WHO Country Cooperation Strategy

Czechia
2024–2030

MINISTRY OF HEALTH
OF THE CZECH REPUBLIC

World Health Organization
European Region

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WHO Country Cooperation Strategy, **Czechia**

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Abbreviations

BPC	Biennial Plan of Cooperation
CCS	Country Cooperation Strategy
COVID-19	coronavirus disease
CZK	Czech Koruna (currency)
EPW	the European Programme of Work, 2020–2025 – "United Action for Better Health" (EPW)
EU	European Union
GPW13	Thirteenth General Programme of Work, 2019–2023: promote health, keep the world safe, serve the vulnerable
GPW14	Fourteenth General Programme of Work
NCDs	noncommunicable diseases
SDGs	Sustainable Development Goals
UN	United Nations

Foreword

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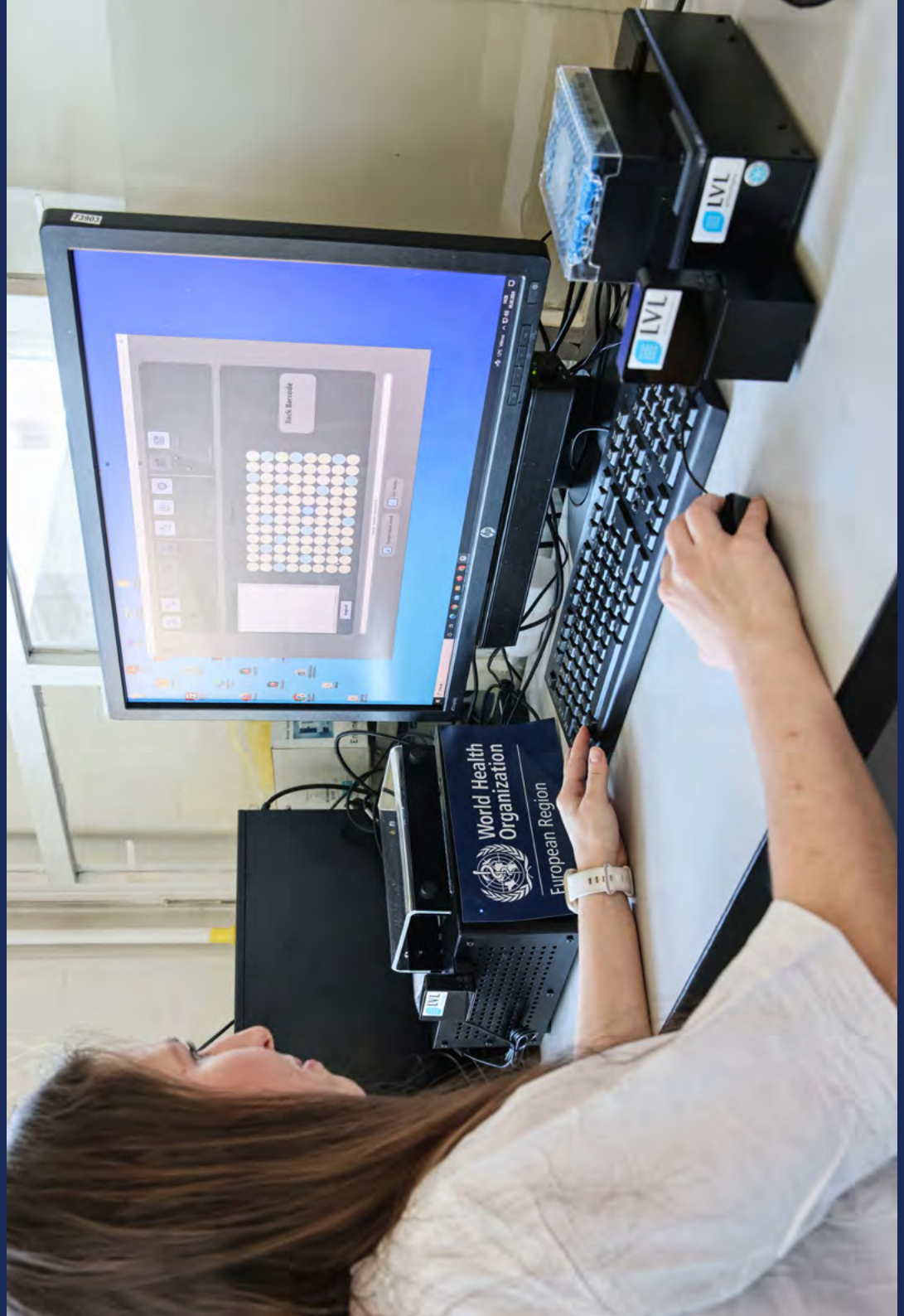
The Ministry of Health of the Czech Republic and the World Health Organization (WHO) are pleased to present the Country Cooperation Strategy for Czechia for 2024–2030, which provides strategic direction for collaboration for health for the next six years. It reflects the country's national health and development agenda and identifies a set of agreed joint priorities in line with the WHO Regional Office for Europe's commitment to leaving no one behind and to strengthen the leadership of national health authorities across the European Region.

