



**World Health
Organization**
REGIONAL OFFICE FOR **Europe**

Biennial Collaborative Agreement

between

**the Ministry of Internally Displaced Persons from Occupied
Territories, Labour, Health and Social Affairs of Georgia**

and

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

2020/2021

Signed by:

*For the Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health
and Social Affairs*

Signature

Name Dr Ekaterine Tikaradze

Date

December 9, 2019

Title Minister of Internally Displaced
Persons from Occupied Territories,
Labour, Health and Social Affairs

For the WHO Regional Office for Europe

Signature

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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 Internally Displaced Persons from Occupied Territories, Labour, Health and Social Affairs of Georgia, on behalf of its Government, for the biennium 2020–2021.

WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), provides a high-level strategic vision for the work of WHO and provides an overall direction for the five-year period beginning in January 2019. WHO's Programme budget 2020–2021, as approved by the Seventy-second World Health Assembly, aims to turn the bold vision of GPW 13 into reality by delivering impact for people at the country level. It is the first programme budget developed under GPW 13 and a vital element for ensuring implementation of the strategy set forth in GPW 13. Its results framework (see Annex 1) demonstrates how its inputs and outputs translate into and are crucial for achieving the triple billion targets of GPW 13 and for maximizing impact on people's lives at the country level.

The operationalization of GPW 13 begins with the prioritization with Member States of its nine technical outcomes and the cross-cutting outcome on data and innovation for the duration of GPW 13, thus providing a medium-term strategic planning horizon agreed between WHO and Member States. The 2020–2021 BCAs are then planned, taking this GPW 13 outcome prioritization as the point of departure.

The BCA, grounded in GPW 13 and the 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning Health 2020, the European policy framework for health and well-being, which was adopted by the WHO Regional Committee for Europe at its 62nd session. The BCA thus aims to support Georgia in maximizing the opportunities for promoting population health and reducing health inequities, by taking an intersectoral, health-in-all-policies approach – involving the whole of society and the whole of government – which emphasizes the need to improve overall governance for health. The BCA proposes ways of achieving more equitable, sustainable and accountable health development, in line with Health 2020.

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 2020–2021 has started with the bottom-up GPW 13 outcome prioritization process undertaken by the country in cooperation with the Regional Office. This work was carried out as part of WHO's transformation in the overall context provided by GPW 13. The objective of the bottom-up planning exercise was to determine the priority health outcomes for WHO collaboration with the country during the period 2019–2023. This document further details the collaboration programme, including the prioritized outcomes, proposed outputs, and products and services deliverables.

The outcomes are the desired changes in the Member State's capacities that result in increased access to services and that ultimately contribute to sustainable changes in the health of populations. These changes in the health of populations are those that the Member State aims to achieve on the basis of its uptake of the WHO Secretariat's outputs, and hence they are a joint responsibility of the Member State and the Secretariat.

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

Different modes of delivery are foreseen in the implementation of this BCA, ranging from country-specific (for outputs that are highly specific to the needs and circumstances of individual countries), to intercountry (addressing countries' common needs using Region-wide approaches) and multicountry (for subregional needs).

Terms of collaboration

The agreed priorities provide a framework for collaboration for 2020–2021. The collaborative programme may be revised or adjusted during the biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs for 2020–2021 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's 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 Internally Displaced Persons from Occupied territories, Labour, Health and Social Affairs will reconfirm/nominate a 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 will liaise with all national technical focal points on a regular basis. The WHO representative (WR) will be responsible for implementation of the BCA on behalf of WHO in close coordination with and overseen by the Regional Office, and will coordinate any required support from WHO headquarters.

The BCA workplan, including the planned programme budget outputs, products and services and implementation schedule, will be agreed on accordingly. Implementation will start at the beginning of the biennium 2020–2021.

