Dohoda o partnerstve na realizáciu projektu

*(ďalej len „**Dohoda**“)*

medzi

Ministerstvom zdravotníctva Slovenskej republiky
Limbová 3330/2, 837 52 Bratislava - mestská časť Nové Mesto
IČO: 00165565
zastúpené ministrom Kamilom Šaškom, MSc.

a

Regionálnym úradom verejného zdravotníctva so sídlom v Martine
Kuzmányho 540/27, 036 01 Martin
IČO: 17335621
zastúpený RNDr. Máriou Marušiakovou, PhD., MPH poverenou vykonávaním funkcie regionálnej hygieničky

(ďalej jednotlivo ako „**Zmluvná strana**" a spoločne ako „**Zmluvné strany**")

PREAMBULA:

Rámcová dohoda medzi vládou Slovenskej republiky a Švajčiarskou federálnou radou o implementácii druhého Švajčiarskeho príspevku vybraným členským štátom Európskej únie na zníženie hospodárskych a sociálnych rozdielov v rámci Európskej únie bola podpísaná v Bratislave 19. septembra 2023 (ďalej len „**Rámcová dohoda**");

Ministerstvo investícií, regionálneho rozvoja a informatizácie Slovenskej republiky (ďalej len „**MIRRI SR**“) podľa Rámcovej dohody vystupuje ako národná koordinačná jednotka (ďalej len „**NKJ**") a ako Správca programu (ďalej len „**Poskytovateľ**" alebo „**Správca programu**“);

Dohoda o podpornom opatrení medzi Švajčiarskou agentúrou pre rozvoj a spoluprácu (Swiss Agency for Development and Cooperation, ďalej len „**SDC**“) a MIRRI SR v pozícií **NKJ** pre podporné opatrenia „*Švajčiarsko–slovenský program Zdravie*“ bola uzatvorená dňa 1. apríla 2025 (ďalej len **„Dohoda o podpornom opatrení"**);

Projektová zmluva medzi Ministerstvom zdravotníctva Slovenskej republiky (ďalej len „**Prijímateľ**") a Poskytovateľom na realizácii projektu v rámci podporného opatrenia s názvom *„Švajčiarsko–slovenský program Zdravie“* spolufinancovaného z druhého Programu švajčiarsko-slovenskej spolupráce bola uzatvorená dňa 1. apríla 2025 (ďalej len **„Projekt"**);

Keďže Regionálny úrad verejného zdravotníctva so sídlom v Martine vystupuje ako partner Projektu (ďalej len „**Partner**"**),** Zmluvné strany sa dohodli nasledovne:

Článok 1 - Rozsah pôsobnosti a ciele

1.1 Dohoda vymedzuje práva a povinnosti Zmluvných strán a stanovuje podmienky ich spolupráce pri realizácii Projektu.

1.2 Zmluvné strany budú konať v súlade s Právnym rámcom druhého švajčiarskeho príspevku stanoveným v článku 2 Rámcovej dohody (ďalej len „**Právny rámec**“), najmä s predpismi, ako aj so všetkými podmienkami stanovenými v Projektovej zmluve. Zmluvné strany výslovne potvrdzujú, že majú prístup k obsahu dokumentov Právneho rámca, ako aj k obsahu príručiek a usmernení ktoré vydala NKJ (ďalej len „**Pravidlá implementácie“**), a k obsahu Projektovej zmluvy a že sa s nimi oboznámili. Zmluvné strany berú na vedomie, že Právny rámec a Pravidlá implementácie nemajú povahu všeobecne záväzných právnych predpisov, avšak spolu s Rámcovou dohodou a Dohodou o podpornom opatrení stanovujú podmienky pre poskytnutie Projektového grantu.

1.3 Všetky prílohy k tejto Dohode tvoria jej neoddeliteľnú súčasť. V prípade nesúladu medzi prílohami a Dohodou, má prednosť táto Dohoda.

1.4 Predmetom tejto Dohody je spolupráca medzi Prijímateľom a Partnerom na komponente 1 Podporeného opatrenia Švajčiarsko-slovenský program Zdravie, s názvom *„Preddefinovaný projekt Ministerstva zdravotníctva Slovenskej republiky“*, za účelom naplnenia cieľa Projektu, výsledkov a výstupov Projektu, ktoré sú definované v Návrhu podporného opatrenia (Príloha č. 1).

1.5 Predmetom tejto Dohody je tiež záväzok Prijímateľa poskytnúť Partnerovi Projektový grant na realizáciu Projektu, v rozsahu, v lehotách a spôsobom podľa tejto Dohody a povinnosť Partnera zrealizovať Projekt v rozsahu, v lehotách a spôsobom podľa Návrhu podporného opatrenia (Príloha č. 1 tejto Dohody) a Špecifikácie Projektu (Príloha č. 2 tejto Dohody) tak, aby bol dosiahnutý cieľ Projektu a zrealizované všetky aktivity Projektu. Predmetom tejto Dohody je aj úprava práv a povinností Zmluvných strán a stanovenie zmluvných podmienok, za ktorých Prijímateľ poskytne Partnerovi Projektový grant na realizáciu Projektu.

Článok 2 - Nadobudnutie účinnosti a trvanie

2.1 Táto Dohoda nadobúda platnosť dňom jej podpísania všetkými Zmluvnými stranami. Zostáva v platnosti dovtedy, kým Partner v plnej miere nesplní svoje záväzky voči Prijímateľovi, ako sú definované v tejto Dohode.

2.2 Táto Dohoda je podľa § 5a ods. 1 zákona č. 211/2000 Z. z. o slobodnom prístupe k informáciám a o zmene a doplnení niektorých zákonov (zákon o slobode informácií) v znení neskorších predpisov povinne zverejňovanou zmluvou a nadobúda účinnosť dňom nasledujúcim po dni jej zverejnenia v Centrálnom registri zmlúv. Za súčasného rešpektovania ochrany osobnosti a osobných údajov Zmluvné strany vyhlasujú, že Dohoda neobsahuje žiadne chránené informácie, ktoré sa nemôžu sprístupniť v zmysle príslušných ustanovení zákona o slobode informácií, v dôsledku čoho vyjadrujú súhlas s jej zverejnením. Zmluvné strany sa dohodli, že prvé zverejnenie Dohody zabezpečí Prijímateľ a o dátume zverejnenia Dohody informuje Partnera. Ustanovenia o platnosti a účinnosti Dohody podľa tohto odseku sa rovnako vzťahujú aj na uzavretie dodatku k Dohode.

Článok 3 - Hlavné úlohy a zodpovednosti Zmluvných strán

3.1 Zmluvné strany prijmú všetky vhodné a potrebné opatrenia na zabezpečenie plnenia záväzkov a cieľov vyplývajúcich z tejto Dohody.

3.2 Zmluvné strany plnia svoje príslušné povinnosti účinne, transparentne a s odbornou starostlivosťou. Vzájomne sa informujú o všetkých záležitostiach dôležitých pre celkovú spoluprácu a vykonávanie činností, ktoré sa majú vykonať. Vo všetkých záležitostiach konajú v dobrej viere a vždy konajú v záujme Projektu.

3.3 Zmluvné strany poskytnú dostatočný počet kvalifikovaných pracovníkov, ktorí budú vykonávať svoju prácu na najvyššej profesionálnej úrovni. Pri vykonávaní úloh podľa tejto Dohody musia zamestnanci a subjekty zazmluvnené ktoroukoľvek Zmluvnou stranou, dodržiavať právne predpisy Slovenskej republiky a Európskej únie.

3.4 Zmluvné strany prijmú všetky potrebné opatrenia, aby zabránili vzniku akýchkoľvek zranení osôb alebo škôd na majetku druhej zmluvnej strany v súvislosti s realizáciou Projektu v súlade so zákonom č. 124/2006 Z. z. o bezpečnosti a ochrane zdravia pri práci a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a ďalšími príslušnými platnými právnymi predpismi.

3.5 Každá Zmluvná strana vymenuje projektového manažéra, ktorý bude mať zodpovednosť za realizáciu Projektu a bude slúžiť ako kontaktné miesto pre všetky výmeny komunikácie, dokumentácie a materiálov medzi Zmluvnými stranami.

3.6 Zmluvné strany vykonávajú činnosti uvedené v Prílohe č. 1 Dohody „Návrh podporného opatrenia“.

3.7 Cieľ, výsledky, výstupy, indikátory a rozpočet Projektu, výška Projektového grantu, a ďalšie osobitné podmienky ustanovené špecificky pre Projekt, sú uvedené v Špecifikácii Projektu (Príloha č. 2 tejto Dohody). Podrobnejšie informácie o Projekte, ktoré nie sú ustanovené v Špecifikácii projektu, sú uvedené v aktuálnej verzii Žiadosti o projekt registrovanej u Poskytovateľa, v systéme EGRANT.

Článok 4 - Povinnosti Prijímateľa

4.1 Prijímateľ je zodpovedný za celkovú koordináciu, riadenie a realizáciu Projektu v súlade s regulačným a zmluvným rámcom uvedeným v tejto Dohode. Prijímateľ preberá výhradnú zodpovednosť za úspešnú realizáciu Projektu voči Poskytovateľovi.

4.2 Prijímateľ sa *okrem iného* zaväzuje:

(a) zabezpečiť správne a včasné vykonávanie aktivít;
(b) bezodkladne informovať Partnera o všetkých okolnostiach, ktoré môžu mať negatívny vplyv na správnu a včasnú realizáciu ktorejkoľvek z aktivít, a o všetkých udalostiach, ktoré by mohli viesť k dočasnému alebo konečnému prerušeniu alebo inej odchýlke od Projektu;
(c) poskytnúť Partnerovi prístup ku všetkým dostupným dokumentom, údajom a informáciám, ktoré má k dispozícii a ktoré môžu byť potrebné alebo užitočné pre Partnera na plnenie jeho povinností; v prípadoch, keď takéto dokumenty, údaje a informácie nie sú v anglickom jazyku, poskytne na žiadosť Partnera ich preklad do anglického jazyka;

(d) na požiadanie poskytne Partnerovi kópiu podpísanej Projektovej zmluvy vrátane všetkých jej následných dodatkov od nadobudnutia ich platnosti a účinnosti;
(e) konzultovať s Partnerom pred predložením akejkoľvek žiadosti o zmenu a doplnenie Projektovej zmluvy Poskytovateľovi, ktorá môže mať vplyv na úlohu, práva a povinnosti Partnera podľa tejto Dohody, alebo môže byť pre neho zaujímavá;
(f) pripraviť a včas predložiť Poskytovateľovi všetky podklady v súvislosti so žiadosťami o platbu v súlade s Projektovou zmluvou tak, aby boli dodržané lehoty na úhradu voči Partnerovi stanovené v tejto Dohode;
(g) previesť na bankový účet určený Partnerom všetky platby splatné v stanovených termínoch;
(h) zabezpečiť, aby Partner bezodkladne dostal všetku nevyhnutnú pomoc, ktorú môže potrebovať na plnenie svojich úloh;
(i) plniť úlohy, ktorými sú:
- riadenie a koordinácia komponentu 1,
- regulácia a zodpovednosť za dosiahnutie stanovených cieľov a zámerov,
- vývoj modelu riadenia v koordinácii s príslušnými zainteresovanými stranami, uľahčenie zapojenia zainteresovaných strán do tejto úlohy a nepretržitá reflexia ich spätnej väzby,
- mobilizácia vedomostí a zdieľanie s relevantnými subjektmi,
- uľahčenie prijímania a implementácie prístupu „Zdravie vo všetkých politikách“ (HiAP) prostredníctvom rozvoja rámca na prenos a implementáciu riešení v oblasti verejného zdravia, a to naprieč systémom a rôznymi kontextami,
- uľahčenie komunikácie medzi zainteresovanými stranami prostredníctvom spravovania komunikačnej platformy a koordinácie zainteresovaných strán.

4.3 V prípade, že Prijímateľ zistí, že Partner nerealizuje Projekt v rozsahu a spôsobom podľa tejto Dohody, alebo porušuje povinnosti vyplývajúce z tejto Dohody spôsobom, ktorý bráni realizácii Projektu podľa tejto Dohody, Prijímateľ o tom bez zbytočného odkladu informuje Poskytovateľa a odporučí, ak je to vhodné, konzultácie s iným partnerom, zmenu Žiadosti o Projekt; z čoho vyplýva, že Zmluvné strany sú povinné bez zbytočného odkladu konzultovať ďalšie možnosti a spôsoby plnenia predmetu a účelu tejto Dohody, vrátane možnosti ukončiť túto Dohodu, resp. možnosť aby k tejto Dohode pristúpila tretia osoba, a za týmto účelom uzatvoriť dodatok k tejto Dohode, upravujúci ich vzájomné práva a povinnosti týkajúce sa realizácie Projektu.

Článok 5 - Povinnosti Partnera

5.1 Partner je zodpovedný za vykonávanie aktivít a úloh, ktoré mu boli pridelené v súlade s touto Dohodou a jej Prílohami č. 1 a č. 2.

5.2 Okrem vyššie uvedených povinností je Partner povinný:

(a) bezodkladne informovať Prijímateľa o relevantných okolnostiach, ktoré môžu mať vplyv na správnosť, včasnosť a úplnosť jeho plnenia;
(b) poskytovať Prijímateľovi všetky informácie potrebné na vypracovanie Žiadosti o platbu v termínoch a podľa formulárov stanovených Poskytovateľom;
(c) bezodkladne informovať Prijímateľa o všetkých prípadoch podozrenia alebo skutočného podvodu, korupcie alebo inej nezákonnej činnosti, o ktorých sa dozvie, a to na akejkoľvek úrovni alebo v akejkoľvek fáze realizácie Projektu;

(d) uchovávať všetky podporné dokumenty týkajúce sa Projektu vrátane vzniknutých výdavkov buď vo forme originálov, alebo vo forme overených kópií tak, aby sa zhodovali s originálmi na všeobecne uznávaných nosičoch údajov, najmenej 10 rokov od ukončenia Podporného opatrenia;

(e) poskytnúť všetkým orgánom, ktoré vykonávajú priebežné alebo následné evaluácie Podporného opatrenia, ako aj akékoľvek monitorovanie, audity a overovania na mieste v mene druhého švajčiarskeho príspevku, všetky dokumenty alebo informácie potrebné na pomoc pri hodnotení;

(f) účinne sa podieľať na podpore cieľov, činností a výsledkov druhého švajčiarskeho príspevku, ako aj švajčiarskeho príspevku k znižovaniu hospodárskych a sociálnych rozdielov;

(g) plniť úlohy, ktorými sú:
- prispievať k vytvoreniu a rozvoju Národného portálu dobrej praxe,
- implementovať osvedčené postupy na regionálnej a lokálnej úrovni, s cieľom zvýšenia povedomia u obyvateľstva o dôležitosti prevencie a ochrane zdravia,
- poskytovať pomoc a asistenciu pre ostatné zainteresované strany na regionálnej úrovni pri aplikovaní a implementácii osvedčených postupov,
- koordinovať aktivity v oblasti ochrany zdravia a prevencie neprenosných ochorení v regiónoch v spolupráci s ostatnými zainteresovanými stranami,
- skríning rizikových faktorov a koordinovaný manažment pacienta s rizikovými faktormi rozvoja obezity,
- zvyšovať zdravotnú gramotnosť s cieľom pomôcť jednotlivcom robiť rozhodnutia na základe správnych informácií o zdraví cez poskytovanie správnych a relevantných informácií týkajúcich sa zdravia,
- implementovať intervencie na národnej, regionálnej a lokálnej úrovni,
- aplikovať inovatívne prístupy (komunikačné kanály, Národný portál dobrej praxe) a technológie.

(h) poskytnúť na žiadosť Prijímateľa potrebnú súčinnosť, ktorá umožní riadne a včasné plnenie povinností vyplývajúcich z tejto Dohody a Projektovej zmluvy, a určiť rozsah a spôsob jej poskytnutia.

Článok 6 - Rozpočet Projektu a oprávnenosť výdavkov

6.1 Podrobný celkový rozpočet Projektu, podiel Partnera na rozpočte, ako aj rozdelenie rozpočtu medzi jednotlivé činnosti, ktoré má Partner vykonať, sú uvedené v Prílohe č. 3 „Rozpočet Projektu“.