With the challenges faced through the coronavirus disease pandemic and the ongoing threats to health and security, such as from the war in Ukraine and climate change and global warming, Czechia is more committed than ever to provide, protect and promote the health and well-being of the whole country.

The strategy has two distinct dimensions – giving everyone in Czechia the opportunity to live a healthy and active life; and ensuring that the health system is sustainable, fair, accessible to everyone and prepared for emergencies.

This continued close collaboration with WHO will support the delivery of the health goals set out in the *Strategic Framework Czech Republic 2030* and its Public Health Strategy for 2021–2030, which will in turn help Czechia achieve the 2030 Sustainable Development Goals.

WHO Country Cooperation Strategy, **Czechia**



Executive summary

The Country Cooperation Strategy (CCS) sets a vision and a guide for the collaboration between WHO and Czechia, in line with the *Strategic Framework Czech Republic 2030* and the Public Health Strategy for 2021–2030, with mutually agreed priorities to promote, provide and protect health and well-being for all people in Czechia.

Led by the Ministry of Health and the WHO Country Office in Czechia, the CCS was developed through a series of consultations, based on Czechia's current and future health needs, and considering WHO's core functions and comparative and strategic advantage.

This document briefly outlines the health and equity situation and health system in Czechia, national health priorities, and the strategic agenda and collaboration between Czechia and WHO, including the implementation plan and the monitoring and evaluation process for delivering the CCS.

The four strategic goals and priorities guiding the collaboration between the WHO and Czechia for the period of 2024–2030 and helping to set the country on course to achieve its health ambitions and the global goals for Agenda 2030 are presented below.

Strategic goal 1: Increased coverage of essential health services for all in Czechia involves working with Czechia to achieve the Sustainable Development Goal (SDG) indicators 3.8.1 and SDG 3.8.2 and to deliver on the targets of the *Thirteenth general programme of work, 2019–2023: promote health, keep the world safe, serve the vulnerable* (GPW13) and the Fourteenth General Programme of Work (GPW14), and the *European Programme of Work, 2020–2025 – "United Action for Better Health"* (EPW) Core Priority 1 – moving towards universal health coverage. The collaboration will focus on primary health care, health financing, human resources for health, pharmaceutical policies, public health, mental health, care for older people and prevention and control of infections.

Strategic goal 2: Strengthened preparedness, prevention, detection and response to health and related emergencies in Czechia involves working with Czechia to achieve SDG indicator 3.d.1 and to deliver the GPW13/GPW14 targets and EPW Core Priority 2 – protecting against health emergencies. The collaboration will focus on risk assessment, disease surveillance and epidemic intelligence, risk communication, infodemic management, emergency preparedness, migration health and a health security action plan.

Strategic goal 3: Improved well-being for all, at all ages, in Czechia through healthier home, learning, working and living environments involves working with Czechia to achieve SDG target 3.4 and 16 SDG indicators and to deliver the GPW13/GPW14 targets and EPW Core Priority 3 – promoting health and well-being. The collaboration will focus on the prevention and control of risk factors such as tobacco, alcohol, unhealthy food, physical inactivity and air pollution, addressing the social, economic and commercial determinants of health, accelerating action on climate change and global warming and creating healthy environments for people.

Strategic goal 4: Strengthening the country capacity for health intelligence and innovation involves working with Czechia to deliver this cross-cutting goal, which facilitate all three previous goals. The collaboration will focus on transformative and inclusive digital solutions, the European Health Systems Digitalization Roadmap, data and knowledge management and evidence-informed public health policy-making.

During the next six years, WHO and Czechia will work together and with other key partners and stakeholder to reach these strategic goals – within the limits of available resources – to achieve tangible and demonstrable public health impact.

