



Biennial Collaborative Agreement

between

The Ministry of Health of Montenegro

and

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

2010/2011

Signed by:

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 Regional Office for Europe and the Government for the biennium 2010–2011.

This 2010-11 BCA is part of a provisional Medium-term framework for collaboration between the WHO Regional Office for Europe and the Government for the six-year period 2008–2013, which corresponds to the period covered by the WHO Medium term strategic plan (MTSP 2008–2013).

Achieving the objectives of the current BCA is the responsibility of both the WHO Secretariat and the Government.

This framework for collaboration has been elaborated through successive steps of negotiation involving the national health authorities and WHO.

The medium term priorities for collaboration 2008-2013, as agreed by the national health authorities and WHO and specified in Part 1 of the 2008-09 BCA, were taken as the starting point for the process leading to the present document. The WHO Secretariat then formulated *priorities for collaboration* for 2010-11 with the national health authorities that also take into account the Organization's global priorities and policy directions, a strategic assessment of the country's needs and contributions in the country by other partners, as well as WHO's own capacities.

The document is structured as follows:

1. The first part sets out the *medium-term priorities and objectives for collaboration* for the six-year period 2008–2013, to be achieved through the joint efforts of the Government and WHO.
2. The second part focuses on the biennium 2010–2011. For each biennial priority, the WHO Secretariat has defined one or more *country expected results* (CER) to be achieved during 2010–2011. At the end of this section, there is a statement of the total estimated budget for the BCA.
3. The third part of the BCA is in the form of a table. Under each Priority is a table showing the associated country expected results, and next to each of these is the list of products (one or more) associated with the CER that will be delivered through the collaboration of the WHO Regional Office for Europe. Finally, reflecting the paper presented at the fifty-fifth session of the WHO regional Committee for Europe (document EUR/RC55/9 Rev.1, “Next phase of the WHO Regional Office for Europe’s Country Strategy: Strengthening health systems”), each product is categorized according to one or more health system functions, i.e.:
 - Health policy and other stewardship and governance elements (ST)
 - Health system financing function (FN)
 - Health system resource generation function (RG)
 - Health services delivery function (SD)

Terms of Collaboration

The *Medium-term priorities (part 1)* provide a provisional framework for collaboration for 2008–2013. The medium-term exercise is a rolling process, and the medium-term priorities may be revised every two years by mutual agreement, where prevailing circumstances indicate a need for change.

The Biennial Collaborative Agreement for 2010–2011, presented in part 2 and detailed in part 3, may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the country as a result of, for instance, changes in the country's health situation, changes in the country capacity to implement the agreed activities, specific needs emerging during the biennium, or changes in the Regional Office's capacity to implement the agreed activities, or in the light of increased funding. Either party may initiate amendments.

After the *Biennial Collaborative Agreement* is signed, a detailed *country programme workplan* will be developed for the biennium. For each expected result, the workplan will specify the necessary details about activities or services, budgets, indicators of the objective of each CER (with baseline and target values), the WHO officer responsible, the country counterpart (where relevant), milestones and the implementation schedule. Implementation will start at the beginning of the biennium 2010–2011. Overall coordination and management of the country programme is the responsibility of the Head of the WHO Country Office.

WHO budget allocation for a biennium indicates estimated resources that will be used for achieving CERs predominantly at country level, coming from both the WHO assessed contributions and from any other source. The value of WHO staff input to the BCAs is not reflected in these estimates, and hence the figures greatly understate the real value of the support to be provided. The funds included in this BCA are the Organization's funds allocated for the Regional Office's cooperation with the country. Implementation of the country programme workplan is the only way to mobilize these funds.

It should also be noted that this Biennial Collaborative Agreement is open to further development and contributions from other sources, to supplement existing shared objectives or to introduce activities that have not been included at this stage owing to a lack of funding. 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. Medium-term priorities for collaboration for 2008-2013

The following priorities for collaboration have been selected in response to current public health concerns and ongoing national efforts to improve the performance of the health system. Setting medium-term priorities for 2008–2013 will facilitate the strategic orientation of collaboration.

The following priorities for collaboration have been selected in response to current public health concerns and ongoing national efforts to improve the performance of the health system. Setting medium-term priorities for 2008–2013 will facilitate the strategic orientation of collaboration.

1. Health System Strengthening

- To develop health policy and health system strategy, including health information system and health system performance indicators
- To design and implement a reformed health financing system
- To improve health human resources
- To strengthen health service delivery at primary health care level with a focus on vulnerable groups
- To develop the national pharmaceutical policy
- To implement the national blood safety strategy
- To develop preparedness strategies to mitigate health effects of emergencies

2. Non-Communicable Diseases prevention, healthy life styles and food Safety

- To strengthen public health programmes with a focus on the prevention of non-communicable diseases including mental health
- To revise and finalize the food safety standard to meet international regulations

3. Communicable Diseases

- To strengthen communicable disease surveillance, control and outbreak response;

4. Environmental Health

- To develop the Environmental Health Action Plan

PART 2. Biennial Collaborative Agreement for 2010–2011

1. Priorities and Country Expected Results

Priority 1: Strengthening Health System

- a) Strengthened stewardship capacity and health intelligence to produce, analyze, disseminate and use, reliable and timely, information on health expenditures to ensure informed decision making;
- b) Strengthened capacity to use essential medical products and technologies;
- c) Strengthened national capacity to integrate quality improvement into ongoing service delivery reform;
- d) Strengthened governance to prevent corruption and improve equity in access to health services.

