

## Biennial Plan of Cooperation

between

the Ministry of Health of the Czech Republic

and

the Regional Office for Europe  
of the World Health Organization

2022/2023

*Signed by:*

*For the Ministry of Health of the Czech Republic*

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## Introduction

This Biennial Plan of Cooperation (BPC) between the World Health Organization (WHO) Regional Office for Europe and the Ministry of Health of the Czech Republic, for the biennium 2022–2023 constitutes a practical framework for collaboration, agreed in a process of successive consultations between national health authorities and the WHO Regional Office for Europe on behalf of WHO, and with the overall aim to achieve the targets of the WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), the European Programme of Work 2021–2025: United Action for Better Health in Europe (EPW) and of the national health policies of the Czech Republic.

GPW 13 provides a high-level strategic vision for the work of WHO and its Member States and provides an overall direction for the five-year period beginning in January 2019. WHO's Programme budget 2022–2023, as approved by the Seventy-fourth World Health Assembly, aims to turn the vision of GPW 13 into reality by delivering positive health impact for people at the country level. 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 BPC, grounded in GPW 13 and the 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning the European Programme of Work 2020–2025, which was adopted by the WHO Regional Committee for Europe at its 70th session in 2020. In line with the EPW the BPC thus aims to support the Czech Republic in promoting universal access to quality care without fear of financial hardship, offering effective protection against health emergencies and building healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being.

### Description of the Biennial Plan of Collaboration

Through a consultative process, WHO and the Ministry of Health agreed on the broad prioritization of areas for collaboration, which were reviewed and refined in preparation of this document. This document further details the collaboration programme, including the prioritized outcomes, proposed outputs, and product and services deliverables.

Achieving the prioritized outcomes as identified in this BPC is therefore the responsibility of both the WHO Secretariat and the Ministry of Health.

BPC will be implemented through optimal and best fitting modes of delivery 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 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 2022–2023 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Ministry of Health of the Czech Republic 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 side may initiate amendments.

The Ministry of Health will nominate a WHO national counterpart and national technical focal points. The national counterpart will be responsible for the overall coordination of the implementation of the BPC on the part of the Ministry and will liaise with all national technical focal points on a regular basis. The WHO representative (WR) to the Czech Republic will be responsible for implementation of the BPC on behalf of WHO in close coordination with and overseen by the Regional Office, and will coordinate any required support from WHO headquarters.

WHO will allocate baseline budget for the biennium as an indicative estimated costs of delivering the planned work. To the extent possible, this budget allocation will encompass the total expenditure for the implementation of BPC, regardless of level of WHO from which the work will be delivered. Funding will come from both WHO corporate resources and any other resources mobilized through WHO. These funds will not be used to subsidize or fill financing gaps in the regular operations and delivery of services of the health sector, to supplement salaries or to purchase supplies. Activities and 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 expenditures on staffing of WHO based in WHO headquarters, the Regional Office and the staff of the Country office in the Czech Republic are not reflected in the indicated budget.

The value of the Ministry's input, other than that channelled through the WHO Secretariat, is also not included in the BPC or the indicated budget.

This BPC 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. Strategic outlook on collaborative priorities

### 1.1. Political and socioeconomic context:

Czech Republic is a high-income, OECD, NATO and EU member state. It is a parliamentary democracy with a President as the head of state. Czech Republic has decentralized functions and certain competencies are delegated to the Regions and the Capital City of Prague. Key issues in the area of health are long term sustainability of the health sector which already provides almost complete universal health coverage to all residents and citizens and strengthening public health services based on the lessons learnt in the Covid-19 pandemic. Czech Republic is the fastest aging EU country and is in need of strategies to ensure continuous provision of an ever-improving and better performing integrated health coverage in the future.

