



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Biennial Collaborative Agreement

between

the Ministry of Health of the Slovak Republic

and

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

2018/2019

Signed by:

For the Ministry of Health

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Signature

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13.05.2018

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Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization (WHO) Regional Office for Europe and the Ministry of Health of the Slovak Republic, on behalf of its Government, for the biennium 2018–2019.

This 2018–2019 BCA is aligned with the WHO's Twelfth General Programme of Work, for the period 2014–2019, which has been formulated in the light of the lessons learned during the period covered by the Eleventh General Programme of Work. It provides a high-level strategic vision for the work of WHO, establishes priorities and provides an overall direction for the six-year period beginning in January 2014. It reflects the three main components of WHO reform: programmes and priorities, governance and management.

The WHO's Programme Budget 2018–2019, as approved by the Seventieth World Health Assembly in resolution WHA70.5, was strongly shaped by Member States, which have reviewed and refined the priority-setting mechanisms and the five technical categories and one managerial category by which the work of the Organization is now structured.

The BCA reflects the vision of the WHO Regional Office for Europe, Better Health for Europe, as well as the concepts, principles and values underpinning the European policy framework for health and well-being, Health 2020, adopted by the WHO Regional Committee for Europe at its 62nd session.

Health 2020 aims to maximize opportunities for promoting population health and reducing health inequities. It recommends that European countries address population health through whole-of-society and whole-of-government approaches. Health 2020 emphasizes the need to improve overall governance for health and proposes paths and approaches for more equitable, sustainable and accountable health development. As such, Health 2020 is the unifying policy framework for the collective effort to achieve the new 2030 Agenda for Sustainable Development by promoting inclusive and participatory governance, adopting a whole-of-government/whole-of-society approach and strategically mobilizing and using resources.

Health 2020's intersectoral approach of health in all policies means health in all the Sustainable Development Goals (SDGs) of the 2030 Agenda. Contributing to all the goals of the 2030 Agenda by leading and steering the integration of the health objectives and priority areas for action into the 2030 Agenda process, implementation of Health 2020 will provide a resilient and supportive environment that will enable the achievement of SDG 3 on ensuring healthy lives and promoting well-being for all at all ages as well as the health targets in all the other SDGs.

Description of the Biennial Collaborative Agreement

This document constitutes a practical framework for collaboration. It has been drawn up in a process of successive consultations between national health authorities and the Secretariat of the WHO Regional Office for Europe.

The collaboration programme for 2018–2019 has taken its point of departure from the bottom-up planning process for 2018–2019 undertaken with the country. This work was carried out as part of WHO reform, in the overall context provided by the Twelfth General Programme of Work. The objective of the bottom-up planning exercise was to determine the priority health outcomes for WHO's collaboration with the country during the period 2018–2019. This document further details the collaboration programme, including proposed outputs and deliverables.

The WHO Secretariat has managerial responsibility and is accountable for the programme budget outputs, while the outcomes define Member States' uptake of these outputs. Achieving the programme budget outcomes is the joint responsibility of the individual Member State and the Secretariat. At the highest level of the results chain, the outcomes contribute to the overall impact of the Organization, namely, sustainable changes in the health of populations, to which the Secretariat and the countries contribute.

Achieving the priority outcomes as identified in this BCA is therefore the responsibility of both the WHO Secretariat and the Government of the Slovak Republic.

The document is structured as follows:

1. PART 1 covers the health impacts that it is hoped will be achieved through the agreed programme for collaboration in 2018–2019, which will be the focus of the joint efforts of the Government and the WHO Secretariat.

Summaries by programme budget category, outcomes, programme budget outputs and deliverables and mode of delivery are included. Two modes of delivery are foreseen:

- **intercountry**, addressing countries' common needs using Region-wide approaches. It is expected that an increasing proportion of the work will be delivered in this way.
 - **country-specific**, for outputs that are highly specific to the needs and circumstances of individual countries. This will continue to be important and the chosen mode of delivery in many cases.
2. PART 2 includes sections on the budget for the BCA, its financing and the mutual commitments of the WHO Secretariat and the Government.

