



**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**

2014/2015

Signed by:

For the Ministry of Labour, Health and Social Affairs of Georgia

Signature

Date

Name *Dr David Sergeenko*

Title *Minister of Labour, Health and
Social Affairs*

For the WHO Regional Office for Europe

Signature

Date

Name *Zsuzsanna Jakab*

Title *Regional Director*

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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 Labour, Health and Social Affairs of Georgia, on behalf of its government, for the biennium 2014–2015.

This 2014–2015 BCA is aligned with the WHO's Twelfth General Programme of Work for the period 2014–2019, which has been formulated in light of the lessons learnt during the period of 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 January 2014. It reflects the three main components of WHO reform: programmes and priorities, governance and management.

WHO's programme budget 2014–2015 has been strongly shaped by Member States who have reviewed and refined the priority-setting mechanisms and the five technical categories and one managerial category in 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 for health and well-being, Health 2020, adopted by the Regional Committee for Europe at its sixty-second session.

The Health 2020 policy framework is an innovative roadmap, which sets out the Regional Office's new vision and underpins the European Region's strategic health priorities for 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 suggests 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.

Health 2020 is built around four priority areas for policy action:

- investing in health through a life-course approach and empowering people;
- tackling the Region's major health challenges: noncommunicable and communicable diseases;
- strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- creating resilient communities and supportive environments.

Applying an integrated Health 2020 approach to implementing the priority deliverables identified in this BCA will support the optimization of outcomes. The BCA will put Health 2020 into practice by applying the Health 2020 lens to the country situation; capturing and synthesizing the country's main focus and commitment in moving towards a Health 2020 vision in the 2014–2015 biennium; and identifying the main Health 2020 approaches to be used in implementing the outputs listed under each category.

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 WHO Regional Office for Europe Secretariat.

The collaboration programme for 2014–2015 has taken its point of departure from the Regional Office's outcome and output portfolio. In May 2013, the programme budget was approved by the World Health Assembly and since then, the Regional Office has fully aligned its portfolio to the new programme and results structure, the outputs and deliverables specified in Part 1 of this document reflect this change.

The proposed collaborative programme is based on analyses of the public health situation in the Region and input from national health authorities, while also taking into account WHO global priorities (as set out in the resolutions of the World Health Assembly and the WHO Regional Committee for Europe), policy directions and country priorities, and reflects the WHO strategic assessment.

Achieving the objectives of the BCA is the responsibility of both the WHO Secretariat and the government of the individual Member State.

Deliverables are the planned products and services for which the Organization is accountable. The programme budget outputs define Member States' uptake of these deliverables and constitute intermediate outcomes to which the Secretariat's work (deliverables) will contribute. Achieving the programme budget outputs is the joint responsibility of the individual Member State and the Secretariat of the Regional Office. At the highest level of the results chain, the outcomes contribute to the overall impact of the Organization, namely the sustainable changes in the health of populations to which the Secretariat and countries contribute.

The document is structured as follows:

1. PART 1 covers the health impacts hoped to be achieved through the agreed programme for collaboration in 2014–2015, which will be the focus of the joint efforts of the government and 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 by the WHO Secretariat and individual government.

Terms of Collaboration

The priorities (PART 1) provide a framework for collaboration for 2014–2015. The collaborative programme may be revised or adjusted during the course of biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs and agreed deliverables for 2014–2015, may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the individual 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 provide the agreed outputs, or in light of changes in funding. Either party may initiate amendments.

After the Biennial Collaborative Agreement is signed, the Ministry of Health will identify/confirm responsible national focal points for each of the programme budget outputs and appoint a national counterpart to liaise with all national focal points on a regular basis. The national counterpart will be responsible for the overall implementation of the BCA on the part of the ministry, while the Head of the WHO Country Office (HWCO) will be responsible on behalf of WHO. The BCA workplan, including planned programme budget outputs, deliverables and implementation schedule, will be agreed accordingly. Implementation will start at the beginning of the biennium 2014–2015. 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. Overall coordination and management of the BCA workplan is the responsibility of the HWCO.

WHO budget allocation for the biennium indicates the estimated costs of providing the planned outputs and deliverables predominantly at country level. Following the outcome of the Financing Dialogue, the funding will come both from 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 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 geographically dispersed offices (GDOs), and the input of the Country Office for delivering planned outputs and deliverables is not reflected in the indicated budget, hence the figures 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 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 2014–2015

1.1 Health situation analysis

Health and Health Care of the population is one of the major political priorities of the Government of Georgia. The Government's recent initiative is declared as moving to the **Universal Health Coverage** with main goal of covering 100% of the population with effective public health and health care services.

