



REGIONAL OFFICE FOR

**World Health
Organization**
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**

2018/2019

Signed by:

For the Ministry of Labour, Health and Social Affairs

Signature

Date

Name Dr David Sergeenko

Title Minister of Labour, Health and Social
Affairs

For the WHO Regional Office for Europe

Signature

Date

Name Dr Zsuzsanna Jakab

Title Regional Director

Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization (WHO) Regional Office for Europe and the Ministry of Health of Georgia, on behalf of its Government, for the biennium 2018–2019.

This 2018–2019 BCA is aligned with the WHO Twelfth General Programme of Work, for the period 2014–2019, which has been formulated in the light of the lessons learned during the period covered by the Eleventh General Programme of Work. It provides a high-level strategic vision for the work of WHO, establishes priorities and provides an overall direction for the six-year period beginning in January 2014. It reflects the three main components of WHO reform: programmes and priorities, governance and management.

The WHO Programme Budget 2018–2019, as approved by the Seventieth World Health Assembly in resolution WHA70.5, was strongly shaped by Member States, which have reviewed and refined the priority-setting mechanisms and the five technical categories and one managerial category by which the work of the Organization is now structured.

The BCA reflects the 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 WHO Regional Committee for Europe at its 62nd session.

Health 2020 seeks to maximize opportunities for promoting population health and reducing health inequities. It recommends that European countries address population health through whole-of-society and whole-of-government approaches. Health 2020 emphasizes the need to improve overall governance for health and proposes paths and approaches for more equitable, sustainable and accountable health development. As such, Health 2020 is the unifying policy framework for the collective effort to achieve the new 2030 Agenda for Sustainable Development by promoting inclusive and participatory governance, adopting a whole-of-government/whole-of-society approach and strategically mobilizing and using resources.

Health 2020's intersectoral approach of health in all policies means health in all the Sustainable Development Goals (SDGs) of the 2030 Agenda. Contributing to all the goals of the 2030 Agenda by leading and steering the integration of the health objectives and priority areas for action into the 2030 Agenda process, implementation of Health 2020 will provide a resilient and supportive environment that will enable the achievement of SDG 3 on ensuring healthy lives and promoting well-being for all at all ages as well as the health targets in all the other SDGs.

Description of the Biennial Collaborative Agreement

This document constitutes a practical framework for collaboration. It has been drawn up in a process of successive consultations between national health authorities and the Secretariat of the WHO Regional Office for Europe.

The collaboration programme for 2018–2019 has taken its point of departure from the bottom-up planning process for 2018–2019 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 collaboration with the country during the period 2018–2019. This

document further details the collaboration programme, including proposed outputs and deliverables.

The WHO Secretariat has managerial responsibility and is accountable for the programme budget outputs, while the outcomes define Member States' uptake of these outputs. Achieving the programme budget outcomes is the joint responsibility of the individual Member State and the Secretariat. At the highest level of the results chain, the outcomes contribute to the overall impact of the Organization, namely, sustainable changes in the health of populations, to which the Secretariat and the countries contribute.

Achieving the priority outcomes as identified in this BCA is therefore the responsibility of both the WHO Secretariat and the Government of Georgia.

The document is structured as follows:

1. PART 1 covers the health impacts that it is hoped will be achieved through the agreed programme for collaboration in 2018–2019, which will be the focus of the joint efforts of the Government and the 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 of the WHO Secretariat and the Government.

Terms of collaboration

The priorities (PART 1) provide a framework for collaboration for 2018–2019. The collaborative programme may be revised or adjusted during the course of the biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs and agreed deliverables for 2018–2019 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Government as a result of, for example, changes in the country's health situation, changes in the country capacity to implement the agreed activities, specific needs emerging during the biennium, changes in the Regional Office's capacity to provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

After the BCA is signed, the Ministry of Health will reconfirm/nominate WHO 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 WHO Country Office (HWO) will be responsible for implementation of the BCA on behalf of WHO. The BCA workplan, including the planned programme budget outputs, deliverables and implementation schedule, will be agreed accordingly. Implementation will start at the beginning of the biennium 2018–2019. 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 come from both WHO corporate resources and any other resources mobilized through WHO. These funds should not be used to subsidize or fill financing gaps in the health sector, to supplement salaries or to purchase supplies. Purchases of supplies and donations within crisis response operations or as part of demonstration projects will continue to be funded through additional mechanisms, in line with WHO rules and regulations.