Terms of collaboration

The priorities (PART 1) provide a framework for collaboration for 2018–2019. The collaborative programme may be revised or adjusted during the course of the biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs and agreed deliverables for 2018–2019 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Government as a result of, for example, changes in the country's health situation, changes in the country capacity to implement the agreed activities, specific needs emerging during the biennium, changes in the Regional Office's capacity to provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

After the BCA is signed, the Ministry of Health will reconfirm/nominate WHO national counterpart and national technical focal points. The national counterpart will be responsible for the overall implementation of the BCA on the part of the Ministry of Health and liaise with all national technical focal points on a regular basis. The WHO Representative (WR) and Head of Country Office (HWO) to the Slovak Republic will be responsible for implementation of the BCA on behalf of WHO. The BCA workplan, including the planned programme budget outputs, deliverables and implementation schedule, will be agreed accordingly. Implementation will start at the beginning of the biennium 2018–2019. The Regional Office will provide the highest possible level of technical assistance to the country, facilitated and supported by WHO Office in the Slovak Republic or other modalities present in the country. The overall coordination and management of the BCA workplan is the responsibility of the WR&HWO.

The WHO budget allocation for the biennium indicates the estimated costs of providing the planned outputs and deliverables, predominantly at the country level. On the basis of the outcome of the WHO financing dialogue, the funding will come from both WHO corporate resources and any other resources mobilized through WHO. These funds should not be used to subsidize or fill financing gaps in the health sector, to supplement salaries or to purchase supplies. Purchases of supplies and donations within crisis response operations or as part of demonstration projects will continue to be funded through additional mechanisms, in line with WHO rules and regulations.

The value of WHO technical and management staff based in the Regional Office and in geographically dispersed offices (GDOs), and the input of WHO Office in the Slovak Republic to the delivery of planned outputs and deliverables are not reflected in the indicated budget; the figures therefore greatly understate the real value of the support to be provided to the country. This support goes beyond the indicated budget and includes technical assistance and other inputs from WHO headquarters, the Regional Office, GDOs and unfunded inputs from country offices. The budget and eventual funding included in this Agreement are the Organization's funds allocated for Regional Office cooperation within the country workplan.

The value of Government input – other than that channelled through the WHO Secretariat – is not estimated in the BCA.

It should also be noted that this BCA is open to further development and contributions from other sources, in order to supplement the existing programme or to introduce activities that have not been included at this stage.

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. Setting priorities for collaboration for 2018–2019

1.1 Health situation analysis

Pursuant to the Slovak Constitution, health protection is a fundamental human right, providing all citizens with the right to free health care and medical devices to the extent provided for by the law. Health depends on the development of society in various areas. The health status of the population is then the result and indicator of the level of conditions that society creates for the realization of the lifestyle of its inhabitants. Health is an essential resource not only for individuals but also for society as a whole.

Based on data from the Statistical Office of the Slovak Republic we observe that demographic development trend is the aging of the Slovak population. In the Slovak Republic, the medium life expectancy increases slowly but in the long run. In 2011, the expectation of survival at birth for the first time exceeded 72 years for men and 79 for women.

As in other parts of Europe are chronic non-communicable diseases (NCD) among the most common diseases that cause the highest mortality and morbidity in Slovak Republic. The mortality rate for all causes of death most affects deaths on circulatory system diseases and tumors that account for more than 70% of deaths. According to the report on the health status of the population of the Slovak Republic for the years 2012-2014 the most common chronic non-communicable diseases include cardiovascular diseases, diabetes mellitus, cancers, diseases of the digestive system, diseases of the musculoskeletal system, of pulmonary diseases, particularly chronic obstructive pulmonary disease and asthma, and the ever increasing number of cases of psychiatric disease.

Cardiovascular diseases have for long been dominant causes of death. Tumors are the second leading cause of death. Diabetes is one of the priority chronic diseases; the number of the ill has almost doubled in the past twenty years. The incidence of NCDs is expected to increase in the future. There is therefore a need to strengthen and improve monitoring and surveillance of NCDs and assessment of preventive measures to combat them. Interventions aimed at strengthening prevention and improving access to health care can bring major benefits to public health, contribute to reducing mortality, and have economic benefits.

The situation of tuberculosis in Slovakia is currently stabilized. Considering a long-term decline in incidence with a worldwide prevalence of less than 25 per 100 000 population, the WHO experts ranked Slovakia among the countries of low-incidence of tuberculosis. However, tuberculosis remains a priority of health policy in the field of communicable diseases in the context of social determinants of health. In Slovakia, further development of TB control and treatment is needed, especially in relation to vulnerable population groups and ongoing migration crisis in Europe. Slovakia serves as a model country in Central Europe, which has a suitable system of monitoring and dispensing the disease.

