

# SHARP

Strengthened International Health  
Regulations & Preparedness in the EU

## **EVALUATION PLAN**

**WP3 Evaluation of the Joint Action**

**Hellenic Centre for Disease Control and Prevention**

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## Table of Contents

<b>1.1 Introduction</b>	
1.1.1 Background and Purpose	Page 2
1.1.2 Work packages Objectives	Page 4
1.1.3 Stakeholders	Page 7
1.1.4 Acronyms	Page 8
1.1.4.1 Acronyms of the JA Partners	Page 8
1.1.4.2 Acronyms used in the Evaluation Plan	Page 10
<b>1.2 Evaluation Description</b>	Page 11
1.2.1 Objectives	Page 11
1.2.2 Evaluation Steps	Page 11
1.2.3 Evaluation Design	Page 12
1.2.4 Deliverables & Milestones	Page 14
<b>1.3 Internal Evaluation</b>	Page 18
1.3.1 Methodology	Page 18
1.3.1.1 Logic	Page 18
1.3.1.2 Stakeholder Contribution on Evaluation	Page 19
1.3.2 Process	Page 19
1.3.2.1 Evaluation per WP	Page 21
1.3.3 Data Collection and Analysis	Page 32
1.3.3.1 Standardized online questionnaires	Page 32
1.3.3.2 Document analysis and scoring	Page 32
1.3.4 Risk Analysis and Mitigation planning	Page 33
1.3.4.1 Partner engagement	Page 33
1.3.4.2 Internal Communications	Page 33
<b>1.4 External Evaluation</b>	Page 34
1.4.1 Description	Page 34
<b>1.5 Communication and Reporting</b>	Page 36
<b>1.6 Timeframe</b>	Page 37
Appendix	Page 45

# 1 Introduction

## 1.1.1 Background and Purpose

The overall aim of the SHARP Joint Action is to improve preparedness and responses to health threats and the implementation of the International Health Regulations (2005) in the European Union and its member and selected partner states.

This will be achieved through the following objectives:

- Support the implementation of Decision 1082/2013/EU on cross-border threats to health identify countries that have not reached the required capacity for IHR capability  
Fill the gaps and strengthen the resilience of health systems that will be identified and to ensure the interoperability for preparedness and planning to health threats
- Identify and address the gaps, strengthen the resilience of health systems and ensure the interoperability for preparedness and planning to health threats

The partnership of the Joint Action consists of 26 Associated Partners\* and an additional 35 Affiliated Entities, which will receive EU co-funding. In addition, there are 10 Collaborating Partners that will self-fund all activities that they participate in. Totally 30 countries (24 EU members, 3 EEA/EFTA Members, and 3 European neighborhood countries) participate in the Joint Action.

The duration of the Joint Action is thirty-six (36) months.

### **The seven priorities are given for the Joint Action**

1. Strengthening the scientific evidence base on effective actions to prevent and respond to cross-border health threats of biological, chemical, environmental and unknown origin
2. Exchanging of information and sharing of best practices within and among the Member and Partner States
3. Strengthening preparedness and the implementation of IHR core capacities by supporting the Member and Partner States to develop standard operating procedures, business continuity plans, and promoting the interoperability of national preparedness planning;
4. Improving methods, tools, and criteria for monitoring, assessment and reporting under Decision 1082/2013/EU
5. Improving EU Member and Partner States coordination in regard to different global initiatives and in particular the WHO's IHR Monitoring and Evaluation Framework under the Health Emergencies Program
6. Improving the core functions of public health laboratories, including biosafety and biosecurity to ensure systems for the safe referral of clinical specimens for early detection and monitoring of

outbreaks, transport in-country and international shipment, which are key capacities required under the IHR

7. The coordination, in collaboration with the European Centre for Disease Prevention and Control (ECDC), of a reference network of European microbiology laboratories specialized in highly pathogenic or newly emerging pathogens to improve laboratory capacity

Last but not least, emphasis should be given to avoid duplication of work for the Member and Partner States. The JA will ensure that the Member and Partner States of the European Union have access to good practice from across Europe and beyond. As well lessons learned from research, previous joint actions, exercises, and experience will be made available to improve cross-sectorial preparedness.

The JA includes 10 work packages:

Work packages 1-4 are mandatory components of all Joint Actions. Work packages 5-10 aim to address cross border threats to health.

WP Number	WP Title	WP Lead
WP1	Coordination	THL, Finland
WP2	Communication and dissemination	PHW, UK
WP3	Evaluation of the action	HCDCP, Greece
WP4	Integration in national policies and sustainability	MOH-FR, France
WP5	IHR core capacity strengthening and assessment	FOHM, Sweden
WP6	Preparedness and Response planning	RIVM, Netherlands
WP7	Laboratory preparedness and responsiveness	RKI, Germany
WP8	Training and local exercises, exchange of working practices	IPHS, Serbia
WP9	Chemical safety and chemical threats	DH, UK
WP10	Case management and infection prevention and control preparedness	INMI, Italy

## SHARP JA management structure: Work Packages



### 1.1.2 Work packages Objectives

#### WP1- Coordination

To coordinate the JA for successful implementation through well-functioning management including timely reporting, budget control and support

1. Monitor that the Joint Action is implemented properly
2. Act as intermediary for all communications between the beneficiaries and the Agency
3. Request and review any documents or information required by the Agency and verify their completeness and correctness
4. Submit the deliverables and reports to the Agency
5. Ensure that all payments are made

#### WP 2-Dissemination

To achieve efficient and effective visibility, awareness and acceptance of the project to internal and external stakeholders

1. Dissemination of the information regarding the project, its events, reports and results to its stakeholders
2. Communication of key messages to relevant audiences about the substance of the JA, including recommendations

#### WP3 Evaluation of the Joint Action

#### **WP 4- Integration in National policies and sustainability**

##### **Best Practices on IHR and preparedness incorporated in national policies including improved cooperation mechanism between EU Members State and Partner States**

1. Build a sustainability plan
2. Ensure uptake and sustainability of the JA outcomes from WP5 to WP10 at EU, national and/or regional level
3. Enable to comply with the implementation of IHR and relating Decision 1082/2013/EU

#### **WP5-IHR core capacity strengthening and assessment**

##### **Improved core capacity in EU Members States as required by IHR and Decision 1082/2013 EU**

1. Improve IHR Implementation primarily through workshops
2. Improve international collaboration between authorities during a crisis
3. Determine/Assess the feasibility of using information from national and international exercises and after action reviews in assessing state of public health preparedness in the EU

#### **WP6- Preparedness and response planning**

##### **EU Member States and JA partner countries supported in developing operational integrated preparedness and response plans and mechanisms for serious cross border health threats with an integrated all hazards approach**

1. Identifying core elements of an integrated multi sectorial preparedness and response plan
2. Supporting partners and MS in development of a draft for an integrated multi sectorial Preparedness and Response Plan
3. Testing the multi sectorial Preparedness and Response Plan : “Disease X” scenario
4. Learning from Disease X
5. Supporting partners and MS in development of an integrated all hazards approach multi sectorial Preparedness and Response Plan
6. Translating into best practices and sustainability

#### **WP7- Laboratory preparedness and responsiveness**

##### **Improved and consolidated bio risk management in laboratories dedicated to the diagnostics of highly pathogenic infectious agents**

1. External Quality Assurance Exercise
2. Diagnostic approaches
3. Laboratory bio risk management

## **WP8- Training and local exercises, exchange of working practices**

**Capacity of Professionals in IHR implementation and preparedness for serious cross border health threats in the JA partner countries increased**

1. Assessment of the cross-sectoral training needs in JA partner countries related to preparedness and IHR implementation
2. Development of curricula for basic and advanced face-to-face and on-line training
3. Training implementation
4. WP8 activities coordination and implementation

## **WP9-Chemical safety and chemical threats**

**Improved implementation of IHR chemical core capacities, strengthened preparedness and response to cross-border chemical health threats within MS and across the EU**

1. Gap analysis
2. Strengthening existing mechanisms
3. Surveillance of chemical incidents
4. Training program and materials
5. Exercises
6. Standard Operating Procedures(SOPs)

## **WP10-Case management and infection prevention and control preparedness**

**Improved clinical and bio risk management, improved hospital preparedness and response to high-consequence infectious disease (HICD)**

1. Mapping of existing facilities
2. Assessment of country hospital preparedness and capacity for HICD, including high isolation clinical centers
3. Feasibility study for an expert clinical support service for HICD
4. Application of a “syndrome based” approach for prompt and early clinical management of HICD

### 1.1.3 Stakeholders

The final beneficiaries of the Joint Action is ultimately the EU citizens of the member states, as the sole purpose of the activities undertaken under the premise of the project seek to improve the health security in the region and thus contribute to a safer and healthier environment and a resilient public health system.