The WHO budget allocation for the biennium indicates the estimated costs of delivering the planned work, predominantly at the country level. 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 as part of 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 the contributions by WHO technical and management staff based in WHO headquarters, the Regional Office and in geographically dispersed offices (GDOs), and by the WR and the staff of their respective offices, to the delivery of planned outputs and deliverables, are not reflected in the indicated budget. 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 the Government's input, other than that channelled through the WHO Secretariat, is also not included in the BCA and the indicated budget.

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.

PART 1. Prioritized GPW 13 outcomes for collaboration in 2020–2021

1.1 Health situation analysis

Georgia is an upper-middle-income country according to the World Bank classification. Over the past decade the country has achieved significant economic growth at an average annual rate of 4,5% and a decline in poverty rates from 36.9% in 2006 to 20.1% in 2018. In 2019 Georgia's population was estimated at 3.72 million.

Health information system in Georgia needs further improvements to be able to ensure quality data overcoming challenges in civil registration and vital statistics system (death registration, certification and coding of causes of death, population and live birth data, etc.).

Noncommunicable diseases remain the major challenge of the country, with 93% of mortality in Georgia being attributable to Non-Communicable Diseases (NCDs) (led by diseases of circulatory system and cancer). Prevalence of smoking, alcohol use and obesity are showing an upward trend. The country is losing 2,4% of its Gross Domestic Product (GDP) due to tobacco related death, disability, productivity loss and other burden. NCDs prevention and control is suboptimal, in particular within Primary Health Care (PHC).

Georgia faces many challenges also in the area of communicable diseases. In Tuberculosis (TB) control one of the main challenges remain insufficient adherence to treatment for which sustainable linkage between private clinics, Non-Governmental Organizations (NGOs) and civil society (CS) is needed. HIV epidemic is largely concentrated among men having sex with men, people who inject drugs and their sexual partners. The most critical challenge for HIV national program is low detection rate and late diagnosis. The Hepatitis C Elimination Programme is successfully implemented, under an integrated approach (tackling also HIV and TB) and reaching nation-wide coverage.

In 2018-2019 Georgia was seriously affected by the measles outbreak, being among 3 countries in the region with the highest incidence per million of population. Georgia is also among 10 countries still endemic for measles.

Antimicrobial Resistance (AMR) is becoming an issue of increased concern. The sub-optimal AMR surveillance and little use of diagnostic support for treatment decisions remains and issue in Georgia, despite endorsing the National AMR Strategy.

Universal Health Coverage (UHC) Programme came into force on 28 February 2013, with over 90% of the resident population entitled to a tightly defined package of state-funded benefits. Despite substantial progress, public health expenditure is still low (2.9 percent of GDP) in comparison to other countries in the region. Out-of-pocket spending as a % of total health expenditure remains to be very high in Georgia (54% in 2018), two thirds of which are for outpatient pharmaceuticals. In July 2017, the package of benefits was expanded for the vulnerable households, pensioners, veterans, disabled persons and covers essential medicines.

WHO Emergency Preparedness Hub for South Caucasus has been established in WHO Country Office in 2018. Purpose of the Hub is to ensure that the three priority countries (Armenia, Azerbaijan and Georgia) in the region receive more intensive support to strengthen health system's capacities for health emergency response, including detection, assessment and reporting of potential public health events of international concern.

The Government endorsed “nationalized Sustainable Development Goals (SDGs)” that include all 17 SDGs. United Nations have signed with the Government the United Nations Partnership for Sustainable Development 2016 – 2020 with 5 focus areas: 1. Democratic governance; 2. Jobs, livelihood and social protection; 3. Education; 4. Health; 5. Human security and community resilience. A Mainstreaming, Acceleration and Policy Support (MAPS) mission and meeting took place in April 2019. The health-related SDGs desk review resulted in draft Health and Sustainable Development report.