The health status of the population of Georgia by evaluating trends of health indicators are worth compared to Western European averages, though after deteriorating of general health situation in nineties 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 91% of all deaths in Georgia. Country is in the process of developing a National Strategy and Action Plan to prevent and control NCD, for which WHO is providing technical assistance for years, and prevention and control of NCD and promotion of health lifestyle are very important priorities for Government.

All major risk factors for NCD are spread in whole society though affected 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 National Center 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 will be 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. To reach MDG intensive interventions are needed. Accordingly immunization services need to be further strengthened to address immunity gaps accumulated during recent years and to achieve regional target of elimination measles/rubella by 2015. 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 quite high; particularly alarming is increasing numbers of X/MDR-TB in the country.

Looking at other public health problems it should be said that HIV/AIDS absolute figures are not extremely high, but the trend of growing epidemic is alerting as well as spread of hepatitis C, which is linked to similar risky behaviors and this creates high burden particularly for vulnerable population.

For all this, further strengthening of the health system is needed with continuous efforts for capacity building of health personnel, particularly nurses.

New government of Georgia from October 2012 declared moving towards universal health coverage (UHC) and accordingly Health State Program targeted at two million uninsured population came into force from February 28, 2013: minimal basic benefit package (BBP) initially provided as vertical programs for PHC and emergency services, namely ambulatory and emergency hospital services though from July 1, 2013, the government expanded volume of the program with adding to existing BBP more services, like planned hospital treatment and certain PHC services.

Universal Health Coverage calls for more public financing for health; reducing fragmentation in the funding channels; adopting purchasing mechanisms that incentivize efficient behaviour; reducing inefficiency in the structure of service delivery; and implementing regulatory mechanisms for different purposes and also with important task to control the cost of medicines, taking into account that higher proportion of all out-of-pocket expenses is attributable to medicines, which is particularly difficult for poor population. Co-payment mechanisms are introduced into State insurance packages for poor, but it is still limited and further elaboration of this regulation is needed, not to forget to address also issues of quality and safety. For majority of efficient interventions strong intersectoral collaboration is needed and whole of government approach can help to ensure that Right to health is ensured for the whole population including all vulnerable groups. To monitor trends and evaluate impact and efficiency of introduced action the government needs strong reliable information system and innovative eHealth project started in February 2011 and will go-live from 2014. It should interconnect providers, regulatory bodies, insurance companies and other entities for exchange and comparison of information for improving quality and effective managing resources. This is also field for continuous collaboration with WHO and other partners.

Current government approaches are very much in compliance with WHO general vision and particularly with the new European Health Strategy – Health 2020. And since the Government is working on elaboration of a new National Health Sector Development Strategy and Operational Plan; Draft National Strategy for NCD (2013-2018) elaborated; Mental Health Concept has been elaborated and approved by the Government and MH Action Plan is under development, close collaboration with WHO and technical assistance has been agreed and this should help to align National strategies with European Health 2020, for incorporation major values, vision, objectives and targets.

1.2 . Priorities for collaboration

1.2.1 Implementing the Health 2020 vision in Georgia

As declared by the government of Georgia in its move to Universal Health Coverage, for main efficient interventions planned in 2014-15 whole of government approach with strong intersectoral 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 Programmatic priorities for collaboration

The following collaboration programme for 2014–2015 was 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 outputs and deliverables are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

Category 1: COMMUNICABLE DISEASES

Programme Area: HIV/AIDS

Outcome: Increased access to key interventions for people living with HIV

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
1.1.1	Implementation and monitoring of the global health sector strategy on HIV/AIDS 2011–2015 through policy dialogue and technical support at global, regional and national level	Policy and strategy guidance to expand and strengthen universal access for prevention treatment and care, particularly for target groups	X	
		Viral hepatitis prevention and control programmes	X	

Programme Area: TUBERCULOSIS

Outcome: Increased number of successfully treated tuberculosis patients

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
1.2.1	Intensified implementation of Stop TB Strategy to scale up care and control, with focus on reaching vulnerable populations, strengthening surveillance, and alignment with health sector plans	Technical assistance to Georgia to scale up Stop TB strategy and M/XDR-TB response	X	

Programme Area: VACCINE PREVENTABLE DISEASES

Outcome: Increased vaccination coverage for hard-to-reach populations and communities