6.2 Výdavky Partnera musia byť v súlade so všeobecnými pravidlami oprávnenosti výdavkov podľa článku 6.1 Nariadenia o implementácii Druhého švajčiarskeho príspevku vybraným členským štátom Európskej únie na znižovanie ekonomických a sociálnych rozdielov v rámci Európskej únie s prílohami (v texte len „**Nariadenie**“), ako aj s hlavnými kategóriami oprávnených priamych výdavkov (výdavky priamo súvisiace s realizáciou Projektu) podľa článku 6.2. Nariadenia.

6.3 Oprávnenosť výdavkov vynaložených Partnerom podlieha rovnakým pravidlám, aké by platili, ak by výdavky vynaložil Prijímateľ.

6.4 Jednotkové náklady na oprávnené cestovné náklady sú stanovené v Pravidlách implementácie.

6.5 Rozpočet Projektu, ako aj ďalšie podrobné informácie o Projekte, najmä spôsob jeho realizácie, ktoré nie sú uvedené v tejto Dohode, sú uvedené v aktuálnej verzii Žiadosti o projekt a Projektovej zmluve.

6.6 Partner berie do úvahy, že podmienky poskytnutia finančných prostriedkov Prijímateľovi a spôsob ich pridelenia je stanovený v Projektovej zmluve, v Právnom rámci a v Pravidlách implementácie.

6.7 Partner berie na vedomie , že obdobie oprávnenosti výdavkov začína dňom nadobudnutia účinnosti Dohody o podpornom opatrení a končí dňa 31. 12. 2028.

Článok 7 - Finančné riadenie a platby

7.1 Vyplatenie podielu Projektového grantu Partnerovi má formu: zálohovej platby.

7.2 V súlade s Projektovou zmluvou, výška sumy každej Zálohovej platby, ktorú Prijímateľ obdrží od Poskytovateľa, nepresiahne 20 % výšky sumy Projektového grantu podľa bodu. 2.1.2 Špecifikácie Projektu. Prijímateľovi vzniká nárok na poskytnutie ďalšej Zálohovej platby, ak suma zúčtovaných Oprávnených výdavkov presiahla 50 % sumy dovtedy poskytnutých Zálohových platieb a Poskytovateľ schválil Žiadosť o platbu. Výška a termín vyplatenia Zálohovej platby, ktorú Prijímateľ vypláca Partnerovi sa odvíja od výšky a termínu vyplatenia Zálohovej platby, ktorú obdrží Prijímateľ od Poskytovateľa, v súlade s Projektovou zmluvou, Špecifikáciou Projektu a Indikatívnym plánom zúčtovania. Partner zúčtuje poskytnuté Zálohové platby Projektového grantu prostredníctvom Žiadosti o platbu , v rámci ktorej zároveň žiada o poskytnutie ďalšej Zálohovej platby.

7.3 Prijímateľ zašle Partnerovi prvú zálohovú platbu najneskôr do 15 pracovných dní od pripísania zálohovej platby na bankový účet Prijímateľa.

7.4 Ďalšie zálohové platby sa vyplácajú na základe Žiadosti o platbu. Vzor Žiadosti o platbu je Prílohou č. 4 Dohody. Súčasťou Žiadosti o platbu je písomný dokument „Pravidelná správa o činnosti a aktivitách na účel poskytnutia zálohovej platby“, ktorého vzor je prílohou č. 5 Dohody. Súčasťou Žiadosti o platbu je aj zúčtovanie predošlej Žiadosti o platbu formou „Správy o pokroku“, bližšie definovanej v článku 9 tejto Dohody.

Povinnou prílohou každej Žiadosti o platbu sú nasledovné dokumenty:

a) kópie účtovných dokladov k Deklarovaným výdavkom,

b) kópie výpisov z Projektového účtu za všetky mesiace daného Reportovacieho obdobia,

c) kópie výpisov z iných účtov, z ktorých boli hradené Deklarované výdavky, ak relevantné,

d) kópie z príslušných strán z hlavnej knihy o zaúčtovaní Deklarovaných výdavkov,

e) fotodokumentácia z realizácie Aktivít Projektu,

f) akékoľvek výstupy z realizácie Projektu, najmä, nie však výlučne brožúry, letáky, metodologické dokumenty a pod.

7.5 Žiadosti o platbu sa predkladajú Prijímateľovi spravidla raz za tri mesiace podľa článku 8 tejto Dohody, v ktorej sa vyhlasuje, že nárokované výdavky vznikli v súlade s Právnym rámcom, ako aj zásadami a pravidlami stanovenými v tejto Dohode.

7.6 Suma Projektového grantu bude Partnerovi vyplatená vo forme zálohových platieb do výšky 100% Projektového grantu podľa rozpočtu, ktorý je prílohou Návrhu podporného opatrenia. Nevyčerpané alebo nezúčtované finančné prostriedky má Partner povinnosť previesť na účet Prijímateľa do 15.12.2028.

7.7 Všetky sumy sú denominované v EUR.

7.8 Platby Partnerovi sa vykonávajú na bankový účet Partnera vedený v EUR, ktorý je identifikovaný takto:

Štátna pokladnica,

Radlinského 32, 810 05 Bratislava 15,

Regionálny úrad verejného zdravotníctva so sídlom v Martine,

IBAN: [redacted]

BIC: SPSRSKBAXXX.

7.9 Platby sa považujú za uskutočnené v deň odpísania finančných prostriedkov z účtu Prijímateľa.

Článok 8 – Preukazovanie výdavkov

8.1 Náklady, ktoré Partnerovi vzniknú, sa preukazujú potvrdenými faktúrami alebo účtovnými dokladmi rovnocennej dôkaznej hodnoty.

8.2 Doklady o výdavkoch poskytuje Partner Prijímateľovi v rozsahu potrebnom na to, aby Prijímateľ mohol splniť svoje povinnosti voči Poskytovateľovi v súlade s Projektovou zmluvou.

Článok 9 - Správy o pokroku a finančné správy

9.1 Partner podáva Prijímateľovi Projektu správy v nasledovnej obsahovej štruktúre:

a) Administratívne údaje: názov Projektu, identifikácia Partnera, obdobie, za ktoré sa správa podáva,

b) Opis aktivít: prehľad vykonaných aktivít v danom období a ich súlad s plánovanými výstupmi,

c) Dosiahnuté výsledky: stručné vyhodnotenie dosiahnutých cieľov a vplyvu aktivít,

d) Finančné čerpanie: prehľad vynaložených nákladov v danom období v súlade so schváleným rozpočtom,

e) Problémy a riziká: identifikácia prípadných problémov, rizík a návrhy na ich riešenie,

f) Akékoľvek ďalšie údaje požadované Prijímateľom alebo Správcom programu.

9.2 Partner je povinný podávať správy v nasledovných intervaloch:

a) Správy v trojmesačnom intervale: do 10 pracovných dní po skončení každého reportovacieho obdobia,

b) Záverečná správa: najneskôr do 30 dní po ukončení Projektu.

9.3 Správy sa predkladajú v elektronickej podobe prostredníctvom e-mailu na adresu swiss@health.gov.sk.

9.4 Partner je povinný informovať Poskytovateľa o pokroku dosiahnutom pri realizácii Projektu v príslušnom období pred podaním Žiadosti o platbu a poskytnúť Poskytovateľovi všetky relevantné podklady.

9.5 Partner je povinný riadne a včas nahlasovať svoje výdavky Prijímateľovi v súlade s článkom 8 tejto Dohody, aby Prijímateľ mohol v Žiadosti o platbu deklarovať všetky výdavky, ktoré mu vznikli v súvislosti s realizáciou Projektu.

Článok 10 - Povinnosti po ukončení Projektu

10.1 Partner zabezpečí, aby sa príslušné dokumenty týkajúce sa Projektu uchovávali 10 rokov po ukončení Podporného opatrenia.

Článok 11– Audity

11.1 Audity sa vykonávajú v súlade s kapitolou 9 Nariadenia, ktorá bola upravená bodom 4 - Pravidlá a postupy špecifické pre partnerský štát prílohy k Rámcovej dohode - Špecifické usporiadanie pre jednotlivé krajiny. Kontrolná činnosť sa vykonáva v súlade s článkom 16 Prílohy č. 2 Projektovej zmluvy.

Článok 12 - Verejné obstarávanie

12.1 Zmluvné strany musia pri realizácii Projektu na všetkých úrovniach dodržiavať vnútroštátne právne predpisy a právne predpisy EÚ o verejnom obstarávaní.

12.2 Rozhodným právom pre obstarávanie je právo krajiny, v ktorej sa obstarávanie vykonáva.

12.3 Ustanovenie pravidiel uvedených v článku 7.1 sa musí dodržiavať, ak v Dohode o podpornom opatrení nie je dohodnuté inak.

Článok 13 - Konflikt záujmov

13.1 Zmluvné strany prijmú všetky potrebné opatrenia, aby zabránili akejkoľvek situácii, ktorá by mohla ohroziť nestranné a objektívne vykonávanie tejto Dohody. Takýto konflikt záujmov (ako je definovaný v článku 2.3 písm. g) Nariadenia) by mohol vzniknúť najmä v dôsledku ekonomických záujmov, politickej alebo národnostnej spriaznenosti, rodinných alebo citových väzieb alebo akéhokoľvek iného relevantného spojenia alebo spoločného záujmu. Akýkoľvek konflikt záujmov, ktorý by mohol vzniknúť počas plnenia tejto Dohody, sa musí bezodkladne písomne oznámiť druhej strane. V prípade takéhoto konfliktu dotknutá strana bezodkladne podnikne všetky potrebné kroky na jeho vyriešenie.

13.2 Každá Zmluvná strana si vyhradzuje právo overiť, či sú tieto opatrenia primerané, a v prípade potreby môže požadovať prijatie dodatočných opatrení v lehote, ktorú sama stanoví. Zmluvné strany zabezpečia, aby sa ich zamestnanci a riadiaci pracovníci nedostali do situácie, ktorá by mohla viesť ku konfliktu záujmov. Každá Zmluvná strana bezodkladne nahradí každého svojho zamestnanca, resp. riadiaceho pracovníka ktorý sa dostane do takejto situácie.

Článok 14 - Dôvernosť

Všetky informácie obsiahnuté v tejto Dohode, ako aj tie, ktoré si Zmluvné strany pre splnenie predmetu tejto Dohody navzájom poskytli počas predzmluvných rokovaní, pri uzatvorení tejto Dohody a po uzatvorení tejto Dohody sa považujú za dôverné a poskytnúť tieto informácie tretej osobe môže Zmluvná strana len po predchádzajúcom písomnom súhlase druhej Zmluvnej strany. Uvedené informácie sa zaväzuje chrániť ako vlastné, využívať ich len v súvislosti s plnením predmetu Dohody, nezneužívať ich a nesprístupniť tretím osobám.

Článok 15 - Práva duševného vlastníctva

Partner sa zaväzuje zabezpečiť, aby všetky právne vzťahy s tretími osobami, ktoré sa podieľali na realizácii Projektu, boli vysporiadané tak, aby tieto osoby nemohli uplatňovať voči Prijímateľovi, Správcovi programu, ani inej Oprávnenej osobe v zmysle Projektovej zmluvy, žiadne nároky vyplývajúce im z osobnostných práv, autorských práv alebo iných práv duševného vlastníctva. Ak Partner neudelí Prijímateľovi súhlas na použitie diela, najmä však na sprístupnenie diela verejnosti, ide o porušenie podmienok poskytnutia Projektového grantu spojené s povinnosťou vrátenia Projektového grantu alebo jeho časti podľa ustanovení článku 19. Všeobecných zmluvných podmienok (ďalej len „**VZP**") k Projektovej zmluve. Partner sa zároveň zaväzuje uhradiť Prijímateľovi prípadnú škodu vzniknutú Prijímateľovi v dôsledku porušenia povinnosti podľa tohto odseku.

Článok 16 -Zodpovednosť

16.1 Každá zo Zmluvných strán je zodpovedná za riadne plnenie svojich záväzkov vyplývajúcich z Dohody. Zmluvné strany nesú zodpovednosť za všetky škody, ktoré spôsobia druhej Zmluvnej strane porušením svojich povinností podľa tejto Dohody.

16.2 Žiadna zo Zmluvných strán nenesie zodpovednosť za neplnenie svojich povinností podľa Dohody v dôsledku okolností vyššej moci, ktoré nemohla ovplyvniť, predvídať ani odvrátiť. Za vyššiu moc sa považujú najmä prírodné katastrofy, vojny, teroristické útoky. Zmluvná strana, ktorá sa dovoláva vyššej moci, je povinná bezodkladne informovať druhú Zmluvnú stranu o vzniku takejto situácie a vynaložiť primerané úsilie na minimalizáciu jej dôsledkov.

Článok 17 - Nezrovnalosti

17.1 Nezrovnalosti sú definované v súlade s článkom 11.1 Nariadenia.

17.2 V prípade, že sa jedna Zmluvná strana dozvie o nezrovnalosti, bezodkladne o tom písomne informuje druhú Zmluvná stranu.

17.3 V prípadoch, keď príslušné orgány uvedené v kapitole 12 Nariadenia prijmú nápravné opatrenia na nápravu akejkoľvek nezrovnalosti vrátane opatrení na vrátenie, resp. vymáhanie finančných prostriedkov, dotknutá strana je výlučne zodpovedná za splnenie

týchto opatrení a vrátenie týchto prostriedkov. Partner v takýchto prípadoch vráti vrátené finančné prostriedky prostredníctvom Prijímateľa.

Článok 18 - Pozastavenie platieb a úhrady

18.1 V prípadoch, keď Poskytovateľ alebo Švajčiarska konfederácia prijme rozhodnutie o pozastavení platieb a/alebo o vrátení finančných prostriedkov od Prijímateľa v súlade s článkom 12.2 Nariadenia, Partner prijme také opatrenia, ktoré sú potrebné na splnenie tohto rozhodnutia.

18.2 Na účely predchádzajúceho odseku je Prijímateľ povinný bezodkladne predložiť kópiu rozhodnutia uvedeného v predchádzajúcom odseku Partnerovi.

Článok 19 - Ukončenie

19.1 Ukončenie Dohody dohodou Zmluvných strán. Zmluvné strany sa dohodli, že túto Dohodu je možné ukončiť dohodou Zmluvných strán, ak majú Zmluvné strany vzájomne vysporiadané všetky záväzky vyplývajúce im z tejto Dohody alebo vzniknuté na základe tejto Dohody alebo ak nedošlo ani k čiastočnému poskytnutiu Projektového grantu.

19.2 Partner je v omeškaní, ak nesplní riadne a včas povinnosť, resp. povinnosti stanovené v tejto Dohode, v dokumentoch Právneho rámca a Pravidiel implementácie, ktoré sa podľa ustanovení tejto Dohody zaviazal plniť.

19.3 Akékoľvek omeškanie Partnera s plnením povinnosti, ktorú sa podľa ustanovení tejto Dohody zaviazal plniť, znamená podstatné porušenie zmluvnej povinnosti a zároveň porušenie finančnej disciplíny podľa § 31 ods. 1 Zákona o rozpočtových pravidlách verejnej správy.

19.4 Ak Partner podstatným spôsobom porušil povinnosť, ktorú sa podľa ustanovení tejto Dohody zaviazal plniť, Prijímateľ môže od tejto Dohody okamžite odstúpiť. Ak Prijímateľ od Dohody neodstúpi, postupuje primerane podľa ustanovenia ods. 22.6. VZP alebo podľa ustanovení článku 17. ods. 17.5 VZP k Projektovej zmluve.

19.5 Ak Partner podstatným spôsobom porušil povinnosť, ktorú sa podľa ustanovení tejto Dohody zaviazal plniť, Prijímateľ môže Partnerovi poskytnúť dodatočnú lehotu na splnenie povinnosti, s plnením ktorej je Partner v omeškaní, pričom poskytnutie dodatočnej lehoty nemá žiadny vplyv na skutočnosť, že porušenie povinnosti je považované za podstatné.

19.6 Ak Partner nesplnil povinnosť riadne a včas ani v lehote dodatočne stanovej podľa ustanovenia ods. 22.6. VZP k Projektovej zmluve, ide o také porušenie Dohody, ktoré je spojené s povinnosťou Partnera vrátiť dovtedy poskytnutý Projektový grant alebo jeho časť primerane podľa ustanovení článku 19. VZP k Projektovej zmluve. Ak Prijímateľ od Dohody neodstúpi, postupuje podľa primerane ustanovení článku 17. ods. 17.5 VZP k Projektovej zmluve.