1.2 Agreed areas for collaboration through GPW 13 prioritized outcomes

1.2.1 GPW 13 prioritized outcomes and links to Health 2020 and the 2030 Agenda in Georgia

Many of the health reforms initiatives in Georgia focused on strategic objectives of Health 2020, aiming at health for all, reducing health inequities and improving leadership and participatory governance for health. In 2013 the Government started the State health programme “Health for All”, which introduced UHC Programme. Recent initiatives for UHC include development of the National strategic purchasing mechanisms and starting of selective contracting, reorganization of the Social Services Agency; development of the DRG payment system for hospital services and initiation of a large-scale PHC reform, with focus on strengthening PHC services in rural area. Improving access to and quality of medicines is also a top priority, with a new Law on medicines under development and GMP practices under implementation.

Georgia has assumed responsibility to gradually harmonize Georgian legislation with the EU acquis as well as align its policies with the UN conventions and SDGs. The Association Agreement with the EU foresees modernization of the health sphere and step-by-step adjustment to respective European standards as regards to health and well-being. The SDGs have become an integral part of the Government of Georgia institutional and legal reforms.

In Georgia there are some good examples of whole-of government and whole-of-society approach, despite outside the health sector there is limited understanding of the socioeconomic rationale for improving health and for investment through integrated approaches in health promotion, disease prevention and well-being. The best examples could be found in the areas of tobacco control, environment and health, emergency preparedness and response, HIV/TB and Hepatitis C control.

As a response to the key health challenges and in line with Health 2020 and 2030 Agenda in Georgia, as well as with the GPW13, the following high priority areas have been agreed for collaboration in 2020-2021:

- Improved access to quality essential health services,
- Reduced number of people suffering financial hardships,
- Country health emergency preparedness strengthened,
- Health emergencies rapidly detected and responded to,
- Determinants of health addressed leaving no one behind.

In addition, collaboration will be extended in the following areas:

- Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care,
- Reduced risk factors through multi sectoral approaches.

Limited technical assistance will also be provided in several other areas, as listed in Annex 2.

From WHO's side, the collaboration will be coordinated by the WHO Country Office in Georgia. The necessary expertise will be mobilized through all three levels of WHO, including the technical units in WHO Regional Office for Europe and WHO Headquarters. The local Georgian expertise will be continuously developed and used whenever possible.

1.2.2 Linkage of the 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 Health care and Quality Management for Protection of Patient Rights",
- The Universal Healthcare Programme,
- The NCDs' Prevention and Control Strategy and the Action Plan 2017-2020,
- The National Environment and Health Action Plan of Georgia 2018-2022,
- Strategic Plan for the Elimination of Hepatitis C Virus in Georgia, 2016-2020,
- Georgian Maternal and new-born health strategy 2017-2030,
- The National AMR Strategy 2017-2030,
- Georgia HIV/AIDS National Strategic Plan, 2019-2022,
- The National Strategy for Tuberculosis Control in Georgia, 2019-2022, and others.

This BCA derives from the Georgia's United Nations' Partnership for Sustainable Development (Framework Document) 2016-2020.

1.2.3 Programmatic priorities for collaboration

The collaboration programme for 2020–2021, as detailed in Annex 2, is grounded in the above analysis and was mutually agreed on 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 and enable WHO to make a unique contribution.

The programme budget outputs and related work on behalf of the WHO Secretariat are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

PART 2. Budget and commitments for 2020–2021

2.1 Budget and financing

The total budget of the Georgia's BCA is US\$ 1,062,000. All sources of funds will be employed to fund this budget as funds are mobilized by both parties and become available.

In accordance with World Health Assembly resolution WHA72.1, 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 BCAs.

The WHO Secretariat will report on its annual and biennial programme budget implementation to the Regional Committee.

2.2 Commitments

The Government and the WHO Secretariat jointly commit to working together to mobilize the funds required to deliver 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 required policy and strategy formulation and implementation processes, and when possible provide workspace, personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes identified in the BCA.