The important prevention and health protection activities include also health awareness promotion in relation to medical exposure. The collective population dose from the radiation used in medicine (which represents more than 95% of radiation burden of all the artificial radiation sources) almost doubled during last decade. Health protection from ionizing radiation (medical exposure) upon performing medical radiation and optimization of radiologic exposure is the basis for lowering population exposure to radiation with the aim of minimalizing risk of medical exposure health damage.

Public health analysis is extremely important for the purpose of setting up healthcare needs in the context of quality and accessibility, but is at the same time an important prerequisite for creating new health policies which are complex, sustainable and cost effective.

1.2 Priorities for collaboration

1.2.1 Health 2020 and the 2030 Agenda in the Slovak Republic

The Slovak Republic develops Health 2020 agenda through the implementation of national strategic health policy framework. The process is built on intersectoral approaches and prevention activities with the aim to improve health for all and reducing health inequalities. In this context, the Slovak Republic will primarily deal with social determinants of health and equity in health, health promotion and prevention, especially among marginalized groups, with emphasis on TB, NCD and environmental factors. The process will be supported through capacity building, guidelines and tool incorporation, to strengthen a comprehensive approach with a special focus on the control of non-communicable diseases throughout the life cycle.

1.2.2 Linkage of BCA with national and international strategic frameworks for the Slovak Republic

This BCA for the Slovak Republic supports the realization of Slovak Republic's national health policies and plans in accordance with the "Strategic framework of health care for the years 2014-2030", the updated National Health Promotion Program in the Slovak Republic in 2014, the National Action Plan on the Prevention of Obesity in the Slovak Republic 2015-2025, the National Action Plan for the Promotion of Physical Activity 2017-2020, the Action Plan for Food and Nutrition 2017-2025, the National Action Plan on the problems with alcohol use 2013-2020 and the Action Plan for Environment and Health IV (NEHAP IV). The designed activities for the period 2018-2019 are aimed at strengthening integration links between the health system and patient-oriented service with strong health promotion and disease prevention. These are common key factors for improving population health and alleviating health inequalities. The Government promotes healthy growth and ageing of the population throughout the life course, raises awareness about healthy lifestyles (with the emphasis on obesity, diabetes and environmental factors) and promotes a better understanding of the health needs of vulnerable groups with emphasis on avoidable morbidity and mortality.

1.2.3 Programmatic priorities for collaboration

The collaboration programme for 2018–2019 as detailed in Annex is based on the country-specific needs and WHO regional and global initiatives and perspectives and was mutually agreed and selected in response to public health concerns and ongoing efforts to improve the health status of the population of the Slovak Republic.

The programme budget outputs and deliverables are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

A linkage to the related SDGs targets and Health 2020 targets is provided for every programme budget output.

PART 2. Budget and commitments for 2018–2019

2.1 Budget and financing

The total budget of the the Slovak Republic BCA is **US\$ 170 000**. All sources of funds will be employed to fund this budget.

In accordance with World Health Assembly resolution WHA70.5, following the financing dialogue the Director-General will make known the distribution of available funding, after which the Regional Director can consider the Regional Office's allocations to the biennial collaborative agreements.

The value of the WHO contribution goes beyond the indicated monetary figures in this document, since it includes technical assistance and other inputs from WHO headquarters, the Regional Office, GDOs and country offices (COs). The WHO Secretariat will, as part of its annual and biennial programme budget implementation report to the Regional Committee, include an estimate of the actual costs of the country programme, including, in quantitative terms, the full support provided to countries by the Regional Office, in addition to amounts directly budgeted in the country workplans.

2.2 Commitments

The Government and the WHO Secretariat jointly commit to working together to mobilize the additional funds required to achieve the outcomes, programme budget outputs and deliverables defined in this BCA.

2.2.1 Commitments of the WHO Secretariat

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the outputs and deliverables defined in this BCA. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution.

2.2.2 Commitments of the Government

The Government shall engage in the policy and strategy formulation and implementation processes required and provide available personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes identified in the BCA.