19.7 Ak Prijímateľ odstúpi od Dohody z dôvodu, že Partner podstatným spôsobom porušil povinnosť, ktorú sa podľa tejto Dohody zaviazal plniť, Partner vráti Prijímateľovi celý dovtedy

poskytnutý Projektový grant alebo jeho časť primerane podľa ustanovení článku 19. VZP k Projektovej zmluve. Táto povinnosť Partnera sa uplatní aj vtedy, ak sa v jednotlivom článku tejto Zmluvy označujúcom porušenie tejto Zmluvy výslovne neuvádza, že Prijímateľ je povinný vrátiť Projektový grant alebo jeho časť.

19.8 Prijímateľ má právo od tejto Dohody okamžite odstúpiť, ak je počas trvania tejto Dohody Partnerovi na základe právoplatného rozsudku uložený trest zákazu prijímať dotácie alebo subvencie, trest zákazu prijímať pomoc a podporu poskytovanú z fondov EÚ, trest zákazu činnosti spôsobujúci rozpor s podmienkami Výzvy alebo trest zákazu účasti vo verejnom obstarávaní podľa § 17 až 19 zák. č. 91/2016 Z. z. o trestnej zodpovednosti právnických osôb a zmene a doplnení niektorých zákonov v znení neskorších predpisov. Ak v čase nadobudnutia právoplatnosti rozsudku podľa prvej vety už bol Projektový grant alebo jeho časť Partnerovi vyplatený, Partner je povinný vrátiť Projektový grant alebo jeho časť.

19.9 Prijímateľ má právo od tejto Dohody odstúpiť okamžite aj v prípade, ak Partner, jeho štatutárny orgán/člen štatutárneho orgánu alebo jeho konečný užívateľ výhod bol počas účinnosti tejto Dohody zaradený na zoznam medzinárodných sankcií, a to na základe príslušného právneho predpisu, ktorým bola voči danému subjektu stanovená medzinárodná sankcia, t. j. najmä na základe rozhodnutia Bezpečnostnej rady OSN, alebo právne záväzného aktu EÚ – nariadenia Rady EÚ, alebo na základe právnych predpisov SR a Partner je povinný vrátiť Projektový grant.

19.10 Ak Prijímateľ odstúpi od Dohody z dôvodu objektívnej alebo subjektívnej nemožnosti plnenia záväzkov z Dohody zo strany Partnera, Partner sa zaväzuje vrátiť Prijímateľovi celý dovtedy poskytnutý Projektový grant.

19.11 Zmluvné strany sa dohodli, že Partner môže od Zmluvy odstúpiť v súlade s ustanovením § 344 Obchodného zákonníka v znení neskorších predpisov.

19.12 Odstúpenie od tejto Dohody je účinné dňom doručenia písomného oznámenia o odstúpení od Dohody druhej Zmluvnej strane.

19.13 V prípade odstúpenia od tejto Dohody zostávajú zachované tie práva a povinnosti Prijímateľa a Partnera, ktoré podľa svojej povahy majú platiť aj po skončení Dohody, a to najmä právo požadovať vrátenie poskytnutého Projektového grantu, právo na náhradu škody, ktorá vznikla porušením Dohody a povinnosť Partnera vrátiť poskytnutý Projektový grant alebo jeho časť podľa tejto Dohody.

19.14 Strany sa dohodli, že záväzky z tejto Dohody zanikajú dňom vstupu Partnera do likvidácie, ako aj dňom vyhlásenia konkurzu alebo dňom povolenia reštrukturalizácie na majetok Partnera, ak dôjde k jeho vstupu do likvidácie alebo k vyhláseniu konkurzu alebo k povoleniu reštrukturalizácie v období počas platnosti a účinnosti Dohody. V tomto prípade sa Partner zaväzuje vrátiť Prijímateľovi finančné prostriedky poskytnuté na základe tejto Dohody v lehote troch (3) kalendárnych dní od jeho vstupu do likvidácie alebo do troch (3) kalendárnych dní od vyhlásenia konkurzu alebo od povolenia reštrukturalizácie. V opačnom

prípade vzniká Prijímateľovi pohľadávka v sume vyplateného Projektového grantu a prípadného penále a Prijímateľ je oprávnený uplatniť ju v rámci likvidácie a v konkurznom konaní alebo v reštrukturalizačnom konaní.

19.15 Túto Dohodu môže Prijímateľ vypovedať písomným oznámením doručeným Partnerovi aj bez uvedenia dôvodu. Výpovedná doba je v tomto prípade 1 (jeden) mesiac a začína plynúť prvým dňom kalendárneho mesiaca, ktorý nasleduje po mesiaci, v ktorom bola výpoveď Partnerovi doručená.

Článok 20 – Prevedenie práv

20.1 Žiadna zo Zmluvných strán nemá právo previesť svoje práva a povinnosti vyplývajúce z tejto Dohody bez predchádzajúceho písomného súhlasu druhej Zmluvnej strany.

20.2 Zmluvné strany berú na vedomie, že všetky postúpenia práv a povinností podľa tejto Dohody sú podmienené predchádzajúcim súhlasom Poskytovateľa v súlade s ustanoveniami Projektovej zmluvy.

Článok 21 - Zmeny a doplnenia

21.1 Dohodu je možné meniť alebo dopĺňať len na základe vzájomnej dohody oboch Zmluvných strán, pričom akékoľvek zmeny alebo doplnky musia byť vykonané vo forme číslovaného dodatku k Dohode, pokiaľ v Dohode nie je ustanovené inak.

Článok 22 - Oddeliteľnosť

22.1 Ak akékoľvek ustanovenie tejto Dohody (alebo časť niektorého ustanovenia) akýkoľvek súd, tribunál alebo iný orgán príslušnej jurisdikcie uzná za neplatné, nezákonné alebo nevymáhateľné, toto ustanovenie alebo časť ustanovenia sa v požadovanom rozsahu považuje za netvoriace súčasť Dohody a platnosť a vymáhateľnosť ostatných ustanovení Dohody tým nie je dotknutá.

22.2 Ak sa zistí, že niektoré ustanovenie tejto Dohody (alebo časť niektorého ustanovenia) je nezákonné, neplatné alebo nevymáhateľné, Zmluvné strany budú v dobrej viere rokovať o zmene takéhoto ustanovenia, aby bolo zmenené a doplnené zákonné, platné a vymáhateľné ustanovenie a aby sa v čo najväčšej možnej miere dosiahol pôvodný zámer Zmluvných strán.

22.3 Zmluvné strany sa dohodli, že ak táto Dohoda výslovne neustanovuje inak, vzťahy, ktoré nie sú výslovne upravené v tejto Dohode, sa riadia ustanoveniami Právneho rámca, Pravidiel implementácie a Projektovej zmluvy.

Článok 23 - Oznámenia a jazyk

23.1 Všetky oznámenia a iná komunikácia medzi Zmluvnými stranami sa uskutočňuje písomne a zasiela sa na tieto adresy:

Pre Prijímateľa:

[redacted]

Pre Partnera:

[redacted]

23.2 Kontaktné osoby uvedené v tomto článku Dohody môže príslušná Zmluvná strana zmeniť, ak oznámi novú kontaktnú osobu druhej Zmluvnej strane Dohody v písomnej forme, pričom nie je potrebné uzatvoriť dodatok k Dohode.

23.3 Všetky dokumenty, oznámenia a iná komunikácia predpokladaná v rámci tejto Dohody bude v slovenskom jazyku.

Článok 24 - Rozhodné právo a riešenie sporov

24.1 Konštrukcia, platnosť a plnenie tejto Dohody sa riadi právnym poriadkom Slovenskej republiky. Dohoda sa však musí vykladať aj vo svetle a v nadväznosti na ustanovenia Projektovej zmluvy, ustanovenia dokumentov Právneho rámca a Pravidiel implementácie.

24.2 Akýkoľvek spor týkajúci sa uzavretia, platnosti, výkladu alebo plnenia tejto Dohody sa bude riešiť priateľsky prostredníctvom konzultácií medzi Zmluvnými stranami.

24.3 Ak sa Zmluvným stranám nepodarí vyriešiť spor vzájomnou dohodou alebo zmierom, spor sa bezodkladne predloží Poskytovateľovi, ktorý môže podľa vlastného uváženia zvolať spoločné stretnutie Poskytovateľa a strán sporu alebo Poskytovateľa a všetkých Zmluvných strán tejto Dohody s cieľom vyriešiť spor a dosiahnuť mimosúdne vyrovnanie. Ak Poskytovateľ nezvolá spoločné stretnutie alebo strany sporu nevyriešia spor na spoločnom stretnutí zvolanom Poskytovateľom podľa predchádzajúcej vety, bude spor predložený príslušnému všeobecnému súdu Slovenskej republiky.

Článok 25 - Záverečné ustanovenia

25.1 Zmluvné strany týmto vyhlasujú, že si túto Dohodou riadne a pozorne prečítali, porozumeli jej obsahu a právnym účinkom, ich vôľa vyjadrená v tejto Dohode je slobodná, Dohodu neuzatvárajú v tiesni ani za nápadne nevýhodných podmienok, ich zmluvná autonómia nie je obmedzená, zmluvné úkony sú dostatočne jasné, určité a zrozumiteľné, podpisujúce osoby sú riadne oprávnené na podpis tejto Dohody a na znak súhlasu Dohodu podpísali.

25.2 Táto Dohoda bola vyhotovená v štyroch (4) originálochpričom po uzavretí Dohody dostane Partner jeden (1) rovnopis a tri (3) rovnopisy dostane Prijímateľ. Uvedený počet rovnopisov a ich rozdelenie sa rovnako vzťahuje aj na uzavretie každého dodatku k tejto Dohode v listinnej podobe. Dohoda Strán k počtu rovnopisov sa neuplatní, ak k uzavretiu Dohody dochádza elektronicky.

25.3 Neoddeliteľnou súčasťou tejto Dohody sú nasledovné prílohy:

Prílohy Dohody:
Príloha č. 1 – Návrh podporného opatrenia v anglickom jazyku

Príloha č. 2 – Špecifikácia projektu
Príloha č. 3 – Rozpočet projektu
Príloha č. 4 – vzor „Žiadosti o platbu“
Príloha č. 5 – vzor „Pravidelná správa o činnosti a aktivitách na účel poskytnutia zálohovej platby“

Za Prijímateľa

Podpísané v..... dňa .....

Ministerstvo zdravotníctva Slovenskej republiky

Kamil Šaško, MSc.
minister

Za Partnera

Podpísané v..... dňa .....

Regionálny úrad verejného zdravotníctva so sídlom v Martine

RNDr. Mária Marušiaková, PhD., MPH
poverená vykonávaním funkcie
regionálnej hygieničky

Second Swiss Contribution

Slovakia

Support Measure Proposal

20.11.2024

Title	Swiss-Slovak Health Programme
Executing Agency	Ministry of Investments, Regional Development and Informatization of the Slovak Republic
Partner State Support Measure Code (if any)	
Support Measure Type	Programme

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As default setting, this text is not printed. If desired, this can also be changed in the menu under “Options” -> “Display”.

When creating a pdf (with common engines), the hidden text is not shown in the pdf.

Content

1. Basic information

Title	Swiss-Slovak Health Programme
Support Measure Type	Programme
Objective	Strengthening social systems
Thematic Area	Health and social protection
Planned Duration [months]	46 months
Requested Swiss contribution (CHF)	15 million CHF
Requested co-financing rate of Switzerland [%]	85%

Name of the Executing Agency	Ministry of Investments, Regional Development and Informatization of the Slovak Republic
Type of entity	National administration
If type of entity is “other”, describe the type briefly	-
Name of contact person	[redacted]
Position	Director General of the Section of European Territorial Co-operation
Correspondence address	Pribinova 25, 811 09 Bratislava
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Phone +421 2 2092 8763	Mobile [redacted]

Has the Executing Agency previously received funding from the Swiss Contribution?	Yes☒ No☐

2. Strategic Support Measure description

2.1 Lead

The goal of the Support Measure is to support the implementation of the Slovak Strategic framework for health care for 2014-2030, in particular the prevention and control of non-communicable disease (NCD) and the advancement of health promotion.

The strategic focus shall be placed on strengthening the cooperation between the national and regional structures in order to provide comprehensive and improved services to citizens and improve disease prevention especially among vulnerable groups of population. The primary aim of the Support Measure is to prevent non-communicable diseases at their onset; hence, the core focus of the Support Measure lies with the **primary** prevention[2] of **non-communicable** diseases. However, some of its activities or Components may also address aspects of secondary[3] and tertiary prevention[4].

The relevance of the Support Measure is justified by the fact that NCDs cause more than 80 % of mortality, morbidity and disability in Slovakia. The future will bring the rise of chronic non-communicable diseases, in particular diabetes and cancer diseases conditioned by ageing of population. Therefore, there is a need for increased, improved coordination of all relevant stakeholder at national, regional and local level. In addition, investments in piloting evidence-based prevention programmes shall lead to reduction in mortality, and thus to a healthier society and significant economic savings.

2.2 Context and relevance

Context and relevance

According to the updated Strategic framework for health care for 2014-2030, NCDs, such as cardiovascular diseases, cancers, diabetes and chronic respiratory diseases account for more than 80% of mortality, morbidity and disability in Slovakia. Around 13 700 people died of cancer in 2019 – the second highest mortality rate in the EU. Slovakia has one of the highest death rates in the EU from preventable and treatable causes.

Long-term effects of NCDs and their progression over time, in combination with the ageing of the population, create enormous strain on public resources and health-related expenses. The issue of health has therefore not only social, but also an important economic dimension and these two dimension closely correlate with each other.

Life expectancy in Slovakia is still four years shorter than the EU average. Differences in life expectancy based on socio-economic factors remain among the highest in the EU. It is expected that the Support Measure will contribute to the reduction of these disparities through prevention and management of NCDs by the prioritisation of proposals focused on vulnerable groups and hard-to-reach communities in line with the Sustainable Development Goals (SDGs).

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[2] **Primary prevention** is a set of activities to reduce exposure to risk and reduce new cases of disease (e.g. health education, activities leading to reduction of alcohol and tobacco products consumption, nutrition and dietary programmes etc.)

[3] **Secondary prevention** means early detection of the disease and prevention of its further spread - screening (e.g. stool occult blood test, mammography, blood pressure measurement),

[4] **Tertiary prevention** shall be understood as preventing complications and worsening of the disease (e.g. rehabilitation).

Healthy population significantly decreases the public expenditures on health, thus mitigating social and economic disparities within the EU. It is therefore important to put the focus on health and wellbeing-in-all-policies, and reducing environmental, work-related, and economic stressors. This approach strengthens resilience and contributes to better health outcomes and preventing diseases. A wellbeing agenda can further boost investments in integrated community-based primary care, health promotion and disease prevention.[5]

Disparities in life expectancy exist by both gender and socioeconomic status. Disparities in life expectancy also exist by region, given large differences in social and labour market indicators. The main cancer types among men are colorectal (18 %), followed by lung and prostate (16 % each). Among women, breast cancer is the leading cancer (23 %), followed by colorectal (15 %) and uterine cancer (8 %). Life expectancy at birth in Slovakia increased by 3.6 years between 2000 and 2020, from 73.3 years to 76.9 years, but remained 3.7 years below the EU average and 1.4 years lower than in neighbouring Czech Republic. Historically, Slovakia has lagged behind other EU countries in investing in health promotion and disease prevention.[6]

According to the latest estimates from National Health Information Centre in Slovakia, in year 2020, the number of cases of newly diagnosed oncological diseases in Slovakia will exceed 40,000 for the first time. Estimation is based on the development of oncological diseases in Slovakia, and published by the National Health Information Centre on its website.[7]

As described further in the text, it is crucial that an integrated system of NCDs prevention is established at national, regional and local level. Currently, save for several exceptions, the efforts at regional and local level has not been systemic, but rather sporadic. The ambition is therefore to provide the regional and local self-government with capacities and tools to streamline NCDs prevention in their policies and strategies.

Gap analysis relevant to the Support Measure

The current gaps in Slovakia in the area of health promotion and NCDs prevention, to be addressed by the Support Measure, lays mainly in the following:

- **Missing governance in area of health promotion and NCDs prevention:**

Prevention as a topic in terms of actions taken is mainly characterized by regular general practitioners (GP) check-ups. Currently, approximately 40% of adults undergo regular check-ups[8]. Any other actions in this area are stand-alone initiatives, not supported by any governance nor strategy.