Implementation will be structured around three biennial planning and budgetary cycles that will be used to operationalize the CCS, evaluate its progress and adapt the approach for greatest effect. This process will be captured every two years in WHO's biennial plans of cooperation

1. Situation analysis

1.1 Country context

Czechia has 10 882 235 inhabitants (as of September 30, 2023) *(1)*. It covers an area of 78 871 square kilometres with a mostly temperate continental and oceanic climate. The capital and largest city is Prague.

Czechia has been a member of the European Union (EU) since 2004. It is a multiparty parliamentary democracy. Legislative authority is vested in a bicameral parliament, consisting of a Chamber of Deputies and a Senate. The president is head of state and appoints a prime minister and cabinet ministers.

In 2022, the gross domestic product of Czechia was US$ 290.57 billion *(2)*. The last recorded increase in gross domestic product was 1.5% in the third quarter of 2022. Inflation reached 18.4% in February 2023 – the third highest in the EU. The average unemployment rate in January 2023 was 2.5% – lower than the EU average *(3)*.

1.2 Health and health equity

Overview

Demographic development in Czechia has been affected by the coronavirus disease (COVID-19) pandemic, as in many other countries in the WHO European Region and globally. The number of deaths in 2021 reached 139 900 – the highest number since the Second World War. Life expectancy at birth in 2021 fell to 2013 levels, dropping to 74.1 years for men and 80.5 years for women in 2021 *(4)*, with certain regions – Ústecký, Karlovarský and Moravian-Silesian – lagging behind this national average (by 1.8 years in men and 2.7 years in women) *(5)*. Healthy life expectancy was already falling prior to the pandemic *(6)*, from the high of 64.1 years in 2014, to 61.6 years in 2020 (the EU average is 64 years) *(7,8)*.

In 2021, 70.3% of men and 65.5% of women aged 16 years and over self-reported their health as good or very good (compared to the higher EU averages of 71.6% and 66.6% respectively) *(9)*. There are also marked disparities in the population based on income – 86% of Czech adults in the highest income quintile report being in good health compared with only 46% of those in the lowest, which represents the fifth highest disparity in EU *(10)*.

Health system

The Czech health-care system is a compulsory social health insurance system with universal coverage based on permanent residency. Total expenditure on health rose from 7.6% of total gross domestic product in 2019, to 9.8% in 2021 – above the EU average of 8.1% *(11)*. The spending increase has been driven by the pandemic and largely accounted for by public spending – payments from the public insurance system increased by 52 billion Czech Koruna (CZK) and direct spending from the State, regional and municipal budgets by CZK 35 billion *(12)*.

To provide financial protection, there is an annual cap of CZK 5000 on co-payments for prescribed pharmaceuticals. This is reduced to CZK 500 for people aged 70 years and over and, since 2020, for people at the second or third disability level (based on Act no. 108/2006 Coll. *(13)*). A limit of CZK 1000 applies to people aged 65–69 years and children aged 0–18. Some vulnerable groups are also exempt from the flat fee for accessing out-of-hours outpatient care, including those who receive material need benefits or are in homes for the disabled or elderly with a low income *(14)*.

Despite this, Czechia faces several problems related to variations in the quality and access to essential health-care services and medicines *(16)*, particularly affecting individuals residing in marginalized regions or facing social or economic disadvantages, which is further deepened by shortages of human resources.

Early years

The number of live births in Czechia in 2022 was 101 299 with a corresponding fertility rate of 1.62 children per woman. Both statistics are lower than in preceding years, despite a previously increasing trend in fertility *(16,17),* and the decrease continued in 2023 *(18).*

The proportion of exclusively breastfed babies was around 80% of all newborns up until 2019, but. this fell to 72.5% in 2022 *(19).* In 2020, only 35% of babies born by caesarean section and 43.91% of babies born prematurely were exclusively breastfed at hospital discharge. The Ministry of Health estimates that the proportion of exclusively breastfed babies at 6 months is below 20% *(20).*

Burden of diseases

The number of people with a long-term health condition is growing and the population is ageing, with the number of people aged over 65 forecast to increase significantly *(21)*. In 2021, 39.5% of people over 50 years of age were classified as having multimorbidity *(22)*, following an increasing trend – a reported average annual percentage increase of 2.7% in men and 2.6% in women observed between 2007 to 2017 *(23)*.

