Biennial Collaborative Agreement

between

the Minister of Health of Poland

and

the Regional Office for Europe
of the World Health Organization

2018/2019

Signed by:

For the Minister of Health

Signature

Name  Dr Konstanty Radziwill  Title  Minister of Health

Date  2017 -11- 29

For the WHO Regional Office for Europe

Signature

Name  Dr Zsuzsanna Jakab  Title  Regional Director

Date  7 -DEC- 2017
# Table of Contents

INTRODUCTION ................................................................................................................. 2

TERMS OF COLLABORATION ............................................................................................. 4

PART 1. SETTING PRIORITIES FOR COLLABORATION FOR 2018–2019 ......................... 5

1.1 Health situation analysis ......................................................................................... 5

1.2 Priorities for collaboration ....................................................................................... 5
  1.2.1 Health 2020 and the 2030 Agenda in Poland ....................................................... 5
  1.2.2 Linkage of BCA with national and international strategic frameworks for Poland .... 6
  1.2.3 Programmatic priorities for collaboration .............................................................. 6

PART 2. BUDGET AND COMMITMENTS FOR 2018–2019 .................................................. 6

2.1 Budget and financing ............................................................................................... 6

2.2 Commitments ......................................................................................................... 7
  2.2.1 Commitments of the WHO Secretariat ................................................................. 7
  2.2.2 Commitments of the Government ...................................................................... 7

ANNEX

LIST OF ABBREVIATION
Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization (WHO) Regional Office for Europe and the Minister of Health of Poland, 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 Poland.

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 Minister 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.
1.1 Health situation analysis

The Polish population’s health status has been steadily improving over the last several decades reaching a life expectancy at birth of 77.89 years* (men: 73.83 years; women: 81.87 years) and significantly decreased infant mortality (4.22 per 1000 live births). The health situation reflects the stage of demographic transition, with the challenges of an aging population. Population health is determined by social factors and varies across regions. The leading causes of death in Poland are noncommunicable diseases: mainly diseases of the circulatory system, malignant neoplasm and cerebrovascular diseases. Mental health problems are also becoming a major health priority. External causes of injury and poisoning constitute one of the leading causes of death among males and females. Lifestyle patterns that contribute to ill health - mainly smoking, unhealthy diet and physical inactivity - are widespread. A special concern is the growing rate of obesity among children and adults, which is leading to a rise in cardiovascular and diabetes prevalence. It is estimated that over 61% of adults are overweight and more than 33% obese. The prevalence of tobacco use in Poland is one of the highest compared to other European countries. Communicable diseases incidence is low. The tuberculosis rates are declining, but still higher than in other EU countries. The number of new HIV infections has been increasing gradually each year since 2001. The immunization policy is well implemented and is functioning effectively for all obligatory vaccination. Nevertheless, the surveillance and monitoring of vaccine preventable diseases needs continuous strengthening as well as promotion of recommended vaccinations. Vaccination against influenza is very low.

The health system is based on universal and compulsory health insurance, complemented with financing from state and territorial self-government budgets. Universal access is maintained, however, the low level of public expenditure for health care has been a major constraint in health sector reform and has put considerable strain on health services. Out of pocket expenditures are high and reaching 23.46% of total health expenditures. The public health and health system has developed various strengths over decades allowing further fine-tuning of the system for better performance. Integration of care and quality of care and patient safety is still a challenge. Overall, a major priority is therefore to strengthen the performance of health system across sectoral policies to reduce current gaps in health and to promote health and well-being across the population.

* HFA-DB (accessed August 2017)

1.2 Priorities for collaboration

1.2.1 Health 2020 and the 2030 Agenda in Poland

Poland takes the Health 2020 vision forward through a new public health policy and renewal of the national health programme with a focus on systematically addressing the social determinants of health. The policy builds on a review of progress to date and the elaboration of new targets and legislation to improve health for all and reduce health inequities. The process of policy development has been supported through capacity building, guidance and mainstreaming of instruments which strengthen a) joint action with other sectors; b) involvement of many stakeholders across the society; and c) public health systems and delivery. BCA deliverables in 2018-19 will further support the process of implementation of key public health policies in line with the Health 2020 vision, focusing on the following categories: Noncommunicable diseases, Promoting health throughout the life course and Health systems. WHO support focuses on reducing the burden from noncommunicable diseases through supporting the implementation of systematic policies and actions on nutrition
and its main risk factors: obesity and physical inactivity. WHO will assist the country in assessing these problems in children, and developing, implementing and monitoring action plans and specific tools to reduce the risk of those conditions.