- **Lack of communication, coordination and even awareness among different stakeholders:**

There is a room for a comprehensive approach and effective public health policies to reduce premature deaths and preventable NCDs. There is a need to improve cooperation between state, and regional and local authorities and create networks between all stakeholders involved in the NCDs prevention, including the network of pilot cities interested in a strategic prevention of NCDs

- **Access to Healthcare Services:**

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[5] https://eurohealthnet.eu/wp-content/uploads/2303_policyprecis_eow.pdf

[6] OECD/European Observatory on Health Systems and Policies (2021), Slovak Republic: Country Health Profile 2021, State of Health in the EU, OECD Publishing, Paris, https://doi.org/10.1787/4ba546fe-en.

[7] NCZI. https://www.nczisk.sk/aktuality/Pages/NCZI-prinasa-viac-udajov-o-onkologickych-ochoreniach.aspx

[8] https://www.nczisk.sk/Statisticke_vystupy/Zdravotnicka_rocenka/Pages/default.aspx

Disparities exist in access to healthcare services, particularly in rural and marginalized populations.

- **Health Education and Literacy:**

Limited health education and health literacy among certain population groups hinder their ability to adopt healthy behaviours and practices.

- **Preventive Care Services:**

Insufficient emphasis on preventive care services, such as screenings, vaccinations, and health check-ups, can result in missed opportunities for early detection and intervention.

- **Chronic Disease Management:**

Inadequate resources and strategies for managing chronic diseases, such as diabetes, cardiovascular diseases, and cancer, may contribute to gaps in disease prevention and control.

- **Public Health Infrastructure:**

Weak public health infrastructure, including surveillance systems, epidemiological monitoring, and community health programs, can impede effective disease prevention efforts.

- **Health Policy and Regulation:**

Inconsistent or inadequate health policies and regulations related to factors such as tobacco control, alcohol consumption, nutrition, and physical activity may undermine efforts to promote health and prevent diseases.

Alignment with legal and policy framework, strategies and link to SDGs' objectives

Sustainable Development Goal ("SDG") 3 aims to ensure health and promote well-being for all by improving reproductive, maternal and child health; end epidemics of major communicable diseases; and reduce non-communicable and mental diseases. It also calls for reducing behavioural and environmental health risk factors. **Slovakia follows-up on its political commitment** involving various governance levels to address delivery on the UN's SDGs.

The national implementation of the 2030 Agenda within the Goal 3 **requires the establishment of the institutional framework that integrates all relevant actors and gives an adequate opportunity to ensure improvement of public health.** Support Measure addresses Target 3.4 of SDG - By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being**.**

On 28 June 2022, the Government of the Slovak Republic approved the **Update of the Strategic Framework for Health Care for 2014-2030**, which is primarily based on the Strategic Framework approved by the Government in 2013. The framework is the base for designing of this Support Measure Proposal.

Other important documents at regional and local level are Act No. 302/2001 Coll. on Self-government of Higher Territorial Units (Act on Self-Governing Regions) as amended and Act No. 539/2008 Coll. on the Support for Regional Development as amended, which define basic documents of regional development support and impose an obligation for regional and local structures to compose and approve regional development plans and programs. Among these documents, the most important are **Strategic plan for the development of health care or Programme of development of the municipality**. Support Measure Proposal is aligned with all these strategic documents on all three levels of governance.

Complementarity/synergies with funding programmes of other donors;

In Slovakia, there are two funding programmes, which support, among others, the area of healthcare and address health-related issues.

The Recovery and Resilience Fund (the RRF) in the amount of approximately EUR 1.54 billion. The RRF predominantly provides investment into health facilities, such as hospitals, clinics, mental health facilities. It also provides financing for various other activities, such training of health sector professionals, the use of artificial intelligence (AI) in the health sector, investment into other health and social facilities, such as hospices, palliative care facilities, autism centres and others.

The **Programme Slovakia 2021 – 2027** under the **EU Funds** in the amount of approximately EUR 130 million. Initiatives are focused on integrated health care mainly in means of technical provision and building facilities within the hospital care based on reform of hospital care (optimization of hospital network). The Programme Slovakia 2021 – 2027 has a focus on Roma health improvement and on strengthening the primary care.

So far, a national project in the amount of EUR 48 million has been launched to improve equal and timely access to quality, sustainable and affordable care services, including health care, for disadvantaged population groups, with an emphasis on marginalised Roma communities. This closes the gap for reaching out to Roma as a specific target group under this Programme, even though in terms of primary prevention, hard-to-reach Roma communities could have been a dominant target group for this Programme.

Based on the above, it is possible to conclude that the implementation of this Support Measure currently falls through the funding gaps.

Interconnection with the first Swiss Contribution

There is no connection with the first Swiss Contribution.

Stakeholder analysis

Stakeholder analysis includes all relevant actors in area of NCDs prevention and health promotion in Slovakia and reflects competency framework in field of disease prevention and health promotion in Slovakia. Not all of the mentioned stakeholders will be actively involved in the Support Measure. However, we also include stakeholders who should have the say in the settings or content of the Support Measure or who will be affected by its outcomes in any way.

1) **National level – policy and framework making and governance**

MoH SR, as regulator, is responsible for developing national policies, regulatory and legislative frameworks. MoH SR is the author of the updated Strategic framework for health care for 2014-2030 and has a responsibility for its implementation. MoH SR coordinates National Health Promotion and Preventive Programs at national level.

2) Regional Level – adoption of policies, frameworks at regional level and governance[9]

a. Self-Governing Regions [10]

Key stakeholder within the decentralized Slovak health system. Responsible for implementation of healthcare policies and strategic frameworks at regional level and development of prevention programmes in regions, given by Act No. 416/2001 Coll. on the Transfer of Certain Responsibilities from State Administration to Municipalities and Higher Territorial Units as amended.

[9] We distinguish between 2 levels of self-governance in Slovakia: Self-Governing Regions, which have competence at the regional level and Municipalities with competence at local level of municipality. When the term "self-governments" is used, it defines both of these governing levels. When the term "Self-Governing Region" is used, it defines the regional governance.

[10] Shortcut „SGR" might be used later in text

b. Municipalities

Another key stakeholder within the decentralized Slovak health system. Responsible for defining development concepts at local level, fulfilling tasks in the area of social assistance. Their role in healthcare is being a significant determinants of health, creating and protecting healthy conditions for a healthy way of lifestyle for its inhabitants. Municipalities often cooperate, creating so called “micro-regions”.

3) Competency Level – implementation and execution

a. **Public health authorities (primary prevention)**

Responsible within their scope for the protection, support and development of public health. In Slovakia, there is a Public Health Authority at national level, headed by Chief Hygienic, which is the subordinate organization of MoH SR and cooperates with MoH SR in policy making. Except of the Public Health Authority, there are 36 Regional Public Health Authorities, which are legally separate independent entities, but they work in coordination and cooperation under the leadership of national level Public Health Authority.

The role of PHA is to carry out state health supervision over compliance with the requirements of Public Health Protection Act and over activities to protect and promote health at the regional level. Their scope of action is mainly in provision of counselling in the field of health promotion and protection via Health Counselling Centres.

b. General Practitioners (secondary prevention)

Their responsibility is to provide regular preventive care in the outpatient units of general practitioners and Immunization.

4) **Other stakeholders**

a. **Third sector educational and research organizations and experts** in field of NCDs prevention and health promotion who provide activities in form of :
   i. consulting activities based on experience from previous initiatives in field of health promotion and disease prevention;
   ii. educational activities for wide public or target groups (in case of organizations specialized in specific NCD);
   iii. research activities;
   iv. interventions in terrain (mostly local, situated in bigger cities or on the other hand aimed on socially-excluded groups).

   Third sector organizations active in field of prevention and health promotion in Slovakia do not have an umbrella organization and operate separately. We identified 2 significant organizations, which were invited to stakeholder consultations and are part of the Support Measure design process.
   - Slovak Public Health Association with the role of prevention support and protection of the health with the aim to increase interest and understanding in the field of public health through education, training and research.
   - League against Cancer, specialized in oncological diseases, with focus on psycho—social projects for patients and their families and educational projects in field of prevention and health protection.

b. **Patient organizations** whose interest is in advocacy of patient interests, cooperation with state bodies on the development of standards and methodological materials, and one part of their agenda is a provision of health promotion and disease prevention activities. In Slovakia, the patient organizations operate under the umbrella organization Association for the protection of patients' rights.

c. **Trade unions and trade unions operating in the health sector**, which protect and defend the economic and social rights and interests of health and non-health workers of the sector in order to improve their status and ensure fair, satisfactory,

transparent and predictable working conditions. State organizations that represent their members in matters affecting the performance of the health profession.

2.3 Impact hypothesis / Objectives

Impact hypothesis

If functional systemic governance model is developed and implemented, portal of evidence-based practice established, and collaboration platform for stakeholders in place **then** the NCDs prevention and health promotion strategy will be successful **because** national, regional and local stakeholders and professionals will enter into multi-sectoral and multi-level collaboration, stakeholders will be able to implement evidence-based interventions and general public will get better understanding of risk factors and disease prevention and health promotion importance.

Goals and Impact:

The main **objective** of the Support Measure is **Reduction of death rate from preventable and treatable causes and reduction of preventable NCDs rate.**

General objective is further supported by following **Outcomes**:

Outcome 1 Governance for NCDs prevention and health promotion endorsed

As a first step, a functional governance model should be developed in collaboration of national authority with relevant stakeholders, based on best practice from relevant countries. When the governance model is adopted, it needs to be endorsed at the national level (represented by ministry), and adopted at regional and local level (represented by Self-Governing Regions, cities and municipalities, and regional Public Health Authorities).

This outcome will be supported by the following **outputs**:

Output 1.1 Governance model for NCDs prevention and health promotion developed

The output will be achieved by the following **activities**:

- ✓ Conducting comprehensive assessment;
- ✓ Establishing stakeholder engagement and governance mechanisms;
- ✓ Establishing a framework for action;
- ✓ Developing implementation plan;
- ✓ Developing evaluation plan;
- ✓ Developing mechanisms for feedback and its inclusion into policies / government model update;
- ✓ Discussion with stakeholders;
- ✓ Approval process.

The part of the governance model development shall be the establishment of the communication and collaboration platform as a first pilot mechanism of effective collaboration among stakeholders. It will be significant in order to support the information flow from national to regional and local level and to promote the governance model for NCDs prevention and ensure that the evidence-based examples of intervention are available to the network of stakeholder.

Output 1.2 Personnel Capacities of Public Health Authorities increased

The personnel capacities of the MoH SR and Public Health Authority at the national level, plus capacities of 8 regional Public Health Authorities will be increased in order to ensure smooth communication between the regional and state administration, thus endorsing the governance model for NCDs prevention and health promotion.

The output will be achieved by the following **activities**:

- ✓ Establishment of 11 specialized positions of *Prevention Coordinator* for disease prevention and health promotion – 1 position at MoH SR, 2 positions at Public Health Authority and 1 position at each of the 8 chosen regional Public Health Authorities (Predefined Component):
    - Job Description definition;
    - Definition of qualification preconditions;
    - Purpose bound contract between MoH SR and Public Health Authority;
    - Purpose bound contract between MoH SR and 8 regional Public Health Authorities;
    - Establishment of reporting and monitoring process towards MoH SR;
    - Setup of financial transfer process;
    - Hiring Process.

Output 1.3 National Portal of Best Practice established

Third output is the National Portal of Best Practice, which should serve as a tool for collection and backlog of evidence-based interventions and best practice. Best practice published via Portal will be evaluated beforehand and they will be collected from evidence established by EU and international organizations or best practice from regions or cities/towns.

The published best practice will take into account the Slovak conditions and will be approved at the national level (represented by MoH SR and Public health Authority), and all relevant stakeholders and actors will be encouraged via so called Market Place Events, organized by Public Health Authority, to adopt suitable practice at regional level (represented by Self-Governing Regions and Regional Public Health Authorities) and local level (represented by towns and municipalities). All best practice will also be available for usage by third sector organizations and wide professional public.

The output will be achieved by the following **activities**:

- ✓ Technical Development (including Manual creation and Training for users;
- ✓ Establishment of Processes (e.g. Committee to evaluate best practice);
- ✓ Content Development;
- ✓ Guidelines for implementation of Best practice;
- ✓ Organization of Market Place Events;
- ✓ Promotion among relevant stakeholders and public.

Outcome 2 Coordinated involvement of the self-governments in NCDs prevention and health promotion

The 8 Slovak Self-Governing Regions and the Slovak cities and towns will be invited to strengthen their personnel capacities in field of NCDs prevention and health promotion and join the coordinated and collaborative approach towards NCDs prevention and health promotion, by achieving the following outputs:

Output 2.1 Self-governments actively engaged in defined tasks in the area of NCDs prevention and health promotion

Each of 8 Self-Governing Regions will be committed to dedicate 1-2 FTE of the new or existing personnel capacities to perform a set of tasks in the area of NCDs prevention and health promotion, defined in Annex A6 as a Job Description for Prevention Coordinator. Fulfilment of these tasks shall not necessarily be connected to new positions at the Self-Governing Regions. Each Self-governing region will receive financial remuneration for 1-2 FTE for the duration of the project to be able to cover the personnel costs. Self-Governing Regions are obliged to sustain active fulfilment of the tasks during the sustainability period. This solution, developed

in discussion with Self-Governing Regions, should ensure active engagement of Self-Governing Regions in NCDs prevention platform and network even in times when their budgets are being cut due to political reasons.

Each of the successful applicant - city or town, participating on the Support Measure will be obliged to create and sustain one position of the *Prevention Coordinator* who will cooperate with the coordinators at national level, as well as coordinators at regional or local level.

The output will be achieved by the following **activities**:

- ✓ Job Description / Tasks definition for Self-Governing Regions;
- ✓ Contract signature;
- ✓ Establishment of 8 positions of Prevention Coordinator at cities/towns:
  - Job Description definition;
  - Definition of qualification preconditions;
  - Hiring process.

Output 2.2 Self-governments informed on best practices in the area of NCDs prevention and health promotion

It is necessary that the Self-governments are actively involved in the coordination and communication platform, as well as in regular meetings with the regional Public Health Authorities, to be able to share their experience and provide feedback for deliverables created in Component 1 of Support Measure. Moreover, it is essential, that they will be updated about the National Portal of Best Practice, since the adoption of best practice, as well as continuous contribution into the content of the portal will be in their hands.

The output will be achieved by the following **activities**:

- ✓ Attendance of the self-governments in the platform meetings headed by MoH SR;
- ✓ Regular meetings with Regional Public Health Authorities;
- ✓ Invitation to collaboration on development of Governance model;
- ✓ Invitation to collaboration on contribution to National Portal of Best Practice.

Outcome 3 Awareness and understanding of the NCDs and health promotion among the general public increased

It is expected that through the activities and interventions implemented by the Self-Governing Regions and the cities and towns, the general awareness and understanding of the NCDs will increase, by achieving the following outputs:

Output 3.1 Interventions in the area of NCDs prevention and health promotion implemented by the self-governments

The Self-Governing Regions and cities and towns will implement various interventions from list of eligible activities, tailored to address specific regional and local health issues and communities:

The output will be achieved by the following **activities**:

- ✓ Interventions and activities related to NCDs prevention and health promotion implemented by the Self-Governing Regions /local self-governments.

Outcome 4. Improved coordination and communication at the municipal level in the area of NCDs prevention and health promotion

The ambition is to support the role of municipalities as a health determinant and significant actor in field of NCDs prevention and health promotion; to support cooperation at the municipal

level; and to support systemic inclusion of health aspects into decision-making processes of pilot Slovak cities and towns. This shall be achieved through the implementation of the following output:

Output 4.1 Pilot network in the spirit of "Healthy Cities" approach established

The network shall be established at the Programme level by the Programme Operator, and the main ambition is to provide regular updates, advice and information to the involved cities and towns from the coordination and communication platform, as well as to allow for an exchange of information among the cities and towns.

In practice, cities and towns will compose a pilot network, which will be only a part of a bigger multi-sectoral network defined by Governance model (network of different actors and stakeholders). They will be methodologically directed by Component 1 to fulfil profile of "healthy city" as defined in WHO document, and to build and maintain so called "partnership for health", whose mission is to share best practice among partners. Component 1 will take a leadership role in networking of actors of components 2 and 3.

The output will be achieved by the following **activity**:

- ✓ Selection of applicants - cities and towns - implementing the projects within the scope of Component 3;
- ✓ Regular meetings of the pilot network members.