The leading causes of death in 2021 were diseases of the circulatory system (47 900 deaths (34.3%), cancers (27 700 (19.4%)) and COVID-19 (25 500 (18.3%)) *(10)*. In 2020, there were 340 preventable deaths per 100 000 people in Czechia, above the EU average of 271.7. The leading causes of years lived with disabilities were mental health problems, including depression and anxiety; musculoskeletal problems, including back pain; diabetes; and injuries *(24).*

Leading risk factors

Around half of all deaths in Czechia in 2019 were attributable to unhealthy diet, tobacco, alcohol and physical inactivity. Dietary risks contributed to 23% of all deaths (the EU average was 17%), tobacco to 20% and alcohol to around 10% *(10).* Addressing the wider system drivers relating to these risks is key, including the commercial and social determinants of health and the currently low levels of health literacy in the population.

In 2018, alcohol consumption had increased to 14.4 litres per person per year (the average for the WHO European Region is 9.8 litres) and almost 70% of 15–19-year-olds had engaged in heavy episodic drinking (the most detrimental pattern of consumption). In the same year, 25% of people aged 15 years and over smoke, with around 16 000 people dying from tobacco every year in Czechia *(25)*.

The tax on alcoholic beverages was last increased in 2020. While the average wage rose by 50% between 2009 and 2018, the excise tax on alcohol had remained unchanged since 2010 until 2020. Tobacco taxes have increased every year since 2020 and will continue to increase through 2024 *(10)*.

In 2019, 19.3% of adults were reported to be obese and 39.1% overweight (21.2% of men were obese and 46.9% overweight). High levels of being overweight are also seen early in life with 22% of boys and 27% of girls aged 7–9 years being overweight *(26)*.

Deprivation and gender

Recently, income inequality has risen back to 2010 levels *(14)* and income poverty has risen from 9% in 2021 to 16% in 2022, with older women and single mothers the worst affected *(27–29)*. Debt enforcement, with unregulated companies providing consumer credit to the public has contributed to this. In 2017, 863 000 citizens faced enforcement proceedings. This is increasing and includes 6000 children under the age of 18 and more than 120 000 individuals over 60 years of age *(30)*.

Czechia ranks 23rd in the EU on the Gender Equality Index, with barriers including segregation and quality of work. In 2021, 58% of women, compared to only 11% of men, reported caring for and supervizing children aged 0–11 years completely or mostly by themselves (one of the highest gaps in the EU) *(31)*. During the pandemic, the number of domestic violence cases increased and, in 2021, the police recorded the highest number of rape cases to date (773) *(32).*

COVID-19

More than 43 000 deaths related to COVID-19 have been recorded in Czechia since the beginning of the pandemic *(33)*. COVID-19 revealed shortcomings in the country's existing emergency resilience, including in legislation, funding, surveillance, planning, response and risk communication *(34).* The pandemic has also had a much wider effect on health – increasing harm through its social and economic impact, reducing access to health and social care services, reducing the reach of screening programmes including for cancers, and exacerbating noncommunicable diseases (NCDs) including chronic lung diseases.

Vaccinations and infections

The compulsory child vaccination programme covers diphtheria, pertussis and tetanus; poliomyelitis; hepatitis B; Haemophilus influenzae; and measles, mumps and rubella *(14)*. Compulsory vaccinations and specific vaccines for priority and vulnerable groups (including influenza vaccination for people over 65 years) are covered by social health insurance *(14)*.

Immunization rates for many vaccine-preventable diseases are high in Czechia, reaching 97% for diphtheria, pertussis and tetanus, and 94.4% for measles in 2020. However, vaccination coverage for influenza is significantly below WHO recommendations *(35)*, with 6% of the overall population vaccinated in 2022/2023, including only 24.4% of those over 65 years, and only 10–15% of health-care workers are vaccinated (2019 data). By the end of 2023, only 786 578 (8.2%) people had the second dose/first booster of the COVID-19 vaccination (4 360 550 had a first dose), and uptake of the 3rd booster was even lower.