### 1.2. National health and development goals and partner environment:

The leading strategic document for health in the Czech Republic is the Health 2030 Strategic Framework, which outlines the key objectives and strategies for the country until 2030. Its three specific objectives are:

- Protecting and improving the health of the population
- Health system optimization
- Support for science and research

These strategic goals then break down into seven specific goals, which copy the investment and non-investment priorities of the Ministry of Health for the programming period of the EU 2021+ economic, social and territorial cohesion policy and which will be implemented through 6 follow-up implementation plans under the auspices of the Ministry of Health and the specific objective of Involvement of science and research in solving priority tasks of health care will be implemented through the National Concept of Health Research under the auspices of the Government Council for Research, Development and Innovation.

The implementation plans under the auspices of the Ministry of Health cover the following areas:

- Primary care reform
- Disease prevention, promotion and health protection; increasing health literacy
- Implementation of integrated care models, integration of health and social care, mental health care reform
- Personnel stabilization of the health sector
- Digitization of healthcare
- Optimization of the reimbursement system in healthcare

Collaboration under this plan will be aligned with Health 2030 strategy so that it supports the achievement of its objectives and addresses the specific areas where WHO's support and input may be optimal.

### 1.3. Health status and progress towards health goals:

Life expectancy of the Czech population has been increasing in the long term according to the life expectancy. Nevertheless, the values found for both Czech women and men are lower than the EU average. In 2019, life expectancy at birth for women was 82.2 years, which is 1.7 years more than in 2009 but 1.8 less than the EU average in 2019. For men, in 2019 life expectancy at birth 76.4 years, which is 2.1 years more than in 2009 but 2.1 less than the EU average for 2019.

Overall mortality shows a slightly increasing trend over the period 2010-2019, largely due to an aging population. 62% of all deaths in the Czech Republic are deaths of long-term ill patients without acute cause. This represents 66.6 thousand patients a year who may potentially need

long-term or palliative care. Most of the fundamental and internationally monitored mortality parameters show improving values in the Czech Republic over time.

The pandemic of Covid-19 had a significant impact on slowing down and reversing the trends in life expectancy in the Czech Republic. Probably 30,000 or more excess deaths due to Covid-19 have been registered in 2020 and 2021 and this resulted in an overall decrease in life expectancy by up to 1.5 years, effectively erasing the health gains from the past 10 years.

25.9% of all deaths can be defined as premature in the Czech Republic in 2007-2019 and is still well above the EU average. Although the main factor increasing population morbidity is demographic aging, a large proportion is also due to poor lifestyle and a strong influence of risk factors such as alcohol consumption, tobacco use, poor eating habits, etc. The Czech Republic has a significantly higher death rate from preventable diseases than the EU28 average (216 per 100 000 inhabitants). During the Covid-19 pandemic, at least 40,000 excess deaths over the baseline of the average from 2010-2020 have been recorded.

Infant mortality rate is among the lowest in the European countries. The Czech Republic outperforms the economies of Central and Eastern Europe in terms of overall health care outcomes, such as survival rates following hospitalization due to ischemic stroke. The overall hospital mortality rate in the Czech Republic is relatively low and does not exceed 3%.

The statistically significant differences in health indicators between the regions of the Czech Republic persist. Life expectancy varies significantly across 77 districts of the Czech Republic, even though the geographical coverage of health service providers is evenly distributed. Therefore, differences in health outcomes are likely to reflect different quality of service, population health, lower health literacy or the prevalence of risk factors for behavior.

The structure of the population with a high proportion of the elderly of both sexes is an important factor determining the future development of the Czech health care system and the expected needs of health and social services. The average age of the population of Czech men is 40.8 years, for women 43.6 years. The proportion of people over 60 is approximately 25%. Demographic predictions show that there will be a significant increase in the proportion of the population over 60 years and the population over 65 years in the next 30 years.

Czech health care system has been under scrutiny for many years, having an above-the-average number of facilities and hospital beds within the EU, but it seems that this played an important role during the Covid-19 pandemic ensuring sufficient capacity to effectively respond to a huge wave of severely ill and dying patients at the peak of the Covid-19 waves.

The Czech Republic is the country with the lowest out-of-pocket expenditures for health within EU and OECD providing the highest level of financial security to its citizens through a universal health insurance covering most of the expenditures for health.