Contribution of the Support Measure to the reduction of socio-economic disparities

There is a strong relationship between health and social and economic disparities. Regions and communities with higher incomes typically have better access to healthcare services, including preventative care, which can lead to the prevention, early detection and treatment of diseases. Higher income allows for better living conditions, such as safer housing and neighborhoods, access to nutritious food, and lower exposure to environmental toxins, all of which contribute to better health outcomes. Financial stability can reduce stress and anxiety, which are significant contributors to both physical and mental health problems. Education, employment, and social conditions are other determinants affecting health status of regions, communities and individuals. By implementing the prevention strategy and the evidence-based interventions, the Programme can bring better health outcomes for all individuals..

Contribution of the Support Measure to the Swiss-Slovak relations

Slovakia and Switzerland cooperates in the area of Public Health mostly through the common membership in international health and humanitarian organisations (WHO, IARC, EUPHA, ECDC, MSF). The first Swiss-Slovak Cooperation Programme was not specifically focused on the area of Health. This second Cooperation Programme is therefore an excellent opportunity for establishing partnerships at national level in the Pre-defined Programme Component. There is a possibility that a Slovak-Swiss partnership may also be established at the local level in the Open Call, however, given the topic, no specific criteria or conditions are envisaged in this regard.

Description of the impact on the population level

The implementation of the Programme shall ensure that the general public will have a better understanding of and better access to a healthy lifestyle. This is to be achieved through the wide range of activities at national, regional and local level, such as awareness raising campaigns, evidence-based interventions on primary NCDs prevention and other activities described in the Intervention Strategy (chapter 2.4).

Description of the impact on the institutional/organisational level (system) and policy

The very core of the Programme lies at the level of national policy, with the Slovak Strategic framework for health care for 2014-2030. The ambition is to build capacities and structures at the regional and local level aimed on NCDs prevention and health promotion in a coordinated manner, and to transfer the European level knowledge through the Ministry of Health to regional level via these established structures of public health coordinators. It is therefore likely that in 4-5 years, after the Programme is completed, there will be approximately 20-30 state, regional and local health coordinators active all around Slovakia, which is a considerable step forward towards a systemic health prevention in the area of NCDs.

Description of the impact on gender equality

It is expected that the Support Measure will address women and men equally. While health prevention strategies can significantly differ based on gender due to biological, social, and behavioural factors that influence health risks and outcomes, it is expected that prevention strategies common for both genders will be preferred by the applicant (healthy lifestyle, promotion of regular check-ups, substance abuse prevention, streamlining health in strategies and policies etc.) It cannot be excluded that some interventions will be focused specifically on men and other on women, however, it is believed that at the Support Measure level, the approach will be balanced. When designing the intervention, it will also be important to take into account social and behavioural consideration (such as access to care, health literacy, self-care), that may differ between genders.

Description of the impact on social inclusion, climate change mitigation and adaptation as well as gender equality and Slovak SDGs

There is strong evidence that NCDs affect vulnerable groups disproportionately. Malnutrition, infrequent regular check-ups, limited access to health services are just a few factors. An important survey made in 2019 had shown that substantial parts of this population are exposed to critical levels of health-endangering exposures. In addition, the results confirm that such exposures result in an extremely poor health status of the population.

The Support Measure as such will benefit the whole population, but is mainly focused on **vulnerable groups, which are in this context understood as hard-to-reach communities**. This term indicates existing barriers in terms of not only social exclusion, but also geographical barriers, age and health barriers, lack of knowledge barriers, economic barriers (e.g. many inhabitants living in distant areas do not have car and are immobile).

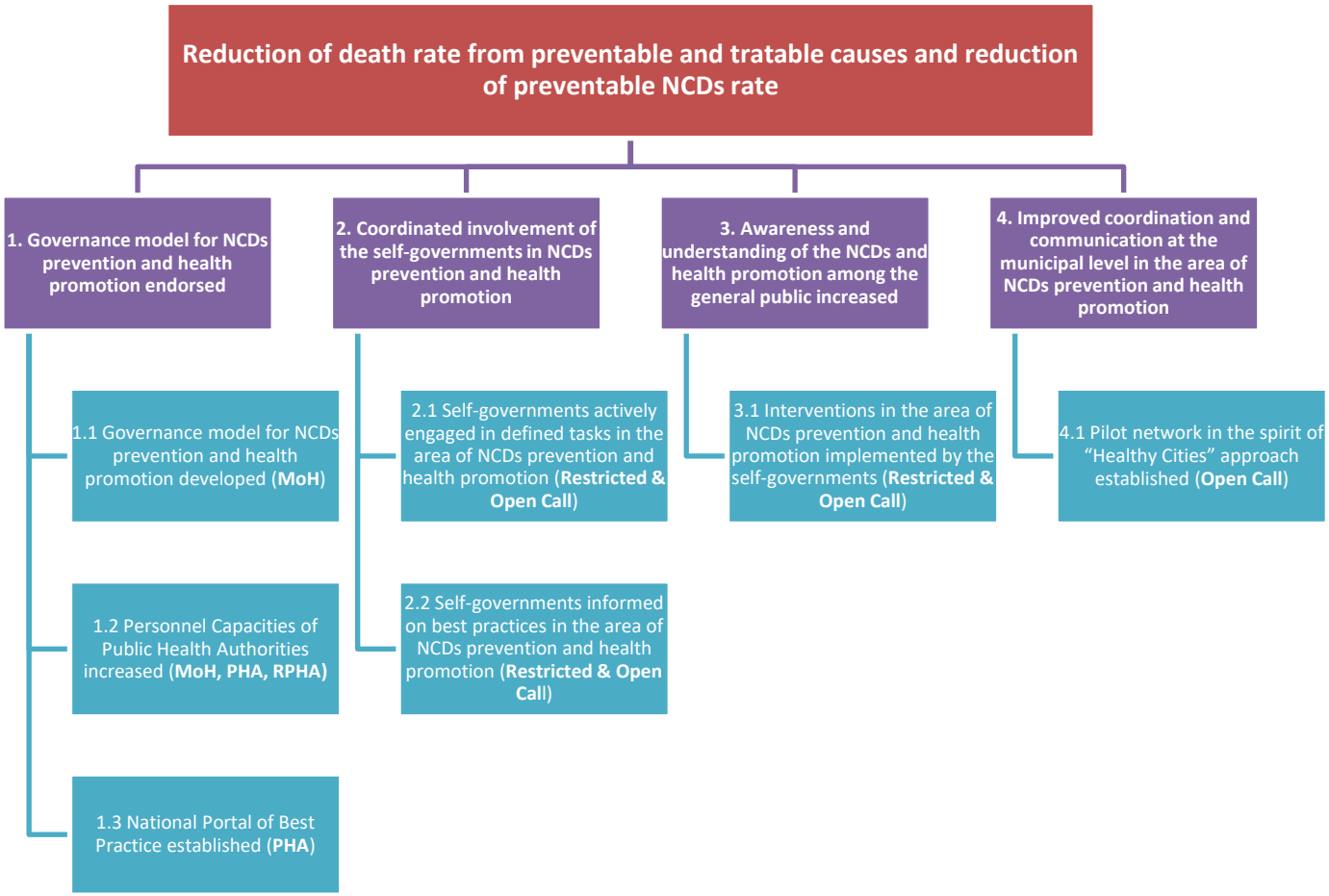
The Support Measure is not specifically linked to climate change mitigation and adaptation. However, the improvement of environment conditions is indirectly linked to health promotion as the environmental activities help to improve conditions for healthy life.

The implementation of the Support Measure is fully in line with one of the Slovak SDG priorities - to support healthy lifestyle, prevention and responsibility for one's own health.

2.4 Intervention Strategy

The Support Measure will consist of 3 Components:

1) Pre-defined Programme Component, implemented by the Ministry of Health (originally planned CHF 5.3 mil, the realistic budget shows the need for CHF 3.5 mil)
2) Restricted Call for Self-Governing Regions (originally planned CHF 6 mil, now CHF 8 mil)
3) Open Call for Cities and Towns (CHF 5 mil)



Above mentioned 3 components create a chain from national to regional to local level, while the most relevant stakeholders, active in the NCDs prevention and health promotion field, are represented. This includes the Ministry of Health SR, the Public Health Authority and its regional branches, the Self-Governing Regions and the local self-governments. In all the three components, strong focus shall be placed on increase of public awareness of the importance of disease prevention and health promotion.

1. Pre-defined Programme Component

Pre-defined Programme Component will be implemented by the MoH SR as the Programme Component Operator in cooperation with Public Health Authority and 8 regional Public Health Authorities as the Programme Component Partners. The role of the MoH SR is the following:

- Management and coordination of the Component 1;
- Regulation and responsibility for achievement of stated goals and objectives;

- Development of governance model;
- Coordination, provision of know-how and best practice sharing among regional partners;
- Coordination and communication platform management;
- Methodical Management of MoH SR in relation to regional structures.

The cooperation with the Programme Component Partners will be based on the Component Partnership Agreement.

Pre-defined Programme Component will be built on 3 pillars:

a. Governance model for coordinated system of Health Promotion and NCDs Prevention

It is the first attempt in Slovakia to create one systemic and functional model of governance and financing, based on evidence from peer countries, and to systematically manage coordination in health promotion and NCDs prevention in relation to regional structures.

The role of the MoH SR will be to develop the model in collaboration with other Slovak stakeholders in field, and to create conditions for implementation and adoption of the model into the national and regional legislation, policies and practice.

The significant part of the governance model is communication and coordination of stakeholders. Therefore one of the roles of MoH SR within the Component 1 is to provide a communication platform, where all stakeholders would regularly meet and cooperate and where MoH SR could share the knowledge and best practice from other health promotion and disease prevention-related, mostly international projects or programs. The number and level of stakeholders invited will not be limited.

b. Digital Platform called "National Portal of Best Practice" as a Toolbox and Accumulator of best practice in field of Health Promotion and NCDs Prevention

This platform should serve as a toolbox for wider spectrum of stakeholders – publicly available, where they could find recommendations and good practice examples, and as a dissemination and communication tool towards general public. It shall be presented in the form of a methodological support adapted to national conditions in SR.

c. Health Promotion and Disease Prevention Capacities increased

Establishment of new positions of coordinators for health promotion and disease prevention. This position will be created at the national level in cooperation with Public Health Authority and in all 8 regions in cooperation with 8 Regional Public Health Authorities.

The main role and responsibility of the position would be to:

- Cooperate with national authority MoH SR and other regional stakeholders;
- Adopt methodology formed by MoH SR and adapt it into the regional conditions;
- Coordinate activities in regions, collect and develop materials, organize educational and promotional events.

Detailed qualification prerequisites for this position, along with description of its responsibilities will be defined by MoH SR within the process.

2. Restricted Call for Self-Governing Regions

The 8 Slovak Self-Governing Regions cooperate on health prevention programmes, as mandated by relevant legislation. The Programme Operator shall run a Restricted Call, while the Self-Governing Regions:

- **shall** dedicate 1-2 FTE of personnel capacities to cover and fulfil tasks defined in Annex A6 as a Job Description for Prevention Coordinator. These tasks represent essential areas where Self-Governing Regions shall be active in field of NCDs prevention

and health promotion with strong focus on coordination and cooperation at national and regional level,
- **shall** implement at least one activity from the pre-defined list of NCDs prevention interventions.

The interventions should be tailored to specific communities to address local health issues and may involve partnerships with community organizations, local governments, and health services to deliver targeted interventions. In primary prevention, the non-exhaustive list of interventions that the Self-Governing Regions shall choose from is as follows:

- Initiatives that provide information and skills to individuals and communities to promote healthy behaviour and lifestyle. Examples include school-based health education, public awareness campaigns, and workshops on topics like nutrition, physical activity, and substance abuse prevention, use of media and communication strategies to disseminate health information and encourage healthy behaviors. This can include social media campaigns, public service announcements, and health promotion materials like brochures and posters;
- Activities that identify risk factors or early signs of diseases in asymptomatic individuals. This can include blood pressure screenings, cholesterol checks, and genetic testing for predisposition to certain conditions;
- Implementation of measures and policies designed to create healthier environments and reduce exposure to health risks. Examples include smoking bans, restrictions on advertising unhealthy foods to children, and regulations on workplace safety;
- Access to services that support health maintenance and disease prevention, such as regular health check-ups, prenatal care, and counseling for lifestyle changes;
- Programs designed to improve dietary habits, such as school lunch programs, food labeling initiatives, and community gardens;
- Initiatives to increase physical activity levels among populations, including the creation and development of fitness programs, physical education in schools and organizing various physical activities on regional and local level;
- Introducing the concept of HIA (Health Impact Assessment) into their decision making process.

3. Open Call for Cities and Towns

The Open Call will support the pilot initiatives at the municipal level focused on activities promoting health and healthy lifestyle, selected through the Call. It is expected that 8 to 10, mostly bigger cities and towns will be supported. The cities and towns will also have to create the at least one position of the health coordinator and shall mandatory choose an additional activity or activities from the list of activities below:

- Changes in the organizational structure, such as establishment of a healthy city coordinating committee, opening healthy city office, hiring city coordinator (mandatory), preparation of Community needs assessment, Community-based capacity building and planning or Baseline household survey;
- Changes to physical environments to promote health and reduce risks. This can include creating parks and recreational areas, improving air and water quality, and ensuring safe housing conditions;
- Local Programs: Support community-led health initiatives and programs that address local health needs and priorities;
- Public Participation: Encourage public participation in health planning and decision-making processes to ensure that preventive measures are culturally and contextually appropriate

- Active Transportation: Develop and promote activities focused on active transportation, such as use of bike, walking paths, and safe playgrounds;
- Promotion on active mobility by increasing cycling via bike share programmes and/or street design;
- Awareness focused on the implementation of safe Routes to Schools;
- Creation of a smoke free city;
- Increasing healthy literacy among citizens;
- Introducing the concept of HIA (Health Impact Assessment) into their decision making process.

The main idea is to support healthy lifestyle and support municipalities in building a pilot network in the spirit of "Healthy Cities" which will provide targeted support for activities to promote health and healthy lifestyle. This approach can be later replicated and expended to other municipalities across the country and contribute to lower rate of population in need of further medical assistance.

It is also expected that Programme Components will be implemented in a multi-level and/or multi-stakeholder partnership. It means by several institutions from various levels (state, regional, local) and various fields of operation (dissemination, decision-making) with clearly defined roles and budgets.

Partner organisations, their roles, experiences, added value and capacities as well as the form of cooperation and coordination between involved partners

The main programme partner is the Ministry of Health of the Slovak Republic, as the main public administration body responsible for NCDs prevention in Slovakia. The Ministry shall not only implement the pre-define programme component, but will also be actively involved in the implementation of the two other programme components. The Ministry will be the standing member of the Steering Committee of the Support measure, and as such it will be invited to all crucial decisions, such as commenting on the call texts, selection of experts evaluating project applications, selecting applications in the Steering Committee, assessing changes to the Support Measure and Programme components and others. It is expected that the Ministry will coordinate efforts with the Public Health Authority and its regional offices.

2.5 Beneficiaries

There are **two groups of direct beneficiaries** of the Support Measure. The first group includes authorities at the national, regional, and operational levels, who currently strive to implement activities in health promotion and NCD prevention independently, with limited resources and uncoordinated efforts.

The second group, considered the **primary beneficiaries** of the Programme, consists of cities and municipalities that will implement selected projects within their areas of influence.

Indirect beneficiaries include the general public, who will benefit from a more coordinated approach to disease prevention and health promotion, leading to reduced disparities between regions and improved access to primary prevention services.

Additionally, indirect beneficiaries include residents of municipalities supported through the Call for Proposals. All interventions funded by the Programme will focus on tangible activities benefiting all citizens, with particular attention to hard-to-reach communities that face barriers in accessing healthcare.

Programme Component Operators have been **encouraged from the outset to propose interventions specifically targeting hard-to-reach communities**. This focus on inclusivity will be a key criterion during the selection process.

The Support Measure is generally gender-neutral and will be implemented across Slovakia.

2.6 Programme Component Characteristics and regional focus

Is the benefit of the Project national or regional?	National☒ Regional ☒
If regional, indicate the benefiting NUTS-2 region(s):	Self-Governing Regions, cities, towns and municipalities, and Regional Public Health Authorities are important partner of Ministry of Health in creation and realization of the Programme. One of the main objectives is to develop a governance model and improve cooperation among regional stakeholders.

In addition to the directly selected Programme Component 1, other Programme Components will be selected **through the Call for proposals**.