There were an estimated 374 cases of tuberculosis in Czechia in 2022 – below pre-covid rates – with 43% of cases registered among non-Czechs, with more than half being in people from Ukraine. There were 19 cases of multidrug-resistant tuberculosis identified in 2022 *(36,37).* The number of new HIV cases in Czechia last year was 292, the highest since 1985. Czechia offers free support and treatment to the 578 HIV-positive refugees who have arrived from Ukraine as a result of the war *(38,39).*

Environment and health

The ten most populated cities in Czechia have an annual mean particulate matter (< 2.5µm) level significantly above WHO guidelines, with the regions of Ostrava, Havirov and Olomouc being among the worst affected in 2018. The average annual temperature has risen by 2°C since 1961 and is expected to warm by at least another 2°C by 2050. Amongst other consequential risks, an increase in extreme rainfall and drought is expected in the coming years *(40)*.

Expected health risks related to climate change and global warming in Czechia include extreme weather, heat-related illness, respiratory illnesses, zoonoses, NCDs, mental health disorders and the impact on health-care infrastructure. In light of this, there is currently a lack of robust health impact and climate-related health outcome surveillance in the national strategies and plans *(41)*.

Ukrainian refugees

As of 31 December 2023, a total of 375 021 persons with a residence permit granted in connection with the war in Ukraine were registered in Czechia *(42)*. According to a series of studies by *Hlas Ukrajinců* [Voice of Ukrainians], 62% of adult refugees in Czechia do not have a general practitioner and approximately 45% are suffering from moderate or more severe depression or anxiety *(43).*

1.3 National health and development agenda

The main strategic development framework is the *Strategic Framework Czech Republic 2030 (44)*, published in 2017 and aligned with the United Nations (UN) Sustainable Development Goals (SDGs) *(45)*. It includes the overarching goal to improve health for all and a number of sub-aims including:

- an increase the healthy life expectancy of all people in Czechia;
- a reduction in health inequalities;

- the further development of the public health-care system;
- healthy lifestyles are supported through higher public spending with an emphasis on primary disease prevention and health promotion throughout life; and
- the consumption of addictive substances and the burden of risk factors for health are reduced through environmental improvements.

These aims are supported by Health 2030 *(6)*, the strategic programme of the Ministry of Health, which sets out three strategic objectives: (i) improving the health of the population; (ii) optimizing the health system, and (iii) supporting science and research. These are underpinned by six implementation plans *(46).*

The National Recovery Plan for the period 2022–2026 *(47)*, a summary of reforms and investments that consists of six pillars and that Czechia wants to implement with the European Commission's Resilience and Recovery Facility, has also been approved and signed by the Czech government and the European Commission.

In 2022, the government reiterated their commitment to progressing its health goals through financing, economics and the role of health insurance companies; quality and availability of health care; medical education; and prevention and nutrition – improving the health of the population *(48).*

1.4 Partnership environment

International partnerships and collaboration

Czechia is a member of the UN (Czechoslovakia, the predecessor to Czechia, was a founding member), the EU, the North Atlantic Treaty Organization (since 1999), the Organisation for Economic Co-operation and Development, the Organization for Security and Co-operation in Europe, and the Council of Europe. In December 2007, Czechia joined the Schengen Area but has kept its currency (CZK).

There are five organizations within the UN system in Czechia (International Organization for Migration, United Nations Children's Fund, United Nations High Commissioner for Refugees, United Nations Information Centre Prague and WHO) and one associated agency (the United Nations Children's Fund National Committee). In December 2022, there were 65 UN staff members in the country.

In response to the war in Ukraine, WHO has become part of the inter-agency coordination mechanism in Czechia – co-led by United Nations High Commissioner for Refugees and the Ministry of Interior – which operates through the Interagency Refugee Board. WHO co-leads with the Ministry of Health a working group on mental health and psychosocial support, which is a formal sub-body of the Interagency Refugee Board and participates in the Regional Refugee Response Framework *(49).* Activities of WHO in Czechia are also supported by various partners and donors (e.g. German, Japanese and United States embassies).

WHO collaborating centres are implementing WHO's programme objectives, play a crucial role in developing and strengthening institutional capacity in countries and regions, and represent a testament of excellent technical capacities. WHO collaborating centres are institutions, such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities

in support of the Organization's programmes *(50).* There are four such centres of excellence in Czechia, which contribute to perinatal health (CZH-36 – Institute for the Care of Mother and Child), mental health research and service development (CZH-34 – National Institute of Mental Health), the International Classifications of Diseases (CZH-33 – Institute of Health Information and Statistics of Czechia), and human biomonitoring of environmental impacts on human health (CZH-35 – Masaryk University (RECETOX)) *(51)*.