However, the immediate target groups through which the action needs to operate and whose work it aims to support are the following:

#### **A. Global policy level**

1. World Health Organisation – (WHO)
2. WHO European Regional Office
3. EU Commission and ECDC
4. International Association of Public Health Institutes (IANPHI)
5. Food and Agriculture Organization of the UN (FAO)

#### **B. The national policy and coordination levels**

1. Health and health security policy makers
2. National Focal Points for the IHR (2005)
3. Health Security Committee representatives
4. ECDC preparedness and response NFPs
5. National Public Health Agencies (as relevant)
6. Food safety authorities
7. Chemical safety authorities

#### **C. The operational levels**

1. Health provider organisations
2. Local and regional public health officers
3. Public health laboratories
4. Local and regional outbreak investigation teams



## 1.1.4 Acronyms

### 1.1.4.1 Acronyms of the Partners

No	Name	Acronym	Country	WP
1	TERVEYDEN JA HYVINVOINNIN LAITOS	THL	Finland	<b>WP1(LEADER)</b> WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9, WP10
2	ROBERT KOCH-INSTITUT	RKI	Germany	<b>WP7(LEADER)</b> WP1, WP2, WP3, WP4, WP5, WP6, WP8, WP10
3	ISTITUTO NAZIONALE PER LE	INMI	Italy	<b>WP10(LEADER)</b>
	MALATTIE INFETTIVE LAZZARO			WP1, WP3, WP5, WP6, WP7, WP8
	SPALLANZANI-ISTITUTO DI RICOVERO			
	E CURA A CARATTERE SCIENTIFICO			
4	BUNDESMINISTERIUM FUER ARBEIT, SOZIALES, GESUNDHEIT UND KONSUMENTENSCHUTZ	BMASGK	Austria	WP1, WP6, WP7, WP8, WP10
5	MINISTRY OF CIVIL AFFAIRS	MCA	Bosnia and Herzegovina	WP1, WP2, WP3, WP4, WP5, WP6, WP7, WP8
6	HRVATSKI ZAVOD ZA JAVNO	CIPH	Croatia	WP1, WP5, WP6, WP7, WP8, WP10
7	STATNI USTAV JADERNE, CHEMICKE A BIOLOGICKE OCHRANY vvi	SUJCHBO	Czech Republic	WP1, WP2, WP3, WP4, WP6, WP7, WP8
8	STATENS SERUM INSTITUT	SSI	Denmark	WP1, WP7, WP8, WP10
9	SOTSIAALMINISTEERIUM	MSAE	Estonia	WP1, WP4, WP7, WP8
10	MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE	MOH-FR	France	<b>WP4(LEADER)</b>
				WP1, WP2, WP3, WP5, WP6, WP7,

				WP8, WP9, WP10
11	KENTRO ELENCHOU & PROLIPSIS NOSIMATON	HCDCP (KEELPNO)	Greece	<b>WP3(LEADER)</b>
				WP1, WP2, WP5, WP7, WP8
12	NEMZETI NEPEGESZSEGUGYI KOZPONT	NNK	Hungary	WP1, WP3, WP6, WP7, WP8, WP9
13	NEATLIEKAMAS MEDICINISKAS PALIDZIBA	SEMS	Latvia	WP1, WP5, WP6, WP8
14	LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA	MOHLT	Lithuania	WP1, WP5, WP6, WP7, WP8
15	MINISTRY FOR HEALTH - GOVERNMENT OF MALTA	MFH	Malta	WP1, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9, WP10
16	RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU	RIVM	Netherlands	<b>WP6(LEADER)</b>
				WP1, WP2, WP3, WP4, WP5, WP7, WP8, WP9
17	HELSEDIREKTORATET	HD	Norway	WP1, WP2, WP3, WP5, WP7, WP8, WP9, WP10
18	NARODOWY INSTYTUT ZDROWIA PUBLICZNEGO-PANSTWOWY ZAKLAD HIGIENY	NIZP-PZH	Poland	WP1, WP5, WP6, WP7, WP8, WP9
19	MINISTERIO DA SAUDE - REPUBLICA PORTUGUESA	MS	Portugal	WP1, WP2, WP3, WP5, WP6, WP7, WP8
20	INSTITUT ZA ZASTITU ZDRAVLJA SRBIJEDR MILAN JOVANOVIC BATUT	IPHS	Serbia	<b>WP8(LEADER)</b>
				WP1, WP2, WP3, WP4, WP5, WP6, WP7
21	NACIONALNI INSTITUT ZA JAVNO ZDRAVJE	NIJZ	Slovenia	WP1, WP2, WP3, WP4, WP5, WP6, WP7, WP8
22	INSTITUTO DE SALUD CARLOS III	ISCIII	Spain	WP1, WP2, WP3, WP5, WP6, WP7, WP8, WP10

23	FOLKHALSOMYNDIGHETEN	FOHM	Sweden	<b>WP5LEADER)</b>
				WP1, WP3, WP4, WP7, WP8, WP10
24	DEPARTMENT OF HEALTH	DH	United Kingdom	<b>WP2(LEADER)</b>
				<b>WP9(LEADER)</b>
				WP1, WP3, WP4, WP5, WP6, WP7, WP8, WP10
25	HEALTH SERVICE EXECUTIVE HSE	HSE	Ireland	WP1
26	AGENTIA NATIONALA PENTRU SANATATE PUBLICA	NAPH	Moldova (Republic of)	WP1, WP5, WP7, WP8, WP9

#### 1.1.4.2 Acronyms used in the Evaluation Plan

No	Name	Acronym
1	International Health Regulation	IHR
2	European members	EU members
3	European Economic Area /European Free Trade Association	EEA/EFTA members
4	World Health Organization	WHO
5	European Centre for Disease Prevention and Control	ECDC
6	Joint Action	JA
7	Work Package	WP
8	Members States	MS
9	Standard Operating Procedures	SOPs
10	Human and Institutional Capacity Development	HICD
11	International Association of Public Health Institutes	IANPHI
12	Food and Agriculture Organization	FAO
13	Steering Committee	SC
14	Term of Reference	ToR
15	Collaborating partners	CP
16	Workshop	WS
17	<i>Gross National Income</i>	GNI
18	After Action Report	AAR
19	Health Emergency Preparedness Self-Assessment	HEPSA
20	External Quality Assessment	EQA
21	Bio-risk Security Level	BSL
22	High Consequence Infectious Diseases	HCID
23	Month	M
24	Consumers, Health, Agriculture and Food Executive Agency	CHAFEA
25	Deliverable	D
27	Milestones	MS

## 1.2 Evaluation Description

### 1.2.1 Objectives

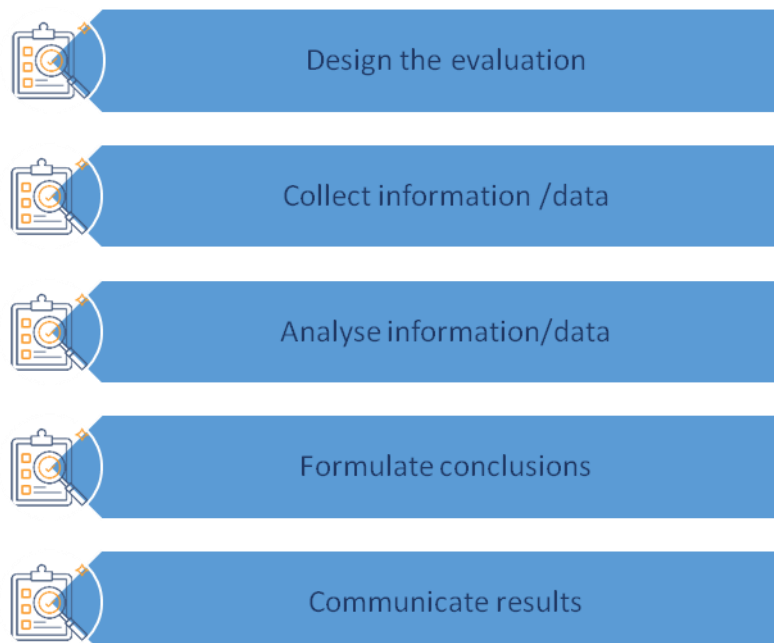
The overall objective is to perform a systematic and objective assessment of the relevance, efficiency, effectiveness, impact, economic and financial viability, and sustainability of the project in the context of its objectives.

The main specific objectives are:

- Develop an evaluation plan/strategy to be used by all project partners;
- Develop methods and tools for project monitoring, quality assurance and evaluation;
- monitor the project progress;
- evaluate intermediate and final project results;

The evaluation plan of the project describes both the process and effect (internal, external) of the vertical and horizontal WPs of the project through the results (if the objectives were met) and in terms of quality standards met.