Unless otherwise decided, the MoH SR shall be neither eligible to apply nor to become a partner in any of these Programme Components selected in the Calls.

The final wording of the selection criteria shall be published along with the Call.

2.7 Overview Swiss Support Measure Partners

Is/are a/several Swiss Support Measure Partner(s) foreseen to be involved in and contributing to the implementation of the Support Measure?	Yes☒ No☐

Name of the partner organisation	Not yet identified
If collaboration foreseen in Programme Component, indicate name of Component	Programme Component 1
Partnership status	Initial contacts established
Type of organisation	Federal Administration
Type of support or partnership	Consulting partnership
Name of contact person	To be specified
Position	To be specified

Correspondence address	To be specified
Webpage and social media (if any)	To be specified
E-Mail	To be specified
Phone To be specified	Mobile To be specified
Has the partner organisation been previously involved in the Swiss Contribution Not yet identified	Yes☐ No☐

It is expected that the partnership will be established in the pre-defined Programme Component, preferably in consultations in the NCDs prevention and health promotion.

2.8 Sustainability

Sustainability of Results

The sustainability of the Programme's results is a key selection criterion for intervention activities applied and implemented under its scope. The Programme aims to support activities and interventions that:

a) Are evidence-based actions piloted in Slovakia, designed to demonstrate their importance and efficiency while generating data to support their future inclusion in national policies or regional health budgets.
b) Foster cooperation among various stakeholders and ensure coordination across different levels of competence, addressing the lack of collaboration, which is a critical gap in disease prevention and health promotion in Slovakia.

The **sustainability condition** will be incorporated into the Calls for Proposals, requiring supported entities to adhere to sustainability requirements in line with the Regulations. During the appraisal and selection process, the Programme Operator will evaluate the applicants' economic stability, legal status, and organizational capacity.

Financial Viability

The Programme seeks to create conditions for Public Health Authorities, Self-Governing Regions, and Cities and Towns to integrate future personnel and equipment costs into their budgets. By providing a methodological framework, fostering stakeholder coordination, and offering initial investments for health promotion and disease prevention, the Programme aims to shift the focus from short-term activities to long-term, impactful interventions. The outcomes are expected to change the perception of health and prevention, increasing the likelihood of financial viability for these activities beyond the Programme's conclusion.

Capacity Building

The Programme primarily focuses on establishing a methodological management process and creating the necessary roles supported by sufficient personnel capacity at both national and regional levels. Once these roles are defined and responsibilities are clear, and once the Programme’s outcomes become evident to decision-makers at regional and municipal levels, it will be easier to secure future funding for personnel through regional or municipal budgets.

Legislative and Policy Changes

While the Programme does not require legislative or policy changes to achieve its objectives, The very core of the Programme lies at the level of national policy, with the Slovak Strategic framework for health care for 2014-2030. The ambition is to build capacities and structures at the regional and local level aimed on NCDs prevention and health promotion in a coordinated

manner, and to transfer the European level knowledge through the Ministry of Health to regional level via these established structures of public health coordinators.

Scale-Up Potential

The Programme should be recognized as a tool for implementing national health strategies and as a platform for piloting innovative methods and procedures. Given its relatively limited allocation, successfully tested and evidence-backed solutions will be adjusted to Slovak conditions and replicated as needed.

Post-Implementation Monitoring

Project contracts will include provisions requiring the maintenance of project outputs over a defined period. Programme Component Operators will be required to submit annual reports during the sustainability period, which will be reviewed and verified by the Programme Operator. There are also indicators, defined in the Logframe, which can be followed – up on even after the implementation period, based on OECD statistics.

The follow up on the core indicators, defined in the SM Logframe, is desired and planned even after the end of Programme implementation period. It will be done through the international and national statistics and regularly conducted surveys.

The indicators to be tracked are:

- Treatable and preventable deaths (OECD statistics)
- Mortality (OECD statistics)
- Hospital discharges (Diseases of the circulatory system) (OECD statistics)
- Life Expectancy at birth (OECD statistics)
- Preventive Care Expenditure % share of current expenditure on health (OECD statistics)
- Health Literacy (Study “Health awareness and behaviour of Slovak residents”, being conducted by Department of Health Support and Health Education of Public Health Authority on regular basis)

Challenges and Risks

The primary risk to the sustainability of results lies in potential changes in key personnel at the national, regional, or local levels. However, this risk is mitigated by agreements defining cooperation terms between the Ministry of Investments, Regional Development, and Informatization of the SR and the Ministry of Health, as well as between the Ministry of Health and self-governments. Moreover, prevention remains a stable agenda within the Department of Public Health, Screening, and Prevention, as outlined in the Ministry of Health’s organizational structure. This ensures continuity in the implementation and focus of the Support Measure.

2.9 Overview tentative budget

The allocation of the Programme from the Swiss Contribution is **CHF 15 million**. In sum with the national co-financing, the overall allocation of the Programme is **CHF 17.647 million**.

It is expected that approximately CHF 1.4 million will be allocated to programme management costs. The rest of the allocation shall be split between the three Programme Components as follows:

- Directly selected Programme Component – CHF 3.4 mil
- Restricted Call for Self-Governing Regions – CHF 8 mil

- Open Call for Cities and Towns – CHF 5 mil

No deviation from the eligibility rules as laid down in the Regulation are expected at this stage. At the same time, the following measures are proposed to reduce the administrative burden at the side of the Programme Component Operators and the Programme Operator:

a) The possibility to use flat rate compensation for foreign and domestic business trips established according to the document Simplified cost options agreed in April 2024[11];
b) Office and administrative costs[12] shall be reimbursed at a flat rate of 7% flat rate of eligible direct staff costs for staff employed under the Programme Component. No other form of reimbursement is possible and the types of costs listed in the document Simplified cost options agreed in April 2024 shall not be reimbursed under any other cost categories.

The costs of project management of the directly selected Programme Component shall not exceed 7% of the Programme Component allocation. Given the complexity of this Programme Component caused by the number of partners and entities involved and the related coordination of all activities, the need for a proportionate amount specifically allocated to Programme Component Management Costs is justified.

There is currently no specific budget for the Swiss experts and partners, however the estimated allocation is up to CHF 333 333.

2.10 Other strategic issues

Non applicable

3. Support Measure readiness

3.1 Context

Is the Support Measure proposal a continuation of a Project or Programme supported under the Swiss Contribution (I)?	Yes☐ No☒
Was the Support Measure proposal declined during a funding-application process by other donors (e.g. EU, Norway/EEA)?	Yes☐ No☒
If it was declined, explain why.	

3.2 Preparation process and documents

Feasibility study	None necessary / Not applicable
Baseline study, assessment or analysis	None necessary / Not applicable

Estimated number of tender dossiers to be prepared	# of dossier not yet prepared	Not known yet

[11] Details are defined by the NCU working papers
[12] Details are defined by the NCU working papers

	# of dossier provisionally prepared	0
	# of dossier completely prepared	0
Permit(s)/Authorisations required and pending?	Yes☐ No☒	
If permit(s)/authorisation(s) required, specify (e.g. building, environmental, purchase of land etc.) and note when the corresponding permit(s)/authorisation(s) are expected.		
Are legislative changes necessary to implement the Support Measure?	Yes☐ No☒	
If legislative changes are necessary, explain and note when the corresponding change is expected to have been made.		
Are other (political) decisions necessary to implement the Support Measure?	Yes☐ No☒	
If other (political) decisions are necessary, explain and note when the corresponding decisions are expected to have been taken.		

Special permits, such as Environmental Impact Assessment (EIA) or Strategic Environmental Assessment (SEA) are not required.
There are no specific legislative changes necessary for the implementation of the Programme.

3.3 Application for funds from Support Measure Preparation Fund

Is support from the Support Measure Preparation Fund requested?	Yes☐ No☒

4. Operational Support Measure description

4.1 Applying organisation (Executing Agency)

4.1.1 Financial and personnel information (only to be completed for non-state institutions)

Date of establishment	Tax number (if applicable)

Number of employees
Financial Turnover for each of the 3 previous years [in Choose.]

Not relevant. The Applying organization is a state institution.

4.1.2 Organisation structures of Executing Agency and Support Measure

The Programme is designed to operate within the existing infrastructure to implement Programme in line with governmental policies, EU´s priorities and sustainable development goals. Programme has been designed and will be implemented by the Programme Operator - The EEA and Norway Grants and Swiss Contribution Department at Ministry of Investments, Regional Development and Informatization (MIRDI SR), and the line ministry – MoH SR in cooperation with its subordinate organization – Public Health Authority, both in charge of the policy concerned, and actively participate in, and effectively contribute to, the preparation and implementation of the Programme.

The Programme Operator is responsible for the Programme´s management, technical and administrative preparation and implementation of the Programme (administrative processes). The Programme Operator is responsible for preparation and launching the call for proposals, projects selection and projects implementation, projects monitoring, expenditure verification and providing payments to the Programme Component Operators.

The line ministry ensures the expert part of the Programme. The MoH SR cooperates with the Programme Operator on the preparation, implementation, monitoring and reviewing of the Programme. The MoH SR provides the Programme Operator with their inputs, advice and comments during the individual parts of the Programme´s implementation, such as the Call for proposals preparation, Selection Procedure, preparation of the Annual Programme Report etc. The MoH SR is a voting member of the Steering Committee.

Programme Operator:

Executive level

Section of European Territorial Cooperation, is a superior unit of the EEA and Norway Grants and Swiss Contribution Department. It performs the role of the national coordinating unit for Swiss contribution and other financial mechanisms. On a practical level, it is involved in strategic activities where a decision of the Government or MIRDI SR is required, in cooperation with other ministries where communication at the level of section directors is necessary or appropriate. This includes e.g. high-level bilateral negotiations, strategic decision-making on the direction of the Programme in the light of existing national policies and other financial instruments, etc. For practical reasons, the Minister may delegate to the Director General (or another person) his/her duties as statutory representative, e.g. by means of a signing order.

EEA and Norway Grants and Swiss Contribution Department: Director of the Department will assume responsibility for the overall strategy, make crucial decisions and oversees and coordinates the performance of tasks of the subordinate units. The department also provides legal advisory and administrative services to the units.

Department of the EEA and Norway Grants and Swiss Contribution in the MIRDI SR performs also the tasks of the National Coordination Unit (NCU).

In order to enable the Department to fulfil these cumulative functions, while ensuring their separation, as well as avoiding conflicts of interest, the separate units have been established at the Department level to ensure functional independence. The final organizational structure will

be set also with regard to the EEA and Norway Grants implementation framework which is about to be issued by the Donors states.

The separation of tasks and responsibilities of the Programme Operator and the NCU shall be stated in the Manual for the implementation of procedures which shall also address the avoidance of conflict of interest. The manual is being prepared, as well as the description of the management and control system which shall be audited and forwarded to Switzerland with the audit opinion of the Audit Authority.

Furthermore, the ministry has developed an Employee Code of Ethics that provides guidance on issues of conflict of interest. The Ministry appoints an Ethics Adviser who assesses the compliance of an employee's and the Ministry's actions, conduct and practices with the Code of Ethics at the initiative of the employee or the Ministry, proposes measures for the development of ethics and measures for the prevention of breaches of the Code of Ethics.

Programme Operation Unit and Financial Management Unit are responsible for the programme implementation in the position of Programme Operator. Their tasks include overseeing day-to-day operations, managing financial aspects, and conducting ongoing monitoring. The head of the Programmes Operation Unit serves as the primary liaison for the Programme.

The representatives of the Programme Operator and the MoH SR cooperate at the working level. Department of Public Health, Screening and Prevention at the MoH SR is the main contact department at MoH SR, which ensures cooperation from other departments and subordinate organizations of the MoH SR.

The following departments are indirectly involved in the functions of the Programme Operator at the MIRDI SR:

- Department of Public Procurement scrutinizes public procurement procedures carried out by the Programme Operator and Programme Components Operators and their Partners under the Programme.
- Department of Programme Financing shall be responsible for the transfer of funds to the Programme Components Operators and Beneficiaries of the Component 2 and 3 following verification of the payment request and for accounting for transactions relating to Programme Components.
- Section of Economics, Projects and Public Procurement is responsible for the basic financial control and subsequent reimbursement of expenditure for the Programme Management of the Programme Operator and carries out all public procurement within the functions of the Programme Operator.
- Civil Service office is responsible for the complete wage and personnel agenda.
- Communication Department carries out public relations, in particular with the media. It shall be assisted by the Programme Operator.

Programme Component 1 Operator:

Executive Level

State Secretary at the MoH SR is involved in strategic activities where a decision of the Government or MoH SR is required. This includes e.g. high-level bilateral negotiations, strategic decision-making on the direction of the Programme in the light of existing national policies and other financial instruments, etc.

The Director of the Department of Public Health, Screening and Prevention at the MoH SR will assume responsibility for the overall strategy, make crucial decisions, and serve as the primary liaison for the initiative.

The General Director of Section of Research, Development and Programmes and Director of the Department of National and International Programs at the MoH SR will assume responsibility for project management during the implementation phase of the Programme Component 1.

The Programme Component 1 will be managed by Project Coordinator at MoH SR, [redacted]. The main contact person for the Programme Component 1 is the director of Department of National and International Programs at the MoH SR, [redacted].

The Project Coordinator cooperates with Public Health Authority SR and its Regional Branches. The Project Coordinator is responsible for project development and reporting, communication and promotion of the Programme Component 1.

The Project Coordinator is responsible for finances and coordinating public procurements. Their tasks include overseeing day-to-day operations, managing financial aspects, and conducting ongoing monitoring and evaluation of Programme Component 1 performance. They ensure all necessary tasks for the Programme Component functioning at the MoH SR, such as public procurement matters, reimbursement of the expenditures etc.

The Public Health Authority executive level is represented by Chef Hygienist, who will be involved in strategic activities and decisions. Project Manager at Public Health Authority is responsible for ensuring of reporting, finances, procurements and Programme Component´s documentation. They report to the Project Coordinator and Financial Manager at MoH SR.

The main contact person for the Public Health Authority is [redacted], director of the Section of international relations and communication at the Public Health Authority.

The organisation charts are attached in Annex A7.

Call for proposals:

Other Programme Components will be selected through the Call for proposals. Based on the allocation and limits for the Project Grant within the Call for proposal, 8 Projects are expected within Component 2 and additional 8 Projects are expected within Component 3. The Call for Proposals is operated by the Programme Operator.

4.1.3 Support Measure management team

Will external management personnel be hired to implement the Support Measure?		Yes☐ No☒
What personnel capacity will be dedicated for the management of the Support Measure implementation (in full-time equivalents FTE)?	Internal resources Programme Operator – 5.55 FTE	External resources

Are CVs attached to this documentation?	Yes☐ No☒
Are terms of reference for the management functions to be established attached to this documentation?	Yes☐ No☒

Programme Operator

Director General of the Section of European Territorial Cooperation (0.05 FTE)

- Roles and Responsibilities: strategic decision-making on the direction of the Programme, coordination of the processes with other ministries at the higher level, leading the bilateral negotiations at the higher level,
- Tasks: participation on processes when strategic decisions are being made, reporting to the political representatives on the implementation of the Swiss contribution, signing of the agreements and contracts, including addendums on the basis of a power of attorney; approving of the manual and other implementation documentation, e.g. financial reports, the draft calls and evaluation criteria, the Programme Operator's intention to withdraw from the project contract, etc.

Director of the EEA and Norway Grants and Swiss Contribution Department (0.15 FTE)

- Roles and Responsibilities: overall responsibility for the Programme implementation, strategic oversight, conflict resolution, crucial decisions, coordination of the subordinate units, budget approval,
- Tasks: strategy reviews, verification of contracts, agreements, including any amendments thereto, draft calls and evaluation criteria, the Programme Operator's intention to withdraw from the project contract, coordinating of the activities of the units responsible for the Programme implementation, ensurement of the preparation of the manuals and documents of a methodological nature, legal advisory and administrative services to the units.

Head of the Programme Operation Unit (0.2 FTE)

- Roles and Responsibilities: responsibility for the physical implementation of the Programme, day-to-day Programme´s operation, stakeholder coordination, team management, monitoring and evaluation,
- Tasks: daily operation supervision, direct reporting to the Director of the EEA and Norway Grants and Swiss Contribution, approval of the Annual Support Measure Reports, Physical Progress in Reimbursement Request, proposals for selection of evaluators, withdraw-al of Programme Component proposals from evaluation, proposal for Programme and Programme Components modification, draft response under the Act on Free Access to Information, communication plan, request for exemption from implementation guidelines, responses to mailed call questions, project monitoring reports, draft report and report of the Programme Components verification, coordination related to audits, monitoring, evaluations etc., irregularities, complaints, cooperation on the preparation of the manuals, guidelines, ensuring the preparation of draft calls and evaluation criteria, project con-tracts, managing the activities during the evaluation process etc.