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 as part of the Decade of Vaccines Collaboration strengthened with emphasis on reaching the unvaccinated and under-vaccinated populations	Technical assistance provided to strengthen immunization programme management capacity in planning, financing and data management to improve access to and utilization of immunization services (and sustainability of immunization investments)	X	
		Technical assistance provided to GEO to strengthen immunization systems and utilization of immunization services	X	
1.5.2	Intensified implementation and monitoring of measles and rubella elimination, and hepatitis B control strategies facilitated	Intensified implementation and monitoring of measles and rubella elimination	X	
1.5.3	Target product profiles for new vaccines and other immunization-related technologies defined and research priorities to develop vaccines of public health importance and overcome barriers to immunization agreed	Technical support in strengthening management of vaccines and supplies including cold chain logistics	X	
		Technical assistance to support national capacity to collect and/or use surveillance data on diseases preventable by new vaccines to make evidence based decisions about use and impact	X	

Implementation through Health 2020 approaches:

From the category of Communicable Disease collaboration if the fields of HIV, TB, malaria were selected as well as strengthening of immunization services for reaching all target groups. Georgia still belongs to countries with low HIV prevalence and during last decade have made substantial progress. Georgia reports universal access to antiretroviral therapy and provides universal access to services related to prevention of mother-to-child transmission (PMTCT) of HIV. However important challenges remain. High prevalence of such risk factor as injection

drug use, geographic location next to countries with fastest growing epidemics, places Georgia at risk of wider spread of HIV. One of the important challenges of the national HIV response is the low coverage of key populations with preventive interventions and HIV testing and counselling specifically for population at risk. 54% of cases are registered at late stage which causes high overall mortality among HIV/AIDS patients and represents serious problems. Due to the similar reasons hepatitis C is very serious growing public health problem in Georgia for which the major risk factor in majority of cases is also history of injecting drug use. The access to HCV treatment is determined by high prices of medications and patients from certain social groups have limitations to treatment. There is ongoing governmental initiative on negotiation of medications prices for increasing access to HCV treatment. To strengthen public health approaches for prevention, considering WHO competencies, collaboration for relevant policies' implementation focusing on vulnerable population, was chosen.

There is still a high prevalence of resistant tuberculosis in Georgia; and Georgia is among countries with the highest burden of MXDR-TB. To look at strengthening of various function of patient centered health system is important with focus on vulnerable groups, health in prisons and intersectoral collaboration for continuity of services. Special attention should be paid on Governance issues on some aspects, like to work out regulation for decreasing misuse of antibiotics for therapy, to ensure tools for motivation of patients to complete TB treatment. WHO technical assistance in MXDR-TB control is still needed.

Transmission of locally acquired malaria was interrupted in Georgia in 2010, and the country moved into the phase of prevention of reintroduction of malaria. However, imported malaria case, registered in country revealed the need to have effective mechanisms for preventing of re-introduction of local malaria transmission, considering presence of high-risk endemic areas for malaria in the country, natural-climatic conditions, intensive migration of population and localization of malaria foci at bordering areas. In 2014-15 there is a need for strategic coordination and technical guidance of malaria elimination programme, taking into account the positive experience accumulated over the past years, cross-boarder collaboration with Azerbaijan.

Last years reforms in the health system with transferring of immunization service to the private health sector, created some uncertainty in estimation of target population and vaccine management. In the light of introduction of universal health insurance coverage, immunization was declared as a high priority. Intensive response to measles outbreak also reveal need for further collaboration for improvement of overall immunization coverage and addressing immunity gaps accumulated during last several years, to ensure access to immunization service for the whole population in the country and reaching target groups.

Challenges under this Category will be addressed through the following general actions proposed by WHO:

Support for evidence based intervention in the field of HIV/AIDS, TB, Immunization system strengthening considering various aspects of managing and governance, introduction of new vaccines, implementation of National plans focused on reaching vulnerable populations, promotion of intersectoral collaboration. WHO competency to be used for strengthening surveillance and monitoring.

