



**Biennial Collaborative Agreement
(BCA)**

between

the Ministry of Health of the Slovak Republic

and

**the Regional Office for Europe
of the World Health Organization**

2008/2009

Signed by:

For the Ministry of Health

Signature

Date

Dr. Ivan Valentovič

Minister of Health

Name

Title

For the WHO Regional Office for Europe

Signature

Date

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Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization Regional Office for Europe and the Government for the biennium 2008–2009.

This 2008–2009 BCA is part of a provisional Medium-term framework for collaboration between the WHO Regional Office for Europe and the Government for the six-year period 2008–2013, which corresponds to the period covered by the WHO Medium term strategic plan (MTSP 2008–2013).

Achieving the objectives of the current BCA is the responsibility of both the WHO Secretariat and the Government.

This framework for collaboration has been elaborated through successive steps of negotiation involving the national health authorities and WHO.

Country health priorities, as presented by the national health authorities, were taken as the starting point for the process leading to the present document. The WHO Secretariat then formulated *priorities for collaboration* with the national health authorities that also take into account the Organization's global priorities and policy directions, a strategic assessment of the country's needs and contributions in the country by other partners, as well as WHO's own capacities.

The document is structured as follows:

1. The first part sets out the *medium-term priorities and objectives for collaboration* for the six-year period 2008–2013, to be achieved through the joint efforts of the Government and WHO.
2. The second part focuses on the biennium 2008–2009. For each biennial priority, the WHO Secretariat has defined one or more *country expected results* to be achieved during 2008–2009. At the end of this section, there is a statement of the total estimated budget for the BCA.
3. The third part of the BCA is in the form of a table showing how the budget is allocated among the joint priorities for cooperation. It also shows the links to Organization-wide expected results (OWERs), as presented in the WHO MTSP Programme Budget 2008–2013. In addition, under each country expected result, there is a list of the products that may involve the collaboration of additional WHO Regional Office for Europe technical units. Finally, reflecting the paper presented at the fifty-fifth session of the WHO regional Committee for Europe (document EUR/RC55/9 Rev.1, "Next phase of the WHO Regional Office for Europe's Country Strategy: Strengthening health systems"), each product is categorized according to one or more health system functions, i.e.:
 - Health policy and other stewardship and governance elements (ST)
 - Health system financing function (FN)
 - Health system resource generation function (RG)
 - Health services delivery function (SD)

Terms of Collaboration

The *Medium-term priorities (part 1)* provide a provisional framework for collaboration for 2008–2013. The medium-term exercise is a rolling exercise, and the medium-term priorities may be revised every two years by mutual agreement, where prevailing circumstances indicate a need for change.

The Biennial Collaborative Agreement for 2008–2009, presented in part 2 and detailed in part 3, may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the country as a result of, for instance, changes in the country's health situation, changes in the Country capacity to implement the agreed activities, specific needs emerging during the biennium, or changes in the Regional Office's capacity to implement the agreed activities, or in the light of increased funding. Either party may initiate amendments.

After the *Biennial Collaborative Agreement* is signed, a detailed *country programme workplan* will be developed for the biennium. For each expected result, the workplan will specify the necessary details about activities or services, budgets, indicators (with baseline and target values), the WHO officer responsible, the country counterpart (where relevant), milestones and the implementation schedule. Implementation will start at the beginning of the biennium 2008–2009. Overall coordination and management of the country programme is the responsibility of the Head of the WHO Country Office.

WHO budget allocation for a biennium fixes estimated resources that will be spent at country level, coming from both the WHO regular budget and from any other source. The funds included in this BCA are the Organization's funds allocated for the Regional Office's cooperation with the country. Implementation of the country programme workplan is the only way to release these funds.

It should also be noted that this Biennial Collaborative Agreement is open to further development and contributions from other sources, to supplement existing shared objectives or to introduce activities that have not been included at this stage owing to a lack of funding. In particular, the WHO Regional Office for Europe will facilitate coordination with WHO headquarters, in order to maximize the effectiveness of country interventions in the spirit of the "One WHO" principle.

PART 1. Medium-term priorities for collaboration for 2008–2013

The following priorities for collaboration have been selected in response to current public health concerns and ongoing national efforts to improve the performance of the health system. Setting medium-term priorities for 2008–2013 will facilitate the strategic orientation of collaboration.

1. Strengthening the health system

- Objective 1: Strengthened human resources for health
- Objective 2: Strengthened integrated approach of health services with particular emphasis on public health, primary care and social services with particular attention to health care quality and patient safety assessment
- Objective 3: Strengthened national capacity in prevention and response to health threats and emergencies
- Objective 4: Scaled up utilization of standardized clinical guidelines in diagnosis and treatment of diseases

2. Scaling up response to non-communicable diseases including healthy lifestyles

- Objective 1: Strengthened population based public health policies to better respond to major health risks and determinants with focus on monitoring measures for reducing cancer and CVD
- Objective 2: Capacity building of health professionals in health promotion and NCD prevention with focus on how to promote physical activity in daily life.
- Objective 3: Support integration and monitoring of frameworks/tools for strengthening approaches & delivery of health promotion for vulnerable groups.

PART 2. Biennial Collaborative Agreement for 2008–2009

1. Priorities

Priority 1: Strengthening the health system

- a) National capacities for health human resource analysis and planning developed.
- b) National capacity in prevention and response to health threats and public health emergencies strengthened.
- c) Standardized clinical guidelines in selected major disease as regulatory mechanism for quality of care and cost-containment improved and utilization increased.