### 1.2.2 Evaluation Steps



### 1.2.3 Evaluation design

The evaluation of the SHARP JA is based on the following criteria:

- Relevance: measuring to what extent the outcomes of the project meet the needs of the project's target group identified by each WP
- Effectiveness: the extent in which the objectives of the project have achieved and the main outputs, deliverables and milestones are delivered.

Also, the measurement of what extent the project has engaged other sectors on a national level.

- Efficiency: assessing the process related to the project to ensure that the project activities are implemented
- Impact: the positive and the negative, the primary and the secondary effect of the project

The evaluation of the SHARP JA will assist, to identify problems in the early stage of the project through the reviews and the data analysis, will help to monitor the progress of the SHARP JA and the timetable of the implementations and the deliverables of each Work Package.

Design is based on the information regarding the tasks of each WP and planned milestones and is analyzed the evaluation methodology to be followed as part of the internal and external evaluation of the project

The evaluation will draw on the findings/information from routine reports produced by the partners during implementation and will include additional investigations by external experts to present the following:

- Midterm internal evaluation reports
- Final internal evaluation report
- Midterm external evaluation report
- Final external evaluation report

#### On-going Internal Evaluation

The internal evaluation will be conducted at all stages of the project and will thus be ongoing throughout the project. The internal evaluation will perform a systematic and objective assessment of the relevance, efficiency, effectiveness, impact, economic and financial viability, as well as the sustainability of the project in the context of its objectives.

Emphasize on the efficacy of WP tasks, focusing on:

- Measuring to what extent the project's general and specific objectives have been achieved.

- Assessing the processes related to the project, to ensure that the project activities are implemented as expected.
- Measuring to what extent the project has reached/achieved its main outputs (deliverables, milestones, main results).
- Measuring to what extent the outcomes of the project, meet the needs of the project's target groups identified by WP leads
- Measuring to what extent the project has engaged other sectors on national level (e.g. food safety, environmental health, civil protection)

The evaluation tools used for evaluating the JA deliverables will be based on a set of indicators on the implementation of planned activities. Outcome/ output measurements will serve as a continuous assessment tool for each WP.

At the mid stage of the project cycle, a process evaluation (formative) will take place, focusing on the planning and organization of the project activities. The role of the mid stage evaluation is to provide feedback as far as potential changes needed to improve the processes and products of the project, increasing their potential impact on its set target groups.

The co-coordinators (RKI and INMI), are tasked with performing quality control and assessment of the Joint Action deliverable, as it is mentioned in the Description of WP1 in the Grant Agreement. This constitutes an integral part of the internal evaluation process and WP3 will coordinate its activities closely with these partners.

#### External Evaluation of the effect and impact of the JA

The External evaluation will not be ongoing. Instead, we will task the external evaluation team for two work cycles. The first Cycle A between M18 and M24. The second Cycle B between M31 and M36

## 1.2.4 Deliverables and Milestones.

1 <sup>st</sup> Year	M1 APRIL 2019	M2 MAY 2019	M3 JUNE 2019	M4 JULY 2019	M5 AUGUST 2019	M6 SEPTEMBER 2019	M7 OCTOBER 2019	M8 NOVEMBER 2019	M9 DECEMBER 2019	M10 JANUARY 2020	M11 FEBRUARY 2020	M12 MARCH 2020
WP1		<b>MS1</b> Kick-off meeting <b>MS2</b> SC & AB		<b>MS3</b> Consortium Agreement								<b>MS4</b> Partnership Forum 1
WP2			<b>D2.1</b> Promotion Leaflet	<b>MS6</b> Stakeholder Analysis <b>D2.2</b> Website					<b>MS7</b> Communication plan <b>MS8</b> Communication channel strategy			
WP3		<b>MS9</b> Meetings with WP leads	<b>D3.1</b> Evaluation plan <b>MS10</b> Evaluation plan									
WP4							<b>D4.1</b> Sustainability guidance tool <b>MS13</b> Workshop on Guidance tool					
WP5					<b>D5.1</b> WP5 Work Plan					<b>MS16</b> WS 1 and 2		
WP6												
WP7												
WP8			<b>MS31</b> WP8 meetings			<b>MS28</b> Basic training curricula						
WP9		<b>MS32</b> Joint meeting										<b>D9.1</b> Fact-finding report
WP10												<b>MS37</b> Protocol for assessment of facilities <b>MS39</b> protocol for WP10 feasibility study

2nd Year	M13 APRIL 2020	M14 MAY 2020	M15, JUNE 2020	M16, JULY 2020	M17 AUGUST 2020	M18 SEPTEMBER 2020	M19 OCTOBER 2020	M20 NOVEMBER 2020	M21 DECEMBER 2020	M22 JANUARY 2021	M23 FEBRUARY 2021	M24 MARCH 2021
WP1						D1.1 Interim progress report						MS4 Partnership Forum 2
WP2												
WP3						MS11 External evaluation mobilized						D3.2 Midterm internal evaluation reports D3.4 Midterm external evaluation report MS12 Presentation of internal eval. Results
WP4						MS14 Workshop on best practices						D4.2 Sustainability Report  MS15 Workshop for approval of sustainability plan
WP5										MS18 Workshops 3 and 4		
WP6						D6.1 Review of planning and eval tools						MS20 Disease X simulation
WP7												
WP8			D8.1 Report on training needs  MS29 WP8 meetings						MS29 Advanced training curricula D8.3 Basic and Advanced training curricula			MS28 Online training platform
WP9						MS32 Training and exercise materials MS36 Workshop 1						D9.2 Chem-lab response network scoping report MS33 Surveillance strategy report
WP10						D10.2 Feasibility study report MS42 Protocols for syndrome based approach						MS38 Data collection on hospital preparedness



3rd Year	M25 APRIL 2021	M26 MAY 2021	M27 JUNE 2021	M28 JULY 2021	M29 AUGUST 2021	M30 SEPTEMBER 2021	M31 OCTOBER 2021	M32 NOVEMBER 2021	M33 DECEMBER 2021	M34 JANUARY 2022	M35 FEBRUARY 2022	M36 MARCH 2022
WP1												<b>D1.2</b> Final report  <b>MS5</b> Closing Conference
WP2												<b>D2.3</b> Layman Report Version <b>D2.4</b> Blueprint of Dissemination <b>D2.5</b> Communication & dissemination report
WP3												<b>D3.3</b> Final internal evaluation reports  <b>D3.5</b> Final external evaluation report
WP4												
WP5										<b>MS17</b> Tabletop exercise <b>MS19</b> Workshops 5 and 6 <b>D5.3</b> Report on international collab during crises		<b>D5.2</b> Reports on improving IHR Implementation <b>D5.4</b> Report on the use of exercises and AAR
WP6			<b>MS22</b> Workshops 1,2,3,4						<b>D6.2</b> Report on disease X scenario <b>MS21</b> All hazards e- learning tool launch <b>MS23</b> Tabletop exercises			
WP7						<b>MS24</b> Implementatio n of EQAEs  <b>MS25</b> Specific diagnostic tests complete		<b>MS26</b> Program for selfeval of lab biosecurity		<b>D7.3</b> Recommendation s for Risk Management		<b>D7.1</b> Report on assurance of HQ diagnostics <b>D7.2</b> Report on modern molecular diagnostic methods

WP8													<b>D8.2</b> Final training report MS27 Training conducted
WP9						<b>MS34</b> Workshop 2							<b>D9.3</b> WP9 final report D9.4 Report on SOPs developed <b>MS35</b> Mechanisms for cross border chemical threat preparedness <b>MS36</b> Training & exercises report
WP10							<b>D10.3</b> Report on syndrome based approach	<b>D10.1</b> Report on existing facilities					

