Biennial Collaborative Agreement

between

the Ministry of Health of Republic of Turkey

and

the Regional Office for Europe
of the World Health Organization

2010/2011

Signed by:

For the Ministry of Health

Signature

Prof Recep Akdağ

Name

Date

Minister of Health

Title

For the WHO Regional Office for Europe

Signature

Marc Danzon, M.D.

Name

Date

Regional Director

Title
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Introduction


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 (CER), 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.

1. To enhance stewardship capacity of the Ministry of Health
   - Objective 1: Strengthened management and leadership capacity of the Ministry of Health
   - Objective 2: Developed pharmaceutical reimbursement system and blood safety control policies

2. To improve effectiveness, quality and access to child, reproductive and maternal health services based on their integration with Family Medicine System
   - Objective 1: Effectiveness, quality and access to mother-child health and reproductive health services improved by reorganization of the primary health care services with family medicine system
   - Objective 2: Implementation of WHO strategies and guidelines on child and adolescent health, reproductive health and maternal health including infant and maternal nutrition

3. To strengthen health security to respond emergency situations such as emerging diseases (like SARS, AI, etc.), humanitarian emergencies, effects of climate change or environmental degradation, bioterrorism and other acute health risks
   - Objective 1: Strengthened capacity of the MoH to respond to emergencies

4. To strengthen capacity of the MOH to develop and implement policies to address non-communicable diseases
   - Objective 1: Strengthened capacity of the MOH to develop and implement policies to address non-communicable diseases
   - Objective 2: Strengthened institutional capacity of the MOH to promote policy to address injuries, violence and environmental risks, particularly with regard to road traffic accidents

5. To improve control and surveillance of vaccine-preventable and other selected communicable diseases
   - Objective 1: Strengthened immunization programme management, training, enhanced supervision and monitoring of quality
   - Objective 2: Improved surveillance system for communicable diseases and active involvement in regional, international alert mechanisms
   - Objective 3: Improved capacity of MOH to strengthen the National Tuberculosis Programme and to move from Malaria control to elimination

1. Priorities, Objectives and Country Expected Results (CER)

Priority 1: Enhancing stewardship health systems capacity of the Ministry of Health (MOH) in the context of the Health Transformation Program (HTP)

Objective 1: Strengthen MoH stewardship and aligned institutional capacity for evidence-based policy in line with also in line with the following charter and resolutions:

- Tallinn Charter: Health Systems for Health and Wealth (2008),
- EUR/RC58/R4 (Stewardship/Governance),
- EUR/RC59/R3 (Health in times of global economic crisis)
- EUR/RC57/R2, WHA61.18, WHA58.30 (Millennium Development Goals)
- WHA62.12 (PHC and Health Systems)
- WHA60.26 (Worker’s Occupational Health)

Objective 2: Improve reliability, validity, timeliness of health statistics with particular focus on interagency compatibility (WHO, OECD, WB, EUROSTAT, etc.)

- EUR/RC55/R4, EUR/RC53/R3 (Health For All)
- EUR/RC51/R3, WHA60.27 (Health Information Systems)
- WHA60.15 (Health Research)
- WHA62.16, WHA61.21, WHA60.30, WHA59.24 (Public Health, Innovation and Intellectual Property)

Objective 3: Strengthen MoH and aligned institutional capacity for human resources analysis and strategic planning to respond to populations needs also in line with the following resolution:

- EUR/RC57/R1, EUR/RC59/R4 (Human Resource for Health)

Objective 4: Align with EU policy, regulation and WHO guidelines for quality, safety, efficacy and effective use of medicinal and biological products (medicines, vaccines and blood) also in line with the following resolutions:

- WHA60.29, WHA60.25, WHA60.20, WHA60.14, WHA55.14 (Medicines)
- WHA53.12 (Global Alliance for Vaccines and Immunizations)
- WHA58.13, WHA28.72 (Blood) and further ones

Objective 5: Address social determinants in early childhood target group with a focus on gender equity also in line with the following resolution:

- WHA 62.14 (Health Inequalities/Social Determinants of Health)

Country Expected Results (CER):

