AFRICA UNITY CENTER OF EXCELLENCE

HEALTH SYSTEMS & COMMUNITY RESILIENCE CENTER

PROGRAMME DOSSIER AND ACADEMIC PROSPECTUS

VERSION/DATE: V1.0 | 25 DEC 2025

A STANDARDS-DRIVEN, EVIDENCE-BASED MANDATE TO STRENGTHEN EQUITABLE HEALTH SYSTEMS AND COMMUNITY RESILIENCE UNDER SLUC AND AGENDA 2074.

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AUCE- Health Systems & Community Resilience Center

Chapter 1 — Executive Summary

This Programme Dossier and Academic Prospectus institutes the Health Systems & Community Resilience Center under the Africa Unity Center of Excellence (AUCE), with strategic oversight by the GSEA Council, academic integration through UACE and doctoral administration under AUAC, and advocacy hand-off to the Council for Global Social Advocacy (CGSA). The Center's mission is to author, maintain, and operationalize a single canon of primary-health standards, epidemic-preparedness protocols, mental-health integration guides, and community resilience instruments that are contractible on relative market terms across SLUC portfolios. In the canonical AUCE mapping, the Center's primary SLUC programme linkage is HIRC, with SDEP providing cross-sector implementation support and PCRN serving as the policy harmonisation interface; engineered WASH and urban-service substreams intersect ETI through a single pipeline to prevent duplicate capex planning, while shared digital decision support and data governance consume the TFT stack to avoid bespoke frameworks. This construct is explicitly recorded in the AUCE/EUCE programme structure and short-list narratives, which frame health equity, preventive services, and resilient community systems as standardized, licensable instruments rather than fragmented projects.

The Center's product suite includes primary-care service standards, integrated community health worker (CHW) playbooks, epidemic preparedness and response protocols (EPRP), mental-health integration guides for primary care, MEL frameworks for health equity outcomes, and decision-support dashboards deployed via TFT. Policy texts are cleared through AUCE Policy Analytics & Advocacy to ensure legality and coherence across jurisdictions; CGSA converts cleared technical outputs into advocacy briefs and coalition actions for national adoption and budget line creation. The AUAC PhD in Health Equity, Primary Care Systems, and Community Resilience anchors the academic dimension, producing peer-reviewed evidence and field-validated methodologies immediately consumable by SLUC workpackages under audited transfer pricing, with net operating surpluses recycled per the AUCE/EUCE allocation rule into research endowments and scholarships. Each element of the Dossier is explicitly aligned to Agenda for Social Equity 2074 Social Global Goals (SGGs), notably health equity and primary care access, epidemic preparedness, mental health and psychosocial well-being, and community resilience metrics.

Chapter 2 — Strategic Rationale

The strategic rationale responds to persistent gaps in equitable primary care, fragmented epidemic preparedness, and under-resourced mental health services, especially in rapidly urbanizing and climate-vulnerable contexts. AUCE's canonical mapping assigns HIRC as the primary SLUC linkage for this Center to consolidate standards, protocols, and training instruments across portfolios, with SDEP providing the orchestration capacity and multi-agency activation that health programmes require. ETI is engaged where WASH, clinics, and municipal service infrastructure intersect engineered substreams, maintaining single-pipeline BoQs and PMO controls; TFT provides shared dashboards, data standards, and rights-based guardrails, ensuring that surveillance, service delivery analytics, and MEL are instrumented on one architecture. The programme structure codifies the "author once, clear once,

consume widely" doctrine to avoid parallel drafting and tool proliferation, thereby sustaining investor-grade auditability and cross-center comparability.

The theory of change is expressed as a continuous, operational loop. Inputs include AUCE research fellows and AUAC doctoral candidates, ministries of health and municipal service agencies, CHW networks, cooperatives and SMEs supporting supply chains, and SLUC PMOs. Activities encompass the drafting of primary-care standards and scope-of-practice guides; publication of epidemic preparedness and response protocols with community triage and referral pathways; integration of mental-health services into primary care; development of ToT sequences for municipal and community cadres; and deployment of TFT dashboards and data governance for surveillance and service optimization. Outputs are policy-cleared standards, licensable toolkits, and instrumented platforms with MEL frameworks tied to Agenda 2074 SGGs. Outcomes include measurable improvements in access and continuity of care, verified preparedness capabilities, and documented mental-health service coverage. Impacts are recorded as reductions in preventable morbidity and mortality, strengthened resilience during shocks, and equitable utilization across gender, youth, and vulnerable groups. CGSA translates technical outputs into narratives and coalitions for adoption and budget institutionalization, while MEL findings cycle back to refine standards, BoQs, and curricula, ensuring the canon remains current and enforceable under AUCE/EUCE rules.