## 1.3 Internal Evaluation

### 1.3.1 Methodology

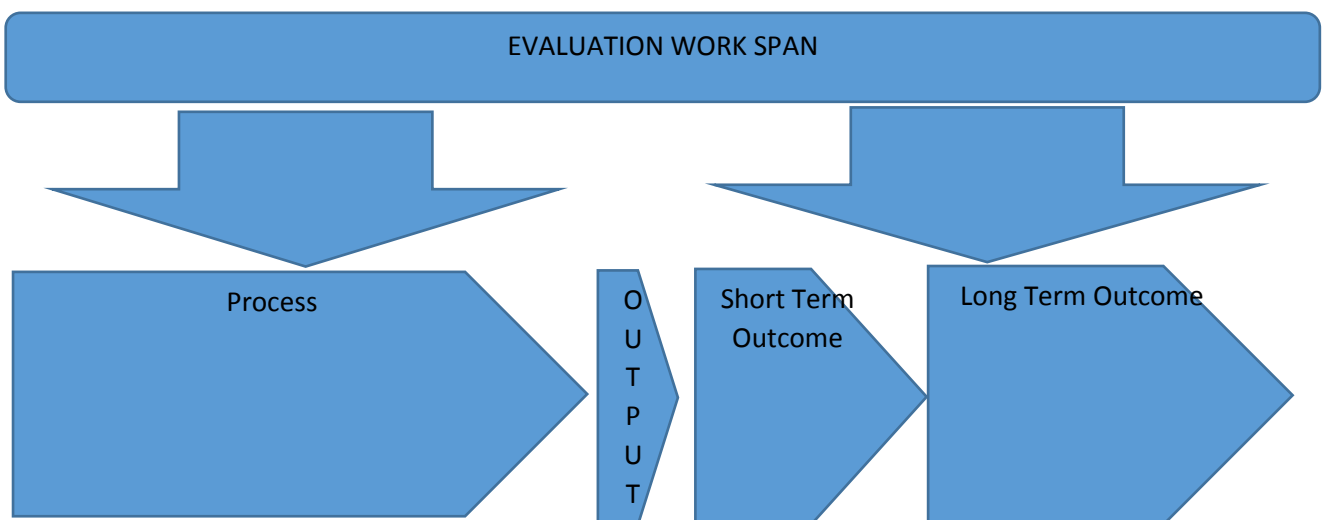
#### 1.3.1.1 Logic

The internal evaluation logic model is focused on serving the stakeholders with a reliable and simple presentation of the progress of the JA. The evaluation priority will be lifted from the specific WP outputs and will link the processes with the expected outcomes of each task, in order to determine whether the task objectives have been achieved and what brought us to their achievement.

Our strategy will rely on evaluating the fundamental blocks e.g. the processes of each task and in collaboration with SC (according to the ToR) each WP will be approached with evaluation methods and sampling frequencies that match the tasks at hand.

Longitudinal studies especially during the second half of the project will be performed due to the fact that most WP tasks have a long latency period between the output and the expected outcome.

The diversity of the level of implementation of IHR and Decision 1082/2013EU between European Countries introduces the need to constantly evaluate and monitor the level of agreement between stakeholders during the development of guidance frames for the JA. Careful analysis of Strengths and Weaknesses will assure that the JA is on the correct path in improving IHR and 1082/2013EU implementation. Priorities should be set, based on solid information on the needs of each MS, using all available information from 3rd party tools (WHO, ECDC) and internal WP surveys.



### **1.3.1.2 Stakeholder contribution on Evaluation**

#### **Coordinators, Steering Committee, Advisory Board**

- As ToR and according to GA description.

#### **WP leads**

- Ensure the provision of all relevant information on time and the maximum level of support to the evaluation team.

#### **Collaborating partners (CP)**

- Selected feedback on data collection
- Participation in selected surveys

### **1.3.2 Process**

MS9: Meeting with all WP leads and interviews to agree and plan evaluation (in connection with the kick off meeting)

Areas and subjects agreed:

- In dialogue with WP leads, during WP leads interviews (Kick-off meeting/skype calls), process indicators were discussed and agreed upon and are now integrated in the customized tables for each WP (see WP tables).
- Associated risks are also included in the WP tables to visualize outcomes that are more likely to be affected by the WT5 critical implementation risks\*\*. Additional process indicators maybe applied in collaboration with WPs to mitigate these risks.
- Survey questionnaires will include a set of standard questions that WP3 will agree with the corresponding WP. The rest of the survey will follow the WP3 frame. For longitudinal studies a participant code id will be managed by each WP as requested for data collection purposes.
- Data access: WP2 and WP7 will provide the following data to WP3 Evaluation team.
- EQAEs logistics and lab-processing data analysis
- Analytics (Visitors, Country, Time spent, Links Followed, Documents Downloaded (analyzed by material type e.g. Workshop reports, technical reports etc.) from WP2 Website
- WP3 will provide accommodation for surveys especially on the area of interest of the visitors
- Specific priority will be given to the training evaluation, as the JA includes a significant amount of training events (Workshops, Exercises).

On top of the traditional reaction surveys, learning effectiveness will be evaluated by focusing on the following:

- Precise description of learning objectives and expected outcomes for each training event. Surveys will be focused on these objectives.
- Long term post training surveys which will measure the application of training as well as identify possible obstructions on the behavioral change of the trainees.
- Overall training outcomes evaluation by linking expected outcomes to the implementation of best practices into countries mechanisms and policies for all WP events.

### 1.3.2.1 Evaluation per Work package

#### Table design and rationale

The following dummy table presents the design of the WP tables. Note that outputs are treated as process indicators. This serves 2 purposes; for one it helps link visually the task, the process and the outputs to the outcome in one single straight line and for two, it includes processes evaluation indicators (where applicable) in the output column.

SPECIFIC OBJECTIVE						
Process Output			Outcome			Associated Risk(s) Number(s)*
Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
TASK	PROCESSES ↓ OUTPUTS		Expected Short term and Long Term Outcomes			

\* As described in page 54-55 of ANNEX 1 (part A) of the JA proposal.

## WP4. Sustainability

Specific Objective: Best practices on IHR and preparedness incorporated in national policies, including improved cooperation mechanism between EU Member states						
Process Output			Outcome			Associated Risk(s) Number(s)
Task Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
Development of Guidance Tool for core WPs	<ul style="list-style-type: none"> <li>Organization of WS with the S.C.</li> <li>Guidance frame draft</li> <li>Dissemination</li> </ul>	<ul style="list-style-type: none"> <li>WS Minutes</li> <li>Project Documents Analysis</li> <li>Consensus levels</li> <li>Feedback</li> </ul>	Sustainability is included as an indicator for all WP activities	<ul style="list-style-type: none"> <li>Sustainability indicators for all WP outcomes</li> <li>Sustainability Reviews</li> <li>Sustainability Guidance frame compliance scoring (after testing)</li> </ul>	<ul style="list-style-type: none"> <li>Document analysis</li> <li>Report Reviews</li> <li>Plan Reviews</li> </ul>	1,2,3,6,7,8
Selection of best practices (min. 3)	<ul style="list-style-type: none"> <li>Collaboration with WP3, SC, AB, HSC</li> <li>Workshop 2 (M18)</li> <li>Selection and Implementation of Pilot actions</li> </ul>	<ul style="list-style-type: none"> <li>Summary Notes</li> <li>Workshop Minutes</li> <li>Analysis of experts interviewed</li> <li>Consensus levels</li> <li>Review of Pilot Actions</li> </ul>	Evidence-based best JA outcomes and recommendations on IHR implementation are proposed for integration into EU/national /regional policies and mechanisms	Minimum 2 best practices and recommendations are piloted for future integration into national policies and 1 best practice is integrated into mechanisms (M24)	<ul style="list-style-type: none"> <li>Project Report Review (M24)</li> <li>Target Group survey (M34) By WP3</li> </ul>	1,2,3,6,7,8, 10,12
Development of a Sustainability Plan	<ul style="list-style-type: none"> <li>Selection of priorities</li> <li>Identification of required resources</li> <li>Collaboration with WP1, WP5 and the HSC</li> <li>Workshop 3 (M24)</li> <li>Plan Presentation</li> </ul>	<ul style="list-style-type: none"> <li>Process review</li> <li>Document Analysis</li> <li>Agreement Levels</li> <li>Feedback Levels</li> <li>WS Minutes</li> </ul>	Fostering of long term integration of WP outcomes into EU/national/Regional policies and mechanisms. Conditions of operationalization.	<ul style="list-style-type: none"> <li>Consensus levels</li> <li>Feedback levels</li> <li>Feasibility level as presented by Target Groups</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>Event Minutes</li> <li>Event Surveys</li> <li>Target Group survey By WP3</li> </ul>	1,2,3,6,7,8