Programme Manager (1.5 FTE)

- Roles and Responsibilities: day-to-day programme operations, reporting, communication with the Programme Components Operators, Programme Components monitoring and evaluation, data collection,
- Tasks: drafting the call, the application form and the evaluation criteria, preparation of the manual, guidelines etc., regular status reporting, preparation of reports, daily communication with the Programme Components Operators, verification of Programme Component Reports, carrying out on-the-spot checks, carrying out monitoring, archiving documents; processing supporting documents on irregularities, data collection etc.

Head of the Financial Management Unit (0.2 FTE)

- Roles and Responsibilities: Financial oversights, budget analysis, transparent financial reporting,

- Tasks: regular financial reports, budget reviews, financial compliance checks, financial management and control of expenditure, coordination of financial reporting, responsibility for estimates of expected payments, dealing with requests for reimbursement, ensuring compliance with obligations under State aid, payments approving process.

Financial Manager (2 FTE)

- Roles and Responsibilities: Financial verification, financial reporting, communication with the Programme Components Operators, monitoring of expenditures spending,
- Tasks: preparation of financial reports, financial compliance checks, daily communication with the Programme Components Operators, verification of Programme Component Reports, carrying out on-the-spot checks, archiving documents; processing supporting documents on irregularities, spending monitoring, verification of the market surveys etc.

Lawyer (0.15 FTE)

- Roles and Responsibilities: supervision of compliance with the legal framework of the Programme,
- Tasks: legal advice, methodological interpretation, preparation of the opinions on complaints, irregularities solving, dealing with request for information in accordance with Act No 211/2000 Coll. on free access to information etc.

Staff on Accounting, pre-financing, exchange loss coverage, payments and reimbursements (0.8 FTE)

- Roles and Responsibilities: Accounting, pre-financing, exchange loss coverage, payments and reimbursements,
- Tasks related to accounting, pre-financing, exchange loss coverage, payments and reimbursements.

Staff on Public procurements checks (0.5 FTE)

- Roles and Responsibilities: Public procurement,
- Tasks: verification of public procurements.

The Steering Committee will be responsible for overseeing and steering the implementation of the Programme. It aims to review the Programme progress, resolve conflicts, and make high-level strategic decisions. More details are provided in the part “Monitoring and Steering” and in the draft of the Steering Committee Rules of Procedures.

4.1.4 Programme and project management experience

The Programme Operator, the EEA and Norway Grants and Swiss Contribution Department, is the National Focal Point for the third programme period 2014 – 2021 of the EEA and Norway Grants and the Programme Operator of 4 out of 6 Programmes implemented:

- Cultural Entrepreneurship, Cultural Heritage and Cultural Cooperation (40 projects) with allocation EUR 28.09 mil,
- Cross-border Cooperation / Good Governance, Accountable Institutions, Transparency (9 projects) with allocation EUR 8.79 mil,
- Local Development, Poverty Reduction and Roma Inclusion (25 projects) with allocation EUR 16.25 mil,
- Domestic and Gender-based Violence (19 projects) with allocation EUR 9.14 mil.

The 15% co-financing from the state budget of the SR is included in the allocation.

The Programme Operator has been responsible for Programme Concept Notes preparation and its implementation, preparation and launching the calls, evaluation and selection process, concluding the project contracts, verification of the projects´ progress and expenditures, monitoring, reporting and modifications assessment and improvement.

The EEA and Norway Grants and Swiss Contribution Department was also National Focal Point for the first and second programme period of the EEA and Norway Grants within the years 2004 - 2014. Within the both programming periods more than 100 projects were implemented.

Several employees of the Programme Operator, including the Department Director and Head of the Programmes Operation Unit have been included in the implementation of all three EEA and Norway Grants programme periods. Other staff have been involved in implementation of the last or last two programme periods.

The Financial Mechanism Office in Brussels is the reference institutions, info-fmo@efta.int.

The agenda of current EEA and Norway Grants and Swiss Contribution Department was a part of the Section of Bilateral Financial Tools at the Government Office of the Slovak Re-public responsible also for the first programme period of the Swiss Contribution in amount more than 63.6 million EUR from June 2007 to June 2017. The projects have been implemented within following priority areas:

- Economic growth and enhanced employment,
- Transparency and efficiency of judicial procedures,
- Supporting young people to succeed on labour market,
- Environmental protection.

Later, the tasks related to the Swiss Contribution have been taken over by the EEA and Norway Grants and Swiss Contribution Department.

4.2 Detailed intervention strategy and activities

4.2.1 Detailed description of activities and intervention strategy

Pre-defined Programme Component 1

Pre-defined Programme Component will be implemented by the MoH SR as the Programme Component Operator in cooperation with Public Health Authority and 8 carefully selected regional Public Health Authorities in cities Bratislava, Banská Bystrica, Nitra, Michalovce, Prešov, Trnava, Trenčín and Martin, as the Programme Component Partners. Above listed 8

regional Public Health Authorities have been selected by the Public Health Authority, based on their ability to conduct the required actions and their experience, good practice and proactivity to cooperate on the Swiss-Slovak Health Programme.

The role of the MoH SR is the following:

- Management and coordination of the Component 1,
- Regulation and responsibility for achievement of stated goals and objectives,
- Development of Governance model in coordination with relevant Stakeholders, facilitation of Stakeholder engagement in this task and continuous reflection of their feedback,
- Knowledge mobilization and sharing with relevant actors,
- Facilitation of the uptake and implementation of Health in All Policies (HiAP) approaches through development of framework for transfer and implementation of public health solutions across system and different contexts,
- Facilitation of communication among Stakeholders through the communication platform and coordination of Stakeholders.

The role of the Public Health Authority is the following:

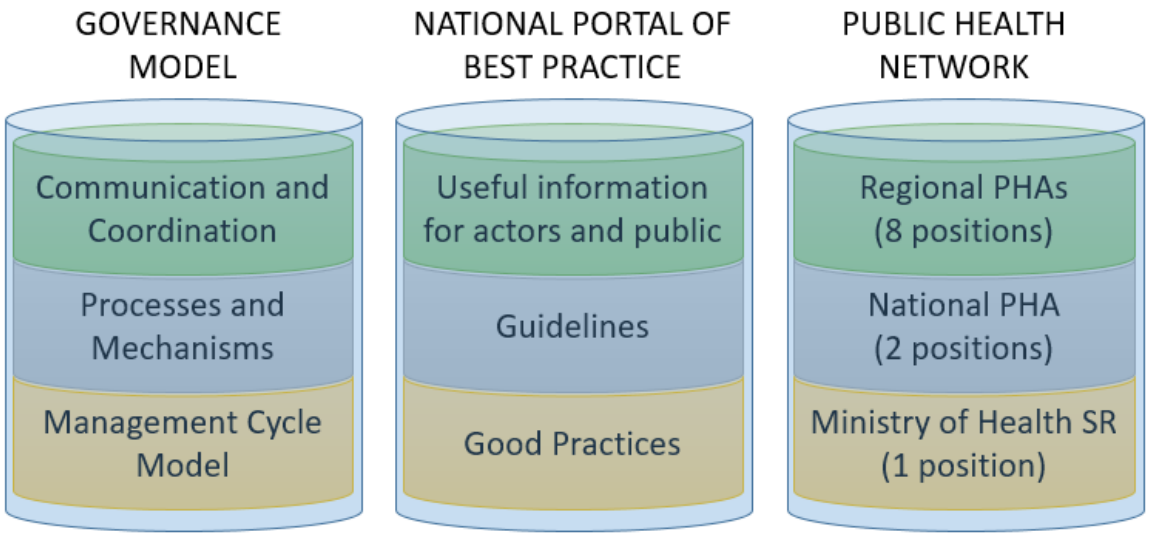
- Development and hosting of the National Portal of Best Practice – technically,
- Creation of the content for National Portal of Best Practice together with regional Public Health Authorities, MoH SR and other stakeholders,
- Promotion of the National Portal of Best Practice among relevant Stakeholders and general public,
- Guiding Management in relation to regional structures and regional Health Coordinators,
- Development of the guidance based on the best available evidence and networking opportunities with public health actors at regional level.

The role of the regional Public Health Authorities is the following:

- Contribution to the development of National Portal of Best Practice,
- Implementation of best practice at the regional level in order for individuals to focus on their health and improving their health,
- Assistance for other regional stakeholders in adoption of best practice and its implementation,
- Coordination of health promotion and NCDs prevention activities in regions in cooperation with other stakeholders,
- Screening of risk factors and coordinated management of patient with risk factors for development of obesity,
- Increasing the health literacy in order to help people to make health-informed decisions, and also to provide health-information seeking individuals correct and relevant information related to their health,
- Development of interventions at population/national and individual levels,
- Implementation of innovative approaches usage - communication channels, national portal of best practices and technologies.

The cooperation with the Programme Component Partners will be based on the Component Partnership Agreement.

Pre-defined Programme Component 1 will be built on 3 pillars:



1. Governance model for Health Promotion and NCDs Prevention with focus on implementation and evaluation[13]

Justification

Health promotion is the process of enabling people to increase control over and to improve their health. It represents a comprehensive social and political process, which includes actions for improving the skills and ability of individuals to increase control over the determinants of health, and actions towards changing social, environmental and economic conditions to address their impact on public and individual health.

Health promoting services include organized efforts to strengthen the skills and capabilities of individuals, as well as efforts to change social, environmental and economic conditions to alleviate their impact on public and individual health. Health promotion is a major contributor at municipal, regional, and national level to shaping policies, actions and services, which address health and social inequities through action on the social determinants of health.

Within the Swiss-Slovak Health Programme, we initiate the first attempt in Slovakia to create one, integrated national model of Management cycle in area of health promotion and NCDs prevention, which will be based on evidence and systematic coordination in relation to regional and local structures.

Planned design, content and impact

The main objective is to develop a functional complex governance model for health promotion and NCDs prevention in all stages of its life cycle, including:

- Policies creation and enforcement,
- Best practice collection and sharing,
- Creation of conditions for its implementation,
- Communication and coordination mechanisms,
- Support and guidelines in actions` implementation,
- Mechanism for actions` evaluation,

[13] Refers to Budget item No.5 in Annex AA1: Component 1 Budget

- Description of roles and responsibilities,
- Definition of financial resources and mechanisms.

General Approach - Principles

The governance model shall be a framework that will be developed for the purpose expanding knowledge; promote trust in the organization's stakeholders, to improve operating functions. As the mechanism, it should be used to translate the elements of the Health in All Policies framework and public health policies into practices, procedures, and job responsibilities within the public health infrastructure.

One way of increasing funding for actions that benefit health is by working outside the health sector and forming cross-sectoral alliances. Health and other social sectors share common goals, benefits, and economic gains from taking a health equity perspective to their work. For example, cross-sector benefits include school health-programmes that cover school performance, mental health, and health literacy and are inclusive of families and the community. To provide shared funding, sectors can take a joint budgeting approach, including mutually determined targets and outcomes, as well as the breakdown of roles and responsibilities for the delivery of pre-agreed services.14

Based on Eurohealtnet e-Guide for Financing Health Promoting Services we are aware that implementing and fostering inter-sectoral collaboration is the first practical step. An integrated system should be designed to organize treatment and prevention, so that (health and non-health) services are better coordinated across the whole range of care. Taking a complex systems approach is a further method for understanding and dealing with inherent complexities. There is a need to create integrated actions and enhance new ways to deliver health promotion services to address and respond to the multiple causes of health inequalities.

Activities, which will be needed for development shall be[15]:

- conducting a comprehensive assessment,
- establishing stakeholder engagement and governance mechanisms,
- establishing a framework for action,
- developing an implementation plan,
- evaluating the implementation of a multi-sectoral model.

Communication and Coordination

As mentioned above, the important part of the Governance model will be the **enforcement of stakeholder engagement. The first step towards this goal** will be taken already during the implementation of the Programme Health by establishment of regular coordination meetings among stakeholders.

The objective is to create a communication platform for all actors in respective area, where the national, regional and local health coordinators would regularly meet up and cooperate and where MoH SR and National Public Health Authority could share the acquired knowledge and best practice from other health promotion and disease prevention-related projects or pro-

[14] Barnfield, A., Papartyte, L., & Costongs, C. (2019) Financing Health Promoting Services: An information guide. Brussels: EuroHealthNet

[15] Toolkit for developing a multisectoral action plan for noncommunicable diseases. Overview. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO

grammes. This platform should serve as a communication tool, for communication and coordination among stakeholders and best practice sharing via top-down and peer-to-peer approach.

Within this communication platform, MoH SR is planning to organize at least 1 regular Governance meeting per year, with the aim to

- Consult and reflect on the implementation of all the components of the programme,
- Identify their potential and valid inputs for Governance model development,
- Share best practice even during the implementation phase of interventions and actions.

As mentioned above, the multi-sectoral approach demands for other sectors to be engaged within the communication platform. In this stage we identify following ministries:

- Ministry of Education SR,
- Ministry of labour, social affairs and family SR,
- Ministry of Environment SR,
- Ministry of Finance SR.

Operational meetings among different stakeholders with be organized on ad-hoc basis.

Swiss Partners Expected Contribution

The work on development of such a model shall be done in cooperation with Swiss partners, since we expect their strong knowledge, experience and therefore significant contribution in this area.

Expertise of the Federal Office of Public Health in Switzerland should be especially helpful in defining the cycle of management – starting from policy creation, towards their implementation, evaluation and adjustment; and defining the baseline processes and mechanisms for the management of NCDs prevention and health promotion in general, from the national perspective.

Great benefit of another 2 partners - Promotion Santé Suisse and Radix - will be in their experience with the implementation and evaluation at regional level, which is shall be the indispensable part of our Governance model, since a division of competences and health governance in Slovakia requires cooperation of state level with regions.

Ownership

Governance model in general will be developed and maintained under the supervision of MoH SR and the ministry will decide about any future adjustments, and about the form and extend of sharing among other stakeholders.

This coordination and communication activity will be managed by the as well by the MoH SR, which will take responsibility for coordination of all actors. From the technical point of view, Microsoft Teams will be used as a platform for communication.

The Governance model, once developed, shall be shared with all relevant actors in area of health promotion and NCDs prevention.

2. National Portal of Best Practice for Health Promotion and NCDs Prevention[16]

[16] Refers to Budget item No.6 in Annex AA1 Component 1 Budget

Justification

To support actors in public health, especially in the area of health promotion and NCDs prevention, we aim to offer the backlog of specific best practice in form of case studies, guidelines, implementation or evaluation guides. These will be designed to inspire and assist to form possible connections, ideas, and initiatives that can be adopted, modified, or developed to fit locally specific contexts, issues, and policy frameworks for integrated and cross-sectoral models of public health and health promotion.

Planned design, content and impact

The aim of this second pillar is to develop the National portal of evidence based good practices and toolkits adapted to national conditions in SR, which will be applicable for all levels of governance (national, regional, local). It will also serve as a toolbox for wider spectrum of stakeholders – publicly available, where they could find recommendations and good practice examples, and as a dissemination and communication tool towards public.

It can serve as a tool that aims to facilitate, through knowledge mobilization, the uptake and implementation of Health in All Policies (HiAP) approaches and health promotion and disease prevention interventions. Planned outcome is working together for population health and health equity.

The aim is not to enforce the usage and implementation of the good practice published within the National Portal, but rather to inspire, encourage and create a safe space for sharing such knowledge and create conditions where the actors can rely on evidence-based good practice once decided to develop any action in health promotion or NCDs prevention.

As mentioned above, to be able to reach the wide spectrum of actors and increase the health literacy among public, the good practice collection, collected or developed guidelines, implementation and evaluation guide and any practical information in field of health promotion and NCDs prevention will be available for general public in digital form. For this purpose, there will be a digital platform in form of website developed within the scope of Component 1.

Contributors

Leadership in building of the content and its structure shall be in hands of the Public Health Authority SR and its selected regional branches, relying on the third pillar of the Component 1 – development of Public Health Network built on engagement of newly created positions of Health Coordinators.