Category 2: NONCOMMUNICABLE DISEASES

Programme Area: NONCOMMUNICABLE DISEASES

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

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
2.1.1	Development of national multisectorial policies and plans for implementing interventions to prevent and control noncommunicable diseases facilitated	Monitoring framework implemented to report on progress in realizing the commitments made in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the global action plan for the prevention and control of Non-communicable Diseases (2013-2020) ➤ An integrated system of NCD surveillance is developed, running and its impact is evaluated	X	
		National plan on NCD ➤ Support to NCD national plan provided with focus on cancer	X	
2.1.2	High-level priority given to the prevention and control of noncommunicable diseases in national health planning processes and development agendas	Technical support and capacity building to stronger inter-sectoral tobacco control policies and their enforcement in line with the WHO FCTC	X	

Programme Area: MENTAL HEALTH

Outcome: Increased access to services for mental health and substance use disorders

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)

2.2.1	Countries' capacity to develop and implement national policies and plans in line with the 2013-2020 global mental health action plan strengthened	Technical support in developing community based mental health services	X	
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Implementation through Health 2020 approaches:

Noncommunicable Diseases are considered as high burden for the country (accounts 91% of all deaths in Georgia). Country is in the process of developing a National Strategy and Action Plan to prevent and control NCDs, for which WHO is providing technical assistance.

Recent surveys showed that main risk factors as unhealthy diets, too little physical exercise, obesity, intensive tobacco use are linked to each other and mainly impose risks of NCDs in low income groups. Tobacco consumption in whole population is high, though increasing figures on smoking in adolescents create particular concern. State Committee for Strengthening Tobacco Control Measures in Georgia has been created and MOLHSA and NCDCPH serve as Secretariat which in March 2013 has been tasked to prepare draft of Tobacco Control National Strategy and intersectoral program project with amendments to the law. Tobacco Control National Strategy has been elaborated and approved by the Prime Minister in July 2013. Action Plan of Tobacco Control for 2013-2018 has already been developed and approved. Two FCTC Joint Needs Assessment missions to the country were carried out in 2013, and comprehensive recommendation have been provided which have been used for further actions and collaboration.

Similarly to other countries of the region mental health problems are top public health challenges. Major reform in mental health area started since 2010, when mental health has been declared as a priority direction and the process of deinstitutionalizing of mental health care services has been initiated. Currently country is in the process of elaboration of the Concept note and Action Plan on MH, and continuation of WHO technical assistance for revision of draft document is expected to ensure that national policy and action plan are in accordance with the European mental health strategy. Also technical assistance for strengthening role of primary health care in mental health is important.

Challenges under this Category will be addressed through the following general actions proposed by WHO:

Technical support provided for elaboration of national strategic documents and action plans in line with Health 2020 vision, to address health inequalities it is needed to consider specific actions for targeting different age, gender, various socio economic groups. Existing evidence should be used for applying cost effective interventions as preventive measures across the lifespan. Strengthening the country's capacity to generate and systematically use strategic information through national information systems and routine programme for monitoring, in line with global norms and standards.

Category 3: PROMOTING HEALTH THROUGHOUT THE LIFE-COURSE

Programme Area: REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Outcome: Increased access to interventions for improving health of women, newborn, children and adolescents

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
3.1.2	Countries' capacity strengthened to expand high-quality interventions to improve child health and early child development and end preventable child deaths, including from pneumonia and diarrhoea	CAH health care ➤ Technical support for actions and tools for improving quality of child care in hospitals, including child rights, provided	X	
		Assessment of present policy, action and information related to child health and development/update of national policy and action plan supported.	X	

Implementation through Health 2020 approaches:

As a result of economic development of the country in last decade there was a progress achieved in reducing maternal and children mortality. The infant mortality rate decreased almost twice, under-five mortality decreased from 24.9 to 12.4 and maternal mortality – from 49.2 to 22.8. Despite that, to achieve Millennium Development Goals targets for 2015 serious efforts are required. It is recommended to implement maternal and children health promotion activities and focus on early development. In Georgia much has been done for years in accordance with WHO/Europe approach through the Integrated Management of Childhood Illness - IMCI which aims to reduce mortality and morbidity from the most common childhood diseases and promote the healthy growth and development of young children. The main interventions include: strengthening the skills of health care professionals through clinical training; introducing the IMCI strategy into the medical curriculum to strengthen essential primary health care services and legislative reforms; strengthening the quality of hospital care for children; improving community and family practices including care for early childhood development; and monitoring and evaluating the quality of care.

Challenges under this Category will be addressed through the following general actions proposed by WHO: introducing the IMCI strategy at all levels to strengthen essential health care services.