## WP5. IHR core capacity strengthening and assessment

Specific Objective: Improved core capacity in EU member states as required by IHR and Decision 1082/2013 EU						
Process Output			Outcome			Associated Risk(s) Number(s)
Task Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
Improve IHR Implementation	Start-Up Meeting WP5 Work Plan Gap Analysis on IHR implementation in low GNI countries WS1 – 3 on IHR	Summary Notes Project Documents WS Minutes WS Reports	Identification and presentation of selected challenges and gaps to prioritize core capacity strengthening and IHR implementation. Relevant sector selection.  Improved knowledge of Low GNI countries in preparing for a JEE and post JEE capacity strengthening by sharing information and best practices from other participating countries	<ul style="list-style-type: none"> <li>• Consensus level on priorities between stakeholders</li> <li>• Unbiased Sector Participation</li> <li>• Feasibility for low GNI countries</li> <li>• Long term implementation planning of practices by participating low GNI countries</li> </ul>	<ul style="list-style-type: none"> <li>• Document and Report Analysis</li> <li>• Mini survey within stakeholder groups</li> <li>• Feedback from participants</li> <li>• Progress mapping</li> <li>• Draft action plans reports (5)</li> </ul>	1,2,5,6,7,11
International Collaboration Between authorities during crisis	Start-Up Meeting WS on International collaboration WS on cooperation between PH, CP and clinical consultation Report on International Collaboration between authorities during crisis Table-top exercise	Meeting Minutes WS Minutes Project Documents Project Reports	Identification of challenges, analysis of roles and responsibilities  Possible solutions to promote national, international and inter-authority collaboration	<ul style="list-style-type: none"> <li>• Consensus level on challenges identified between stakeholders</li> <li>• Unbiased sector prioritization</li> <li>• Unbiased sector input</li> <li>• Feasibility of proposals</li> <li>• Positive Feedback by stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Document and Report Analysis</li> <li>• Survey within stakeholder groups</li> <li>• Feedback from participants</li> <li>• WS Feedback</li> <li>• Table-top Exercise Review</li> </ul>	1,2,5,8,11
Feasibility of using info from National and International exercises and AARs in assessing the state of Public Health	Available Data Mapping WHO survey and analysis Feasibility Study	Summary notes Project Reports	Better use of data from exercises and AAR to assess status of preparedness in the EU More comprehensive picture of challenges in health preparedness in EU	<ul style="list-style-type: none"> <li>• Input to the state of preparedness Report</li> </ul>	<ul style="list-style-type: none"> <li>• Document Analysis</li> <li>• Stakeholder Feedback</li> </ul>	1,2,5,8



## WP6 Preparedness and Response Planning

**Specific Objective:** Support EU Member States and JA partner countries in developing operational integrated preparedness and response plans and mechanisms for serious cross-border health threats with an integrated all hazards approach.

Process Output			Outcome			Associated Risk(s) Number(s)
Task Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
Applicability of planning & evaluation tools	<ul style="list-style-type: none"> <li>Review and identification of available IHR assessment tools</li> <li>High priority pathogens and Chemicals gaps in MSs</li> <li>Needs and minimum requirements as defined in HEPSA tool linked to Preparedness &amp; Response Cycle</li> <li>Inventory of applicability</li> <li>Integrated Preparedness and Response plan and protocol for a health threat of unknown origin</li> </ul>	<ul style="list-style-type: none"> <li>Project documents</li> <li>Consultancy minutes</li> <li>Consensus levels among stakeholders</li> <li>Literature Review and</li> <li>Project Document Analysis</li> </ul>	JA partners actively participated and know what barriers may hamper implementation of the integrated preparedness and response cycle, and steps needed to achieve implementation	<ul style="list-style-type: none"> <li>Participation percentages (100%)</li> <li>Knowledge acquired</li> <li>Stakeholder consensus</li> </ul>	<ul style="list-style-type: none"> <li>Project participation</li> <li>2 <b>Census</b> Surveys on stakeholders and target groups</li> </ul>	1,2,5,6,7,8,10,11,12

<p>Disease X scenario: Operational feasibility analysis need for further development</p>	<ul style="list-style-type: none"> <li>International Consultation with MSs and JA partners</li> <li>Accepted Operational integrated Preparedness &amp; response cycle for All Hazards</li> <li>Development of a checklist of preparedness and response aspects specific for highly specialized laboratories</li> <li>Translation into “Disease X” scenario through expert consultation, including protocol development and simulation</li> <li>“Disease X” scenario simulation exercise, feasibility study and translation of outcomes to IHR and national laboratory needs and actions</li> </ul>	<ul style="list-style-type: none"> <li>Project documents</li> <li>Consensus levels</li> <li>Project Documents</li> <li>Document analysis and review</li> </ul>	<p>Member States participated in “Disease X” scenario simulation and/or applied at least one e-learning and tabletop exercise</p>	<ul style="list-style-type: none"> <li>Participation percentages (80%)</li> <li>Application percentages (80%)</li> </ul>	<ul style="list-style-type: none"> <li>Project participation</li> <li>2 <b>Census</b> Surveys on stakeholders and target groups</li> </ul>	<p>1,2,5,6,7,8,10</p>
<p>Translation into All Hazards Approach</p> <p>Translation into best practices and sustainability to feed into WP4 and WP5</p>	<ul style="list-style-type: none"> <li>Translation of recommendations from “Disease X” scenario simulation into all hazards e-learning tools</li> <li>Inventory of best practices</li> <li>Self-assessment checklist for “Disease X” scenario</li> <li>All hazards e-learning protocol and operability testing</li> </ul>	<ul style="list-style-type: none"> <li>Document analysis</li> <li>Consensus levels</li> <li>Project Documents</li> <li>Project Reports and Documents</li> </ul>	<p>JA partners consulted and/or actively participated in the development of best practices guidelines on integrated multisectoral preparedness and response plan implementation and know how to use them</p>	<ul style="list-style-type: none"> <li>Participation/Consultation percentages (100%)</li> <li>Knowledge gained (100%)</li> </ul>	<ul style="list-style-type: none"> <li>Participation lists</li> <li>Consultation minutes</li> <li>Census survey on JA partners.</li> </ul>	<p>1,2,5,6,7,8,10,12</p>

WP7 Laboratory preparedness

**Specific Objective:** Improved laboratory preparedness in order to ensure the application of best practices in detection and analyses of highly pathogenic infectious agents

Process Output			Outcome			Associated Risk(s) Number(s)
Task Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
<p>EQA Exercises</p> <p>Assessment on basic and advanced diagnostic approaches</p>	<p>3 rounds of EQAE's , reaching at least 25 laboratories, (M32)</p>	<ul style="list-style-type: none"> <li>• Real time data access to EQA sample exchange information</li> <li>• Report on diagnostic approaches implementation</li> </ul>	<p>Improvement of quality assurance of diagnostic methods by refinement of single steps in the diagnostic approaches, by improving validation procedures of previously adopted methods, introduction of new methods or consolidation of existing high quality standards</p> <p>Conclusion on best diagnostic practices</p>	<ul style="list-style-type: none"> <li>• Comparison of pre and post qualitative markers for involved partners</li> <li>• Diagnostic capabilities</li> <li>• Consensus levels between stakeholders</li> <li>• Feedback from partners</li> </ul>	<ul style="list-style-type: none"> <li>• EQAE's Report Analysis</li> <li>• Survey sampling within selected participants</li> </ul>	<p>2,4,6,9</p>

WP7 Laboratory preparedness (continue)

Specific Objective: Improved and consolidated bio-risk management in laboratories dedicated for the diagnostics of highly pathogenic infectious agents						
Process Output			Outcome			Associated Risk(s) Number(s)
Task Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
Bio-Risk management in BSL3/4 laboratories	<ul style="list-style-type: none"> <li>Partners meeting</li> <li>Collaboration with partner laboratories</li> <li>Development of guidance tool for partners</li> <li>Recommendations for biosafety and biosecurity</li> </ul>	<ul style="list-style-type: none"> <li>Project Documents</li> <li>Summary Notes</li> <li>Partner reports (5)</li> <li>Participating laboratories</li> <li>sampling survey</li> </ul>	Improvement of bio-risk management through extensive risk analysis and new/additional biosafety and biosecurity measures	<ul style="list-style-type: none"> <li>Number of new implementations of measures by partners</li> <li>Number of partners which have consolidated high biorisk management standards</li> </ul>	<ul style="list-style-type: none"> <li>Project Report Analysis</li> <li>Survey sampling within selected participants</li> </ul>	2,4,6,9
Inactivation procedures for reducing the bio-risk in diagnostics of highly pathogenic agents	<ul style="list-style-type: none"> <li>Data collection on best inactivation methods/practices</li> <li>Prioritization on lower BS settings</li> <li>Strengths and Weaknesses analysis</li> <li>Standardized format of testing for validation purposes</li> <li>SOPs (2) on best practice sample inactivation procedures considering applicability and effectiveness of procedures and reagents</li> </ul>	<ul style="list-style-type: none"> <li>Project Documents</li> <li>Stakeholder Feedback</li> <li>Summary Notes</li> <li>Supported Self-evaluation programme for partners</li> </ul>	Reduction of The bio-risk for handling of risk group 3 bacteria and risk group 4 viruses by appropriate and harmonized inactivation procedures for handling under BSL2-conditions, offer of these procedures to clinical laboratories associated with High Containment Units for patients' care	<ul style="list-style-type: none"> <li>Number of partner laboratories that have achieved application of described procedures</li> <li>Unbiased participation with regards to location</li> <li>Stakeholder Consensus</li> </ul>	<ul style="list-style-type: none"> <li>Project Report Analysis</li> <li>Sampling survey within participants and stakeholders</li> </ul>	2,4,6,9

