



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Biennial Collaborative Agreement

between

the Ministry of Health of Belarus

and

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

2018/2019

Signed by:

For the Ministry of Health

A handwritten signature in black ink, appearing to read 'Malashko', written over a horizontal line.

Signature

Name Dr Valeriy Malashko

04. 12. 2017

Date

Title Minister of Health

For the WHO Regional Office for Europe

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Signature

Name Dr Zsuzsanna Jakab

04. 12. 2017

Date

Title Regional Director

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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 Health of Belarus, 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 Belarus.

The document is structured as follows:

1. PART 1 covers brief health situation analysis and agreed priorities for collaboration in 2018–2019, which will be the focus of the joint efforts of the Government and the WHO Secretariat.
2. PART 2 includes sections on the budget for the BCA, its financing and the mutual commitments of the WHO Secretariat and the Government.
3. The Annex provides summary by programme budget category, outcomes, programme budget outputs and deliverables. Two modes of delivery are foreseen:
 - **Inter-country (IC)**, 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 (CS)**, 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.

Terms of collaboration

The priorities (Annex) 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 average life expectancy at birth in Belarus remains below the European average and is 79,0 years for women and 68,9 years for men (2016). Non-communicable diseases (NCDs) are estimated to account for 89% of all deaths in Belarus (cardiovascular diseases 55,2% and cancers 14,8%).

The STEPS survey, finalized in 2017, confirmed extensive presence of NCD risk factors in Belarus (62% of men and 50% of women of 45-69 years having three or more NCD risk factors). Smoking among men has shown a minimal decline in recent years (from 55% in 1998 to 48% in 2016) remaining one of the highest in the region. Even more concerning is that smoking has increased more than threefold among women (3.6% in 1995 to 12% in 2016). Excessive alcohol consumption is also a significant public health issue though there are some signs of improvement with reduction of per capita adult consumption of pure alcohol. Of particular concern is the high prevalence of heavy episodic drinking among men 18-69 years amounting to 35%. According to the STEPS survey results 61% of the adult population are overweight, 73% consume less than five portions of fruits and vegetables per day and 13% have sedentary lifestyle.

There is a need for health system strengthening interventions for appropriately addressing NCDs: 45% of the adult population have high blood pressure, however 53% of the population with high blood pressure and 73% with high cholesterol levels do not take any medication for it. Councelling on risk factors at the primary care level is not sufficient with less than half of the surveyed population received life style advice from their primary care providers within the last three years.

Injuries are the second frequent cause of mortality among working age population (24,2% in 2016) and the leading cause of death and disability among children.

Although non-communicable diseases pose the greatest health burden, several communicable diseases, notably TB, HIV and hepatitis present significant challenges to population health.

The HIV/AIDS epidemic in Belarus remains in a concentrated stage with an average prevalence of 0.2% and a high prevalence among key populations: injecting drug users (IDUs) - 25.1%, women involved in sex work (FSW) 6.8% and men who have sex with men (MSM) - 5.7%, which remains relatively stable. National strategic goals and priority areas for combating the spread of HIV/AIDS are defined by the subprogram "Prevention of HIV infection" of the State Program "People's Health and Demographic Security of the Republic of Belarus" for 2016-2020. Currently ARV therapy coverage provides treatment for 53,5% of the number of people living with HIV detected and registered in health facilities. Since 2017, Belarus is aiming at achieving the UNAIDS strategic indicator for 90% coverage of ARV treatment for all identified HIV-positive patients. To achieve this, HIV treatment protocols have been updated in line with WHO recommendations and ARV medicines have been procured that provide treatment for all patients with HIV infection starting from 2018.

Belarus is a priority country for tuberculosis (TB) in Europe and is among the 27 high-burden multidrug resistant (MDR) TB countries in the world. Although Belarus is very close to reaching universal access to rapid diagnosis and treatment of MDR-TB and the absolute numbers of TB and MDR-TB cases is decreasing during the last years, latest WHO estimates (for 2015) are still indicating that 37% of newly-diagnosed TB cases and 69% of previously-treated TB cases have MDR-TB. There is a major challenge of enrolling into treatment all

XDR-TB patients using new and repurposed drugs, and support of the Global Fund through its project in Belarus is indispensable. The HIV and/or hepatitis and/or TB co-infection represents a serious public health problem in Belarus, especially among intravenous drug users.

