World Health Organization
REGIONAL OFFICE FOR Europe

Biennial Collaborative Agreement

between

the Ministry of Labour, Health and Social Affairs of Georgia

and

the Regional Office for Europe
of the World Health Organization

2016/2017

Signed by:

For the Ministry of Labour, Health and Social Affairs

Signature — *Date* 28 April 2016

Name Dr David Sergeenko

Title Minister of Labour, Health and Social Affairs

For the WHO Regional Office for Europe

Signature — *Date* 19 April 2016

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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 Labour, Health and Social Affairs of Georgia, on behalf of its Government, 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 bythe 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'sProgramme budget 2016–2017, as approved by the World Health Assembly at its Sixty-eighth session in resolution WHA68.1, wasstrongly shaped by Member States, which have reviewed and refined the priority-setting mechanisms and the five technical categories and one managerial category bywhich 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 62ndsession.

The Health 2020 policy framework is an innovative roadmap, which sets out the Regional Office's new vision and underpinsthe European Region's strategic health prioritiesfor the coming years.

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 proposespaths 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 upin a processof 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 budgetoutputs, while the outcomes define Member States' uptake of these outputs.Achieving the Programme budgetoutcomes 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 Secretariatand 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 Georgia.

The document is structured as follows:

1. PART 1 covers the health impactsthat 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 Government and the WHO Secretariat.

   Summariesby programme budget category, outcomes, programme budgetoutputs and deliverables and mode of delivery are included. Two modes of deliveryare 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 Government.

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 budgetoutputsand agreed deliverables for 2016–2017 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Governmentas 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 BCAis signed, the Ministry 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 and liaise with all national technical focal points on a regular basis. The Head of the WHO Country Office (HWO) will be responsible for implementation of the BCA on behalf of WHO. The BCA workplan, including planned Programme budgetoutputs, deliverables and implementation schedule, will be agreed accordingly. 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 overall coordination and management of the BCA workplan is the responsibility of the 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 comefrom 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 tothe 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 2016–2017

1.1 Health situation analysis

Government of Georgia after elections (October, 2012) declared moving towards Universal Health Coverage. As per governmental commitment, Universal HealthCare (UHC) Program came into force from February 28, 2013 - minimal basic benefit package (BBP), provided as vertical programs for PHC and emergency hospital services. After transitional period, from July 1, 2013, the government expended volume of the program with adding to existing BBP more services, including planned hospital treatment. Currently existing BBP is providing planned and emergency ambulatory/hospital services for whole population of Georgia.

The health status of the populationof Georgia by evaluating trends of health indicators, is worth compared to Western European averages, though after deteriorating of general health situation in 90th many health indicators (among them life expectancy at birth, natural growth, etc.), are being improving.Adult morbidity and chronic diseases have become an increasing public health problem. Mortality structure is led by the diseases of circulatory system and cancer.Non-Communicable Diseases create serious challenges due to their prevalence, burden of disease, premature death, and account almost 93% of all deaths in Georgia. Country has developed a draft of the National Strategy and Action Plan to prevent and control NCD, with WHO technical assistance, and prevention and control of NCD and promotion of health lifestyle are considered important priorities for Government. All major risk factors for NCD are spread in whole society though affecting vulnerable population more. Tobacco consumption in population is high, and increasing figures of tobacco use in adolescents create more concern. In March 2013 State Committee for Strengthening Tobacco Control Measures in Georgia has been created under Prime Minister leadership and Ministry of Labor, Health and Social Affairs with the NationalCenter for Disease Control and Public Health (NCDC) execute function of the Secretariat of the Committee. Tobacco Control National Strategy has been elaborated and approved by the Prime Minister in July 2013, and Action Plan of Tobacco Control for 2013-2018, that is in compliance with all FCTC requirements, has been elaborated and approved by government in November 2013. Major focus of this Action Plan is on youth to prevent the start of tobacco use. Figures for maternal mortality for Georgia have been improving for last decade, but still high compared to EU countries. Immunization services need to be further strengthened to address immunity gaps accumulated during recent years and to achieve regional target of elimination measles/rubella. It is also important to support introduction of new vaccines and to monitor these programmes. Good surveillance in place should be ensured. Looking at the widely spread communicable diseases highest priority is given to tuberculosis control, as overall TB prevalence continues to be high; particularly alarming is increasing numbers of X/MDR-TB in the country.Hepatitis C presents high burden for the country. In April 2015 Government started an unprecedented initiative - C Hepatitis Elimination Program, which offerstoall citizensdiagnosis and free treatment in accordance to agreed criteria.