Category 4: HEALTH SYSTEMS

Programme Area: NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

Outcome: All countries have comprehensive national health policies, strategies and plans updated within the last five years

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
4.1.1	Advocacy and policy dialogue to support counties to develop comprehensive national health policies, strategies and plans	Information and advocacy on Health 2020 and related perspectives in Georgia, including translation and dissemination of documentation and other material	X	
4.1.2	Country capacity to develop and implement legislative, regulatory, and financial frameworks strengthened by generation and use of evidence, norms and standards, and robust monitoring and evaluation	Missions and capacity building in support of the governments phased roll out and monitoring of UHC benefits	X	
		Support to health financing policy in particular provider payment mechanisms in priority health areas and with respect to both hospitals and PHC	X	

Programme Area: ACCESS TO MEDICINES AND HEALTH TECHNOLOGIES AND STRENGTHENING REGULATORY CAPACITY

Outcome: Improved access to and rational use of safe, efficacious and quality medicines and health technologies

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
4.3.3	Strengthening national regulatory authorities facilitated; norms, standards, guidelines for medical products developed; and quality, safety and efficacy of health technologies ensured through prequalification	Technical guidance and capacity building in the area of regulation of medical products, technologies, and vaccines		X

Programme Area: HEALTH SYSTEMS INFORMATION AND EVIDENCE

Outcome: All countries have properly functioning civil registration and vital statistics systems

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
4.4.1	Comprehensive monitoring of the global, regional and country health situation, trends and determinants, using global standards, and leadership in the new data generation and analyses of health priorities	Monitoring and reporting on Health 2020 and NCDs targets and indicators	X	
		Dissemination of health information system standards as well as eHealth and classifications standards to improve health information	X	
		Improved quality of ICD-10 coding	X	
		Awareness of WHO recommendations for eHealth standards, for data exchange	X	

Implementation through Health 2020 approaches:

Current Government approaches are very much in compliance with WHO general vision and particularly with the new European Health Strategy – Health 2020. Government is in the process of elaborating a new National Health Sector Development Strategy and Operational Plan. In this regard technical assistance from WHO/EURO is desirable in aligning of a new strategy with Health 2020, for incorporating vision and main objectives.

Declared by the government universal health coverage calls for greater public financing for health; reducing fragmentation in the funding channels; adopting purchasing mechanisms that incentivize efficient behaviour; reducing inefficiency in the structure of service delivery; and implementing regulatory mechanisms to ensure efficiency, quality and safety of all provided services as well as drugs and vaccines. For better efficiency there is intention to develop DRGs as the basis for payment for health services. Considering WHO experience and competences active engagement from WHO side in this direction is critical for permanent evaluation and assessment of ongoing reform in Health financing to provide policy advice, analysis, and better monitoring and evaluation of the reform process.

To ensure efficiency and quality of health services, rational human resources strategy should be applied in Georgia, where doctor supply rates is high compared to other European countries while the number of nurses is one of the lowest. Taking into consideration all the above-mentioned, we may conclude that further technical assistance to country in this field is

required to ensure appropriate strategy to ensure qualified human resources according to needs.

Studies have shown there is some disproportion between use of services in various groups and inefficiency of use of resources. Population suffers from the heavy burden of drugs expenditures that grows steadily for the last decade and accounts for almost a half of health spending of the population. High spending on medicines is mainly the result of lack of regulatory mechanisms, lack of rational pharmacotherapy, patients' self-medication practice, insufficient use of prescription mechanisms, which will be reinforced in coming months, Government committed to make much focus on the issues of safety and quality of medicines and need for better regulatory system of medicines in Georgia that is to be considered. In this field technical assistance for further capacity building is expected from WHO.

For properly functional health system upgraded reliable health information system is needed. In Georgia innovative eHealth project is in developing phase and will be functional in 2014. It should connect decision - makers, health care providers, pharmacies, regulatory bodies, etc., with each other to exchange reliable data, improve data quality and effectively manage resources. Personal electronic medical record (EMR) system will connect information to individuals and health care providers. The health system performance assessment tool will be effective for health care policy and evidence-based decision making process in line with Health 2020 considering that the eHealth system provides high quality data to calculate the indicators used for assessment of health system performance and health status of the population of Georgia. Further collaboration for capacity building on ICD 10, obtaining disaggregated data for good analysis and decision making.

Challenges under this Category will be addressed through the following general actions proposed by WHO:

Provision of technical assistance for applying best practices, more relevant social and medical cost effective activities with focus on prevention, capacity building for better knowledge at all levels, for better service provision and management of resources, monitoring evaluation of data, ensuring high quality data to analyse indicators used for assessment of health system performance and health status of the population of Georgia while strengthening of intersectorial collaboration.