In the agreed deliverables, the vision of the 2030 Agenda and Health 2020 will be applied by assuring a life course approach and by supporting the country in strengthening policy research and evidence relating to social determinants of health and health equity. The 2030 Agenda and Health 2020 reconfirm the commitment of Poland to work towards ensuring universal health coverage, including integration of care and improved access to high-quality and safe care and public health services. Within this BCA WHO will support Poland in addressing these challenges by providing technical expertise and capacity building in the area of integration of health services, improving patient safety and quality of services, and patient empowerment within the context of universal health coverage. Overarching support will be provided to Member State in improving capacity for knowledge generation, management and application for national policies actions.

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

This BCA for Poland supports the realization of Poland’s Public Health Act and National Health Programme 2016-2020 as well as other national health policies and plans in public health with the whole of government approach. Poland aligns the 2030 Agenda and SDGs with its National Strategy for Responsible Development as well as its commitments forseen in Health 2020 putting special focus on nutrition and tackling social determinants of health as well as strengthening peoples centred health systems. This BCA has already identified the related key Sustainable Development Goals and Health 2020 targets and indicators.

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 Poland. 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 Poland’s BCA is US$ 155 000.00. 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
CS – country specific
GDO – geographically dispersed office
HWO – Head of WHO Country Office
PB – Programme budget
SDG – Sustainable Development Goal