National partnerships and collaboration

The Ministry of Health plays a central role in health policy development and implementation. Health Committees of both parliamentary chambers play an active role in supporting health-related projects and activities. However, effective intersectoral policy development remains a challenge.

Collaboration with WHO and its Country Office is well established through the National Institute of Public Health and other professional non-profit organizations. Activities of WHO in Czechia are also supported by various partners and donors. Czechia is active in various WHO networks, including the Healthy Cities Network *(52,53)* and the International Health Promoting Hospitals Network, which includes 11 hospitals in Czechia *(54).*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2. Strategic priorities and key interventions

Table 1 uses the WHO theory of change framework for Country Cooperation Strategy (CCS) development, setting out four main goals for the CCS and, for each goal, the relevant health challenge, the strategic priority and the deliverables over the course of the CCS, to 2030. Under each goal and priority, the table specifies the alignment with the SDGs, the *Thirteenth general programme of work, 2019–2023: promote health, keep the world safe, serve the vulnerable* (GPW13) *(55)*, the draft Fourteenth General Programme of Work (GPW14) *(56)* and the *European Programme of Work, 2020–2025 – "United Action for Better Health"* (EPW) *(57)* goals, targets and priorities. The table also provides some of the ways of working WHO will use in collaboration with Czechia to progress the work.

The theory of change is intended to be high-level and strategic, and the implementation of the CCS will be operationalized through the biennial plans of cooperation (BPCs) that will include the allocated budget and key activities for the three two-year cycles within the term of the CCS.

Table 1. High-level theory of change for the WHO CCS, Czech Republic 2024–2030, including strategic goals, health challenges, priorities, key deliverables and enablers and their alignment with the SDGs (40), the GPW13 (55), GPW14 (56) and EPW (57).

Goal 1	**Increased coverage of essential health services for all in Czechia –** working with Czechia to achieve SDG indicators 3.8.1 and 3.8.2.
Why: Challenge 1	There is variation in the quality and access to essential health services, especially for certain health needs and for people in excluded regions, and those who are socioeconomically deprived and vulnerable. Workforce shortages and financial sustainability of health care puts an extra burden on health system performance and efficiency.
Strategic Priority 1	**Move towards universal health coverage.** Helping deliver on the GPW13/ GPW14 targets and the EPW Core Priority 1 in Czechia.
What: Deliverables for Strategic Priority 1	• Support approaches to address gaps in health-care provision, through **primary health care** coverage and **financial protection**. • Support **human resources for health** planning and management to help achieve sustainability. • Support the quality and sustainability of the health system through stronger **prevention**, **public health** and **governance**. • Support the development of sustainable **pharmaceutical policies** and those that address antimicrobial resistance. • Support the implementation of **mental health-care** reform, with a special focus on vulnerable groups. • Support the development of **healthy ageing** strategies to improve quality of life and access to health and social care. • Support the enhancement of **infectious disease prevention** and control.
Goal 2	**Strengthened preparedness, prevention, detection and response to health and related emergencies in Czechia –** working with Czechia to achieve SDG indicator 3.d.1.
Why: Challenge 2	The COVID-19 pandemic revealed deficiencies in emergency resilience, including in legislation, financing, surveillance, planning, response and risk communication.
Strategic Priority 2	**Protect against health emergencies.** Helping deliver on the GPW13/ GPW14 targets and EPW Core Priority 2 in Czechia.
What: Deliverables for Strategic Priority 2	• Support comprehensive **risk assessment** to identify potential health emergencies in the country. • Support strengthening **disease surveillance** and **epidemic intelligence** systems for the early detection of health threats. • Support improvements in **risk communication** and **infodemic management**. • Support the development of sustainable strategies for **migration health**. • Support **emergency preparedness** by strengthening core components of the International Health Regulations (2005) *(58).* • Support the development of a **national action plan for health security** and complementary plans with all key stakeholders.

Table 1. Contd.