LIST OF ABBREVIATIONS

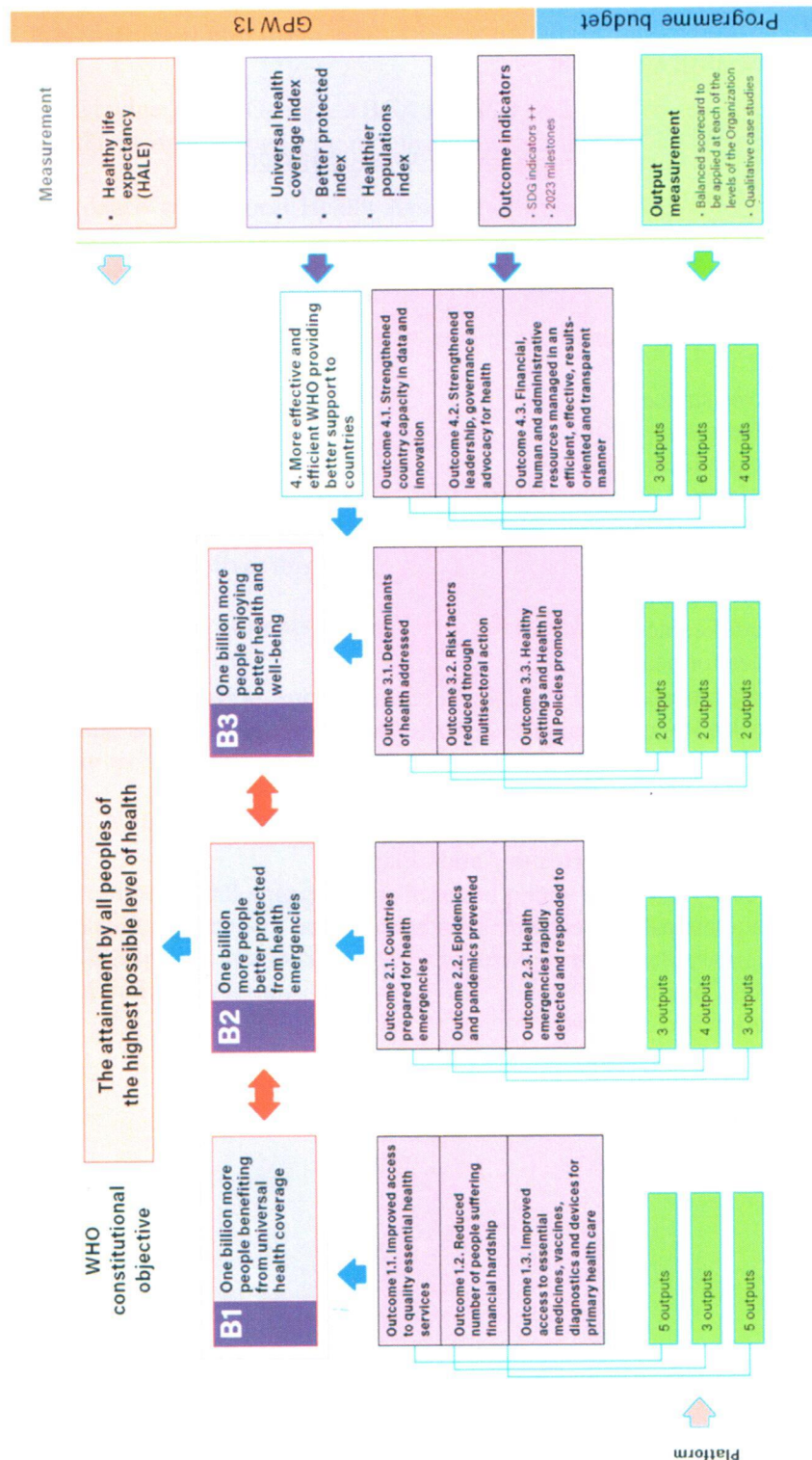
General abbreviations

BCA – Biennial collaborative agreement
CO – Country office
GDO – Geographically dispersed office
GPW 13 – WHO Thirteenth General Programme of Work, 2019–2023
HWO – Head of WHO Country Office
SDGs – Sustainable Development Goals

