



**Biennial Collaborative Agreement
(BCA)**

between

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


and

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

2010/2011

Signed by:

For the Ministry of Health of the Czech Republic



Signature

2.12.2009, Prague

Date

Dana Juraskova

Name

Minister of Health

Title

For the WHO Regional Office for Europe



Signature

8.12.2009, Copenhagen

Date

Marc Danzon, M.D.

Name

Regional Director

Title

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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 2010–2011 (1.1.2010-31.12.2011).

This 2010-11 BCA is part of a provisional Medium-term framework for collaboration between the WHO Regional Office for Europe and the Ministry of Health of the Czech Republic 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 Ministry of Health of the Czech Republic.

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

The medium term priorities for collaboration 2008-2013, as agreed by the national health authorities and WHO were taken as the starting point for the process leading to 2008-09 BCA as well as 2010-11 BCA and specified in Part 1 of this document. The WHO Secretariat then formulated *priorities for collaboration* for 2010-11 with the national health authorities that also take into account the Organization's global priorities and policy directions, a strategic assessment of the Czech Republic'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 of Health and WHO.
2. The second part focuses on the biennium 2010–2011. For each biennial priority, the WHO Secretariat has defined one or more *country expected results* (CER) to be achieved during 2010–2011. 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. Under each Priority is a table showing the associated country expected results, and next to each of these is the list of products (one or more) associated with the CER that will be delivered through the collaboration of the WHO Regional Office for Europe. 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 process, 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 2010–2011, 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 Czech Republic 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 of the objective of each CER (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 2010–2011. 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 used for achieving CERs predominantly at country level, coming from both the WHO assessed contributions and from any other source. The value of WHO staff input to the BCAs is not reflected in these estimates, and hence the figures greatly understate the real value of the support to be provided. The funds included in this BCA are the Organization's funds allocated for the Regional Office's cooperation with the Czech Republic. Implementation of the country programme workplan is the only way to mobilize 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.

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 2010–2011

1. Priorities and Country Expected Results

PRIORITY 1: NCD control and prevention

- Implementation of population wide health promotion and disease prevention policies and programmes with focus on violence and injuries prevention.
- Increased capacity to provide mental health services sensitive to needs of users.
- Strengthened public health policies to better respond to major health risks and socio-economic determinants of health focusing on prevention of obesity and tobacco control.

PRIORITY 2: Strengthening the health system

- Strengthened capacity to support action in addressing active and healthy ageing.
- Strengthened health system preparedness and response to health threats and public health emergencies.
- Developed evidence based management and eHealth policy

PRIORITY 3: Strengthening health work force availability and skills

- Developed evidence-based policy guidance on promoting rational and cost-effective use of medical products and technologies.
- Strengthened national capacity for improving quality of health care and patient safety.

2. Budget

The total estimated budget amounts to US\$ 375,000. 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

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: NCD control and prevention

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
1. Implementation of population wide health promotion and disease prevention policies and programmes with focus on violence and injuries prevention	Recommendations made for national injury and violence prevention policies and capacity built on violence and injury prevention	X		X	X
2. Increased capacity to provide mental health services sensitive to needs of users.	Implementation of community-based mental health care model in pilot region supported and model applied to other regions				X
	Destigmatisation processes linked to MH disorders and care in the country supported	X			X
3. Strengthened public health policies to better respond to major health risks and socio-economic determinants of health focusing on prevention of obesity and tobacco control.	Assessment including recommendations about the social determinants of obesity and tobacco smoking and the distribution of risk across the population in the country	X			X

Priority 2: Strengthening the health system

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
1. Strengthened capacity to support action in addressing active and healthy ageing	Conditions and programmes supporting healthy and active ageing created	X			X
2. Strengthened health system preparedness and response to health threats and public health emergencies	Capacity building of the national emergency system for international cooperation in crisis management	X		X	X
	Situation analysis of EMS and emergency departments, organization and coordination mechanisms to provide data for quality improvement and standardization of services	X		X	X
3. Developed evidence based management and eHealth policy	Recommendations for implementation of eHealth national policy proposed				X

Priority 3: Strengthening health work force availability and skills

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
1. Developed evidence-based policy guidance on promoting rational and cost-effective use of medical products and technologies	Tools for improved rational drug prescribing in primary care	X			X
2. Strengthened national capacity for improving quality of health care and patient safety	Support to developing systems for reporting and processing of health care related adverse events in primary care in the country provided with the aim to promote better quality of health care	X		X	X

Management and coordination of BCA implementation

Country Expected Results	Products
1. Strengthened country programme coordination	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

CER – Country Expected Result

FN – Health system financing function

HQ – World Health Organization headquarters

MTSP – WHO Medium Term Strategic Plan

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

MDG – Millennium Development Goals

PHC – Primary health care