The value of WHO technical and management staff based in the Regional Office and in geographically dispersed offices (GDOs), and the input of the Country Office to the delivery of planned outputs and deliverables are not reflected in the indicated budget; the figures therefore greatly understate the real value of the support to be provided to the country. This support goes beyond the indicated budget and includes technical assistance and other inputs from WHO headquarters, the Regional Office, GDOs and unfunded inputs from country offices. The budget and eventual funding included in this Agreement are the Organization's funds allocated for Regional Office cooperation within the country workplan.

The value of 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 2018–2019

1.1 Health situation analysis

The 2014 official population census registered a population decrease (14.7%) which has certain impact on health indicators. The quality of cause of death data is a matter of concern, as the proportion of ill-defined causes of death in overall reported causes was 37.6% in 2014. Since 1990, premature mortality has been decreasing, although is still high, compared to the WHO European region average.

Progress has been made in a number of indicators such as maternal (31 deaths per 100 000 live births; 2014) and infant mortality rates (2014: 10.1 per 1000 live births for boys and 8.9 per 1000 live births for girls), but further improvements are needed.

The majority of deaths in Georgia are related to noncommunicable diseases (NCDs) : i.e. diseases of the circulatory system and malignant neoplasms (cancers), other noncommunicable diseases, and external causes of injury and poisoning. NCDs are estimated to account for 93% of total deaths. The probability of dying between ages 30 and 70 years from the four main NCDs is 22%. In 2013, the estimated age-standardized prevalence of tobacco use in Georgia was 58.5% for males.

Georgia faces ongoing challenges in high-levels of communicable diseases. The incidence of tuberculosis is decreasing but remains higher than the average for the WHO European Region. A high share of the multi-drug resistant tuberculosis is the major contributing factor. Data show rapid increases in incidence of HIV.

The sub-optimal AMR surveillance and little use of diagnostic support for treatment decisions remains an issue in Georgia, despite endorsing the National AMR Strategy and implementing Proof-of-Principle study (to advance sample taking, lab quality and communication between doctors and microbiologists).

Overall, trends in vaccination rates are rather high for measles, rubella, and poliomyelitis. GAVI vaccine procurement support will end in 2017; authorities work on achieving the financial self-sufficiency in 2018.

Universal Health Care Program was introduced on February 2013. Between 2012 and 2015 the Government of Georgia doubled the amount it spends on health in absolute terms, as a share of the government budget and as a share of GDP, however public health expenditure is still low in comparison to other countries in the WHO European region (total public health spending in Georgia was 2.9 percent of GDP according to the 2016 budget outcomes).

1.2 Priorities for collaboration

1.2.1 Health 2020 and the 2030 Agenda in Georgia

In 2013 the government started the State health program “Health for All”, which introduced Universal Health Care (UHC) Program. This was just one of many healthcare system reforms. The main goals of recent reforms are: to ensure universal access to medical services, to advance the primary health care, and to decrease the financial risks due to health expenditures. In the past years Georgian authorities focused on the strategic objectives of the Health 2020: improving health for all, reducing health inequalities and improving leadership and participatory governance for health.

There is high awareness of four priority areas for policy action listed in the Health 2020:

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

Income inequality (Gini coefficient) was 40.0 in 2013 and highlights the need for a national policy to effectively tackle inequalities in the country.

In Georgia there are some good examples of whole-of-government and whole-of-society approach (i.e. tobacco-control), despite outside the health sector there is limited understanding of the socioeconomic rationale for improving health and consequently for investment and action through integrated approaches to health promotion, disease prevention and well-being.

The Government of Georgia has defined national targets and indicators for all 17 SDGs. This was achieved through a joint technical working group involving experts from different ministries and the National Statistics Office. National targets have been incorporated into the Annual Governmental Work Plan and other multi-sectoral action plans.