CER 1.1 Increased MOH institutional and technical capacity in evidence-based policy making for stewardship in the health sector

CER 1.2 Strengthened application of evidence based norms and interventions for the quality, safety, efficacy and effective use of medicinal products and essential technologies

CER 1.3 Strengthened policy intelligence for addressing social determinants of early childhood with special focus on gender equity
Priority 2: Increasing health systems preparedness and capacity to respond to emergency situations and climate changes

Objective 1: Integrate multi-hazards and multi-sectoral approach in the National Health Sector Emergency preparedness plan also in line with the following resolutions:

- WHA60.22 (Emergency Care Systems)

Objective 2: Align with EU policy and WHO guidelines for national response capacity to climate change also in line with the following resolutions:

- WHA62.11, WHA61.19 (Climate Change) and further ones

Country Expected Results (CER):

CER 2.1 National crisis management capacity (preparedness, response and recovery) enhanced through exchange of technical expertise, cross border collaboration and national and international partnership

CER 2.2 Strengthen national health systems response to climate change

Priority 3: Strengthening health systems capacity to develop strategies to address Non-Communicable Diseases

Objective 1: Develop policy and community based care services to respond to the need of disabled (intellectual disabilities and mental disorders) also in line with the following declaration and resolutions:

- WHA54.21, WHA58.23 (Disability),
- Helsinki declaration: Mental Health Declaration for Europe (2005), EUR/RC55/R2, EUR/RC51/R5, WHO55.10 (Mental Health)

Objective 2: Improve interventions for injuries prevention with a focus of road safety also in line with the following resolutions:

- EUR/RC55/R9 (Injuries)
- WHA57.10, UNGA A/RES/62/244 (Road Safety)
- WHA56.24 (Violence and Health)

Objective 3: Implement priority activities related to cancer and tobacco control and obesity prevention strategic plans also in line with the following charter and resolutions:

- WHA58.22 (Cancer)
- EUR/RC52/R12, WHA61.14, WHA56.1, WHA53.16, WHA54.18, WHA53.16, WHA52.18 (Tobacco)
- European Charter on Counteracting Obesity (2006), EUR/RC57/R4, WHA60.23, WHA57.17, WHA55.23 (Obesity and Physical activity)
- EUR/RC58/R8 (behavioural changes), WHA60.24, WHA57.16 (Health Promotion)
- EUR/RC56/R2, EUR/RC54/R4, WHA 61.14, WHA 60.23, WHA 53.17 (Non Communicable Diseases)

Country Expected Results (CER):

CER 3.1 Strengthened policies to develop interventions for community based services for disabled people/mental health people and for injuries prevention

CER 3.2 Strengthened policies and comprehensive health promotion strategies to address cancer and tobacco control and obesity prevention
Priority 4: Improving health systems capacity of International Health Regulation for surveillance and control of Communicable and Vaccine-Preventable Diseases

Objective 1: Ensure that mechanisms and measures are in place to respond to public health issues of international concerns of International Health Regulation (IHR) also in line with the following resolutions:


Objective 2: Ensured and maintained epidemiological surveillance of Vaccine-Preventable Diseases with a focus on: maintain polio-free status, elimination of measles and rubella and contribute to global and regional targets also in line with the following resolutions:

- EUR/RC50/R3, WHA60.14, WHA59.1 (Polio)
- EUR/RC/55/R7, WHA61.15, WHA58.15, WHA56.20 (Measles and Rubella, Global Immunization)

Objective 3: Strengthen epidemiological surveillance, control and diagnosis of Communicable Diseases with a focus on: TB, MDR-TB, HIV/AIDS, malaria also in line with the following declarations and resolutions:

- Berlin Declaration on Tuberculosis (2007), WHA62.15, WHA60.19, WHA58.14, WHA53.1 (Tuberculosis),
- The Move from Malaria Control to Elimination in the WHO European Region declaration (2005), EUR/RC52/R10, WHA60.18, WHA58.2, WHA52.11 (Malaria)

Country Expected Results (CER):

CER 4.1 Maintained polio-free status, elimination of measles and rubella, surveillance and control of other vaccine-preventable diseases and contribute to global and regional targets