Overlaps are deliberately managed. Clinical infrastructure and WASH investments route through ETI to prevent duplicate capex planning and preserve a single PMO; all digital monitoring, surveillance, and privacy protections use TFT to avoid bespoke data frameworks and ensure rights-based governance; policy harmonisation is co-cleared with PCRN and AGCEI to align institutional accountability; and vocational pathways for CHWs and allied cadres are delivered via EVHEI/EEN to prevent fragmented curricula. This coordination enforces AUCE's one-canon, one-stack, one-pipeline doctrine and produces investor-ready discipline across SLUC implementations.

Chapter 3 — Mandate and Scope

The Health Systems & Community Resilience Center is constituted as a programmatic unit under AUCE with strategic oversight by the GSEA Council and academic integration through UACE, with doctoral administration under AUAC. Its legal mandate is to author, maintain, and operationalize a single canon of standards and toolkits for equitable primary health, epidemic preparedness and response, mental-health integration, and community resilience. All texts and instruments are cleared through AUCE Policy Analytics & Advocacy prior to advocacy hand-off to CGSA, thereby maintaining the AUCE/EUCE doctrine that standards are authored once, cleared once, and consumed widely under SLUC service codes and transfer-pricing controls administered by the SLUC PMO. Engineered substreams related to WASH, clinics, and municipal health infrastructure are consolidated under ETI to preserve a single capital pipeline and standardised bills of quantities, while all digital surveillance, service analytics, and privacy protections are executed on the TFT shared stack to prevent bespoke data frameworks and to uphold rights-based governance. This configuration is specified in the AUCE/EUCE programme structure and the short-list narratives for the health center.

The thematic scope comprises primary-care service standards and scope-of-practice guidance; community health worker (CHW) playbooks and referral pathways; epidemic preparedness and response protocols covering surveillance, triage, isolation, and continuity of essential services; mental-health integration into primary care with psychosocial support tools; and community-level resilience instruments aligned to social determinants of health. Cross-center interfaces are formalized to avoid overlap: governance and institutional accountability are co-cleared with AGCEI and PCRN;

vocational and continuous learning pathways for CHWs and allied cadres are delivered via EVHEI and EEN; and all advocacy narratives are prepared by CGSA from policy-cleared briefs. The Center's outputs remain expressly aligned to Agenda 2074 Social Global Goals on health equity and access, preparedness, mental-health and well-being, and resilient communities, as recorded in the AUCE/EUCE canon.

Geographic scope follows AUCE's phased implementation logic with initial pilots in jurisdictions where SLUC portfolios are active and where ETI WASH or facility investments and TFT surveillance dashboards can absorb the Center's instruments without re-engineering. Expansion proceeds through REC partnerships and SLUC programme budgets, with transfer-priced services and licensable products recognised by the SLUC PMO to preserve an auditable trail. The short-list materials emphasize community-level training and applied readiness, which the Center translates into standardized toolkits and training-of-trainers sequences consumable by ministries, municipalities, cooperatives, and SMEs across AUCE portfolios.

Role and Accountability Map

Function	Accountable Organ	Core Responsibility	Binding Interface
Strategic Oversight	GSEA Council	Approves mandate, annual plan, budget, and risk posture	Receives cleared outputs; authorizes advocacy hand-off
Academic Integrity	UACE Academic Council (AUAC)	IRB/ethics, supervision, publication policy	Paired EU–Africa supervision; health-ethics protocols
Policy Clearance	AUCE Policy Analytics & Advocacy	Harmonises regulatory notes and standards	Co-clears with AGCEI/PCRN; prepares CGSA briefs
Advocacy Execution	CGSA	Campaigns, coalition building, adoption tracking	Consumes policy-cleared briefs; public communications
Engineered Substreams	ETI	Consolidated capex for WASH/clinics; PMO technical controls	Ensures one pipeline; standard BoQs; HSE governance
Digital & Data Governance	TFT	Shared dashboards; surveillance standards; privacy and consent	One stack; audit logging; model-risk controls where applicable
Financial Controls	SLUC PMO	Transfer pricing; service codes; audit trail; quarterly statements	Applies allocation rule; independent audit cadence

Chapter 4 — Programme Architecture

The Programme Architecture translates the mandate into a disciplined sequence of research pillars, applied workstreams, academic tracks, and licensable products, each mapped to SLUC consumption

pathways and Agenda 2074 outcomes. HIRC is the primary SLUC linkage; SDEP provides orchestration and cross-sector activation; ETI and TFT are binding interfaces for engineered and digital components; and all policy texts pass through AUCE Policy Analytics & Advocacy before CGSA advocacy, preserving the one-canon, one-stack, one-pipeline doctrine codified in the AUCE/EUCE template.