UN Country Team works closely with the Government of Georgia and they have signed the UN Partnership for Sustainable Development 2016 – 2020 (Framework Document) with the 5 focus areas (i. Democratic Governance; ii. Jobs, Livelihood and Social Protection; iii. Education; iv. Health; v. Human Security and Community Resilience), with the well defined outcome in the area of health which details as following: By 2020 health of the population especially the most vulnerable groups is enhanced through targeted health policies and provision of quality, equitable and integrated services including management of major health risks and promotion of targeted health seeking behavior.

As a response to the key health challenges and in line with Health 2020 and 2030 Agenda in Georgia the following four main priority areas have been agreed for collaboration in 2018-2019:

- Strengthening Health system and optimizing Universal Health Coverage;
- Advancing management of NCD and enforcing tobacco-control;
- Securing high vaccination coverage;
- Improving Emergency preparedness and IHR.

Limited technical assistance will also be provided in several other areas as listed in the Annex. This BCA has already identified the related key SDG targets and indicators and supports the realization of the United Nations Partnership for Sustainable Development 2016 – 2020 (Framework Document): Georgia

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

This BCA for Georgia supports the realization of Georgia's national health policies and plans:

- The Georgian Healthcare System State Concept 2014-2020: "Universal Healthcare and Quality Management for Protection of Patient Rights";
- The Universal Health Care Program;
- The NCDs Strategy and the Action Plan 2017-2020;
- The Law of Georgia on the Amendment to the Law of Georgia on Tobacco Control;
- The National Environment and Health Action Plan;
- The Hepatitis C Elimination Strategy 2016-2020;
- Georgian maternal and newborn health strategy 2017-2030;
- National AMR Strategy for 2017-2020;
- The National TB Programme and others.

1.2.3 Programmatic priorities for collaboration

The following collaboration programme for 2018–2019 as detailed in the Annex is based on the country-specific needs and WHO regional and global initiatives and perspectives and was mutually agreed and selected in response to public health concerns and ongoing efforts to improve the health status of the population of Georgia. It seeks to facilitate strategic collaboration enabling WHO to make a unique contribution.

The programme budget outputs and deliverables are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

A linkage to the related SDG target and Health 2020 targets is provided for every programme budget output.

PART 2. Budget and commitments for 2018–2019

2.1 Budget and financing

The total budget of the Georgian BCA is US\$ 1,086,000. All sources of funds will be employed to fund this budget.

In accordance with World Health Assembly resolution WHA70.5, following the financing dialogue the Director-General will make known the distribution of available funding, after which the Regional Director can consider the Regional Office's allocations to the biennial collaborative agreements.

The value of the WHO contribution goes beyond the indicated monetary figures in this document, since it includes technical assistance and other inputs from WHO headquarters, the Regional Office, GDOs and country offices (COs). The WHO Secretariat will, as part of its annual and biennial programme budget implementation report to the Regional Committee, include an estimate of the actual costs of the country programme, including, in quantitative terms, the full support provided to countries by the Regional Office, in addition to amounts directly budgeted in the country workplans.

2.2 Commitments

The 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 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 identified in the BCA.

LIST OF ABBREVIATIONS

General abbreviations

BCA – Biennial Collaborative Agreement
CO – Country Office
GDO – geographically dispersed office
HWO – Head of WHO Country Office
PB – Programme budget
SDGs – Sustainable Development Goals
WHA – World Health Assembly
WHO – World Health Organization

Technical abbreviations

AIDS – acquired immunodeficiency syndrome
AMR – antimicrobial resistance
GAVI – The Vaccine Alliance
HIV – human immunodeficiency virus
IHR – International Health Regulations
NCDs – noncommunicable diseases
TB – tuberculosis
TRIPS – Trade-Related Aspects of Intellectual Property Rights
UN – United Nations

