



**Biennial Collaborative Agreement  
(BCA)**

between

**the Ministry of Health of the Czech Republic**

and

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

**2008/2009**

*Signed by:*

*For the Ministry of Health of the Czech Republic*

_____	2.1.2008
<i>Signature</i>	<i>Date</i>
_____	_____
Tomaš Julínek, M.D.	Minister of Health
<i>Name</i>	<i>Title:</i>

*For the WHO Regional Office for Europe*

_____	2.1.2008
<i>Signature</i>	<i>Date</i>
_____	_____
Marc Danzon, M.D.	Regional Director
<i>Name</i>	<i>Title</i>

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## Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization Regional Office for Europe and the Ministry of Health of the Czech Republic for the biennium 2008–2009 (1.1.2008 – 31.12.2009).

This 2008–2009 BCA is part of a provisional Medium-term framework for collaboration between the WHO Regional Office for Europe and the Ministry of Health for the six-year period 2008–2013, which corresponds to the period covered by the WHO Medium term strategic plan (MTSP 2008–2013) and shall enter into force on the date of signature by both the WHO Regional Office for Europe and the Ministry of Health.

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

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 Ministry 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 second year 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 work plan* will be developed for the biennium. For each expected result, the work plan 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 indicates 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 work plan 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 shall facilitate the strategic orientation of collaboration.

**Strengthening health systems performance is seen as the overall priority, including:**

**1. Scaled up prevention and control of non communicable diseases (NCD)**

- Mechanisms for implementation of modern national NCD strategy developed

**2. Improving access to and efficiency of health services**

- Reduced environmental hazards as integrated part of developed pandemic response plan
- Better integrated public health, primary health care and social services

**3. Strengthened health work force availability and skills**

- Harmonized health professions curricula
- Rationalized use of medicines
- Improved patient safety

## **PART 2. Biennial Collaborative Agreement for 2008–2009**

### **1. Priorities**

#### **Priority 1: Scaling up and prevention of non communicable diseases (NCD)**

- a) Updated national NCD strategy addressing risk factors associated with risk behavior and social determinants; implementation in progress
- b) Implementation of mental health strategy supported and monitored

#### **Priority 2: Improving access to and efficiency of health services**

- a) Public health policy for healthy ageing formulated
- b) Pandemic response plan developed
- c) Strengthen integration of health services with particular emphasis on public health, primary health care and social services

#### **Priority 3: Strengthening health work force availability and skills**

- a) Harmonized health professions curricula developed in line with EU requirements
- b) Rational use of medicines improved
- c) Patient safety improved

### **2. Budget:**

**The total estimated budget amounts to US \$ 500,000.** 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 Ministry of Health of the Czech 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 Ministry of Health***

The Ministry of Health shall provide all personnel, materials, supplies, equipment and local expenses necessary for the technical cooperation. The Ministry of Health is encouraged to supplement funding for the above activities through fundraising.

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

### Priority 1: Scaling up and prevention of non communicable diseases (NCD)

Estimated Budget: \$ 100,000

Сщгтекн Expected Results <i>Contribution to OWER</i>	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
			ST	FN	RG	SD
<b>1. Updated national NCD strategy addressing risk factors associated with risk behavior and social determinants; implementation in progress</b>  <i>OWER: 3.2</i>	NFS NCD ADU SED VIP TRT	Guidelines on risk factors advice, with focus on nutrition, for the primary health care level	X			X
		Situation analysis with respect to unintentional injuries burden and prevention activities with a focus on major risk factors	X			X
		Recommendations on national plan for the prevention of child violence	X			
<b>2. Implementation of mental health strategy supported and monitored</b>  <i>OWER: 3.4</i>	MNH	Indicators of quality measurement for monitoring mental health interventions				X
		Community-based mental health care in selected pilot region				X

**Priority 2:**  
Estimated Budget:

**Improving access to and efficiency of health services**  
\$ 250,000

Country Expected Results <i>Contribution to OWER</i>	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
			ST	FN	RG	SD
<b>1. Public health policy for healthy ageing formulated</b>  <i>OWER: 4.8</i>	AGE IHD HCP	Methodology for health profiling and health promotion (local level) with emphasis on healthy urban planning, healthy ageing and vulnerable population	X			X
<b>2. Pandemic response plan developed</b>  <i>OWER: 8.5</i>	EHP CHE DPR	Environment and health performance review	X			X
		"Multi sector-multi hazard" approach to health systems preparedness planning for future health crises	X			X
<b>3. Strengthen integration of health services with particular emphasis on public health, primary health care and social services</b>  <i>OWER: 10.1</i>	HIU EMS	Recommendations on development and implementation of national E-health policy				X
		Situation analysis of emergency medical services and emergency departments, organization & coordination mechanisms to provide data for quality improvement and standardization of services	X		X	X



**Priority 3:**  
Estimated Budget:

**Strengthening health workforce availability and skills**  
\$ 100,000

Expected Results <i>Contribution to OWER</i>	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
			ST	FN	RG	SD
<b>1. Harmonized health professions curricula developed in line with EU requirements</b> <i>OWER: 10.8.</i>	HRH	Public health faculty training schemes for health workers			X	X
<b>2. Rational use of medicines improved</b> <i>OWER: 11.2</i>	HTP CDS	Tools for improved drug prescribing	X			X
		Recommendations on updating and implementing National plan on containing anti-microbial resistance	X			X
<b>3. Patient safety improved</b> <i>OWER: 11.1</i>	HOS PHC QHS	Recommendations on running National reporting system on adverse events in health care and their prevention strategy	X			X
		Recommendations on the implementation of tools on monitoring and evaluation of quality in primary health care			X	X

**WHO Office:** **Management and coordination of BCA implementation**  
 Estimated budget: \$ 50,000

<b>Country Expected Results</b> <i>Contribution to OWER</i>	EURO technical units involved	Products
<b>1. Strengthened country programme coordination</b>  <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 work plan 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  
DOTS – Directly observed therapy short-course  
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria  
IDU – Injecting drug users  
MDR – Multidrug resistance  
PHC – Primary health care  
STI – Sexually transmitted infections

### Abbreviations of technical programmes in WHO/EURO

ADU – Alcohol and Drugs programme  
AGE – Ageing  
CDS – Communicable Diseases  
CHE – Childrens Health and Environment  
CPS – Country Policies, Systems and Services  
DPR – Disaster Preparedness and Response  
EHP – Environment and Health Coordination and Partnership  
EMS – Emergency Medical Services  
IFH – Investment for Health  
HCP – Healthy Cities and Urban Governance  
HIU – Health Information unit  
HOS – Hospital Services programme  
HRH – Human Resources for Health programme  
HTP – Health Technologies and Pharmaceuticals programme  
MNH – Mental Health programme  
MSP – Country Operations Management Support programme  
NCD – Noncommunicable Diseases programme  
NCL – Noncommunicable Diseases and Lifestyles  
NFS – Nutrition and Food Security programme  
OIC – Operations in Countries programme  
PHC – Primary health care  
SED – Socioeconomic Determinants of Health  
TRT – Transport and Health  
VIP – Violence and Injury Prevention