### 1.4. Strategic priorities in transformation for health

Collaboration should focus on the health system development in the country, contributing to development of sustainable health systems to maintain the universal health coverage with a generous package of services for all; developing and implementing health promoting policies across sectors; and providing policy and technical leadership in collaboration with the government, other sectors and various levels of governance and multiple stakeholders.

The main objectives should be to provide added value to the health policy making and implementation across sectors in the Czech Republic through policy advice, advocacy, exchange of knowledge and experience with others, provision of specific and targeted technical assistance and engagement of the Czech Republic in global public health and WHO governance.

### 1.5. Main areas for collaboration based on the EPW and GPW

More specifically, the collaboration with and support to the Czech Republic should focus on:

- Optimizing macro-level policies influencing future trends in health and health care, such as financial protection; affordability of medicines; strengthening primary care; integration of people-centered services close to the clients, promoting new information



technologies to improve the administration and provision of health care, human resources for health planning and management and other;

- Strengthening and modernizing essential public health services and strengthening of International Health Regulations (2005) core capacities, ensuring high level of preparedness for public health emergencies in the future, including the capacities to identify, assess and respond to health risks, threats and ongoing and future emergencies;
- Supporting effective and evidence-based policy-making in the specific areas contributing most to ill health and burden of disease, including mental health, alcohol and tobacco-related harm, environment and health, non-communicable and vaccine-preventable and other communicable diseases;
- Supporting the participation of the Czech Republic and its experts and institutions in the EPW flagship initiatives and high profile initiatives including the Mental Health Coalition, digitalization of health, Behavioural insights for policy making, the Oslo initiative on access to affordable medicines, mental health, digitalization of health and the Immunization 2030 agenda;
- Promoting intersectoral coordination, strengthening the leadership role of the Ministry of Health and the health sector and adequate consideration of health in other sectoral or cross-cutting policies; stimulating good health governance and ethical and evidence-based policy making;
- Stimulating engagement of the Czech Republic in global public health and WHO governance by supporting learning and applied research in health and public health through inclusion of Czech institutions and experts in regional and global networks; enabling participation of the Czech Republic in bilateral and multilateral collaboration and processes in public health; including Czech experts and institutions in WHO's normative and standard-setting and operational research initiatives;
- Supporting existing and developing further WHO Collaborating Centers in key areas in the Czech Republic; and
- Support to the Czech Presidency of the European Union in 2022.

## **PART 2. Programmatic priorities for collaboration in 2022/23**

The collaboration programme for 2022–2023, 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 the Czech Republic.

Specific activities which will be developed and implemented under each of the priorities in Annex II. will be agreed at the operational level between the Ministry of Health and the WHO Country Office representing the entire Organization and will be periodically reviewed and adjusted based on specific needs, opportunities and availability of resources.



## PART 3. Budget and commitments for 2022–2023

### 3.1. Budget and financing

The total indicative budget for the implementation of this programme of collaboration is US\$ 250,000. All sources of funds will be employed to fund this budget as funds are mobilized by both parties and become available in accordance with WHO's Programme Budget 2022-23.

The WHO Secretariat will report on its annual and biennial programme budget implementation through the WHO Regional Committee for Europe and the World Health Assembly.

### 3.2. Commitments

The Ministry of Health and the WHO Secretariat commit to working together to mobilize the funds required to deliver this BPC to the best of their abilities.

#### 3.2.1. 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 BPC. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution in line with WHO's rules on procurement.

#### 3.2.2. Commitments of the Ministry of Health of the Czech Republic

The Ministry shall engage in the required policy and strategy formulation and implementation processes, and, to the extent possible, provide workspace, personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes identified in the BPC. The Ministry will also facilitate and support the collaboration of other ministries, institutions and experts in the Czech Republic with WHO on the agreed priorities.