Annex

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors
1.1 HIV and Hepatitis	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	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	T2-Increase life expectancy in Europe	112C1 Provide support for the development and implementation of national multisectoral policies and strategies on viral hepatitis prevention and control (and/or their integration into broader health strategies) based on local epidemiological contexts.	Support the development and implementation of Georgia multisectoral (The Hepatitis C Elimination Strategy 2016-2020) on viral hepatitis prevention and control based on local epidemiological context SDGReference: 030304	CS	
1.2 Tuberculosis	1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	T3-Reduce inequities in health in Europe (social determinants target)	121C1 Support and strengthen country capacity for the adaptation and implementation of guidelines and tools in line with the End TB Strategy, relevant regional plans and frameworks, and national strategic plans.	Support Georgia in implementation of TB Action Plan for WHO European Region 2016-2020 and Global End TB Strategy SDGReference: 030302	CS	
1.5 Vaccine-preventable diseases	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	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T3-Reduce inequities in health in Europe (social determinants target)	151C1 Support countries to develop and implement national multiyear plans and annual workplans (including micro-planning for immunizations) with a focus on under-vaccinated and unvaccinated populations.	Support development and implementation of Georgia multi-year plan and annual implementation plan, including micro-planning for immunization, with a focus on under-vaccinated and unvaccinated populations SDGReference: 030801	CS	
1.5 Vaccine-preventable diseases	1.5.2. Intensified implementation and monitoring of strategies for measles and rubella elimination, hepatitis B control, and maternal and neonatal tetanus elimination facilitated	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	T1-Reduce premature mortality in the Europe by 2020	152C1 Support countries in developing and implementing national strategies for the elimination or control of measles, rubella/congenital rubella syndrome, maternal and neonatal tetanus, and hepatitis B that include monitoring immunity gaps, identifying populations consistently missed by immunization and making special efforts to reach them.	Support development and implementation of measles elimination, rubella/congenital rubella syndrome elimination/control, and neonatal tetanus and hepatitis B control) SDGReference: 030200	CS	
1.5 Vaccine-preventable diseases	1.5.3. Research priorities and comprehensive reviews of vaccination policies for new vaccines and other immunization-related technologies defined and agreed, in order to develop and introduce vaccines of public health importance and overcome barriers to immunization	3.6 Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	T5-Universal coverage and the "right to health"	153C2 Support implementation research that would help to deal with any remaining barriers to reaching high and equitable coverage and access to vaccines and immunization services.	Technical assistance, policy and strategy guidance to Georgia for increased access to immunization services with special focus on underserved populations. SDGReference: 030601		