Research Pillars (problem statements and intended SLUC use)

Pillar	One-sentence problem statement	Intended use in SLUC
Equitable Primary-Care Standards	Primary care quality and scope-of-practice vary widely, undermining equitable access and continuity.	Issues HIRC primary-care standards and scope guides; inserted into SLUC tenders and operating procedures.
Epidemic Preparedness & Response (EPRP)	Preparedness protocols are fragmented and lack community-level activation and verification.	Publishes EPRP with triage/referral pathways; integrates verification into TFT dashboards and ETI contingency BoQs.
Mental-Health Integration	Mental-health services remain siloed and under-resourced in primary care.	Provides integration guides, task-sharing protocols, and ToT modules; aligns MEL to Agenda 2074 well-being metrics.
Community Resilience & Social Determinants	Non-clinical drivers of health are not systematically embedded in local planning.	Produces resilience toolkits for municipalities and cooperatives; harmonises with SDEP and AGCEI governance.
Surveillance, Data Rights & MEL	Disparate data systems and unclear rights reduce trust and decision quality.	Standardises surveillance and privacy on TFT; publishes MEL frameworks and verification protocols under UACE.

Applied Workstreams mapped to SLUC delivery

Workstream	Description	Primary SLUC Link	Secondary Interfaces
Standards & Regulatory Notes	Canonical primary-care standards; EPRP; mental-health integration guides; procurement clauses	HIRC	PCRN (policy clearance); AGCEI (institutional accountability)
Field Toolkits & ToT	CHW playbooks; municipal preparedness drills; psychosocial support modules	HIRC	EVHEI/EEN for training; SDEP for cross-sector convening

Workstream	Description	Primary SLUC Link	Secondary Interfaces
Surveillance & Decision Support	TFT-based dashboards for service access, outbreaks, and resilience metrics; privacy/consent patterns	TFT	UACE ethics; SLUC PMO service codes; CGSA metric feeds
Infrastructure Integration	ETI BoQs for WASH and clinics; continuity-of-operations designs; HSE protocols	ETI	ESA interfaces where environmental safeguards apply
Verification & Peer Review	External reviews of standards, EPRP drills, and data governance; reproducibility checks	UACE	SLUC PMO audit; TFT data integrity attestations

Academic Track (UACE integration — AUAC doctoral programme summary)

Track	Title	Aims	Expected Outputs	Supervisory Model
AUAC PhD	Health Equity, Primary Care Systems, and Community Resilience	Generate peer-reviewed evidence and field-validated tools for equitable primary care, preparedness, and mental-health integration.	Dissertations; journal articles; HIRC standards; EPRP protocols; CHW playbooks; MEL frameworks; verification studies.	Paired EU–Africa supervision; IRB/ethics and data protection codified; publication policy and reproducibility checks enforced.

Product Catalogue (licensable, service-coded)

Product Class	Exemplary Deliverable	Consumption Pathway	Notes
Primary-Care Standards	“HIRC-STD-001: Essential Primary-Care Scope and Quality Standard”	Adopted by ministries/municipalities; inserted into SLUC tenders	Prevents parallel clinical specs; includes inclusion and access metrics.
EPRP Protocols	“HIRC-EPRP-010: Community Triage, Isolation, and Continuity Guide”	Consumed by health agencies; drills verified via TFT dashboards	Links to ETI contingency BoQs; verification triggers MEL updates.
Mental-Health Integration Guide	“HIRC-MHI-004: Task-Sharing in Primary Care”	Implemented in clinics; ToT via EVHEI/EEN	Aligns to Agenda 2074 well-being indicators; grievance channels embedded.

Product Class	Exemplary Deliverable	Consumption Pathway	Notes
CHW Playbooks	"HIRC-CHW-007: Community Referral and Follow-Up"	Adopted by municipalities/cooperatives; licensed	Standardised forms; TFT data-rights patterns; supports equity tracking.
MEL Frameworks	"HIRC-MEL-021: Health Equity and Preparedness Indicators Set"	Integrated into SLUC PMO reporting cadence	Peer-reviewed under UACE; auditable targets and sources.

Transfer-Pricing and Allocation Logic

All services—standards, toolkits, ToT, surveillance instrumentation, verification—are contracted through SLUC workpackages using published service codes. Consideration is recognised on relative market terms and recorded by the SLUC PMO. Net operating surplus is allocated by rule to a Research Endowment Sub-Fund, a Scholarship & Supervision Facility under UACE for AUAC doctoral continuity, and Center operations and reserves. This uniform allocation rule across AUCE/EUCE Centers sustains academic integrity, product maintenance, and investor-grade comparability.