Goal 3	**Improved well-being for all, at all ages, in Czechia through healthier home, learning, working and living environments –** working with Czechia to achieve SDG target 3.4 and 16 SDG indicators.
Why: Challenge 3	There is a high prevalence of behavioural risk factors and compounding risk factors, such as climate change and global warming, which are causing large numbers of preventable illness and death and inhibiting socioeconomic development.
Strategic Priority 3	**Promote health and well-being.** Helping deliver on the GPW13/GPW14 targets and EPW Core Priority 3 in Czechia.
What: Deliverables for Strategic Priority 3	• Support stronger prevention and control of NCDs focusing on the WHO "Best Buys" *(59)* for the leading risk factors – **tobacco, alcohol, unhealthy food, physical inactivity and air pollution**. • Support the development of policies and legislation to address the wider determinants of health, including **social and commercial determinants**. • Help accelerate actions to address climate change and **global warming**. • Support the implementation of **healthy environments**, particularly for younger and older people, in ways that reduce health inequities.
Goal 4	**Strengthening the country capacity for health intelligence and innovation**
Why: Challenge 4	The current gaps in data and evidence collection, and knowledge translation inhibit the development of an informed health system and the achievement of all national health goals and those of this CCS.
Strategic Priority 4	**Enhance health intelligence and innovation.**
What: Deliverables for Strategic Priority 4	• Support the development of inclusive **digital solutions** to transform health systems and improve health outcomes. • Support the finalization of the **European Health Systems Digitalization Roadmap**. • Help to develop a system for better **data and knowledge management**. • Help to develop a culture of **evidence-informed public health policy-making** across all relevant sectors.
How: Ways of working that WHO will use to support the achievement of all four strategic goals and priorities	The ways of working include: • strategic policy and action plan development supported by the long-term monitoring of progress towards tangible results; • capacity-building and technical guidance, and adapting WHO strategies to the context and priorities of Czechia; • advocacy for the importance and co-benefits of multisectoral action for health and well-being; and • dialogue, participation, engagement and policy briefs to facilitate cooperation between relevant WHO experts and national institutions.
Enablers for all goals and priorities	*Strategic Framework Czech Republic 2030 (44)*, Health 2030 *(6)*, EPW *(57)*, GPW13 *(55)*, GPW14 *(56)*, Agenda 2030 *(60)*.


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3. Implementing arrangements

The term of this CCS spans three biennium (six years) and aligns with three WHO operational and budgetary planning cycles. These planning cycles will be captured in the BPCs between the WHO Country Office in Czechia and the Ministry of Health of Czechia and will include the specific objectives, activities, budgets and implementing partners or processes that will help to progress this CCS. The first BPC was agreed in early 2024, in parallel with the finalization of this CCS.

The BPC, which forms an integral part of the Strategy as its Annex 1, will be implemented through optimal and best fitting modes of delivery, ranging from country-specific to intercountry and multi-country. The 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.

The CCS is also intentionally aligned with both the national health and development strategies and goals for Czechia and with those of WHO's global (GPW13 and the upcoming GPW14) and Regional (EPW) programmes of work. This will help to ensure that national and international partnerships and wider resources accessible to Czechia and WHO are ready to support its implementation. Finally, the CCS culminates at the same time as Agenda 2030 and will be a key part in helping Czechia accelerate its actions to meet its SDG commitments.

Throughout the full term of the CCS, the core partnership for its delivery will be between the Ministry of Health of Czechia, the WHO Country Office in Czechia and the relevant national health authorities or institutes. The WHO Regional Office for Europe and a number of key national stakeholders, including WHO collaborating centres and professional not-for-profit organizations will also be engaged according to expertise and relevance.

4. Monitoring and evaluation

A monitoring and evaluation framework will be developed in collaboration with the Ministry of Health of Czechia and aligned with the relevant national and international goals. This will focus on measurable high-level health outcomes that can be achieved by 2030. Examples of these might include:

- for Strategic Priority 1: by 2030, no one in Czechia spends more than 10% of their household income on health;
- for Strategic Priority 2: by 2030, Czechia achieves 100 % preparedness for health emergencies according to the International Health Regulations' State Party Self-Assessment Annual Reporting *(61)*; and
- for Strategic Priority 3: by 2030, a reduction by one third in the rate of premature mortality from NCDs, from 15.6 % (2015) to 10.4 % *(62)*, through prevention and treatment.

Specific process and output monitoring that is structured under each of the strategic priorities and deliverables will also be developed together with the Ministry of Health for each of the three BPCs.

The collaborative effort between WHO and Czechia will be biennially reviewed for each BPC cycle. This approach will facilitate iterative evaluation and that adaptation of CCS implementation.

Two mid-term reviews (end 2025 and end 2027) will focus on:

i. determining progress against agreed deliverables;
ii. identifying barriers, risks or situation changes that may require strategic priorities or deliverables to be modified; and
iii. selecting actions to address these and progress the second half of the CCS cycle.

