12.30	<p>Health Security Investments Group Work</p> <p><i>Workshop participants will be divided into four groups based on their expertise, The participants, with the aid of the facilitators, will complete the resource mapping data input sheets identifying overall partner and government contributions to health security at national and sub national level in each of the technical areas</i></p> <p>Moderator: WHO</p> <p>Group 1</p> <ul style="list-style-type: none"> • Legal instruments • Financing • Human resources • IHR coordination, national IHR focal point functions and advocacy • Points of Entry and border health <p>Facilitator: TBC</p> <p>Group: 2</p> <ul style="list-style-type: none"> • Antimicrobial resistance (AMR) • Biosafety and biosecurity • National laboratory system • Zoonotic disease • Food safety <p>Facilitator: TBC</p> <p>Group 3:</p> <ul style="list-style-type: none"> • Immunization • Surveillance • Infection prevention and control

Time	Programme Description
	<ul style="list-style-type: none"> Health services provision <p>Facilitator: TBC</p>
	<p>Group 4:</p> <ul style="list-style-type: none"> Health emergency management Linking public health and security authorities Chemical events Radiation emergencies Risk communication and community engagement <p>Facilitator: TBC</p>
12.30 – 13.30	Lunch
13.30 – 15.00	Group Work Continued
15.00 – 15.15	Coffee and Tea Break
15.15 – 16.30	Group Work Continued
16.30 – 17.00	<p>Wrap up of the day</p> <ul style="list-style-type: none"> Taking stock of progress of each group Programme of next day
End of Day 1	

Day 2 (12 November)

Time	Programme Description
09.00 – 10.45	<p>Health Security Investments Group Work Continued</p> <p><i>Workshop participants will continue on Day 2 working in the four groups from the first day. The participants, with the aid of the facilitators, will complete the resource mapping data input sheets identifying overall partner and government contributions to health security at national and sub national level in each of the technical areas</i></p>
10.45 – 11.00	Coffee and Tea Break
11.00 – 12.30	Group Work Continued

Time	Programme Description
12.30 – 13.30	Lunch
13.30 – 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 <ul style="list-style-type: none"> • Taking stock of progress of each group • Programme of next day
End of Day 2	

Day 3 (13 November)

Time	Programme Description
09.00 – 09.45	Introduction to NAPHS Investment Tracking Group Work Moderator: Ministry Presenter: <ul style="list-style-type: none"> • WHO
09.45 – 10.45	NAPHS Investment Tracking Group Work <i>Workshop participants will continue working in the same four groups based on expertise. The participants, with the aid of facilitators, will complete the NAPHS data input sheets identifying partner and government direct committed contributions to the NAPHS activities and needs for outside technical (expert) assistance to implement those activities.</i>
10.45 – 11.00	Coffee and Tea Break
11.00 – 12.30	NAPHS Investment Tracking Group Work Continued
12.30 – 13.30	Lunch
13.30 – 15.00	NAPHS Investment Tracking Group Work Continued
15.00 – 15.15	Coffee and Tea Break
15.15 – 16.30	NAPHS Investment Tracking Group Work Continued
16.30 – 17.00	Wrap up of the day <ul style="list-style-type: none"> • Taking stock of progress of each group • Programme of next day

Time	Programme Description
End of Day 3	

Day 4 (14 November)

	Programme Description
09.00-09.15	Recap of Day 3
09.15-11.00	Plenary Discussions <i>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</i>
11.00 – 11.30	Coffee and Tea Break
11:30 – 12:00	Presentation of the Resource Mapping Results and Recommendations <i>WHO will virtually 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)</i> <i>Q and A</i>
12.00-12.30	Closing Ceremony Moderator: Ministry Presenters: <ul style="list-style-type: none"> • WHO Representative • Government Representative
12.30-13.30	Lunch
End of WORKSHOP	