## WP8 Training and local exercises, exchange of working practices

Specific Objective: Increase capacity of professionals in IHR implementation and preparedness for serious cross-border health threats in the JA partner countries increased.						
Process Output			Outcome			Associated Risk(s) Number(s)
Task Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
Assessment of the cross-sectoral training needs in JA partner countries related to preparedness and IHR implementation	<ul style="list-style-type: none"> <li>Assessment of the cross-sectoral training needs of countries (≥15 low GNI MS)</li> <li>Compilation of inventory of existing IHR-related training activities/materials</li> <li>Partner feedback</li> <li>Report on training needs</li> </ul>	<ul style="list-style-type: none"> <li>MS consulted/Project documents review</li> <li>Project documents</li> <li>Consensus levels</li> <li>Project report</li> </ul>	<p>IHR implementers across countries will achieve improvement of the knowledge in the area of prevention, preparedness, detection and response to cross-border threats to health;</p> <p>Strengthening of IHR (2005) core capacities according to country needs</p>	<ul style="list-style-type: none"> <li>Post vs Pre training knowledge increase (+10%)</li> <li>Acquired core capacities competencies</li> </ul>	<ul style="list-style-type: none"> <li>Pre-post survey results analysis</li> <li>Post training IHR sampling survey on target group low GNI countries</li> <li>Project Documents</li> </ul>	1, 2,4,5,7
Development of curricula for basic and advanced face-to-face and on-line training	<ul style="list-style-type: none"> <li>Guidelines for face to face training and online exercises</li> <li>Generic and tailored training package</li> <li>Online training platform</li> <li>Training package feedback</li> </ul>	<ul style="list-style-type: none"> <li>Project documents</li> <li>Participation of MS</li> </ul>				
Training implementation	<ul style="list-style-type: none"> <li>2 basic workshops</li> <li>4 advanced workshops</li> <li>2 lab trainings</li> <li>2 International simEX's</li> </ul>	<ul style="list-style-type: none"> <li>Project minutes</li> <li>Training reports</li> <li>SimEX reports</li> </ul>				

## WP9 Chemical Safety and Chemical threats

<b>Specific Objective:</b> Improved implementation of IHR chemical core capacities, strengthened preparedness and response to cross-border chemical health threats within MSs and across the EU.						
<b>Process Output</b>			<b>Outcome</b>			<b>Associated Risk(s) Number(s)</b>
<b>Task Description</b>	<b>Indicators</b>	<b>Methods for Verification</b>	<b>Description</b>	<b>Indicators</b>	<b>Methods for Verification</b>	
Gap Analysis  Training program, materials and exercises	<ul style="list-style-type: none"> <li>Stakeholder Consultation</li> <li>Collaboration with WP5</li> <li>Review of existing health protection mechanisms</li> <li>Fact report</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of MS consulted (100%)</li> <li>Stakeholder consensus</li> <li>Project Documents</li> </ul>	Improved implementation of IHR chemical core capacities within EU MSs and partner countries, to support the timely detection of and effective response to potential chemical health risks/events.  Improvement of Workshop attendees' knowledge on chemical hazards and IHR core capacity requirements for chemical events.	<ul style="list-style-type: none"> <li>Utilization of provided project documents and tools (70%)</li> <li>Pre-Post training survey knowledge increase (60%)</li> </ul>	<ul style="list-style-type: none"> <li>Target group census survey</li> <li>Target group census survey</li> </ul>	2,5,6,8,10
Surveillance of Chemical Incidents	<ul style="list-style-type: none"> <li>Review of benefits from chemical surveillance to PH preparedness</li> <li>Inform Subsequent activities</li> </ul>	Project Documents				
Standard Operating Procedures	<ul style="list-style-type: none"> <li>Analysis of identified gaps, bottlenecks, best practices.</li> </ul>	Project Documents				

## WP10 Case management and Infection Prevention and Control Preparedness

Specific Objective: Improved clinical and bio-risk management; improved hospital preparedness and response to high-consequence infectious diseases (HCID)						
Process Output			Outcome			Associated Risk(s) Number(s)
Task Description	Indicators	Methods for Verification	Description	Indicators	Methods for Verification	
<p>Mapping of existing facilities</p> <p>Assessment of country hospital preparedness and capacity for HCID, including high isolation clinical centers</p>	<ul style="list-style-type: none"> <li>Interactive map of health services accessibility &amp; disease prevention &amp; control</li> <li>Electronic follow-up survey to assess high isolation capacities</li> <li>WS to define recommendation for assessment</li> <li>WS to discuss recommendation for improvement of the assessed facilities</li> </ul>	<ul style="list-style-type: none"> <li>Project report</li> <li>Survey Results</li> <li>WS minutes and participation lists (1 participant per JA partner)</li> </ul>	<p>A comprehensive picture of the expertise for management of HCID</p> <p>Systematic identification of major disease drivers and threats; evaluation of validated severity scores (involving all SHARP partners)</p> <p>Dissemination and discussion of the obtained results</p> <p>Participating hospitals have utilized the JA guidance on biorisk management</p>	<ul style="list-style-type: none"> <li>Coverage of Existing Units</li> <li>Percentage of MS assessed</li> <li>Consensus levels</li> <li>Target group feedback</li> <li>Percentage of hospitals using JA guidance on bio-risk management</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of existing units covered (minimum 80%)</li> <li>Percentage of MS assessment (90%)</li> <li>Sample survey among stakeholders</li> <li>Project survey</li> </ul>	2,5,6,8,10
<p>Feasibility study for an expert clinical support service for HCID</p> <p>Application of a “syndrome based” approach for prompt and early clinical management of HCID</p>	<ul style="list-style-type: none"> <li>Feasibility study report</li> <li>WS on HCID definition list &amp; evaluation of validated severity scores</li> <li>WS on dissemination of results</li> </ul>	<ul style="list-style-type: none"> <li>Project Reports</li> <li>1 Protocol per pilot country</li> <li>WS minutes</li> </ul>	<p>Increase in assessed and improved hospitals with isolation facilities</p>	<ul style="list-style-type: none"> <li>Percentage of Countries assessed</li> </ul>	<ul style="list-style-type: none"> <li>Project reports</li> </ul>	2,5,6,8,10

WP2 Communication and dissemination		
Deliverable	Indicators	Verification methods
Leaflet	<ul style="list-style-type: none"> <li>Dissemination events</li> </ul>	Project reports
Website	<ul style="list-style-type: none"> <li>Analytics               <ul style="list-style-type: none"> <li>Hits</li> <li>Downloads</li> <li>Time spent</li> <li>Links followed</li> </ul> </li> </ul>	Webpage host analytics services
Dissemination	<ul style="list-style-type: none"> <li>Target group feedback</li> </ul>	WP3 hosted surveys Joint Dissemination evaluation report efforts

WP1 Coordination		
JA partners satisfaction surveys	<ul style="list-style-type: none"> <li>Survey 1 M18</li> </ul>	<ul style="list-style-type: none"> <li>Survey 2 M32</li> </ul>
Stakeholder evaluation surveys	<ul style="list-style-type: none"> <li>Survey 3 M18</li> </ul>	<ul style="list-style-type: none"> <li>Survey 4 M32</li> </ul>



### **1.3.3. Data collection and analysis**

Data collection will focus almost exclusively on quantitative data. Pre-coding and categorization will be performed by the Internal Evaluation team to adopt all available input categories to standardized questionnaires.

Stratified sampling: the area of expertise will be used as the main characteristic for stratified sampling given that the JA aims at a large number of sectors and an even larger number of target groups. For longitudinal survey purposes, minimum data collection on participants will be performed by the Evaluation team, after written consent.

#### **1.3.3.1 Standardized online questionnaires**

Online questionnaires will be prepared by Internal Evaluation team with input from other WPs.

At least a month prior to every planned event, WP leaders are requested to contact and provide the Evaluation team with all information on the final agenda, training objectives, as well as areas that need to be covered by the questionnaire for the organizer's purposes.

WP3 will design the draft questionnaires and following collaborating WP revision, the final versions will be made available online through an online survey platform by the Internal Evaluation team.

Links will be provided to the organizers who will send invitations and reminders to participants to complete the questionnaires.

As the majority of WPs have yet to determine specific workshop agendas and/or training objectives, detailed questionnaire description is not applicable in this work plan. A generic plan on the composition of questions is presented below:

- 2-3 Questions on organization (accommodation, travel, venue) - (Likert scale)
- 3-4 Questions contributed by the organizers (sub question available with a depth of 1)
- 4-6 Questions contributed by the WP3 team (sub question available with a depth of 1)
- 1-2 Questions contributed by WP2 team (sub question available with a depth of 1)

Depending on event duration and agenda, surveys will be split into smaller daily ones to be disseminated at the end of each day of the event to participants.