CER 4.2 Improved institutional capacity for strengthening the implementation of International Health Regulation and contribute to regional targets

CER 4.3 Improved epidemiological surveillance and control of TB, HIV/AIDS and malaria programmes
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: Enhancing stewardship health systems capacity of the Ministry of Health (MOH) in the context of the Health Transformation Program (HTP)**

<table>
<thead>
<tr>
<th>Country Expected Results (CER)</th>
<th>Products</th>
<th>Health System Functional Domain:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Stewardship – ST</td>
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<tr>
<td></td>
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<td>Finance – FN</td>
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<td></td>
<td></td>
<td>Resource Generation – RG</td>
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<td></td>
<td>Service Delivery – SD</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ST</th>
<th>FN</th>
<th>RG</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CER 1.1 Increased MOH institutional and technical capacity in evidence-based policy making for stewardship in the health sector</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Institutional capacity building package for strengthening evidence-based health policy making</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report on Health System Performance Assessment with recommendations for establishing institutional capacity and improving compatibility of health statistics data</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical guidance and support to MoH in building capacity for human resources analysis and strategic planning</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Recommendations provided to redefine and expand package for PHC including reproductive, maternal, child and adolescent health (achieving MDG) and occupational health</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

| CER 1.2 Strengthened application of evidence based norms and interventions for the quality, safety, efficacy and effective use of medicinal and biological products and essential technologies (including blood and patient safety) |    |    | X  | X  |
| Technical guidance on pharmaceutical policy, regulations of medicinal and biological products and pricing/reimbursement and rational use of medicines | X  |    |    | X  |
| Policy guidance development and capacity building on patient and blood safety management | X  |    | X  |    |

| CER 1.3 Strengthened policy intelligence for addressing social determinants of early childhood with special focus on gender equity |    |    |    | X  |
| Comprehensive study on the role and contribution of social determinants of health in early childhood development and recommendations on policy options | X  |    |    |    |
### Priority 2: Increasing health systems preparedness and capacity to respond to emergency situations and climate change

<table>
<thead>
<tr>
<th>Country Expected Results (CER)</th>
<th>Products</th>
<th>Health System Functional Domain:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Stewardship – ST</td>
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<tr>
<td></td>
<td></td>
<td>Finance – FN</td>
</tr>
<tr>
<td>CER 2.1 National crisis</td>
<td>Report on the status of health system</td>
<td></td>
</tr>
<tr>
<td>management capacity</td>
<td>preparedness, including emergency</td>
<td></td>
</tr>
<tr>
<td>(preparedness, response and</td>
<td>medical service, with policy</td>
<td></td>
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<tr>
<td>recovery) enhanced through</td>
<td>recommendations for the National</td>
<td></td>
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<tr>
<td>exchange of technical</td>
<td>Health Sector Emergency Preparedness</td>
<td></td>
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<tr>
<td>expertise, cross border</td>
<td>Plan</td>
<td></td>
</tr>
<tr>
<td>collaboration and national</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>and international partnership</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CER 2.2 Strengthen national</td>
<td>National climate change and health</td>
<td></td>
</tr>
<tr>
<td>health systems response to</td>
<td>adaptation strategy developed</td>
<td></td>
</tr>
<tr>
<td>climate change</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Priority 3: Strengthening health systems capacity to develop strategies to address Non-Communicable Diseases