Priority 2: Non communicable diseases, healthy life style and food safety

- a) Strengthened capacity for NCD control and prevention, in line with the adopted National NCD Strategy, with a particular focus on early cancer control and prevention;
- b) Implementation of Mental Health Strategy that will result in accessible and equitable services;
- c) Strengthened capacity to prevent food borne and nutrition related diseases.

Priority 3: Strengthening capacities of health system for better surveillance and control of communicable diseases and other public health threats

- a) Improved capacity to manage effectively communicable diseases;
- b) Strengthened capacity to implement International Health Regulations;
- c) Strengthened national capacities to effectively manage all kinds of health crises through supporting the development of institutionalized risk reduction, mitigation and preparedness processes.

Priority 4: Environmental health

- a) Strengthened health systems to address environmental and occupational health.

2. Budget

3. Commitments of WHO and of the Government

1. Commitments of WHO

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the above programme activities and inputs. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution.

2. Commitments of the Government

The Government shall provide all personnel, materials, supplies, equipment and local expenses necessary for the technical cooperation. The Government is encouraged to supplement funding for the above activities through fundraising.

PART 3. Summary of expected results and products by priority areas

Priority 1: Strengthening health system

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
a. Strengthened stewardship capacity and health intelligence to produce, analyze, disseminate and use, reliable and timely, information on health expenditures to ensure informed decision making	Recommendations and capacity strengthening provided to enhance the quality and use of health expenditure analysis to support evidence-based policy decision making in the health system	X		X	
b. Strengthened capacity to use essential medical products and technologies	Policy recommendations to improve the use of essential medicines	X	X	X	
	Completion of national guidelines for the clinical use of blood and blood components			X	X
c. Strengthened national capacity to integrate quality improvement into ongoing service delivery reform	Evaluation of the organization and provision of primary care carried out and recommendations made how to make the delivery system more people-oriented	X			X
	Report with recommendations towards establishing a national blood quality strategic framework	X			
d. Strengthened governance to prevent corruption and improve equity in access to health services	Report with recommendations to improve equity in access to healthcare services and greater transparency with regard to the population's entitlements to care	X	X	X	X
	Policy recommendations on improving governance of the pharmaceutical system	X	X	X	

Priority 2:

Non communicable diseases, healthy life style and food safety

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
a Strengthened capacity for NCD control and prevention, in line with the adopted National NCD Strategy, with a particular focus on early cancer control and prevention	Recommendations on scaling up at the national level the pilot program for control and prevention of malignant diseases	X			X
b. Implementation of Mental Health Strategy that will result in accessible and equitable services	Development of national mental health action plan and its start up implementation	X			X
	Support improvement of living conditions in mental health institutions	X			X
c. Strengthened capacity to prevent food borne and nutrition related diseases	Capacity building on food safety in Montenegro in accordance with international developments on food safety		X		X
	Recommendations on development and implementation of strategies, guidelines and standards to ensure optimal infant and young child feeding	X			
	Implementation of the Nutrition-Friendly Schools Initiative				X
	Improvement of the quality of nutrition services and food safety in hospitals				X

Priority 3: Strengthening capacities of health system for better surveillance and control of communicable diseases and other public health threats

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
a. Improved capacity to manage effectively communicable diseases	Strengthened immunization systems in order to maximize equitable access of all people to vaccines, including new immunization products and technologies and progress towards achievement of global commitments concerning vaccine preventable diseases such as measles rubella and other VPDs	X		X	
	Sustaining polio-free status				X
	Data management and reporting for the purpose of monitoring, prevention and control of communicable diseases			X	X
	Strengthened immunization systems in order to ensure access to assured quality of vaccines and their safe administration and disposal of waste and strengthening the system for monitoring of side effects			X	X
b. Strengthened capacity to implement International Health Regulations	Recommendations to strengthen the core capacities in health system and other sectors to implement International Health Regulation	X		X	
	Capacity building and guidance to strengthen the response to infectious diseases	X		X	X
c. Strengthened national capacities to effectively manage all kinds of health crises through supporting the development of institutionalized risk reduction, mitigation and preparedness processes	MNE Report with recommendations on strengthening resilience and safety of health facilities in emergencies	X			X

Priority 4: Environmental health

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
a. Strengthened health systems to address environmental and occupational health	Develop an environmental health action plan (NEHAP/ CEHAP)	X		X	
	Development of ENHIS data base and reporting mechanisms	X		X	
	Assessment performed within Roma communities on the EH impacts related to Roma	X			X
	Policy recommendations for ensuring safe recreational water quality in the framework of the Barcelona Convention	X			X
	Recommendations and capacity building for the implementation of the national strategy on occupational health	X		X	
	Strengthening national policy on injury and violence prevention with a specific focus on road safety	X		X	

WHO Office: Management and coordination of BCA implementation

Country Expected Results	Products
Strengthened country programme coordination	Recommendations on further strengthening of partnership and coordination with key stakeholders at country level, including UN common activities
	WHO policies promoted at country level (including World Health Days)
	WHO country operations implemented as per workplan and adequate response provided to unforeseen country needs

LIST OF ABBREVIATIONS

General abbreviations

BCA – Biennial Collaborative Agreement

CER – Country Expected Result

FN – Health system financing function

HQ – World Health Organization headquarters

MTSP – WHO Medium Term Strategic Plan

RG – Health system resource generation function

SD – Health service delivery function

ST – Health policy and stewardship function

WHO-EURO – World Health Organization Regional Office for Europe

Technical abbreviations

MDG – Millennium Development Goals

PHC – Primary health care