Priority 2: Scaling up health system response to major non-communicable diseases including healthy lifestyles

- a) Effective implementation of national NCD policies improved.
- b) Integrated approach of health services with particular emphasis on public health, primary care and social services strengthened.

2. Budget:

WHO will continue to support the above priority areas with additional sources of funding, should they be made available. Such information will be presented as an annex to this agreement and will be updated on a continuous basis throughout the biennium to reflect indicative figures for such additional support.

3. Commitments of WHO and of the Government of the Slovak Republic:

1. Commitments of WHO

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the above programme activities and inputs. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution.

2. Commitments of the Government of the Slovak Republic

The Government shall provide personnel, materials, supplies, equipment and local expenses necessary for the technical cooperation including office space, direct telephone and fax line abroad, electronic mail linkages for the WHO Country Office in the Slovak Republic. The Government is encouraged to supplement funding for the above activities through fundraising. WHO can assist in this process.

PART 3. Summary of expected results and products by priority areas

Priority 1: Strengthening the health system

Expected Results <i>Contribution to OWER Budget</i>	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
			ST	FN	RG	SD
1. National capacities for health human resource analysis and planning developed <i>OWER: 10.8</i>	HRH	National HRH action plan, based on situational analysis	X		X	
2. National capacity in prevention and response to health threats and public health emergencies strengthened <i>OWER: 5.1; 1.1; 1.4, 1.6;</i>	EMS DPR CSR	International Health Regulations capacities mapped, gaps identified and policy recommendations made to address them	X			X
		Recommendations for further strengthening National surveillance and laboratory capacities for communicable diseases			X	
		Situation analysis of emergency medical services in the framework of national crisis management structures to provide data for quality improvement and standardization				
3. Standardized clinical guidelines in selected major diseases as mechanism for ensuring quality of care and cost-containment improved and utilization increased <i>OWER: 11.3</i>	NCL	Report with technical advice on capacity building for evidence based clinical guideline development for priority disease areas	X			X

Priority 2: Scaling up health system response to major non-communicable diseases including healthy lifestyles

Expected Results <i>Contribution to OWER Budget</i>	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
			ST	FN	RG	SD
1. Effective implementation of national NCD policies <i>OWER: 3.2; 3.3.</i>	NCD VPI EHP CID NCD CID	Development and implementation of action plans for effective implementation of national NCD policies with focus on oncologic diseases	X			X
2. Integrated approach of health services with particular emphasis on public health, primary care and social services strengthened <i>OWER:10.1; 4.1; 4.50</i>	PHC	Outlines on national policies supporting integration of health and social services, including the provision of resources	X			
	HEV FCH	Recommendations on evidence-based child-specific interventions to protect from health risks	X			X

Management and coordination of BCA implementation

Expected Results <i>Contribution to OWER Budget</i>	EURO technical units involved	Products
1. Strengthened country programme coordination <i>OWER: 12.2</i>	OIC MSP	Assessment and recommendations on further strengthening of partnership and coordination with key stakeholders at country level, including UN common activities
		WHO policies promoted at country level (including World Health Days)
		WHO country operations implemented as per workplan and adequate response provided to unforeseen country needs

LIST OF ABBREVIATIONS

General abbreviations

BCA – Biennial Collaborative Agreement
FN – Health system financing function
HQ – World Health Organization headquarters
OWERs – WHO Organization-wide expected results
RG – Health system resource generation function
SD – Health service delivery function
ST – Health policy and stewardship function
WHO-EURO – World Health Organization Regional Office for Europe

Technical abbreviations

ARV – Antiretroviral treatment
CVD – Cardiovascular disease
DOTS – Directly observed therapy short-course
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria
IDU – Injecting drug users
MDR – Multidrug resistance
NCD – Non-communicable disease
PHC – Primary health care
STI – Sexually transmitted infections

Abbreviations of technical programmes in WHO/EURO

ADU – Alcohol and Drugs programme
AIQ – Air Quality programme
CAH – Child and Adolescent Health programme
CHE – Children's Health and Environment programme
CID – Country-wide Integrated Noncommunicable Diseases programme
CSR – Communicable Disease Surveillance and Response programme
DPR – Disaster Preparedness and Response programme
EHP – Environment, Health Coordination and Partnership programme
EMS – Emergency Medical Services programme
FCH – Family and Community Health unit
GEM – Gender Mainstreaming programme
HEP – European Health and Environment Process programme
HIU – Health Information unit
HOS – Hospital Services programme
HPE – Health Policy and Equity programme
HPR – Health Promotion programme
HRH – Human Resources for Health programme
HSF – Health Systems Financing programme
HTP – Health Technologies and Pharmaceuticals programme
MNH – Mental Health programme
MPS- Making Pregnancy Safer
MSP – Country Operations Management Support programme
NCD – Noncommunicable Diseases programme
NCL – Noncommunicable Diseases and Lifestyles unit
NFS – Nutrition and Food Security programme
OIC – Operations in Countries programme
PHC – Primary Health Care programme
QHS – Quality of Health Systems programme
RHR – Reproductive Health and Research programme
SCS – Strategic Country Support programme
SHA – Sexually Transmitted Infections/HIV/AIDS programme
TRT – Transport and Health programme
TUB – Tuberculosis Control programme
VIP – Violence and Injuries programme