The end-term review (2030) will provide a more comprehensive assessment, focusing on:

i. measuring achievements in relation to CCS relevant outcomes;
ii. identifying achievements and gaps in implementing the CCS strategic priorities;
iii. ascertaining critical success factors and barriers; and
iv. sharing lessons learned for the next CCS cycle.

Involvement of the Institute of Health Information and Statistics of Czechia will be key to effective CCS and BPC monitoring, as the Institute is, among others, responsible for methodological guidance and data collection and processing from the basic registers of public administration bodies, ministries, health service providers, and other persons transmitting data to the National Health Information System.

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Annex: Biennial Plan of Cooperation 2024–2025

Output	Key deliverables
Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care (PHC) strategies and comprehensive essential service packages	1. Strengthen PHC services through PHC demonstration platform, piloting multidisciplinary model for PHC services. 2. Strengthen and support sustainable financing for community based mental health services, support national mental health plan with focus on vulnerable groups, elderly, child and adolescents and for health-care workers 3. Support healthy ageing policies. 4. Address vaccination hesitancy
Output 1.1.2. Countries enabled to strengthen their health system to deliver on condition- and disease-specific service coverage results	Tuberculosis (TB) cascade of care reviewed, with a focus on essential services and TB prevention, and an operational country plan developed on strengthening health system capacity for TB care delivery with a focus on multidrug-resistant TB
Output 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	Improving access to health care for refugees and people displaced from Ukraine
Output 1.1.5. Countries enabled to strengthen their health and care workforce	Strengthen health and care workforce planning and education, improve retention and recruitment, and address health and care workforce needs in line with the Framework for action on the health and care workforce in the WHO European Region 2023–2030
Output 1.2.2. Countries enabled to produce and analyze information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making	Equity-sensitive monitoring of financial protection and actionable evidence for universal health coverage: develop a country report with recommendations on coverage, access and financial protection
Output 1.3.2. 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	Efficient and transparent procurement and supply systems with policy dialogue on related actions, and support country leadership in the Novel Medicines Platform
Output 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	Support to improve antimicrobial use through surveillance and in strengthening laboratory and data management

Output	Key deliverables
Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported	Support the planning and adjustment of national preparedness capacities through strengthening International Health Regulation adherence. Support development and updating of costed national action plans for health security
Output 2.1.2. Capacities for emergency preparedness strengthened	Develop regional tools and increase country and regional capacities to detect, report and respond to deliberate chemical, biological, radiological and nuclear events.
Output 2.2.1. Research Agendas, predictive models and innovative tools, products	Strengthen risk communication and community engagement capacities. Establish social listening systems at country level and develop, pilot and implement infodemic management guidance, systems and tools to detect and address infodemic risks.
Output 3.2.1. Countries enabled to address risk factors through multisectoral actions	Technical and policy support to address noncommunicable disease risk factors through WHO "best buys". 1. Accelerate the implementation of the Stop Obesity Initiative through nutritional policies including sustainable healthy diets, trans fatty acids, sugar reduction, reformulating front of pack labelling, reinforced physical activity and through policies to address the digital marketing of unhealthy products. 2. Support tobacco control policies
Output 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures	Alcohol awareness and WHO "best buys", develop intersectoral dialogues on taxation, affordability, labelling and digital marketing, and the implementation of the SAFER Initiative
Output 3.3.1. Countries enabled to address environmental determinants, including climate change	1. Climate change policies, support national health adaptation policies and plans to address the adverse health impacts of climate change. Support the implementation of the national portfolio of actions on environment and health 2. Support the adaptation and translation of the age-friendly environments policy toolkit
Output 3.3.2. Countries supported to create an enabling environment for healthy settings	Support the strengthening of the Healthy Cities Network and the piloting of the well-being economy policy lab: unlocking public and private investment for promoting health equity and well-being.
Output 4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	Health information system assessment tools, technical and policy support on improved data access, analysis; support implementation of the International Classification of Diseases 11th Revision.
Output 4.1.2. Surveillance of population health	Capacity-building on the surveillance of population health adopted to country needs and addressing all the main steps in surveillance and health information systems.
Output 4.1.3. 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	1. Support digital health solutions, provide technical advice, guidance on digital health projects (i.e. regulation, telemedicine, mobile health, digital health literacy, artificial intelligence). 2. Support evidence informed policy-making, science, research, innovation ecosystems and knowledge management.

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