Chapter 5 — Market and Impact Case

The market case for the Health Systems & Community Resilience Center is anchored in the urgent demand for standardized, auditable health instruments across AUCE portfolios. Ministries of Health, municipal authorities, and SLUC programme offices require harmonized primary-care standards, epidemic preparedness protocols, and mental-health integration guides that can be contracted under relative market terms and verified through MEL frameworks. The AUCE/EUCE programme structure codifies HIRC as the primary SLUC linkage for this Center, ensuring that health equity and resilience instruments are authored once, cleared once, and consumed widely across SLUC workpackages. This prevents fragmentation, secures investor confidence, and enables blended-finance participation for health infrastructure and service delivery.

The AUCE short-list narrative confirms bottom-up demand for community-level training and applied readiness tools, particularly CHW playbooks, psychosocial support modules, and epidemic response drills. These instruments are designed for insertion into municipal operating procedures and SLUC tenders without re-engineering, creating a measurable route to Agenda 2074 Social Global Goals on health equity, preparedness, and resilience.

Outcomes and Indicators (Agenda 2074 alignment and SLUC consumption)

Indicator	Agenda 2074 SGG alignment	Baseline approach	Annual target archetype	Verification source
Adoption of AUCE primary-care standards by public authorities	Health equity; universal access	Administrative review of current protocols	+20 percentage points per annum in pilot jurisdictions	AUCE clearance logs; SLUC contract registers

Indicator	Agenda 2074 SGG alignment	Baseline approach	Annual target archetype	Verification source
Epidemic Preparedness & Response (EPRP) drills completed and verified	Preparedness; resilience	Inventory of current contingency plans	10 drills per year across AUCE pilots	TFT dashboard analytics; ETI BoQ compliance
Mental-health integration in primary care facilities	Psychosocial well-being; inclusion	Facility audits; service coverage mapping	Integration in ≥50% pilot facilities	MEL reports; UACE peer review
CHW cadres trained and certified	Decent work; gender/youth inclusion	Training roster baseline	500 certifications per year	AUCE training registry; EVHEI alignment
Reduction in preventable service downtime during shocks	Resilience; continuity of care	ETI operational logs over prior 12 months	−10% downtime year-on-year	ETI PMO dashboards; TFT shared stack
Rights-based surveillance adoption	Data rights; health governance	Current dashboard penetration	+30 institutional deployments per year	TFT analytics; UACE ethics attestations

These indicators are pragmatic for institutional reporting, academically defensible under UACE supervision, and traceable through SLUC PMO audit trails. Baselines are established at inception; targets are conservative to maintain credibility; verification sources include TFT dashboards, ETI PMO logs, AUCE clearance records, and external peer reviews.

Chapter 6 — Financial Model and Funding Plan

The financial model applies AUCE/EUCE's uniform discipline: revenues are recognized under SLUC service codes; quarterly statements and annual audits maintain comparability; and net operating surplus is allocated by rule to the Research Endowment Sub-Fund, the Scholarship & Supervision Facility under UACE for AUAC doctoral continuity, and Center operations and reserves. Engineered substreams for WASH and clinics are consolidated under ETI, and digital surveillance and MEL instrumentation consume the TFT stack, preventing parallel financial engineering and bespoke frameworks.

Revenue streams combine internal SLUC contracts for standards, EPRP protocols, mental-health integration guides, ToT, MEL, and verification services; external donor and impact facilities for pilot co-funding and epidemic readiness; licensing of implementation kits and compliance templates; and fee-for-service advisory to ministries and municipal health agencies strictly limited to canon outputs. Cost drivers include personnel and supervision, research operations, field pilots and drills, scholarships and stipends, data governance and platform hosting, and independent reviews.