Technical abbreviations

AMR – Antimicrobial resistance
DRG – Diagnosis related group
GDP – Gross domestic product
EVIPNet - Evidence-informed policy network
HBSC - Health behaviour in school-aged children
HEP C – Hepatitis C
HIA – Health impact assessment
HIV – Human immunodeficiency virus
HRH – Human resources for health
HTA – Health technology assessment
IHR – International Health Regulation
IPC – Infection prevention and control
NCDs – Noncommunicable diseases
NGOs – Non-governmental organisations
NEHAP – National Environment and Health Action Plan
PHC – Primary health care
SEA – Strategic environment assessment
TB – Tuberculosis
UHC – Universal Health Coverage
WASH - Water, Sanitation and Hygiene

ANNEX 1: GPW 13 RESULTS FRAMEWORK



ANNEX 2

Biennial Collaborative Agreement (BCA) – Georgia

Strategic Priority / Outcome	Output	Description of Products or Services
SP1. One Billion More People Benefiting from Universal Health Coverage		
1.1 Improved access to quality essential health services	1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	<ul style="list-style-type: none"> - Updating/revising the PHC Strategy/Roadmap, that will among others strengthen accountability mechanisms for PHC. Assist integrating of vertical programmes into PHC, including scaling up of preventive activities - Support in improving quality of health services with a specific focus on improving hospital performance; - Developing a National strategy for Rehabilitation and Assistive technologies - Strengthening health system through digital health/digitalization - Support to the establishment of a Coalition of Partners for Strengthening Public Health Services
	1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	<ul style="list-style-type: none"> - Contributing to the National health system strategy - Support immunization system strengthening and elimination / eradication of illnesses defined by the Global Strategy or important illnesses for the country (HEP C, mother-to-child transmission of HIV infection and syphilis, measles and etc (needs based technical assistance) - Strengthening cancer control and assist introduction/modernisation of selected disease registries - Conducting National TB Programme Review including component of epidemiological surveillance. Support in assessing Latent TB diagnosis and clinical management. Strengthening the Health Information System for TB at district level - Improving HIV/TB/HepC control, vaccination programme and Sexual and Reproductive Health services and further assessment of the health system in Abkhazia - Technical support to health authorities and national partners on reforming the mental health system through development and evaluation of community-based, rights-based and person-centred care for people with mental health conditions or disabilities.

Strategic Priority / Outcome	Output	Description of Products or Services
	1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	<ul style="list-style-type: none"> - System-wide analyses of health financing equity and distribution of health systems resources - Defining the basic health package (incl. designing the system and process of revision and renewal) - Mobilization of technical expertise for intervention through national implementation of Strategy and action plan for refugee and migrant health in the WHO European Region
	1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	<ul style="list-style-type: none"> - Strengthening the health system governance function - Improving governance of quality of mother and newborn health services
	1.1.5 Countries enabled to strengthen their health workforce	Analysis of Human resources for Health in Georgia to quantify HRH needs including identifying policy options for filling the gaps. Support for strengthening nursing in Georgia in line with the new national nursing strategy.
1.2 Reduced number of people suffering financial hardship	1.2.1 Countries enabled to develop and implement more equitable health financing strategies and reforms to sustain progress towards universal health coverage	<ul style="list-style-type: none"> - Assist implementation of selective contracting mechanisms - Assist elaboration and implementation of results based financing - Assist implementation and monitoring of DRG - Assist elaboration and implementation of strategic purchasing strategy
	1.2.2 Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making	Report on financial protection with policy recommendations and support to improve health accounts.