1.2 Priorities for collaboration

1.2.1 Health 2020 and the 2030 Agenda in Belarus

The Health 2020 agenda has been supported in Belarus by adoption of the new State Program “Healthy People and Demographic Security in the Republic of Belarus for 2016-2020” which was endorsed by the Government of Belarus in March 2016. The new State program consists of sub-sector action plans covering the areas of maternal and childhood health, non-communicable diseases and major risk factors, communicable diseases (TB and HIV) and it is taking into account needs for multi-sectoral collaboration and addressing social determinants of health.

Belarus is committed to the implementation of the 2030 Agenda for Sustainable Development and assumes that the Sustainable Development Goals (SDGs) can be achieved through coordinated efforts of all national partners in the economic, social and environmental dimensions in the context of political stability and sustained economic growth. A national coordination mechanism has been established in Belarus by appointment of the National SDG Coordinator and the establishment of the National Sustainable Development Council.

Belarus has already taken some important steps for the practical implementation of Agenda 2030 at the national level. The starting point for actions was the approval of the National Strategy of Sustainable Social and Economic Development (NSSD) by the Government in 2015. The NSSD is being aligned with the SDGs. In a short-term perspective, the Government will approve the updated NSSD based on the specific goals and objectives of Agenda 2030, taking into account the national system of indicators for sustainable development.

1.2.2 Linkage of BCA with national and international strategic frameworks

This BCA for Belarus supports the realization of Belarus’s national health policies and plans that are included in the new State Program “Healthy People and Demographic Security in the Republic of Belarus for 2016-2020” which was endorsed by the Government of Belarus in 2016. This BCA has already identified the related key Sustainable Development Goals and supports the realization of the United Nations Development Assistance Framework (UNDAF) for 2016-2020.

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 Belarus. It seeks to facilitate strategic collaboration enabling WHO to make a unique contribution.

BCA deliverables in 2018-2019 reflect the key health challenges and include the following priorities:

- addressing inequities in health of the vulnerable groups of populations especially in the area of HIV, TB and hepatitis working in close collaboration with the partners in the framework of Global Fund projects on HIV and on MDR-TB control (WHO Category 1);
- development, implementation and monitoring of national health policies involving multisectoral approach in the areas of non-communicable diseases; introduction of quality assured mass-screening in breast cancer; implementation of the National Action Plan for childhood injuries prevention (WHO Category 2);
- optimization of the health services for children by further improving the quality of paediatric hospital care; Environmental Health (WHO Category 3); and
- strengthening of primary health care and universal health coverage, improvement of the health information system; access and responsible use of antimicrobial medicines (WHO Category 4).

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 Belarus BCA is US\$ 1 200 050. 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
IC – intercountry
PB – Programme budget
SDG – Sustainable Development Goals
UNAIDS – The Joint United Nations Programme on HIV/AIDS
UNDAF – United Nations Development Assistance Framework
UNEP - United Nations Environment Programme

Technical abbreviations

AIDS - acquired immune deficiency syndrome
ARV – antiretroviral (medicines)
CAH – child and adolescent health development
EU – European Union
GFATM – the Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV - human immunodeficiency virus
IHR - International Health Regulations
M/XDR-TB multidrug - and extensively drug-resistant tuberculosis
NCDs noncommunicable diseases
NGO – nongovernmental organization
PHC – primary health care
UN – United Nations
WHO FCTC - WHO Framework Convention on Tobacco Control

Annex

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors and Partners
1.1 HIV and Hepatitis	1.1.1. Increased capacity of countries to deliver key HIV 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	T1-Reduce premature mortality in the Europe by 2020	111C1 Provide support to countries for implementation of country HIV action plans in line with regional action plans.	Support Belarus with the implementation of national HIV Action Plans in line with regional action plans. SDGReference: 030301	CS	UNAIDS, Global Fund
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 Belarus multisectoral strategy 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	T1-Reduce premature mortality in the Europe by 2020	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 Belarus in implementation of TB Action Plan for WHO European Region 2016-2020 and Global End TB Strategy SDGReference: 030302	CS	GF
2.1 Noncommunicable diseases	2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated	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	T2-Increase life expectancy in Europe	211C2 Provide technical support to develop and implement country-led national and subnational multisectoral noncommunicable disease plans, in line with the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2020, global commitments, the Sustainable Development Goals, and regional strategies, plans and frameworks.	Provide technical support to develop, implement, and evaluate country-led national and subnational multisectoral noncommunicable disease plans, in line with Global and Regional mandates. SDGReference: 030401	CS	Parliament MoF, MoIA, EU, UNDP, UNICEF
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.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	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.	Provide technical advice to develop, implement, and evaluate the implementation of the national multisectoral tobacco control laws and policies aligned with the WHO FCTC and the Protocol SDGReference: 030a01	CS	Parliament MoF, MoIA, UNDP, WB
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	213C1 Support the development or adaptation of national evidence-based guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.	Support the development/adaptation of national evidence-based disease-specific management guidelines/protocols/standards SDGReference: 030401	CS	EU, IARC, UNDP, UNFPA