Category 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE

Programme Area: ALERT AND RESPONSE CAPACITIES

Outcome: All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
5.1.1	Countries enabled to develop core capacities required under International Health Regulations (2005)	Support further development of capacities and implementation of the national plan for IHR	X	
		Input provided to reorganization of public health laboratory services in Georgia	X	

Programme Area: EPIDEMIC- AND PANDEMIC-PRONE DISEASES

Outcome: Increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
5.2.1	Countries are enabled to develop and implement operational plans, in line with WHO recommendations on strengthening national resilience and preparedness covering pandemic influenza and epidemic and emerging diseases	Technical support provided to Georgia for AMR assessments, surveillance, and containment in line with WHO and EU strategies, norms and standards	X	
		Provide technical assistance and tools to Member States to improve national programmes in one or more of the 7 regional AMR objectives		X

Programme Area: POLIO ERADICATION

Outcome: No cases of paralysis due to wild or type-2 vaccine-related poliovirus globally

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
5.5.1	Direct support to raise population immunity against polio to the required threshold levels in affected and high-risk areas	Technical and material support provided to laboratory based surveillance in Georgia	X	

Implementation through Health 2020 approaches:

For strengthening capacity for proper implementation of International Health Regulations (IHR), through strengthened collaboration between different sectors with leadership of the Ministry of Labour, Health and Social Affairs strong technical guidance from WHO for representatives of different sectors and whole government is considered.

Since Georgia is considered as “high-risk” country for further spread of wild poliovirus in case of its importation due to high migration from other Regions and considering the sub-optimal immunization coverage causing possible immunity gaps accumulated for last several years, particularly in some regions this issues need to be addressed in relevant age groups.

Considering WHO competency and leading role in this area provision of technical assistance is expected from WHO to maintain polio-free status in the Region.

AMR, MDR is problematic in the Region and also in Georgia and due to limited existing data from small-scale studies strengthening research in this area is important. In close collaboration between US Defence Threat Reduction Agency (DTRA) and WHO/EURO, initiated in 2012, special focus should be made on research programmes carried out in Georgia. Existence of high level laboratory capacity can support this task. Regulations on antibiotics use are to be considered with involvement of various key players and technical assistance from different divisions of WHO.

Considering WHO competency, technical assistance will be provided in this field.

Challenges under this Category will be addressed through the following general actions proposed by WHO:

Technical assistance in intersectoral collaboration for IHR implementation, technical assistance for AMR research and studies, technical assistance for maintaining polio free status.

The above collaboration programme is based on the country specific needs and WHO regional and global initiatives and perspective and facilitate the strategic orientation of collaboration and serve as a basis for focusing collaboration on a select number of priority outcomes and programme budget outputs (uptake by Member States), deemed feasible to achieve and essential to improving the health situation and where WHO can make a unique contribution.

PART 2. Budget and Commitments for 2014–2015

2.1 Budget and Financing

The total planned cost of the within-country workplan amounts to US\$ 484 000.

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.

All sources of funds can potentially be employed.

The value of WHO contribution goes beyond the indicated monetary figures in this document, as it includes technical assistance and other inputs from HQ, the Regional Office, GDOs and also COs. The WHO Secretariat will, as part of its annual and biennial programme budget implementation report to the Regional Committee, include an estimate of how the actual costs of the intercountry programme are distributed across both region and country levels.

2.2 Commitments

The individual government and the WHO Secretariat jointly commit to work together to mobilize the additional funds required to achieve the outcomes, programme budget outputs and deliverables defined in this agreement.

2.2.1 Commitments of the WHO Secretariat

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the 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 and **uptake of the priority programme budget outputs identified in the BCA.**

LIST OF ABBREVIATIONS

General abbreviations

BCA – Biennial Collaborative Agreement
COs – Country Offices
GDO – Geographically Dispersed Office
HQ – World Health Organization headquarters
HWCO – Head of the WHO Country Office
RO – Regional Office

Technical abbreviations

AMR - Antimicrobial resistance
CAH - child and adolescent health
DRGs - Diagnosis Related Group systems
EVIPNet – WHO Evidence Informed Policy Network
HiT – Health in transition
IHR – International Health regulations
M/XDR-TB – Multidrug- and extensively drug-resistant tuberculosis
MDG – Millennium Development Goals
MPOWER – A Policy package to reverse the tobacco epidemic (Monitor, Protect, Offer, Warn, Enforce, Raise)
NCD – Noncommunicable diseases
NFPs – National focal points
NHPS&P – National health policies, strategies and plans
PHC – Primary Health Care
SDH/HI – Social determinants of health and inequities
WHO FCTC – WHO Framework Convention on tobacco control