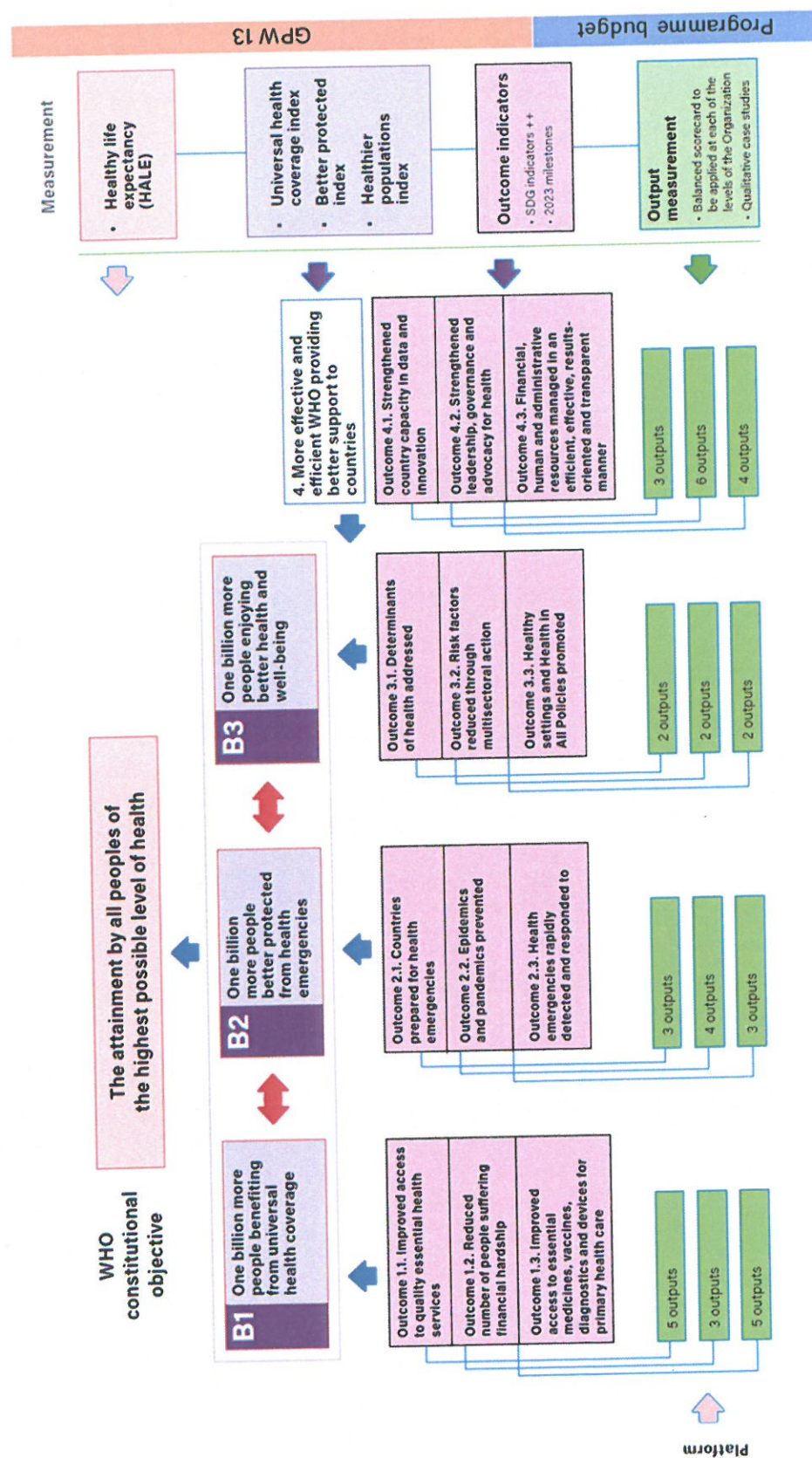
## LIST OF ABBREVIATIONS

### General abbreviations

|        |   |
|--------|---|
| BPC    | Biennial Plan of Cooperation                              |
| EU     | European Union  |
| EUSILC | European Union Statistics on Income and Living Conditions |
| EPW    | WHO European Programme of Work                            |
| GDP    | Gross Domestic Product                                    |
| GPW 13 | WHO Thirteenth General Programme of Work, 2019–2023       |
| MoH    | Ministry of Health  |
| NATO   | North-Atlantic Treaty Organization                        |
| OECD   | Organization for Economic Cooperation and Development     |
| SDG    | Sustainable Development Goals                             |
| UN     | United Nations  |
| WHO    | World Health Organization                                 |
| WHO CO | World Health Organization Country Office                  |
| WR     | World Health Organization Representative                  |