Revenue Streams and Cost Structure

Category	Description	Notes on recognition and controls
Internal SLUC service contracts	Standards, EPRP, mental-health guides, ToT, MEL	Contracted via SLUC PMO; service codes enforced; auditable trail preserved
Licensing of kits and templates	Compliance models for health systems and resilience	Unified terms; modest but recurring; tied to canon updates
Donor and impact facilities	Pilot and verification funding; epidemic readiness	Routed through AUCE finance; harmonized reporting cadence
Fee-for-service advisory	Ministries, municipalities, corporate health actors	Scope confined to canon outputs; Policy Analytics clearance
Personnel and supervision	Researchers; health systems specialists; doctoral supervisors	UACE oversight; ethics controls; paired EU–Africa supervision
Field pilots & drills	EPRP exercises; CHW training; continuity planning	ETI pipeline for infrastructure; standardized BoQs
Data governance & MEL	TFT dashboards; consent engineering; audit logging	One stack; privacy audits; reproducibility checks
Independent reviews	External peer reviews; MEL verification studies	UACE protocol; results feed into product revisions

Allocation Rule

Net operating surplus is distributed under a codified rule: a defined portion to the Research Endowment Sub-Fund for multi-year standards maintenance; a defined portion to the Scholarship & Supervision Facility for AUAC doctoral continuity; and the remainder to Center operations and reserves. This rule is uniform across AUCE/EUCE Centers and disclosed in quarterly statements to the GSEA Council and SLUC PMO.

Multi-Year Projection

Year	Revenue (internal + external)	Operating costs	Net operating surplus	Allocation to Endowment	Allocation to Scholarships & Supervision	Operations & Reserves
Year 1	120	100	20	8	7	5
Year 2	145	120	25	10	8	7

Year	Revenue (internal + external)	Operating costs	Net operating surplus	Allocation to Endowment	Allocation to Scholarships & Supervision	Operations & Reserves
Year 3	175	140	35	14	11	10
Year 4	205	160	45	18	14	13
Year 5	235	180	55	22	17	16

Notes: Figures are indicative planning units rather than currency commitments; they demonstrate scale via recurring SLUC contracting and licensing flows; recognition and audit follow SLUC PMO protocols; donor and impact facilities are integrated without breaching the one-stack and one-pipeline doctrine.

The Funding Plan positions internal SLUC revenues as the anchor while pairing them with targeted donor and impact co-funding for verification and epidemic readiness. Licensing revenues from compliance kits and templates are structured as standardized, recurring flows tied to canon updates and rights protection. CGSA advocacy accelerates regulatory adoption and budget line creation, stabilizing internal contracting cycles and enabling blended-finance participation where health resilience is prioritized. This integrated plan keeps the Center investable, academically credible, and operationally scalable under AUCE/EUCE governance and Agenda 2074 mandates.

Chapter 7 — Governance and Partnership Model

The Health Systems & Community Resilience Center operates under the AUCE/EUCE governance canon, ensuring strategic oversight, academic integrity, policy harmonisation, advocacy execution, and financial control are separated and auditable. The GSEA Council approves the Center's mandate, annual plan, and risk posture; UACE Academic Council (AUAC) enforces IRB/ethics protocols, doctoral supervision, and publication policy; AUCE Policy Analytics & Advocacy harmonises regulatory notes and standards before advocacy hand-off to CGSA, which executes campaigns and coalition building. Financial recognition and transfer pricing are administered by the SLUC PMO, preserving audit trails and comparability across Centers. Engineered substreams for WASH and health facilities are consolidated under ETI, while all digital surveillance and MEL instrumentation consume the TFT shared stack, preventing bespoke frameworks and parallel pipelines. These arrangements implement the AUCE/EUCE one-canon, one-stack, one-pipeline doctrine codified in the programme structure.

Partnership Model

The Center's partnership architecture connects standards and toolkits to lawful adoption venues and investable delivery pathways. Ministries of Health and municipal authorities provide policy venues and pilot jurisdictions; CHW networks and cooperatives act as frontline implementers; DFIs and impact facilities co-fund pilots and verification studies; universities under UACE enable supervision commitments and ethics reciprocity; and corporate health actors contribute supply-chain resilience and technology integration. The AUCE short-list confirms demand for community-level training and applied readiness tools, which the Center converts into licensable products and ToT sequences aligned to Agenda 2074.

Compact Governance Matrix

Organ / Counterpart	Mandate	Core Decisions	Escalation Path
GSEA Council	Strategic oversight; mandate and risk posture	Annual approvals; residual risk control	Appeals; directive issuance
UACE Academic Council (AUAC)	Academic integrity; IRB/ethics; supervision	Doctoral admissions; ethics compliance	Suspension of research lines; remediation
AUCE Policy Analytics & Advocacy	Policy harmonisation; legality checks	Regulatory notes; procurement clauses	Joint review with GSEA Council for contested texts
CGSA	Advocacy execution; coalition building	Campaign strategies; adoption tracking	Corrective narratives; stakeholder engagement
SLUC PMO	Transfer pricing; audit trail	Contracting; quarterly statements	Freeze contracting for control breaches
ETI Interface	Engineered substreams; BoQs	Capex planning; PMO technical controls	Technical arbitration; redesign and re-approval
TFT Interface	Digital surveillance; MEL dashboards	Data standards; consent engineering	Privacy breach escalated to UACE and GSEA Council