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors
1.6 Antimicrobial resistance	1.6.1. All countries have essential capacity to implement national action plans to monitor, prevent and reduce infections caused by antimicrobial resistance	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	T5-Universal coverage and the "right to health"	161C1 Support Member States in the development, implementation and monitoring of multisectoral national action plans on antimicrobial resistance.	National Action Plan implementation SDGReference: 030300	CS	Ministry of Agriculture
2.1 Noncommunicable diseases	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	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	T1-Reduce premature mortality in the Europe by 2020	212C1 Provide technical assistance to countries to implement cost-effective and affordable measures to reduce tobacco use and promote implementation of the WHO Framework Convention on Tobacco Control.	Lead Georgia UN interagency work to support multisectoral policy planning and implement policies and action plans to reduce modifiable risk factors for noncommunicable diseases SDGReference: 030401	CS	Ministry of Finance; Interior; Economy and Sustainable Development; Justice etc.
2.1 Noncommunicable diseases	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	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	T1-Reduce premature mortality in the Europe by 2020	212C3 Provide technical support to countries for implementation of population-based prevention measures for reducing salt use, promoting physical activity and preventing overweight and obesity, including marketing to children, fiscal policies, and school-based interventions.	Provide technical support to Georgia for implementation of population-based prevention measures for reducing salt use, promoting physical activity and preventing overweight and obesity, including marketing to children, fiscal policies, and school-based interventions. SDGReference: 030401	CS	Ministry of Education and Science; Ministry of Sport and Youth Affairs
2.1 Noncommunicable diseases	2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors, including in crises and emergencies	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	T1-Reduce premature mortality in the Europe by 2020	213C2 Strengthen national capacity to detect, diagnose, treat and manage noncommunicable diseases and risk factors as part of the national health system, with an emphasis on primary health care aimed at ensuring universal health coverage and reducing gender and health equity gaps.	Assessment of health systems challenges and opportunities for NCDs SDGReference: 030401	CS	
3.1 Reproductive, maternal, newborn, child and adolescent health	3.1.2. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	T1-Reduce premature mortality in the Europe by 2020	312C1 Support countries in using a multistakeholder/partnership approach to tackling health system bottlenecks and adopting/adapting guidelines on sexual and reproductive health – which have linkages to HIV and congenital syphilis and adolescent health – and provide support for their implementation with a focus on decreasing inequalities in sexual and reproductive health	Support Georgia at implementing the National Maternal & Newborn Health Strategy (2017-2030) and a 3-year Action Plan (2017-2019) SDG Reference: 030701	CS	Ministry of Education and Science; Ministry of Sport and Youth Affairs
3.5 Health and the environment	3.5.1. Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks	11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management	T1-Reduce premature mortality in the Europe by 2020	351C1 Enhance, as a result of WHO technical support, national and subnational capacity to engage in effective cross-sectoral coordination for environment, labour and health, 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.	Technical support to enhance national and subnational capacity to assess and manage health impacts of and engage in cross-sectoral collaboration to develop and implement policies and plans addressing air quality SDGReference: 110602	CS	Ministry of Environment and Natural Resources Protection
4.1 National health policies, strategies and plans	4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	412C1 Facilitate country-level advocacy for, and policy on, national health financing policies/strategies to sustain progress towards the attainment of target 3.8 (universal health coverage) under the Sustainable Development Goals.	UHC Partnership in Georgia to support advocacy for, and policy on, health financing and financial protection in order to make progress towards universal health coverage SDGReference: 030800	CS	Ministry of Finance

Programme Area	Output	Primary SDG Target	Primary H2020 Target	Primary PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors
4.1 National health policies, strategies and plans	4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	412C2 Support countries in institutionalizing the monitoring of information needed to support health financing policy/strategy development and implementation, including financial protection and resource tracking.	Support the use of information and analysis for health financing policy, with a focus on financial protection; SDG Reference: 030800	CS	
4.1 National health policies, strategies and plans	4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	412C3 Support/facilitate countries in developing institutional capacity to analyse, develop and implement options for health financing that incorporate lessons learned from other countries or regional and global experiences.	Participation in training courses and activities under the UHC Partnership in Georgia to develop institutional capacity, with a focus on strategic purchasing; SDG Reference: 030800	CS	
4.2 Integrated people-centred health services	4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	421C1 Identify capacity-strengthening needs in order to move towards universal health coverage through a multisectoral approach.	Support countries to move towards universal health coverage by increasing access to people-centred and integrated quality services at population and individual levels SDGReference: 030801	CS	
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T5-Universal coverage and the "right to health"	433C1 Support national capacity-building for implementing WHO technical guidelines, norms and standards related to quality assurance and control and safety of medicines, vaccines and other health technologies.	Support Georgia in capacity building for implementing WHO technical guidelines through strengthening of regulatory systems and prequalification for improved quality and safety of medicines and other health technologies SDGReference: 030800	CS	
4.4 Health systems, information and evidence	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	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	T3-Reduce inequities in health in Europe (social determinants target)	441C1 Regularly review and assess the national and subnational health situation and trends using comparable methods, taking into account national, regional and global priorities on the Sustainable Development Goals, and ensure quality of statistics.	Analyze, interpret and assess regularly health situation and trends at (sub)national, (sub)regional and compared to global level and ensure quality of statistics SDGReference: 171801	CS	
10.1 Polio eradication	10.1.1. Technical assistance to enhance surveillance and ensure high population immunity to the threshold needed to maintain polio-free status, especially in at-risk areas	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	T1-Reduce premature mortality in the Europe by 2020	1011C Provide direct in-country support for surveillance and polio vaccination campaigns in all countries either experiencing an outbreak of the disease or at high risk of such an outbreak.	POL130-O1 - Technical Assistance (Surveillance) SDGReference: 030801	CS	