Technical abbreviations

EVIPNet – WHO Evidence-informed Policy Network
NCDs - noncommunicable diseases
<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Output</th>
<th>Primary SDG Target</th>
<th>Primary MNCH Target</th>
<th>P3 Deliverable text</th>
<th>Responsible BCA Product and Service</th>
<th>Mode Delivery</th>
<th>Environmental Obligations/Sectors</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Incurable and Emerging Diseases</td>
<td>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 cities and emergencies</td>
<td>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</td>
<td>13.2 Reduce premature mortality in the EU by 2030</td>
<td>23IC2 Strengthen national capacity to detect, diagnose, treat and manage communicable 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.</td>
<td>Support in developing interventions targeting NCDs in primary health care. SDG Reference: 08.01.01</td>
<td>CS</td>
<td>DNP</td>
<td>No</td>
</tr>
<tr>
<td>2.5 Nutrition</td>
<td>2.5.2. NRM, standards and policy options for promoting population dietary goals and the global nutrition targets 2025 and nutrition-related Sustainable Development Goals developed, adopted and integrated into current national health and development plans</td>
<td>2.3 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</td>
<td>1.1 End hunger, reduce child malnutrition in Europe by 2025</td>
<td>25IC1.1 Support the establishment and updating of national guidelines and recommendations on healthy diets and nutrition, and legislation, regulations and programmes on nutrition by adopting global standards and guidelines.</td>
<td>Support in developing and implementing policies on early nutrition. SDG Reference: 02.01.01</td>
<td>CS</td>
<td>DNP</td>
<td>No</td>
</tr>
<tr>
<td>2.5 Nutrition</td>
<td>2.5.2. NRM, standards and policy options for promoting population dietary goals and the global nutrition targets 2025 and nutrition-related Sustainable Development Goals developed, adopted and integrated into current national health and development plans</td>
<td>2.3 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</td>
<td>1.1 End hunger, reduce child malnutrition in Europe by 2025</td>
<td>25IC2 Support the implementation of effective nutrition interventions in the health sector, the food system and other related sectors by addressing all forms of malnutrition in stable and emergency situations.</td>
<td>Support in assessment of food for infants and small children. SDG Reference: 02.01.10</td>
<td>CS</td>
<td>DNP</td>
<td>No</td>
</tr>
<tr>
<td>2.5 Nutrition</td>
<td>2.5.2. NRM, standards and policy options for promoting population dietary goals and the global nutrition targets 2025 and nutrition-related Sustainable Development Goals developed, adopted and integrated into current national health and development plans</td>
<td>2.3 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</td>
<td>1.1 End hunger, reduce child malnutrition in Europe by 2025</td>
<td>25IC2 Support the implementation of effective nutrition interventions in the health sector, the food system and other related sectors by addressing all forms of malnutrition in stable and emergency situations.</td>
<td>Monitoring the implementation of obesity prevention policies in country. SDG Reference: 02.01.20</td>
<td>CS</td>
<td>DNP</td>
<td>No</td>
</tr>
<tr>
<td>3.6 Equity, Social Determinants, Gender Equality and Human Rights</td>
<td>3.1.2. Improved country policies, capacities and institutional actions for addressing social determinants, in order to improve health equity through health in all policies and whole of government approaches</td>
<td>3.6 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value</td>
<td>1.2 Reduce inequalities in health in Europe (social determinants target)</td>
<td>13IC1 Support the development of evidence on interdisciplinary, multisector mechanisms and the use of evidence in intersectoral work, including through contributions to relevant global databases, aligning process evaluation methodologies, adapting “Health in All Policies” training and capacity building materials and supporting evaluations of housing, poverty, basic (environmental and other) services, and of employment conditions (e.g. in industries).</td>
<td>Support strengthening of policy research and use of evidence relating to social determinants of health and health equity in national policy and intersectoral decision-making processes (learning exchange) SDG Reference: 08.01.01</td>
<td>CS</td>
<td>PCR</td>
<td>No</td>
</tr>
<tr>
<td>4.2 Integrated People-Centred Health Services</td>
<td>4.2.1. Equitable integrated, people-centred service delivery systems in place in country and public health approaches strengthened</td>
<td>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</td>
<td>15 Universal coverage and the &quot;right to health&quot;</td>
<td>24IC1 Identify capacity strengthening needs in order to move towards universal health coverage through a multi-stakeholder approach.</td>
<td>Support to strengthen the role of health workforce in primary health care in the context of people-centred health systems. SDG Reference: 08.01.01</td>
<td>CS</td>
<td>OSP</td>
<td>No</td>
</tr>
<tr>
<td>4.2 Integrated People-Centred Health Services</td>
<td>4.2.1. Equitable integrated, people-centred service delivery systems in place in country and public health approaches strengthened</td>
<td>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</td>
<td>15 Universal coverage and the &quot;right to health&quot;</td>
<td>24IC1 Identify national capacity-strengthening needs and support Member States in improving the quality and safety of health services, through registries, accreditation and measurement of outcomes.</td>
<td>Technical assistance in improving quality of services in health care. SDG Reference: 08.01.01</td>
<td>CS</td>
<td>OSP</td>
<td>No</td>
</tr>
<tr>
<td>Programme Area</td>
<td>Output</td>
<td>Primary SDG Target</td>
<td>Primary SDG Target</td>
<td>PB Deliverable text</td>
<td>Responsible BCA Product and Service</td>
<td>Mode Delivery</td>
<td>Governmental Division/ Sector</td>
<td>Other</td>
</tr>
<tr>
<td>----------------</td>
<td>--------</td>
<td>--------------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>-----------------------------------</td>
<td>--------------</td>
<td>-----------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>4.4 Health systems, information and evidence</td>
<td>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</td>
<td>17.18 By 2030, enhance capacity-building support to developing countries, including 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</td>
<td>441C3 Support the use of international standards for health information systems and for health data management.</td>
<td>Support the use of international standards for health information and statistics and methods to increase the interoperability of data sharing and systems SDG/reference: 17/38R</td>
<td>CS</td>
<td>DIR</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4.4 Health systems, information and evidence</td>
<td>4.4.3 Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge</td>
<td>3.3 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</td>
<td>443A1 Assist country offices to provide support for strengthening national capacity in identifying, generating, translating and using evidence for policy-making through platforms for knowledge translation, such as the Evidence-informed Policy Network.</td>
<td>Support in strengthening mechanisms for continually strengthening national capacity and knowledge management and translation to support the implementation of public health policies and interventions. EYPH5 SDG/reference: 03/04</td>
<td>CS</td>
<td>DIR</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>