Anchor Partnership Typologies

Partner Class	Value Contribution	Instrument	Alignment Node
Ministries & Municipal Health Authorities	Policy venues; pilot jurisdictions	MoUs; framework agreements	AUCE Policy Analytics; SLUC PMO
CHW Networks & Cooperatives	Field adoption; MEL data	Service contracts; ToT pipelines	EVHEI/EEN curricula; HIRC toolkits
DFIs & Impact Facilities	Pilot co-funding; verification grants	Term sheets; blended-finance accords	SLUC PMO; ETI/TFT interfaces
Universities (EUAC/AUAC)	Supervision; ethics reciprocity	MoUs; IRB protocols	UACE Academic Council
Corporate Health Actors	Supply-chain pilots; tech integration	Membership agreements; pilot accords	CGSA advocacy leverage

Chapter 8 — Risk, Compliance, and Safeguards

Risk management is embedded across academic integrity, policy and legal exposure, ESG and social safeguards, data and privacy, operational and financial controls, and reputational risks. Controls follow AUCE/EUCE standards: a single TFT stack for surveillance and MEL; consolidated ETI interfaces for engineered works; harmonised policy clearance through AUCE Policy Analytics; and transfer-pricing and service-code recognition through SLUC PMO. These provisions protect patient rights, community custodianship, and institutional accountability while sustaining investor-grade auditability.

Academic Integrity Risks

Governed by UACE through IRB/ethics protocols, authorship and contribution rules, conflict-of-interest declarations, and publication policy emphasizing reproducibility and respectful engagement. Consent and privacy safeguards are codified before fieldwork and data collection; paired EU–Africa supervision strengthens discipline and comparability; violations trigger suspension of research lines pending review and remediation.

Policy and Legal Risks

Mitigated by routing all standards, regulatory notes, and procurement clauses through AUCE Policy Analytics & Advocacy for legality checks and harmonisation. IP ownership, licensing terms for health protocols, and compliance language are specified; procurement standards and anti-corruption provisions enforced under SLUC PMO audit trails.

ESG and Social Safeguards

Embedded in HIRC toolkits and ToT sequences: vulnerability screening; gender and youth inclusion baselines; grievance redress mechanisms accessible to patients, CHWs, and municipal staff. Where health infrastructure intersects engineered substreams, ETI PMO controls govern occupational safety and site procedures under a single pipeline.

Data Protection and Privacy

Governed through TFT: consent engineering, access control, audit logging, and rights-based governance are mandatory; breaches escalated to UACE for ethics review and to GSEA Council for corrective action. External peer reviews validate reproducibility and privacy safeguards; outputs revised and re-cleared before advocacy.

Compliance Controls and Safeguards

Risk Category	Primary Control	Detection & Assurance	Remedial Path
Academic integrity & ethics	UACE IRB; authorship and COI policies	Protocol checklists; supervisory sign-off; peer review	Suspend research line; corrective action; re-review
Policy and legal	AUCE Policy Analytics clearance; IP/licensing terms	Legal review logs; version control	Redraft and re-clear; notify GSEA Council
ESG & inclusion safeguards	Inclusion baselines; GRM; gender/youth metrics	Site audits; grievance logs; scorecards	Implement mitigation; escalate unresolved cases

Risk Category	Primary Control	Detection & Assurance	Remedial Path
Engineered intersections	ETI pipeline; PMO technical controls	Technical audits; HSE compliance checks	Halt works; revise designs; re-approve
Data & privacy	TFT consent/access controls; audit logging	Platform analytics; privacy audits	Revoke access; purge data; ethics review
Financial controls	SLUC transfer pricing; service codes; audits	Quarterly statements; annual audit	Freeze contracting; remediate findings
Reputational/advocacy	CGSA narrative clearance; fact-checking	Pre-release validation; media review	Retract/clarify; corrective brief

Risk ownership is allocated to the lowest competent organ with authority to act, while the GSEA Council retains residual oversight for systemic risks. Quarterly risk reports and an annual safeguards disclosure are submitted to the GSEA Council and SLUC PMO, maintaining AUCE/EUCE comparability and investor-grade transparency.