Strategic Priority / Outcome	Output	Description of Products or Services
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	Support to improve access through systems development including HTA, pricing, strategic procurement, supply chain systems, and reimbursement including out of pocket payments.
	1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved	Regulatory system strengthening including laboratories and inspection
	1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	Assist advancing National Surveillance system on Hospital Associated infections and Antibiotics Resistance, incl. capacity building in infection prevention control. Guidance on the rational use of antibiotics.

SP2. One Billion More People Better Protected from Health Emergencies

2.1 Countries prepared for health emergencies	2.1.2 Capacities for emergency preparedness strengthened in all countries	<ul style="list-style-type: none"> - Assist development and implementation of a 5-year action plan for health emergency preparedness and response capacities; increase intersectoral collaboration on IHR - Strengthening emergency risk communication capacities and relevant plans - Strengthening IHR capacities of Points of Entry
	2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities	<ul style="list-style-type: none"> - Assist revising and endorsing preparedness and response plans - Capacity building for the health emergency services and hospital staff on operational response - Strengthening emergency medical care - Conducting simulation exercises to test operational emergency readiness

Strategic Priority / Outcome	Output	Description of Products or Services
2.2 Epidemics and pandemics prevented	2.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale	Periodic updating of the Pandemic preparedness plan
	2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens	Infection prevention and control strategies to ensure that core component 3 (IPC Education and Training) is in place at national and facility levels
	2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative	Support in polio environmental surveillance and maintaining polio-free status
2.3 Health emergencies rapidly detected and responded to	2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated	Early Warning surveillance function with emphasis on priority health risks is built into surveillance system
	2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	<ul style="list-style-type: none"> - Support the establishment and running of Emergency Operating Centre (EOC) - Support development of adequate medical and technical workforce, for all priority hazards
	2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	<ul style="list-style-type: none"> - Ad hoc support in responding to cyber attacks in the health system - Strengthen national resilience to reduce health risks and respond to emergencies, including Emergency Care System, and access to essential services to all

SP3. One Billion More People Enjoying Better Health and Well-Being

3.1 Determinants of health addressed	3.1.1 Countries enabled to address social determinants of health across the life course	Assist in improving road safety and violence prevention in Georgia
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Strategic Priority / Outcome	Output	Description of Products or Services
	3.1.2 Countries enabled to address environmental determinants of health, including climate change	<ul style="list-style-type: none"> - Support the assessment of WASH in health care facilities and the formulation of a national WASH strategy in accordance with the National Environment and Health Action Plan (NEHAP) - Support capacity building on Health Impact Assessment (HIA) and health in Strategic Environment Assessment (SEA), potentially including health impacts from mining activities, in line with NEHAP and Ostrava declaration - Assist in improving Chemical safety in Georgia, in accordance with the NEHAP - Assist in addressing the health aspects of air quality issues and climate change mitigation, in accordance with the NEHAP
3.2 Risk factors reduced through multisectoral action	3.2.1 Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	<ul style="list-style-type: none"> - Conducting the NCD investment case study in Georgia - Assist sustainable implementation and further advancing tobacco-control, support in establishment of effective policies and assist in their implementation to improve physical activity, healthy diet, and reduce alcohol and drug use - Assist development of action plan for National Multisectoral Strategy and Action Plan for Health Promotion - Assist strengthening of surveillance system for noncommunicable diseases and their risk factors
3.3 Healthy settings and Health-in-All Policies promoted	3.3.1 Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces	<ul style="list-style-type: none"> - Assist in developing Strategy(ies) for healthy cities/municipalities - Support in improving School health, including early childhood development and sexual education in schools - Support in conducting the HBSC survey in Georgia

SP4. More Effective and Efficient WHO Providing Better Support to Countries

4.1 Strengthened country capacity in data and innovation	4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.	Strengthening Health Information and Data Systems in Georgia
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Strategic Priority / Outcome	Output	Description of Products or Services
	4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.	Support the country in being an active member of the EVIPNet