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors
E.1 Infectious Hazard Management	E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	T1-Reduce premature mortality in the Europe by 2020	E1105 Support countries to establish and maintain surveillance and prevention programmes for high-threat infectious hazards.	Support countries to establish and maintain surveillance and prevention programmes for high-threat infectious hazards. SDG Reference: 030d01	CS	
E.2 Country Health Emergency Preparedness and the International Health Regulations (2005)	E.2.1. Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	T1-Reduce premature mortality in the Europe by 2020	E2101 Review annual reporting on the implementation of the International Health Regulations (2005) in coordination with national focal points.	Review annual reporting on the implementation of the IHR in coordination with National IHR Focal Points. SDG Reference: 030d01	CS	
E.2 Country Health Emergency Preparedness and the International Health Regulations (2005)	E.2.1. Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	T1-Reduce premature mortality in the Europe by 2020	E2102 Conduct simulation exercises and after-action reviews as part of country evaluation.	Conduct simulation exercises and after-action reviews as part of country evaluation. SDG Reference: 030d01	CS	
E.2 Country Health Emergency Preparedness and the International Health Regulations (2005)	E.2.1. Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	T1-Reduce premature mortality in the Europe by 2020	E2103 Coordinate and support the process of voluntary independent multisectoral evaluation of country core capacities and implementation of the International Health Regulations (2005). Develop and disseminate regular reports on the implementation of countries' core capacity requirements under the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030. Support the development of multisectoral national action plans for managing risks of emergencies based on assessments of country capacities and support the matching of resources to fill critical core capacity gaps	Coordinate and support the voluntary independent evaluation process of country core capacities and implementation of the IHR (2005). Support the development of multisectoral national action plans for managing risks of emergencies based on assessments of country capacities and support the matching of resources to fill critical core capacity gaps. SDG Reference: 030d01	CS	
E.2 Country Health Emergency Preparedness and the International Health Regulations (2005)	E.2.2. Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	T1-Reduce premature mortality in the Europe by 2020	E2202 Provide technical support to priority countries for emergency preparedness, including strengthening capacities for early detection of and timely and effective response to all-hazards health emergencies (such as national health emergency operations centres, early warning and response, laboratories, points of entry, training). Support multisectoral international networks and collaboration to foster information-sharing and best practices for health emergency and disaster risk management, including preparedness. Provide technical support to strengthen linkages/integration of all-hazards health emergency and disaster risk management.	Provide technical support to priority countries to strengthen capacities for early detection of, timely and effective response to health emergencies. SDG Reference: 030d01	CS	
E.2 Country Health Emergency Preparedness and the International Health Regulations (2005)	E.2.3. Operational readiness plans (WHO and partners) in place and tested for specific threats in highly vulnerable countries	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	T1-Reduce premature mortality in the Europe by 2020	E2301 Conduct strategic risk assessment and mapping in highly vulnerable countries. Support countries and partners to develop business continuity and contingency plans to address specific hazards and risks.	Conduct strategic hazard and risk assessments in highly vulnerable countries. SDG Reference: 010503	CS	

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors
E.2 Country Health Emergency Preparedness and the International Health Regulations (2005)	E.2.3. Operational readiness plans (WHO and partners) in place and tested for specific threats in highly vulnerable countries	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	T1-Reduce premature mortality in the Europe by 2020	E2302 Support the implementation of actions to increase operational readiness in WHO, high-risk, vulnerable countries and partners.	Support the implementation of actions to increase operational readiness in WHO, high-risk, vulnerable countries and partners. SDG Reference: 010503	CS	
E.2 Country Health Emergency Preparedness and the International Health Regulations (2005)	E.2.3. Operational readiness plans (WHO and partners) in place and tested for specific threats in highly vulnerable countries	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	T1-Reduce premature mortality in the Europe by 2020	E2303 Conduct simulation exercises to test the readiness of WHO and partners.	Conduct simulation exercises to test the readiness of WHO and partners. SDG Reference: 010503	CS	