<table>
<thead>
<tr>
<th>Country Expected Results (CER)</th>
<th>Products</th>
<th>Health System Functional Domain:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Stewardship – ST</td>
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<tr>
<td></td>
<td></td>
<td>Finance – FN</td>
</tr>
<tr>
<td>CER 3.1 Strengthened policies</td>
<td>Technical assistance for the</td>
<td></td>
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<tr>
<td>to develop interventions for</td>
<td>development of community based</td>
<td></td>
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<tr>
<td>community based services for</td>
<td>services for disabled people</td>
<td></td>
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<tr>
<td>disabled/mental health people</td>
<td>(intellectual disabilities and mental</td>
<td></td>
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<tr>
<td>and for injuries prevention</td>
<td>disorders) as an alternative to</td>
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<tr>
<td></td>
<td>institutional care and integrate into</td>
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<td></td>
<td>primary health care services</td>
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<td></td>
<td>X X X X</td>
<td></td>
</tr>
<tr>
<td>CER 3.1 Strengthened policies</td>
<td>Recommendations provided for</td>
<td></td>
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<tr>
<td>to develop interventions for</td>
<td>strengthening health system capacity</td>
<td></td>
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<tr>
<td>community based services for</td>
<td>for implementation of injury</td>
<td></td>
</tr>
<tr>
<td>disabled/mental health people</td>
<td>prevention policies and programmes</td>
<td></td>
</tr>
<tr>
<td>and for injuries prevention</td>
<td>with a focus on road traffic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>injuries and domestic violence</td>
<td></td>
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<td></td>
<td>X X X</td>
<td></td>
</tr>
</tbody>
</table>
Technical guidance to strengthen national capacity to support cancer control programme with focus on palliative care | X | X
Follow-up of recommendations provided by the tobacco control capacity assessment report with special emphasis on smoke-free public places and taxation of tobacco products | X
Technical advice to support implementation of national obesity prevention plan including promotion of physical activity | X

| CER 3.2 Strengthened policies and comprehensive health promotion strategies to address cancer and tobacco control and obesity prevention | | |
| --- | --- | --- | --- |
| | | | |

**Priority 4: Improving health systems capacity of International Health Regulation for surveillance and control of Communicable and Vaccine-Preventable Diseases**

<table>
<thead>
<tr>
<th>Country Expected Results (CER)</th>
<th>Products</th>
<th>Health System Functional Domain:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CER 4.1 Improved institutional capacity for strengthening the implementation of International Health Regulation (IHR) and contribute to regional targets</strong></td>
<td>Assistance to strengthen country technical and laboratory capacity for implementation of International Health Regulation measures including pandemic preparedness plans for epidemic and pandemic prone diseases</td>
<td>Stewardship – ST</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finance – FN</td>
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<td>Resource Generation – RG</td>
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<td>Service Delivery – SD</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>CER 4.2 Maintained polio-free status, elimination of measles and rubella, surveillance and control of other vaccine-preventable diseases and contribute to global and regional targets</strong></td>
<td>Sustained polio-free status</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Strengthened immunization systems, surveillance and reporting to ensure elimination of measles and rubella and equitable access to vaccines, including new immunization products and technologies for vaccine-preventable diseases</td>
<td>X</td>
</tr>
<tr>
<td><strong>CER 4.3 Improved epidemiological surveillance and control of TB, HIV/AIDS and malaria programmes</strong></td>
<td>Technical assistance to strengthen surveillance, diagnosis and follow up treatment for TB, MDR-TB, TB/HIV and HIV/AIDS</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Strategic guidance and technical assistance provided to facilitate and promote national malaria elimination</td>
<td>X</td>
</tr>
</tbody>
</table>
### Management and coordination of BCA implementation

<table>
<thead>
<tr>
<th>Country Expected Results (CER)</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthened country programme coordination</strong></td>
<td>Assessment and recommendations on further strengthening of partnership and coordination with key stakeholders at country level, including UN common activities</td>
</tr>
<tr>
<td></td>
<td>WHO policies promoted at country level (including World Health Days)</td>
</tr>
<tr>
<td></td>
<td>WHO country operations implemented as per workplan and adequate response provided to unforeseen country needs</td>
</tr>
</tbody>
</table>
LIST OF ABBREVIATIONS

General abbreviations
BCA – Biennial Collaborative Agreement
CER – Country Expected Result
EUR/RC – European Regional Committee
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
UNGA – UN General Assembly
WHO-EURO – World Health Organization Regional Office for Europe
WHA – World Health Assembly

Technical abbreviations
HIV - Human Immunodeficiency Virus
MDG – Millennium Development Goals
MDR-TB – Multi-Drugs-Resistance TB
PHC – Primary Health Care
STD – Social Determinants
TB - Tuberculosis