#### **1.3.3.2 Document analysis and scoring**

Following the analysis of specific objectives and associated risks, the Evaluation team, in collaboration with involved WPs: sources of collected information, consensus percentages and

involved partners, especially in processes that involve selection and development of strategies and frameworks. Preliminary scoring results will be made available to WP leads so as to address shortcomings in the final versions of their documents.

All statistical analysis of the collected data will be performed using SPSS v.26 (IBM Corp., Armonk, NY, USA). Results of descriptive statistics will be summarized by relative frequencies for nominal data and tendencies for numerical data. Cross tabulations and proportion ratios will be used for longitudinal study comparisons. In addition to  $X^2$  and T-test, Cohen's Kappa coefficient will be used to measure inter-observer reliability.

### **1.3.4. Risk analysis and Mitigation planning**

#### **1.3.4.1 Partner Engagement**

In collaboration with WP1 and WP8, WP3 has been tasked with promoting the engagement of more partners from other sectors, e.g. including food safety, zoonotic veterinary public health, environmental health and civil protection with time in this JA.

As a mitigation strategy, a positive scoring method will be provided for all WP tasks to include as many sectors involved as possible. The more relevant sectors are engaged, the higher the score will be. The aggregation will be presented as the cumulative score for each WP in the evaluation reports.

#### **1.3.4.2 Internal Communications**

Each partner has to assign specific contact points and a substitute for evaluation purposes per task

## 1.4. External Evaluation

### 1.4.1 Description

The external evaluation ensures the objectiveness in the evaluation process. It will be performed by independent external evaluator procured (subcontractor) by WP3 leader.

#### External evaluation cycles

Cycle A between M18 and M24 and Cycle B between M31 and M36.

The activities of the external evaluation are summarized as follows:

Phase 0: Preparatory phase

- The preceding period of 6 months will be dedicated to the procurement of the external evaluation.

Phase 1: Desk Phases: Cycle A (M18-24), Cycle B (M31-36)

- The appointed external evaluation team will analyze the logic of the project. A set of key performance indicators will be proposed and validated by the external evaluation team in cooperation with the Steering Committee taking into account the process, output and outcome indicators defined in the specific objective tables of the work packages.
- A meeting of the Steering Committee, the WP leader and the external evaluator team will take place on M18; Methodological approach for the external evaluation will be mutually agreed between the evaluator and the SC prioritizing the evaluation of the JA's results and outcomes on a predefined assembly of target group representatives.
- The objectives achieved in the revised period of the JA will be examined, vis-a-vis the original planning and project's award criteria. The information will be mapped against the areas of evaluation questions which focus primarily on issues related to
  - Relevance
  - Efficacy
  - Impact (only limited evaluation possible in this phase, a real impact can be seen only one or more years after closing of the Project)
  - Sustainability
- The team will specify the indicators and will provide answers to the questions based on existing information.
- It identifies the assumptions remaining to be tested in the field and develops its work plan for data collection and analysis.

During Cycle A and B, the external evaluator will review respectively several documents produced at the given point of the project implementation.

The action of external evaluators will include target groups (internal and external) to be agreed from the beginning and the orientation of the evaluation will be based on the impact of the actions of the program on these target groups

#### Phase 2: Field phase

- The evaluation team will implement its work plan for data collection. It will apply preferred techniques (surveys, interviews, case studies, etc.) and will test the assumptions. This will allow the assessment of the degree of the project's impact on the target groups that will be explicitly described at the Desk Phase in collaboration with the SC.

#### Phase 3: Synthesis phase

- The evaluation team will draw up its reports (with deadlines for the midterm on M24 and the final on M35), which will include the findings and conclusions as a response to the questions asked, as well as an overall assessment of the projects impact. The first report will include recommendations for improvement in some aspects of the JA when needed. The reports will first be sent as a draft to the Steering Committee of the JA, four weeks before the finalized report. The comments will be included where applicable, after which the report will be finalized and communicated.
- The final report will be subject to a quality assessment.

The final external evaluation report will comprise of the findings of the evaluation as well as recommendations for future projects and lessons learned. It will assess the measured impact of the JA to the specified target groups to the extent it will be possible at this phase and as it was expected by the applicants of the JA SHARP. In specific, they will assess the extent of support to the implementation of Decision 1082/2013/EU on serious cross-border threats to health and to which degree the target groups have consistently strengthened their core capacities improving EU's preparedness against health threats. In effect, the evaluator will assess the outcome referring to developed/sustained capacities and added value, the impact on society and expected sustainability.

#### Phase 4: Dissemination and follow up phase

After informing the partnership, the evaluation will be disseminated to the relevant project stakeholders.

## 1.5 Communication and Reporting

Communicating and reporting is a continuous process and should not be limited for the end of the evaluation. During the whole process, information collected is continuously shared with stakeholders and interactive discussions with other WP leaders are organized regularly e.g. through conference calls.

Communication methods to be used on a regular basis, with all WP leaders and with selected WPs include:

- Steering group meetings
- E-mail exchanges
- Publication of deliverables on the website
- Face-to-face discussions
- Tele- or videoconferences
- Working sessions

The objectives of these exchanges or meetings are to discuss and get feedback on the evaluation plan and data collection instruments, to discuss preliminary results and to prepare reporting of the results with sufficient input of all partners.

### M12/April 2020

Presentation of the internal evaluation results at the meetings in M12.

### M24/April 2021

Presentation of midterm assessment report (internal, external) to SC

### M35-36 /March-April 2022

Final report, executive summary, and presentation will be presented at the closure meetings and disseminated to the relevant project stakeholde

## 1.6 Timeframe

### JA SHARP EVALUATION PLAN TIMEFRAME

1 <sup>ST</sup> YEAR												
WP ACTIVITIES	MONTHS											
	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH	11TH	12TH
	APRIL 2019	MAY 2019	JUNE 2019	JULY 2019	AUGUST 2019	SEPTEMBER 2019	OCTOBER 2019	NOVEMBER 2019	DECEMBER 2019	JANUARY 2020	FEBRUARY 2020	MARCH 2020
<b>WP1</b>												
KICK OFF MEETING				X								
STEERING COMMITTEE			X				X					X
ADVISORY BOARD			X				X					X
ONE HEALTH C							X					
PARTNERSHIP FORUM												X
<b>WP2</b>												
LEAFLET			X									
WEBSITE				X								
CHANNEL STRATEGY									X			
COMMUNICATION PLAN									X			
<b>WP3</b>												
MEETINGS WITH WP LEADERS				X								
ToRs EXTERNAL EVALUATION							X					
PREPARATION EVALUATION PLAN							X					
<b>WP4</b>												
1ST WORKSHOP												
GUIDANCE TOOL ON SUSTAINABILITY							X					
<b>WP5</b>												
KICK-OFF MEETING							X					
MS 16 WORKSHOP 1										X		
MS 16 WORKSHOP 1(CHECKPOINT1)										X		
WORKPLAN WITH SELECTED CHALLENGES					X							
REPORT 1												X
<b>WP6</b>												
MEETING							X					
WORKSHOP												
DISEASE X SCENARIO												

WP7												
KICK OFF MEETING								X				
ASSURANCE OF HIGH QUALITY												X
ASSESSMENT OF AND RECOMENDATION OF MODERN MOLECULAR DIAGNOSTIC METHODS												X
DEVELOPMENT AND RECOMENDATION OF RISK MANAGMENT												
MS26_FIRST EQAE												X
MS27 IMPLEMENTATION OF SPECIFIC DIAGNOSTIC TASKS												X
PROPOSAL EQAE (VIRAL/BACTERIA)											X	
WP 8												
KICK OFF MEETING									X			
ASSESSMENT OF THE CROSS SECTORAL TRAINING NEEDS IN JA PARTNER COUNTRIES RELATED TO PREPAREDNESS AND IHR IMPLEMENTATION												
WP 9												
KICK OFF MEETING								X				
JOINT MEETING		X										
STAKEHOLDER CONSULTATION AND GAP ANALYSIS										X		
FACT-FINDING REPORT												X
WP 10												
KICK OFF MEETING								X				
PROTOCOL AND REPORT OF FEASIBILITY STUDY												X

