

Biennial Collaborative Agreement
between
the Ministry of Health of the Slovak Republic
and
the Regional Office for Europe
of the World Health Organization
2016/2017

Signed by:

For the Ministry of Health

Signature

Name Dr. Viliam Čislák, MBA, MPH

Date

Title Minister of Health

29.2.2016

For the WHO Regional Office for Europe

Signature

Name Dr. Zsuzsanna Jakab

Date

Title Regional Director

09.02.2016

Table of Contents

INTRODUCTION	2
TERMS OF COLLABORATION	4
PART 1. SETTING PRIORITIES FOR COLLABORATION FOR 2016–2017	5
1.1 Health situation analysis	Chyba! Záložka nie je definovaná.
1.2 Priorities for collaboration	5
1.2.1 Implementing the Health 2020 agenda in the Slovak Republic.....	5
1.2.2 Linkage of BCA with national and international strategic frameworks for the Slovak Republic	6
1.2.3 Programmatic priorities for collaboration with the Slovak Republic	6
Category 1: COMMUNICABLE DISEASES	7
Category 2: NONCOMMUNICABLE DISEASES.....	8
Category 3: PROMOTING HEALTH THROUGH THE LIFE COURSE.....	10
Category 4: HEALTH SYSTEMS	13
Category 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE	15
PART 2. Budget and Commitments for 2014–2015	16
2.1 Budget and financing	16
2.2 Commitments	16
2.2.1 Commitments of the WHO Secretariat	16
2.2.2 Commitments of the Government.....	16
LIST OF ACRONYMS	17

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 (further referred to only as Ministry of Health), for the biennium 2016–2017.

This 2016–2017 BCA is aligned with 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.

WHO's Programme budget 2016–2017, as approved by the World Health Assembly at its Sixty-eighth session in resolution WHA68.1, 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 new 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 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.

Health 2020 was informed by the latest evidence and developed in broad consultation with technical experts, Member States, civil society and partner organizations.

Description of the Biennial Collaborative Agreement

This document constitutes a practical framework for collaboration, which 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 2016–2017 has taken its point of departure from the bottom-up planning process for 2016–2017 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 2016–2017. 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 Ministry of Health

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 2016–2017, which will be the focus of the joint efforts of the Ministry of Health and the WHO Secretariat.

Summaries by programme budget category, outcomes, programme budget outputs and deliverables, 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 by the WHO Secretariat and the Ministry of Health.

TERMS OF COLLABORATION

The priorities (PART 1) provide a framework for collaboration for 2016–2017. 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 2016–2017 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Ministry of Health 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 provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

After the BCA is signed, the Minister of Health will reconfirm/nominate 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 overall coordination and management of the BCA work plan is the responsibility of the Head of the WHO Country Office (HWO), who will be responsible for implementation of the BCA on behalf of WHO. The BCA work plan, including planned Programme budget outputs, deliverables and implementation schedule, will be agreed accordingly between the two. Implementation will start at the beginning of the biennium 2016–2017. The Regional Office will provide the highest possible level of technical assistance to the country, facilitated and supported by the Country Office or other modalities present in the country.

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 the Country Office 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 Ministry of Health 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 2016–2017

1.1 Health situation analysis

Pursuant to the Slovak Constitution, health is a universal value, a fundamental human right, and the government provides adequate accessibility to and quality of health services to all citizens. Health care system is based on solidarity and the law stipulates the scope of services reimbursed from public health insurance, which is mandatory for all. Health is an essential resource not only for individuals but also for society as a whole.

Urgent health policy priority in the field of communicable diseases and social determinants of health in the Slovak Republic is further development of the control and treatment of TB, particularly in relation to vulnerable groups and focusing on cross-border cooperation in the context of the public health challenges of the EU from migration, on the ground that Slovak Republic serves as a model country in Central Europe with an appropriate system of monitoring and dispensarization.

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 with causes of death that account for more than 95%. The most common chronic non-infectious 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. Tumours 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 the surveillance and control and improve the monitoring of NCDs. 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 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 (medical exposure) is the highest contribution to the overall radiation exposure of the human population in developed countries (more than 95% of the radiation burden of all the artificial radiation sources) and in the last decade has almost doubled.

1.2 Priorities for collaboration

1.2.1 Implementing the Health 2020 agenda in the Slovak Republic

The Slovak Republic develops Health 2020 agenda through the implementation of national strategic health policy framework. The process will be 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 designed activities for the period 2016-2017 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 following collaboration programme for 2016–2017 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 key Sustainable Development Goal/s (SDG) is provided for every category.