Chapter 9 — Monitoring, Evaluation, and Learning (MEL)

The Monitoring, Evaluation, and Learning framework is embedded in the AUCE/EUCE governance canon and is constructed to yield auditable evidence of contributions to Agenda for Social Equity 2074 Social Global Goals while preserving strict alignment with SLUC programme delivery and the Center's binding interfaces under HIRC, SDEP, ETI, and TFT. Indicators are authored within a single health-equity and resilience canon, baselined through administrative and operational audits at inception, instrumented through standardized field protocols and rights-based digital surveillance on the TFT stack, and cleared through AUCE Policy Analytics & Advocacy prior to advocacy hand-off to CGSA. This approach prevents parallel metrics and dashboard duplication, maintains a single pipeline for engineered WASH and facility substreams under ETI, and preserves investor-grade comparability across SLUC portfolios. cite[UCE Programme structure.docx][Centers of Excellence – Short list.pdf]

The MEL cycle is continuous and operational. Indicators are defined with explicit Agenda 2074 alignment; baselines are established by reviewing the status of primary-care protocols, preparedness plans, mental-health coverage, CHW certification rosters, infrastructure continuity measures, and TFT consent and privacy controls; pilots are instrumented with verification sources and grievance redress mechanisms accessible to patients, CHWs, municipal staff, and community custodians; quarterly technical notes and semi-annual financial statements are submitted to the SLUC PMO and the GSEA Council; an Annual Impact Report is prepared under UACE supervision and subjected to external peer review; and adaptive management protocols trigger revisions to standards, EPRP, curricula, ETI BoQs, and TFT access regimes when thresholds are breached or aggregated grievances reveal systemic gaps. These provisions preserve the AUCE/EUCE one-canon, one-stack, one-pipeline doctrine and maintain a traceable audit trail for contracted services.

Results Framework (compact)

Level	Statement	Indicator Set	Verification Source
Impact	Equitable primary care and community resilience institutionalized; preparedness and mental-health access scaled	Adoption of AUCE primary-care standards; verified EPRP drills; documented mental-health integration; reduced preventable service downtime	AUCE Policy Analytics clearance logs; TFT analytics; ETI PMO dashboards; UACE external peer reviews
Outcome	Operationalization of standards and toolkits across pilots	CHW certifications; preparedness SLA compliance; rights-based surveillance deployments; continuity plans enacted	AUCE training registry; model-risk and incident logs; facility audit checklists; MEL indicator files
Output	Canon products produced and inserted into SLUC workpackages	Standards issued; EPRP licensed; mental-health guides adopted; dashboards live; MEL frameworks published	AUCE product registry; SLUC PMO contract registers; TFT deployment inventories; UACE publication records
Activity	Research, drafting, training, drills, site implementation, and audits	Workplans executed; ToT sessions delivered; policy notes cleared; site audits conducted	AUCE workplan trackers; attendance rosters; clearance minutes; ETI audit reports

Reporting Cadence and Responsibilities

Report	Frequency	Owner	Clearance/Consumption
Technical Note	Quarterly	Center MEL Lead	SLUC PMO; GSEA Council; AUCE Policy Analytics & Advocacy
Financial Statement	Semi-annual	AUCE Finance with SLUC PMO	GSEA Council; audit trail preservation
Annual Impact Report	Annual	Center Director with UACE supervision	External peer review; CGSA narrative hooks; public release consistent with canon
Peer Review Protocol	Annual cycle	UACE Academic Council (AUAC)	Publication policy; ethics/data integrity checks; reproducibility attestations

Adaptive management is triggered by deviations beyond tolerance on indicator trends, sustained grievance patterns, non-conformance in ETI site audits, or peer-review findings indicating gaps in consent engineering, inclusion, preparedness SLAs, or continuity planning. Corrective actions include revising primary-care standards and EPRP protocols, updating mental-health integration guides and ToT

sequences, strengthening consent and privacy controls under TFT, adjusting continuity designs and BoQs under ETI, and inserting enhanced clauses into procurement and operating procedures via AUCE Policy Analytics & Advocacy. CGSA recalibrates advocacy narratives to reflect the revised technical positions and ensures coalition actions remain grounded in current, cleared instruments. cite[UCE Programme structure.docx]

Chapter 10 — Implementation Plan

Implementation proceeds through three disciplined phases to preserve governance, finance, academic integrity, and SLUC delivery coherence. Phase I establishes mandate execution capacity, ethics readiness, and initial canon products alongside binding interfaces to TFT/ETI; Phase II executes pilots with instrumented verification and scales institutional adoption; Phase III consolidates licensing, deepens doctoral output, and embeds health-equity and resilience instruments into SLUC contracting cycles across jurisdictions. Phasing conforms to AUCE/EUCE templates and maintains an investor-ready posture.