**JA SHARP EVALUATION PLAN TIMEFRAME**

**2nd YEAR**

WP ACTIVITIES	MONTHS											
	13TH APRIL 2020	14TH MAY 2020	15TH JUNE 2020	16TH JULY 2020	17TH AUGUST 2020	18TH SEPTEMBER 2020	19TH OCTOBER 2020	20TH NOVEMBER 2020	21ST DECEMBER 2020	22ND JANUARY 2021	23RD FEBRUARY 2021	24TH MARC H 2021
<b>WP1</b>												
STEERING COMMITTEE						X						X
ADVISORY BOARD												X
INTERIM REPORT						X						
PARTNERSHIP FORUM												X
<b>WP2</b>												
WEBSITE												
<b>WP3</b>												
EXTERNAL EVALUATION MOBILIZED						X						
MIDTERM INTERNAL EVALUATION REPORT												X
MIDTERM EXTERNAL EVALUATION REPORT												X
PRESENTATION OF INTERNAL EVALUATION RESULTS												X
<b>WP4</b>												
WORKSHOP 2						X						
REVIEW SELECTED ACTIONS												
WORKSHOP 3												
PRESENT DRAFT SUSTAINABILITY PLAN												X
SUSTAINABILITY REPORT												X
<b>WP5</b>												
REPORT 1												
MS16 WORKSHOP 1(CHECKPOINT 2)				X								
MS 18 WORKSHOP2										X		
MS 18 WORKSHOP2(CHECKPOINT 3)												
REPORT 2												X
INTERNATIONAL COLLABORATION										X		
<b>WP6</b>												
REVIEW OF INTEGRATED EVIDENCE DATA TOOLS						X						







**JA SHARP EVALUATION PLAN TIMEFRAME**

3rd YEAR												
WP ACTIVITIES	MONTHS											
	25TH	26TH	27TH	28TH	29TH	30TH	31ST	32ND	33RD	34TH	35TH	36TH
WP ACTIVITIES	APRIL 2021	MAY 2021	JUNE 2021	JULY 2021	AUGUST 2021	SEPTEMBER 2021	OCTOBER 2021	NOVEMBER 2021	DECEMBER 2021	JANUARY 2022	FEBRUARY 2022	MARCH 2022
<b>WP1</b>												
STEERING COMMITTEE						X					X	
ADVISORY BOARD											X	
FINAL CONFERENCE											X	
FINAL REPORT											X	
<b>WP2</b>												
LAYMAN REPORT											X	
BLUEPRINT OF DISSEMINATION											X	
WEBSITE												
COMMUNICATION AND DISSEMINATION REPORT											X	
<b>WP3</b>												
MIDTERM INTERNAL EVALUATION REPORT												
MIDTERM EXTERNAL EVALUATION REPORT												
PRESENTATION OF INTERNAL EVALUATION RESULTS												
FINAL INTERNAL REPORT											X	
FINAL EXTERNAL REPORT											X	
<b>WP4</b>												
SUSTAINABILITY REPORT												
WORKSHOP 3 PRESENT DRAFT SUSTAINABILITY PLAN												
<b>WP5</b>												
REPORT 2												
MS 18 WORKSHOP 2(CHECKPOINT 3)	X											
MS 18 WORKSHOP 2(CHECKPOINT 4)				X								
MS 19 WORKSHOP 3										X		
MS 19 WORKSHOP 3(CHECKPOINT 5)											X	
TABLE TOP EXERCISE										X		
REPORT 3											X	
WORKSHOP ON INTERNATIONAL COLLABORATION BETWEEN AUTHORITIES DURING CRISIS										X		





## Appendix

### \* SHARP Joint Action Associated Partners

No	Name	Short name	Country
1	The National Institute for Health and Welfare	THL	Finland
2	Robert Koch Institute	RKI	Germany
3	The National Institute for Infectious Diseases "L. Spallanzani"	INMI	Italy
4	Federal Ministry of Labour, Social Affairs, Health and Consumer Protection	BMASGK	Austria
5	Ministry of Civil Affairs	MCA	Bosnia and Herzegovina
6	Croatian Institute of Public Health	CIPH	Croatia
7	National Institute for Nuclear, Chemical and Biological Protection	SUJCHBO	Czech Republic
8	Statens Serum Institut	SSI	Denmark
9	Ministry of Social Affairs	MSAE	Estonia
10	Santé publique France	MOH-FR	France
11	Hellenic Center for Disease Control and Prevention, MoH	HCDCP	Greece
12	National Public Health Center	NNK	Hungary
13	State Emergency Medical service	SEMS	Latvia
14	Ministry of Health of Republic of Lithuania	MOHLT	Lithuania
15	Ministry for Health - Government of Malta	MFH	Malta
16	National Institute for Public Health and the Environment	RIVM	Netherlands
17	Norwegian Directorate of Health	HD	Norway
18	National Institute of Public Health – National Institute of Hygiene	NIZP-PZH	Poland
19	Portuguese National Institute of Health	MS	Portugal
20	Institute of Public Health, Republic of Serbia	IPHS	Serbia
21	National Institute of Public Health, Slovenia	NIJZ	Slovenia
22	Instituto de Salud Carlos III	ISCIII	Spain
23	Public Health Agency of Sweden	FOHM	Sweden
24	Public Health England	DH	United Kingdom
25	Health Service Executive	HSE	Ireland
26	National Agency for Public Health	NAPH	Moldova (Republic of)

**\*\* WT5 Critical Implementation risks and mitigation actions**

<b>Risk No</b>	<b>Description of risk</b>	<b>WP Number</b>	<b>Proposed risk-mitigation measures</b>
1	Biased partner composition. IHR core capacity requires engagement of multiple sectors and a wide area Of different public health expertise. The partnership is heavily dominated by laboratory networks and from many countries no public health agency with prevention and control mandates are involved. Very few partners from non-human health sectors involved.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	Engaging more partners from other sectors, e.g. including food safety, zoonotic veterinary public health, environmental health and civil protection in the course of time in this JA. This will be monitored by the WP1 (Coordination) and WP3 (Evaluation). This action has been added to WP3 description, and multi-sectoral aspect is one task in WP8.
2	Insufficient information, interest, and participation from the Member States; Policy-makers do not support JA activities on national level; Other stakeholders not engaged.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	Continuous discussions with policy-makers, ministries, other stakeholders on objectives of the JA.
3	Insufficient human resources for implementation and coordination of the JA, due to large number of partners and affiliated entities.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	Continuous follow-up by the responsible WPs and a leaders and Coordinator (WP1).
4	Withdrawal or default of a central partner.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8,	Division of remaining tasks among other consortium members.
5	Inadequate activities On mapping of the gaps and mapping of the IHR capacities for the effective implementation of the JA.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	All WPs, especially WP5 and WP8. Clear communication in between the core WPs responsible for mapping. Mapping is carried out under WP5 and WP8 and described
6	Inadequate response rate from stakeholders during the mapping of the gaps and mapping of the IHR capacities.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	Involvement of all partners, policy-makers, stakeholders.
7	Low quality of written deliverables.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8,	All WPs, especially WP1 (Coordination). Continuous follow-up and feed-back by the
8	Delays in submitting parts of the written reports, resulting in delays in dissemination.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8,	Continuous follow-up by WP leaders and Coordinator on the progress of WPs.
9	Increased prices of the laboratory equipment, consumables, and other services.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	Re-allocation of the planned activities and purchases.

Risk No	Description of risk	WP Number	Proposed risk-mitigation measures
10	Lack of data from the partners or poor engagement of the ECDC, WHO or other key external partners.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7,	Early engagement and discussion with partners, discussion with DG Santé National Focal Points at ministry level, Discussion with Brussels EU attaches.
11	Low quality of the workshops, trainings and seminars.	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	Continuous follow-up by WP leaders and Coordinator on the progress of WPs, feed-back through questionnaires, reallocation of tasks. In several WP descriptions (e.g. WP5 and WP6) workshops and actions have been divided in preparatory (analysis) and operational
12	Conflicts between the partners and affiliated entities.	WP1, WP10, WP2, WP3, WP4, WP5,	Open communication, clarifying the tasks and objectives of the WPs, mediation by Coordinator
13	Brexit: UK is leader in two work packages, in WP2 and WP9. If UK is unable to participate in the SHARP JA due to the Brexit (as planned beyond March 2019) the following mitigation measures are suggested:	WP1, WP10, WP2, WP3, WP4, WP5, WP6, WP7, WP8, WP9	<p>WP9: 1) Work with the coordinator and EU Commission to explore methods of engaging With the JA. 2) Transfer WP9 activities to co-lead Slovenia and secure support from other partners, e.g. with another country with sufficient expertise in the public health approach to chemical health threats such as RIVM in the Netherlands or FOI In Sweden. 3) Remove WP9 and include activities in existing work packages, for example WP 5, 6 and 8. However, this option is least preferred as it increases the risk of chemical work being lost or de-prioritized in relation to existing WP activities.</p> <p>WP2: 1) Work with the coordinator and EU Commission to explore methods of engaging with the JA. 2) Transfer WP2 activities to the coordinator (THL), which is already co-lead of WP2. THL will recruit more staff for communication and dissemination for WP2.</p>