CATEGORY 1: COMMUNICABLE DISEASES

Programme area: Tuberculosis

Outcome 1.2: Universal access to quality tuberculosis care in line with the post-2015 global tuberculosis strategy and targets

SDG/s linked to Outcome:

SDG 1: End poverty in all its forms everywhere

SDG 3: Ensure healthy lives and promote well-being for all at all ages

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
1.2.1	Worldwide adaptation and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1	121C1 -Support and strengthen the country capacity in the adaptation and implementation of guidelines and tools in line with the post-2015 global strategy, current national strategic plans and national health reform.	CS	
		121C2 -Training and dissemination of good practice to stop TB as a public health problem by 2025 through implementation of sustainable measures included in health systems and involvement of relevant stakeholders and promote TB control worldwide.	CS	
		121R1 -Complement countries' capacity to support adaptation and strengthen their capacity to implement WHO guidelines and tools in line with the post-2015 global strategy		IC

CATEGORY 2: NONCOMMUNICABLE DISEASES

Programme area: Noncommunicable diseases

Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

SDG/s linked to Outcome:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
2.1.2	Countries enabled to implement strategies to reduce modifiable risk factors for NCDs (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants	212C1 -Support multisectoral policy planning for adoption and implementation of National programme for promotion of physical activity	CS	
		212C2 -Provide technical assistance to development of national database for continuous monitoring of obesity and physical activity using WHO tools	CS	
2.1.3.	Countries enabled to improve health care coverage for the management of CVDs, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems	213C2 -Increase health care coverage for NCDs and their risk factors, as well as the integration of measures for the prevention and control of NCDs and reducing health equity gaps	CS	
2.1.4.	Monitoring framework implemented to report on the progress made on the commitments contained in the	214C2 -Strengthen national capacity to monitor the national health situation for NCDs and their related modifiable risk factors	CS	

	Political Declaration of the High-Level Meeting of the UN GA on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020			
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Programme area: Disabilities and rehabilitation

Outcome 2.4: Increased access to services for people with disabilities

SDG/s linked to Outcome:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
2.4.1.	Implementation of the WHO global disability action plan 2014–2021: Better health for all people with disability, in accordance with national priorities	241C2 -Support countries in strengthening national policy, planning and coordination mechanisms for rehabilitation, assistive technology and community-based rehabilitation for persons with disabilities	CS	
		241C3 -Support countries in the collection, analysis, dissemination and use of national data on disability for policy, programming and advocacy	CS	

CATEGORY 3: PROMOTING HEALTH THROUGH THE LIFE-COURSE

Programme area: Reproductive, maternal, newborns, child and adolescent health

Outcome 3.1: Increased access to interventions for improving health of women, newborns,

children and adolescents

SDG/s linked to Outcome:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

SDG 5: Achieve gender equality and empower all women and girls

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
3.1.5.	Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours	315C3 -Support to conducting the Health Behaviour in School-aged Children survey (HBSC) to strengthen quality and availability of information on adolescent health and impact of programmes to prevent NCDs, violence, injuries, substance use, mental health, HIV and other STDs, S&RH, and to promote healthy lifestyle	CS	
		315R2 -Facilitate regional policy dialogue on, and intercountry technical cooperation in, sharing technical evidence, successful experiences and best practices in adolescent health, and monitoring implementation of adolescent health programmes		IC

Programme area: Social determinants of health

Outcome 3.4: Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health

SDG/s linked to Outcome:

SDG 1: End poverty in all its forms everywhere

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 5: Achieve gender equality and empower all women and girls

SDG 10: Reduce inequality within and among countries

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
3.4.1	Improved country policies, capacities and intersectoral actions for addressing the SDH and reducing health inequities through “health-in-all-policies”, governance and universal health coverage approaches in the sustainable development goals	341C1 -Address social determinants of health and reduce inequalities by means of a “health-in-all-policies” approach, convening policy dialogues and establishing a coordination mechanism to support the governance	CS	
3.4.2	A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO	342C1 -Support the integration of social determinants of health and health equity in national health programmes, policies and strategies, including in WHO and country programmes	CS	
		342R1 -Develop or adapt capacity-building and guidance and provide technical support to countries for the integration of social determinants of health and health equity in WHO’s and countries’ programmes, policies and strategies		IC