LIST OF ABBREVIATIONS

General abbreviations

BCA – Biennial Collaborative Agreement
GDO – geographically dispersed office
HWO – Head of WHO Country Office
PB – Programme budget
RO – Regional Office
SDG – Sustainable Development Goals
WR - WHO Representative to the Country

Technical abbreviations

EVIPNet – WHO Evidence-informed Policy Network
HBSC – Health Behaviour in School-aged Children
IHR International Health Regulations
NC – national counterpart
NCDs noncommunicable diseases
NGO – nongovernmental organization
NFPs national focal points

Annex

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors
1.2 Tuberculosis	1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	T1-Reduce premature mortality in the Europe by 2020	121C1 Support and strengthen country capacity for the adaptation and implementation of guidelines and tools in line with the End TB Strategy, relevant regional plans and frameworks, and national strategic plans.	Support Slovakia in implementation of TB Action Plan for WHO European Region 2016-2020 and Global End TB Strategy SDGReference: 030302	CS	
1.2 Tuberculosis	1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	T1-Reduce premature mortality in the Europe by 2020	122C1 Support countries in adapting the End TB Strategy and relevant regional plans and frameworks into national policies, strategies and plans, harmonizing them with overall national health system strengthening efforts towards universal health coverage and social protection, and facilitate cross-cutting policy dialogue with other sectors, partners and affected populations.	Support Slovakia in developing/adapting national guidelines in line with the End TB Strategy and relevant regional plans and frameworks. SDGReference: 030302	CS	
1.6 Antimicrobial resistance	1.6.1. All countries have essential capacity to implement national action plans to monitor, prevent and reduce infections caused by antimicrobial resistance	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	T1-Reduce premature mortality in the Europe by 2020	161C1 Support Member States in the development, implementation and monitoring of multisectoral national action plans on antimicrobial resistance.	National Action Plan implementation SDGReference: 0303XX	CS	
2.1 Noncommunicable diseases	2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	T1-Reduce premature mortality in the Europe by 2020	212C3 Provide technical support to countries for implementation of population-based prevention measures for reducing salt use, promoting physical activity and preventing overweight and obesity, including marketing to children, fiscal policies, and school-based interventions.	Provide technical support to Slovakia for implementation of population-based prevention measures for reducing salt use, promoting physical activity and preventing overweight and obesity, including marketing to children, fiscal policies, and school-based interventions. SDGReference: 030401	CS	
3.5 Health and the environment	3.5.2. Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, and climate change and technical support provided at the regional and country levels for their implementation.	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	352C1 Provide WHO support for country- and city-level implementation of WHO guidelines, tools, and methodologies for preventing and managing the health impacts of environmental determinants of health, for example those associated with air pollution, chemical exposures, lack of access to water and sanitation, and occupational health risks.	Support to country and local level implementation of WHO guidelines, tools, and methodologies for preventing and managing the health impacts of environmental determinants of health, for example those associated with air pollution, chemical exposures, lack of access to water and sanitation, and occupational health risks. SDGReference: 030802	CS	
4.1 National health policies, strategies and plans	4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a "Health in All Policies" approach and equity policies)	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	411C2 Support health officials in engaging with the population and stakeholders from the private sector, communities, nongovernmental organizations, civil society, development agencies and other sectors in policy dialogue, in order to develop and implement national health policies, strategies and plans aligned with intersectional "Health in All Policies" and human rights-based approaches that will increase the resilience of their health systems as part of the effort to promote equitable progress towards universal health coverage and attainment of the Sustainable Development Goals.	To support health officials engaging with stakeholders from other relevant sectors in the process of policy dialogue to build on intersectional approaches and prevention activities with the aim to improve health for all and reducing health inequalities and the implementation of national strategic health policy framework. SDGReference: 0308XX	CS	

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors
4.2	Integrated people-centred health services	4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	421C3 Promote and disseminate, at national and local levels, successful approaches based on public health principles in order to reduce inequalities, prevent diseases, protect health and increase well-being through different models of care delivery matched with infrastructures, capacities and other resources.	CS	
4.3	Access to medicines and other health technologies and strengthening regulatory capacity	4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	431C1 Provide/coordinate technical support for revising and effectively implementing national policies, strategies and tools for access to and rational use of affordable essential medicines, including antimicrobials, vaccines and other health technologies.	CS	
4.4	Health systems, information and evidence	4.4.2. Countries enabled to plan, develop and implement an eHealth strategy	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology	T1-Reduce premature mortality in the Europe by 2020	442C1 Support capacity-building and partnerships in developing and implementing a national eHealth strategy to improve health services and evidence-based policy-making, including shifting to electronic health records.	CS	
4.4	Health systems, information and evidence	4.4.3. Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	T1-Reduce premature mortality in the Europe by 2020	443C1 Establish mechanisms for continually strengthening national capacity in knowledge management and translation to support the implementation of public health policies and interventions.	CS	
E.2	Country Health Emergency Preparedness and the international Health Regulations (2005)	E.2.1. Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	T1-Reduce premature mortality in the Europe by 2020	E2101 Review annual reporting on the implementation of the International Health Regulations (2005) in coordination with national focal points.	IC	