# ANNEX I: GPW 13 RESULTS FRAMEWORK



# Annex II

## Biennial Plan of Cooperation (BPC) – The Czech Republic

| Strategic Priority / Outcome   | Output  | Description of Products or Services  |
|--|---|--|
| <b>SP1. One Billion More People Benefiting from Universal Health Coverage</b>                            |   |  |
| 01.001 Improved access to quality essential health services  | Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages                             | Integrated service delivery - integrated service delivery networks with innovations, such as digital health, safe and high quality primary health care services<br>Mental health Flagship initiative - Mental Health Flagship Initiative and support to CZH Mental Health Reform |
|  | Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results   | Disease specific strategies and interventions to control and manage specific diseases and conditions through a public health approach, including prevention and treatment of cancers, HIV/AIDS and other   |
|  | Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course  | Immunizations 2030 Flagship initiative - routine immunizations (Global Immunization Vision and Strategy 2021-2030)   |
|  | Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities   | Health Governance – Improving Health Governance and Policy development   |
|  | Countries enabled to strengthen their health and care workforce   | Public health workforce - Public health education, training, skills and continuous professional development  |
| 01.003 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care | 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 | Improving access to affordable medicines and the Oslo initiative   |
|  | Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services                         | Addressing Antimicrobial Resistance and One Health   |
| <b>SP2. One Billion More People Better Protected from Health Emergencies</b>                             |   |  |
| 02.001 Countries prepared for health emergencies   | All-hazards emergency preparedness capacities in countries assessed and reported  | Strengthening implementation of International Health Regulations and of core country capacities, analysis, reporting and identification of key priority areas  |
|  | Capacities for emergency preparedness strengthened in all countries   | Capacities for emergency preparedness strengthened   |
|  | Countries operationally ready to assess and manage identified risks and vulnerabilities   | Operational preparedness for emergencies   |
| 02.002 Epidemics and pandemics prevented   | Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness  | Mitigate the risk of the emergence and re-emergence of high-threat pathogens   |
| 2.3 Health emergencies rapidly detected and responded to   | Potential health emergencies rapidly detected, and risks assessed and communicated  | Epidemiological intelligence - Potential health emergencies rapidly detected, and risks assessed and responses implemented   |
|  | Acute health emergencies rapidly responded to, leveraging relevant national and international capacities  | Event management - Acute health emergencies rapidly responded to, leveraging relevant sectors and actions  |
| <b>SP3. One Billion More People Enjoying Better Health and Well-Being</b>                                |   |  |
| 03.001 Determinants of health addressed  | Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach  | Market policies that reduce sales and harmful consumption of tobacco, alcohol, excessive consumption of salt and sugar   |
| 03.002 Supportive and empowering societies through addressing health risk factors                        | Countries enabled to address risk factors through multisectoral actions   | Address risk factors such as tobacco, alcohol, physical activity and nutrition through multisectoral action  |
| 03.003 Healthy environments to promote health and sustainable societies                                  | Countries enabled to address environmental determinants, including climate change   | Addressing environmental determinants of health, including climate change  |



| Strategic Priority / Outcome                                     | Output  | Description of Products or Services   |
|--|---|---|
| <b>SP3. Strengthened country capacity in data and innovation</b> |   |   |
| 04.001<br>Strengthened country capacity in data and innovation   | Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.  | Data and analytics - strengthen data, analytics and health information                                |
|  | 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 | Research Innovation - Strengthened evidence base, prioritization and uptake of WHO normative guidance |