Current government approaches are in compliance with WHO general vision and particularly with the European Health Strategy – Health 2020. A new Health Sector Development Strategic Plan of Georgia “Universal Healthcare and Quality Control for Protecting Patients‘ Rights”, has been elaborated in 2014 covering the period 2014-2020. The document is aligned with Health2020 visions. Draft National Strategy for NCD (2013-2018) has been elaborated. From the second part of 2015 the Government began working on elaboration of a new National Environment Health Action Plan (NEHAP). Close collaboration with WHO is needed to have those National strategies be fullyaligned with theEuropean Strategy-Health 2020, to ensure that major values, vision, objectives and targets are properly addressed.

1.2 Priorities for collaboration

1.2.1 Implementing the Health 2020 agenda in Georgia

For main efficient interventions declared and being in the process of implementation by the government, the whole of government approach with strong intersectorial collaboration is expected to ensure right to health for the whole population and particularly various vulnerable groups. In this regard close collaboration with WHO and technical assistance in major directions has been negotiated for aligning Country strategies with new European Health Strategy – Health 2020, introducing its vision, main targets and objectives.

1.2.2 Linkage of BCA with national and international strategic frameworks for Georgia

This BCA for Georgiasupports the realization of Georgia's national health policies and plans:Health Sector Development Strategic Plan of Georgia 2014-2020: "Universal Healthcare and Quality Control for Protecting Patients' Rights"; Universal Healthcare Program and other national strategies and action plans which are contributing to achieving those major policies. This BCA has already identified the related key Sustainable Development Goalsand supports the realization of the Georgian United Nations Development Assistance Framework (UNDAF) -UN Partnership for Sustainable Development (UNPSD), Georgia, 2016-2020.

1.2.3Programmatic priorities for collaboration

The following collaboration programme for 2016–2017was mutually agreed and selected in response to public health concerns and ongoing efforts to improve the health status of the population of Georgia.

The Programme budget outputsand deliverables are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

A linkage to therelated key Sustainable Development Goal/s (SDG) is provided for every category.

Category 1.COMMUNICABLE DISEASES

Programme area: HIV AND HEPATITIS
Outcome: Increased access to key interventions for people living with HIV
SDG/s linked to Outcome: 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)**
1.1.2	Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support	112C1-Support the development and implementation of national multisectoral policies and strategies on viral hepatitis prevention and control based on local epidemiological context	X	

Programme area: TUBERCULOSIS
Outcome: Universal access to quality tuberculosis care in line with the post-2015 global tuberculosis strategy and targets
SDG/s linked to Outcome: 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)**

1.2.2.	Updated policy guidelines and technical tools to support the adoption and implementation of the global strategy and 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	122C1-Support GEO in adapting global tuberculosis policies to national policies, strategies and plans which reflect country priorities in line with the post-2015 global strategy and relevant regional frameworks	X	

Programme area: VACCINE PREVENTABLE DISEASES
Outcome: Increased vaccination coverage for hard-to-reach populations and communities
SDG/s linked to Outcome: 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)	Inter country (IC)
1.5.1	Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines	151C1-Support countries in developing and implementing national multi-year plans and annual implementation plans, including micro-planning for immunization, with a focus on under-vaccinated and unvaccinated populations	X	
1.5.2	Intensified implementation and monitoring of measles and rubella elimination strategies facilitated	152C1-Support countries in developing and implementing national strategies on measles elimination, rubella/congenital rubella syndrome elimination/control, and neonatal tetanus and hepatitis B control	X	

1.5.3	Target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization	153C1-Support countries in defining needs for new vaccine products and immunization-related technologies through in-country dialogue and backed up by country level evidence, and work with country stakeholders on related implementation research and data in order to inform decisions	X	

Category 2.NONCOMMUNICABLE DISEASES

Programme area: NONCOMMUNICABLE DISEASES

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

SDG/s linked to Outcome: 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)**
2.1.1.	Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated	211C2-Provide technical support to jointly develop and implement country-led national multisectoral plans to combat noncommunicable diseases, in line with the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and regional strategies, plans and frameworks	X	
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	212C1-Lead WHO's interagency work in supporting multisectoral policy planning and implementation of policies and action plans to reduce modifiable risk factors for noncommunicable diseases	X	

Category 3.PROMOTING HEALTH THROUGH THE LIFE COURSE

Programme area: REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH
Outcome: Increased access to interventions for improving health of women, newborns, children and adolescents
SDG/s linked to Outcome: 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)**
3.1.2.	Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions	312C1-Support countries in developing policies and strategies, including for the integrated management of childhood illness, and in adapting/adopting and implementing guidelines and tools for preventing child deaths	X	