Phasing and Milestones (compact plan)

Phase	Purpose	Key Milestones	Resourcing Notes
I — Establishment	Constitute governance, ethics, product catalogue, and interfaces	GSEA Council approval; UACE IRB/ethics readiness; first primary-care standards, EPRP, and mental-health guides issued; Policy Analytics clearance; CGSA engagement plan	Core team onboarded; supervisory capacity confirmed; SLUC service codes registered; TFT consent/privacy configured; ETI continuity design templates prepared
II — Pilot & Early Scale	Deploy pilots; instrument MEL; secure co-funding; initiate licensing	Pilot MoUs with ministries/municipal health agencies; EPRP drills executed; dashboards live with audit logging; ToT cohorts trained; quarterly reporting initiated	Field teams and counterpart institutions contracted; donor/DFI term sheets executed; inclusion baselines implemented; grievance redress channels operational
III — Scale & Consolidation	Expand adoption; normalize licensing; publish peer-reviewed outputs	Adoption in new jurisdictions; blended-finance or social-bond participation for clinics/WASH continuity works; annual impact report released with external peer review	Expanded supervisory slate; allocation rule applied to endowment and scholarships; annual audit cycle completed; product maintenance schedules issued

Staffing and Capacity (compact)

Role	FTE Archetype	Core Competencies	Interface
Center Director	1	Health systems governance; programme finance; cross-center coordination	GSEA Council; AUCE Policy Analytics; SLUC PMO
Standards Lead (HIRC)	2–3	Primary-care standards; EPRP; mental-health integration	PCRN clearance; AGCEI governance; ETI technical controls where applicable
Applied Workstreams Manager	2	Toolkits; drills; ToT orchestration	EVHEI/EEN alignment; SDEP convening; municipal and cooperative counterparts
Data & Ethics Lead	1–2	Privacy; audit logging; surveillance instrumentation	TFT stack governance; UACE IRB/ethics; external reviewers
Finance & Compliance Officer	1	Transfer pricing; service-code registry; licensing terms	SLUC PMO; AUCE Finance; independent audit

Implementation Risk Gates and Go/No-Go Criteria

Gate	Criterion	Decision Authority
Ethics Gate	IRB/ethics clearance; consent and privacy conformance	UACE Academic Council (AUAC)
Policy Gate	Harmonized regulatory notes and standards; procurement insertion	AUCE Policy Analytics & Advocacy; GSEA Council for material changes
Finance Gate	Transfer-pricing readiness; service codes issued; allocation rule applied	SLUC PMO; AUCE Finance
Engineered/Digital Gate	ETI continuity/BoQs integrated for works; TFT dashboards compliant with consent/privacy	ETI/TFT Interfaces; technical arbitration to GSEA Council if required

This Implementation Plan operationalizes the Center's canon across SLUC portfolios with enforceable controls, standardized licensing, and academic supervision, ensuring that primary-care standards, EPRP, mental-health guides, CHW playbooks, and rights-based surveillance are adopted by public authorities and cooperatives and scaled across RECs without fragmentation or bespoke frameworks. The cadence and gates secure ethical integrity, policy coherence, financial discipline, and patient-rights protection, fulfilling AUCE/EUCE requirements and advancing Agenda 2074 outcomes.

Final Word — Health Systems & Community Resilience Center (AUCE)

The Health Systems & Community Resilience Center is instituted as AUCE's authoritative node for equitable primary care, epidemic preparedness, mental-health integration, and community resilience. Its instruments—standards, protocols, playbooks, curricula, dashboards, and MEL frameworks—are authored once, legally harmonized, ethically supervised, and consumed across SLUC portfolios under auditable transfer-pricing rules. By anchoring digital surveillance and MEL to the TFT shared stack, consolidating WASH and clinical continuity works under the ETI pipeline, and routing policy texts through AUCE Policy Analytics & Advocacy with advocacy execution by CGSA, the Center eliminates fragmentation and delivers investor-grade assurance that health systems scale with equity guardrails.

The Dossier demonstrates that the Center's architecture—research pillars, applied workstreams, AUAC doctoral integration, and licensable product catalogue—converts normative principles into enforceable instruments aligned to Agenda 2074 Social Global Goals. Surpluses are recycled under the AUCE allocation rule to sustain research endowments and scholarships; MEL protocols and external peer reviews guarantee reproducibility and rights protection; grievance mechanisms and adaptive management embed accountability. The strategic posture is disciplined and clear: no bespoke frameworks, no parallel pipelines, no uncontrolled scaling—only standardized, rights-respecting mechanisms through which ministries, municipalities, cooperatives, and SMEs adopt a coherent health canon that is technically robust, legally sound, and socially just. In doing so, the Center provides a continental pathway whereby equitable health access and resilience become measurable, reproducible, and bankable under AUCE/EUCE governance.