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors and Partners
2.1 Noncommunicable diseases	2.1.5. Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases	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	215C1 Coordinate WHO's interagency work with the United Nations in incorporating noncommunicable diseases in national development agendas through United Nations Development Assistance Frameworks and WHO country cooperation strategies, as appropriate.	Coordinate UN interagency work to incorporate NCDs into national development agendas and WHO country cooperation strategies SDGReference: 030401	CS	UNDP
2.2 Mental health and substance abuse	2.2.2. Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery	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	T5-Universal coverage and the "right to health"	222C1 Support the organization of community-based mental health services integrated within primary health care and working closely with social care services.	Support organization of mental health and social care services and their integration in primary care in Belarus SDGReference: 0304XX	CS	UNDP
2.3 Violence and injuries	2.3.2. Countries and partners enabled to develop and implement programmes and plans to prevent unintentional deaths and injuries from burns, drowning and falls	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	232C1 Lead the strengthening of country capacity to develop national evidence-based programmes to prevent unintentional injuries.	Enable Belarus to develop and implement child injuries prevention plans SDGReference: 0302XX	CS	EU, BELMAPO, UNICEF, other Ministries (MoA, MoE)
3.1 Reproductive, maternal, newborn, child and adolescent health	3.1.3. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions	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	313C1 Support countries to develop policies and strategies, including for the integrated management of childhood illness and in adapting/adopting and implementing guidelines and tools for preventing child deaths and morbidity.	Support development and monitoring of CAH strategies and implementation of services for newborns and children SDGReference: 030201	CS	UNICEF
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	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	T2-Increase life expectancy in Europe	351R1 Provide WHO leadership to support the development and implementation of regional strategies/action plans on environmental health, including on water, sanitation, waste, air quality, chemicals and climate change, as well as on occupational health and safety.	WHO leadership to support the development and implementation of regional strategies/action plans on [choose from: 1/ Air Quality; 2/ water, sanitation and hygiene; 3/ Chemical safety; 4/ waste management and contaminated sites; 5/ climate change and health; 6/ healthy, resilient and sustainable cities (urban planning, noise and transport); and 7/ environmental sustainability of health systems SDGReference: 0309XX	IC	UNEP

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors and Partners
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"	421C4 Provide support for delineating the role and improving the performance of primary, hospital, long-term, community and home-based care services within integrated, people-centred health service delivery systems, and strengthening emergency and essential surgical care and anaesthesia, including strengthening their governance, accountability, management, quality and safety, and for responding effectively to emergencies and disasters.	Support countries to monitor performance of health services delivery SDGReference: 030801	CS	EU, UNDP
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools	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	431C3 Support the establishment, maintenance and effective use of national databases for collecting and analysing data on rational consumption and prescribing of essential medicines, including antimicrobials.	Support MS to collect and analyse data on consumption of antimicrobials and develop a system-wide approach to address antimicrobial resistance. SDGReference: 0308XX	CS	
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools	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	431C4 Provide technical assistance for procurement and supply chain management, to improve access to affordable quality medicines and other health technologies.	Technical guidance to MS on medicines procurement and supply, pricing and reimbursement systems and processes developed and disseminated. SDGReference: 0308XX	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	T1-Reduce premature mortality in the Europe by 2020	441C3 Support the use of international standards for health information systems and for health data management.	Promote the use of international standards for health information and statistics and methods to increase the interoperability of data sharing and systems SDGReference: 1718XX	CS	WB

Programme Area	Output	Primary SDG Target	Primary H2020 Target	PB Deliverable text	BCA Product and Service	Mode of Delivery	Other Government Sectors and Partners
4.1 National health policies, strategies and plans	4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, a "Health in All Policies" approach and equity policies)	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	15-Universal coverage and the "right to health"	4.1.1.1 Facilitate the development and implementation of comprehensive national health policies/strategies/plans applying WHO tools and approaches that ensure and/or promote the resilience of health systems and a rights-based approach, respect national ownership, give a voice to the population, improve accountability and policy coherence, and are in line with the principles of country ownership of the development agenda and stewardship of the International Health Partnership for UHC 2030.	Facilitate the development and implementation of comprehensive national health policies/strategies/plans applying WHO tools and approaches that ensure and/or promote the resilience of health systems and a rights-based approach, respect national ownership, give a voice to the population, improve accountability and policy coherence, and are in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030. SDGReference: 0308XX	IC	