Programme area: HEALTH AND THE ENVIRONMENT
Outcome: Reduced Environmental Threats to Health
SDG/s linked to Outcome: 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)**
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	351C1-Strengthen national capacity to assess and manage the health impacts of environmental risks, including through health impact assessments, and support the development of national policies and plans on environmental and workers' health	X	

Category 4.HEALTH SYSTEMS

Programme area: NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS
Outcome: All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage
SDG/s linked to Outcome: 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)**
4.1.1.	Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and "health in all policies" and equity policies)	411C1-Facilitate the development and implementation of a comprehensive national health policy/strategy/plan that ensures and/or promotes the resilience of health systems and is in line with the International Health Partnership or similar principles	X	
4.1.2.	Improved national health financing strategies aimed at moving towards universal health coverage	412C1-Support country-level advocacy for, and policy on, health financing and financial protection in order to make progress towards universal health coverage	X	

Programme area: **HEALTH SYSTEMS, INFORMATION AND EVIDENCE**
Outcome: All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities
SDG/s linked to Outcome: 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)**
4.4.1	Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment	441C1-Regularly assess national and subnational health situation and trends using comparable methods, taking into account national, regional and global priorities, and ensure quality of statistics	X	

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: 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)**
5.1.1	Implementation and monitoring of the International Health Regulations (2005) at country level and training and advice for Member States in further developing and making use of core capacities required under the Regulations	511C1-Support to maintain IHR capacities throughout the biennium	X	

Programme area: EPIDEMIC-AND PANDEMIC-PRONE DISEASES
Outcome: 5.2 Increased country capacity to build resilience and adequate preparedness for mounting a rapid, predictable and effective response to major epidemics and pandemics
SDG/s linked to Outcome: 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)**
5.2.3	Implementation oversight of the draft global action plan on antimicrobial resistance, including surveillance and development of national and regional plans	523C2-Support national action against antimicrobial resistance, including development of plans and surveillance systems	X	
		523R1-Support country engagement in regional and global action plans on antimicrobial resistance		X
		523R2-Support country offices in developing national plans for antimicrobial resistance		X
		523R3-Monitor the regional situation and trends through collection of valid national surveillance data and		X

		information		

Programme area: POLIO ERADICATION
Outcome: 5.5.No cases of paralysis due to wild or type-2 vaccine-related poliovirus globally
SDG/s linked to Outcome: 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)**
5.5.1	Technical assistance to enhance surveillance and raise population immunity to the threshold needed to stop polio transmission in affected and at-risk areas	551C1-Provide direct in-country support for polio vaccination campaigns and surveillance in all countries either experiencing an outbreak of the disease, at high risk of such an outbreak or affected by polio	X	

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 GeorgiaBCA is US$ 300,000.00. 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 availablefunding, 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 thecountry 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 deliverablesdefined in thisBCA. 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

AA – Association Agreement between country and the European Union
BCA – Biennial Collaborative Agreement
CO – Country Office
DTRA – US Defence Threat Reduction Agency
EU – European Union
EURO – WHO Regional Office for Europe
GDO – geographically dispersed office
HWO – Head of the WHOCountry Office
MoLHSA– Ministry of Labour, Health and Social Affairs
NCDC – National Center for Disease Control and Public Health (NCDC)
RO – Regional Office
SDG – Sustainable Development Goal/s
UN – United Nations
UNDAF – United Nations Development Assistance Framework
UNPSD – UN Partnership for Sustainable Development
WHA – World Health Assembly

Technical abbreviations

AMR – antimicrobial resistance
Anti-HCV antibodies– antibodies against Hepatitis C Virus
BBP – basic benefit package
EVIPNet – WHO Evidence-Informed Policy Network
EMR system – Electronic Medical Record system
GAVI – Global Alliance for Vaccines and Immunisation
GFATM – the Global Fund to Fight AIDS, Tuberculosis and Malaria
GPEI – Global Polio Eradication Initiative
ICD –International Classification of Diseases
IHR – International Health Regulations
IMCI –Integrated Management of Childhood Illness
IPV– inactivated polio vaccine
M/XDR-TB – multidrug- and extensively drug-resistant tuberculosis
NCDs – noncommunicable diseases
NEHAP – National Environment and Health Action Plan
OPV –oral polio vaccine
PHC – primary health care
SDH –Social Determinants of Health
UHC –Universal HealthCoverage
WHO FCTC – WHO Framework Convention on Tobacco Control