Programme area: Health and the environment

Outcome 3.5: Reduced environmental threats to health

SDG/s linked to Outcome:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
3.5.1	Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks	351C2 -Convene partners and support the strengthening of national capacity for preparedness and response to environmental emergencies, related to, among others, climate, water, sanitation, chemicals, air pollution and radiation, as well as other environmental health emergencies, including in the context of the International Health Regulations (2005)	CS	
		351R2-Assist country offices in supporting the implementation of assessments and development of policies and regulations, and in strengthening health systems in order to manage environmental threats to health and promote and protect workers' health, including during environmental emergencies		IC

CATEGORY 4: HEALTH SYSTEMS

Programme area: Integrated people-oriented health services

Outcome 4.2: Policies, financing and human resources in place to increase access to integrated, people-centred health services

SDG/s linked to Outcome:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 5: Achieve gender equality and empower all women and girls

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

o.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
4.2.1	Equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened	421C3 -Promote at national and local levels successful public-health approaches with necessary infrastructures, capacities and other resources in order to reduce inequalities, prevent diseases, protect and promote health and increase well-being	CS	
		421C4 -Provide support for improving the performance of primary, hospital, long term, community and home-based care services within integrated, people-centred health service delivery systems, including strengthening their governance, accountability, management, quality and safety	CS	

Programme area: Health system, information and evidence

Outcome 4.4: All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities

SDG/s linked to Outcome: SDG 3, SDG 5, SDG 10, SDG 16

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 10: Reduce inequality within and among countries

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
4.4.3	Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge	443C1 -Establish mechanisms for continually strengthening national capacity in knowledge management and translation (Evidence Informed Policy Network, EVIPNet) and use the evidence for public health policies and interventions making and implementation	CS	
		443R1 -Assist country offices to provide support for strengthening national capacity in identifying, generating, translating and using evidence for policy making through platforms for knowledge translation		IC

CATEGORY 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE

Programme area: Alert and Response Capacities

Outcome 5.1: All obligations under the International Health Regulations (2005) met

SDG/s linked to Outcome:

SDG 3: Ensure healthy lives and promote well-being for all at all ages

SDG 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

No.	Programme budget output	Deliverable(s)	Mode of delivery	
			Country-specific (CS)	Intercountry (IC)
5.1.2.	Standing capacity to provide E-B and timely policy guidance, risk assessment, information management, response and communications for all acute public health emergencies of potential international concern	512C1 -Use a common WHO event-based surveillance and risk assessment system and procedures for all identified public health events of international concern	CS	
		512R1 -Contribute to further development of a common WHO event-based surveillance and risk assessment system with common procedures for all identified public health events of international concern, and encourage its use		IC

The above collaboration programme is based on the country-specific needs and WHO regional and global initiatives and perspectives. It aims to facilitate the strategic orientation of collaboration and to serve as a basis for focusing collaboration on a select number of priority outcomes and Programme budget outputs deemed feasible to achieve and essential to improving the health situation, and to which WHO can make a unique contribution.

PART 2. Budget and commitments for 2016–2017

2.1 Budget and financing

The total budget of the Slovak Republic BCA is US\$ 133 000. All sources of funds will be employed to fund this budget.

In accordance with World Health Assembly resolution WHA66.2, 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, as it includes technical assistance and other inputs from WHO headquarters, the Regional Office, GDOs and country offices. 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 Ministry of Health 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.

The dynamic, timing and allocations for implementation of activities as per this BCA is a subject of agreement between HWO (in consultation with Technical Units of the WHO Regional Office for Europe) and the National Counterpart. A list of concrete activities under specified deliverables will be further detailed by Exchange of letters between HWO and National Counterpart after signing this BCA.

The National Counterpart and the HWO will jointly prepare information on progress of implementation of the BCA activities on yearly basis and use of the BCA funds on quarterly basis.

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 Ministry of Health

The Ministry of Health 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 ACRONYMS

AC – assessed contributions
BCA – Biennial Collaborative Agreement
CS – country specific (deliverable)
CO – Country Office
EURO – WHO Regional Office for Europe
GDO – geographically dispersed office
HWO – Head of the WHO Country Office
IC – intercountry (deliverable)
NCD – noncommunicable disease
RO – Regional Office
SDGs – Sustainable Development Goals
SDH – social determinants of health
UN – United Nations
UN GA - United Nations General Assembly
WHO – World Health Organization