The content of the National Portal of Best Practice will be developed in partnership and cooperation with other stakeholders, such as Self-Governing Regions, health care providers and schools and universities and also MoH SR. Interventions or activities conducted within the Programme shall be presented by practice owners as examples of best practice, evaluated and added to National Portal of Best Practice through Call for best and promising practices in the field of health promotion and NCDs prevention.

Ownership

The technical and conceptual owner the Portal will be the Public Health Authority SR, who will also conduct the process of procurement of the platform, including technical specification, supervise process of development and manage the maintenance of the platform.

The expertise and quality of the content of the National Portal of Best Practice will be guaranteed by the Prevention Expert Committee, which will be established by MoH SR and Public Health Authority for this purpose.

3. The Public Health Network - Increased Capacities in Health Promotion and NCDs Prevention[17]

Justification

Establishment of so-called Public Health Network build on newly created national and regional positions of coordinators for health promotion and NCDs prevention is an essential part of whole Component 1 as it plays a vital role in bringing the new concept to live, ensuring its development, management, usability, usage and sustainability, as well as its practical implementation.

The national level Prevention Coordinators will be responsible for the activities within Component 1 at the national level and will cover tasks of MoH SR and National Public Health Authority.

The role of Prevention Coordinators at the chosen branches of Public Health Authority in each region will be mainly to support, counsel and cooperate with regional and local Health coordinators at the level of Self-Governing Regions (Component 2) and selected cities (Component 3).

Planned structure and impact

The Public Health Network will consist of:

- 1 expert position of Prevention Coordinator at the MoH SR with core responsibilities of:
    - methodological management of the programme at the national level,
    - development of the Governance model,
    - participation on development and of the National Portal of Best practice,
    - coordination of stakeholders and management of the communication platform.
- 2 expert positions of Prevention Coordinators at the National Public Health Authority with core responsibilities of:
    - development of the content of the National Portal of Best Practice based on close cooperation with other stakeholders,
    - participation on the development of the Governance model,
    - technical maintenance of the digital platform (website),
    - being in charge of communication towards public and dissemination of information via social media (content part).
- 8 expert positions of Prevention Coordinators at the regional branches of Public Health Authority with core responsibilities of:
    - cooperation with national authority - MoH SR, National Public Health Authority, Health coordinators at the regional and local level and other regional stakeholders,
    - Adopting of the Governance model and best practice shared via the National Portal and their adaptation into the regional conditions,
    - Coordination of the health promotion and NCDs prevention activities in regions.

Detailed Job Description and Qualification Requirements of the position are defined and are attached in Annex A5.

The Public Health Network will be guided by MoH SR whose role lies in providing strategic guidance, supervising, and supporting the development of the network's activities.

[17] Refers to Budget item No.4 in Annex AA1 Component 1 Budget

Prevention coordinators at Regional Public Health Authorities will conduct, among other activities, one specific pre-defined activity, which shall be screening of NCDs risk factors and management of patients with risk factors for development of obesity, which is based on pilot study of European Health Examination Survey in Slovak Republic conducted in 2010-2011.

This activity[18] includes:

- Screening for parameters of healthy nutrition, anthropometry – baseline examination at the beginning and follow-up examination in the following years of the project for those who have been diagnosed with obesity and the risk factors that contribute to its development,
- Patient management based on nutrition, activity, and education.

Participants of this activity will be chosen based on combined stratified random selection of respondents aged 18-64, divided into 5 age categories. The number of respondents shall be 4000 with the aim to investigate 2000 with permanent residence in the SR territory.

Programme Component 2: Restricted Call for Self-Governing Regions

The 8 Slovak Self-Governing Regions cooperate on health prevention programmes, as mandated by relevant legislation. The Programme Operator shall run a Restricted Call.

Each of 8 Self-Governing Regions will be committed to dedicate 1-2 FTE of the new or existing personnel capacities to perform a set of tasks in the area of NCDs prevention and health promotion, defined in Annex A6 as a Job Description for Prevention Coordinator. Fulfilment of these tasks shall not necessarily be connected to new positions at the Self-Governing Regions. Each Self-Governing region will receive financial remuneration for 1-2 FTE for the duration of the project to be able to cover the personnel costs. Self-Governing Regions are obliged to sustain active fulfilment of the tasks during the sustainability period. This solution, developed in discussion with Self-Governing Regions, should ensure active engagement of Self-Governing Regions in NCDs prevention platform and network even in times when their budgets are being cut due to political reasons.

Defined set of tasks in the field of NCDs prevention and health promotion:

1. Coordinate expert activities in the field of primary and secondary prevention of non-communicable diseases (NCDs), health protection and health promotion in the region, in cooperation with health coordinators at regional and local level,
2. Coordinate activities of Swiss-Slovak Health Programme in accordance with the project plan and ensure coordination as well as regular reports in relation to programme achievement of objectives and activity reporting,
3. Promote synergies with other stakeholders, especially with regional Public Health Authority involved in the Swiss-Slovak Health Programme, in order to align the efforts of all actors in the field of health promotion and NCDs prevention,
4. Initiate at least 1 meeting per year with regional Public Health Authority coordinator in order to maximize cooperation and efficiency in the implementation of interventions,
5. Regularly participate on meetings organized by Ministry of Health and Public Health Authority,
6. Regularly participate on Market Place Events, where the best practice published on National Portal of Best Practice will be presented and discussed,
7. Ensure participation of Self-governing region on content development of National Portal of Best Practice. Each Self-governing region, which will implement any activity in the

[18] Refers to Budget item No.4.3 in Annex AA1 Component 1 Budget

field of health promotion and NCDs prevention as a part of the Swiss-Slovak Health Programme becomes a “practice owner” and will be obliged to present their activities as examples of best practice. These activities shall be evaluated and added to National Portal of Best Practice through Call for best and promising practices,

8. Promote partnerships with academic and research institutions, and other organizations active in field, to promote evidence-based practice and be informed about the latest developments in NCDs prevention and health promotion,
9. Coordinate and ensure promotion of Swiss-Slovak Health Programme and its activities towards the public and the media.

Self-Governing Regions are obliged to sustain active fulfilment of all the tasks during the sustainability period, except task number 2, which is relevant only during the period of programme duration.

Detailed Job Description and Qualification Requirements are defined and are attached in Annex A6.

Self-Governing Regions shall also mandatory implement one or more activities from predefined list of NCDs prevention interventions.

The interventions should be tailored to specific communities to address local health issues and may involve partnerships with community organizations, local governments, and health services to deliver targeted interventions. In primary prevention, the non-exhaustive list of interventions, which the Self-Governing Regions shall choose from, consists of following:

- Initiatives to **increase Health literacy**:
  - Health education for general public – e.g. children / teachers / parents / elderly people
  - Training for health experts (GPs),
- Initiatives that **promote healthy behaviour** and lifestyle:
  - Public awareness campaigns, and workshops on topics like nutrition, physical activity, and substance abuse prevention,
  - Media and communication strategies to disseminate information and encourage healthy behaviours (e.g. social media campaigns, public service announcements, health promotion materials like brochures and posters),
- Activities that **identify risk factors** or early signs of diseases in asymptomatic individuals (e.g. Blood pressure screenings, Cholesterol checks, Genetic testing for predisposition to certain conditions, Glycaemic control, BMI),
- Implementation of **measures and policies** designed to create healthier environments and reduce exposure to health risks (e.g. Smoking bans, Restrictions on advertising unhealthy foods to children, Regulations on workplace safety),
- **Access to and raising of awareness of services** that support health maintenance and disease prevention (e.g. regular health check-ups, prenatal care, and counselling for lifestyle changes),
- Services provided by the SGR (in coordination with municipalities) to ensure **navigation and early access of target groups to health care interventions**,
- Programs designed to **improve dietary habits** (e.g. school lunch programs, snack programs, menu creation, food labelling initiatives, and community gardens),
- Initiatives to **increase physical activity** levels among populations (e.g. creation and development of fitness programs, physical education in schools and organizing various physical activities on regional and local level),

- Introducing the **concept of HIA** (Health Impact Assessment) into decision-making process.

The decision to approve, disapprove or include a Programme Component Application in the Programme shall be taken by the Steering Committee for the relevant Support Measure. Decision-making is governed by the Statutes of the Steering Committee for the relevant Support Measure.

Programme Component 3: Open Call for Cities and Towns

Component 3 of the Programme has been defined based on Strategic Framework for HealthCare 2014-2030, chapter 4.1 dedicated to public health. The document emphasises the role of the municipality, as a significant health determinant and "health" itself as a result of social determinants, which suggests that strategic plans of social development and community plan of social services should include the component of "health".

The Call will support the pilot initiatives at the municipal level focused on activities promoting health and healthy lifestyle, selected through the Call. It is expected that 8 to 10, mostly bigger cities and towns will be supported.

Eligible Activities

– Cities and towns shall create at least one position of the **Prevention Coordinator**, who will:

- Cooperate with national authority MoH SR and other stakeholders;
- Cooperate with the coordinators at the regional Public Health Authorities;
  - Cooperate with the Self-Governing Regions` health coordinators;
- Adopt best practice from National Portal of Best Practice and adapt it into the regional and local conditions;
- Coordinate activities in municipality, collect and develop materials, organize educational and promotional events;
- Attend regular meetings organized by MoH SR;
- Contribute to the development and enrichment of the created National Portal of Best Practice.

Detailed Job Description and Qualification Requirements of the position are defined and are attached in Annex A5.

They shall as well mandatory choose an additional activity or activities from the list below. Pool of eligible activities has been built on Core Elements defined by WHO within the concept of Health Cities:

1. investing in the **people** who make up our cities;
2. designing urban **places** that improve health and well-being;
3. fostering greater **participation** and partnerships for health and well-being;
4. improving **community prosperity** and access to common goods and services.

List of additional **activities**:

- **Changes in the organizational structure**, such as:
  - Establishment of a healthy city coordinating committee;
  - Opening healthy city secretariat.
- **Assessment:**
  - Community needs assessment in context of Community plan of social services;
  - Introducing the **concept of HIA** (Health Impact Assessment) into decision-making process.

- **Changes to physical environments** to promote health and reduce risks:
    - Creating parks, recreational areas, public spaces, green spaces;
    - Improving air and water quality.
- **Active Transportation:**
    - Develop and promote activities focused on active transportation, such as use of bike, walking paths, and safe playgrounds. Promotion on active mobility by increasing cycling via bike share programmes and/or street design, Awareness focused on the implementation of safe Routes to Schools.
- Increasing **Health literacy** among citizens:
    - Providing individuals and communities with skills and knowledge for healthy living and the ability to navigate health, education and social services and resources across the city and in different settings in the pursuit of good health.
- Activities building **Community resilience:**
    - Investing in social networking, social support, community development, developing skills and competencies and social cohesion and connection, minimizing vulnerabilities and strengthening the community's social capital.
- **Local Programs**: Support community-led health initiatives and programs that address local health needs and priorities:
    - Activities supporting "Healthy early years";
    - Activities supporting "Healthy older people";
    - Reduced Vulnerability;
    - Mental Health and well-being;
    - Healthy Diet and weight;
    - Reduced harmful use of alcohol;
    - Tobacco control;
    - Healthy Places;
    - Increased physical activity;
    - Violence and injury prevention.

The main idea is to support healthy lifestyle and support municipalities in building a pilot network in the spirit of "Healthy Cities" which will provide targeted support for activities to promote health and healthy lifestyle.

This Component 3 shall be closely in line with Component 2 and mainly with Component 1 of the Programme, as this 3rd Component serves as an intervention element of the Programme. Component 1 will provide methodological support and leadership support for pilot network of cities and towns within the Component 3.

In practice, cities and towns will compose a pilot network, which will be only a part of a bigger multi-sectoral network defined by Governance model (network of different actors and stakeholders). They will be methodologically directed by Component 1 to fulfil profile of "healthy city" as defined in WHO document, and to build and maintain so called "partnership for health", whose mission is to share best practice among partners. Component 1 will take a leadership role in networking of actors of components 2 and 3.

Apart from creation of "prevention coordinator" position and implementation of intervention, cities and towns will be obliged to compose a "health" profile of the city, which means to strategically propose how the "health" element will be present and determining in all the decision processes of the city and in its planning. So far, most of the cities commissions are focused on social-related services. The main goal is to direct them towards health aspects of the well-

being of their citizens and help them realize the potential of city as an important determinant of health.

This approach can be later replicated and expended to other municipalities across the country and contribute to lower rate of population in need of further medical assistance.

It is also expected that Programme Components will be implemented in a multi-level and/or multi-stakeholder partnership. It means by several institutions from various levels (state, regional, local) and various fields of operation (dissemination, decision-making) with clearly defined roles and budgets.

4.2.2 Detailed description of selection process for Programme Components

Component 1

Pre-defined project of MoH SR is already part of this Proposal and therefore will be approved together with the SM Proposal.

Component 2

Restricted Call for Self-Governing Regions will be operated and published by the Programme Operator. The content of the Restricted Call will be prepared in cooperation with MoH SR and all Self-Governing Regions.

Selection procedure for Component 2:

The Administrative Compliance Check and the Eligibility Check of the application and of the applicant is ensured by the technical means of the EGRANT system.

The Programme Components will be selected in a restricted call that is called "Vyzvanie" in Slovak and will take a form of direct letter sent to all eight Self-Governing Regions with an invitation to submit proposal. For the sake of simplification, we will use the term Restricted Call in further text. The Restricted Call will also be published as required by the Regulations and will have a clear and reasonable deadline defined in the Restricted Call.

Since the call is restricted, no ranking is to be established and therefore no expert assessment is required. The Programme Operator shall screen the submitted applications for compliance with the conditions of the Call and the Programme Components meeting this compliance criterion will be presented to the Steering Committee for approval. The Programme Operator may request the assistance of the MoH with the compliance screening.

The core principle of the Restricted Call is to engage all 8 Self-Governing Regions. To achieve this, the key elements of the Restricted Call, particularly those related to sustainability and the job description of Health Coordinators, were thoroughly discussed with the Self-Governing Regions during the Stakeholder Consultations and appropriate concessions were made to encourage the Self-Governing Regions to apply. If, by the deadline of the Restricted Call, not all Self-Governing Regions have submitted their applications, or if some fail to meet the compliance criteria, the Restricted Call will be re-opened, with invitations sent again to the remaining Self-Governing Regions.

If any Self-governing region fails to submit its Programme Component application successfully within three months of the regional elections (October 2026), the uncommitted allocation will be reallocated to other Programme Components within the Restricted Call, in accordance with Article 4.12.6.c) (ii) of the Regulations ("*for reallocations among Programme Components: no Programme Component may receive reallocated funds of more than 25% of its initial budget or of more than CHF one million"*).

Component 3

Open Call for cities and towns will be operated and published by the Programme Operator.

The following draft Selection Criteria have been prepared in cooperation with MoH SR and representatives of cities, towns and municipalities.

Draft Selection Criteria for Component 3 (to be revised and filtered during the preparation of the Call):

- **Health Promotion Focus**: 7 points (max)
- **Municipal Commitment**: 8 points
- **Alignment with Core WHO Principles**: 6 points
- **Local Community Engagement and Literacy**: 8 points
- **Environmental Health Improvements**: 6 points
- **Multi-Stakeholder Partnership**: 5 points
- **Feasibility and Effectiveness**: 5 points
- **Adequacy of Team and Budget**: 5 points
- **Inclusivity and Vulnerable Groups**: 8 points
- **Innovation and Pilot Potential**: 8 points
- **Contribution to National Portal of Best Practice**: 5 points
- **Sustainability of Initiatives**: 5 points
- **Monitoring and Evaluation Plan**: 4 points
- **Diversity of Activities**: 4 points

No.	Criterion	Description	Range
1. Health Promotion Focus The Programme Component must prioritize health promotion and a healthy lifestyle through pilot initiatives implemented at the municipal level. **Key Points:** • **Primary Objective:** Focus on improving public health and encouraging healthy lifestyle choices. • **Pilot Initiatives:** Activities must contribute to the Healthy Cities concept and align with WHO core elements. Eliminating criterion			0 – 7
2. Municipal Commitment The Programme Component must demonstrate strong municipal commitment to health promotion initiatives. **Key Points:** • **Prevention Coordinator:** The establishment of at least one Prevention Coordinator is mandatory. • **Strategic Planning:** The municipality integrates health into social development and service plans. Eliminating criterion			0 – 8
3. Alignment with Core WHO Healthy Cities Principles The Programme Component should align with the WHO core elements for Healthy Cities, including investment in people, urban design, participation, and access to services. **Key Points:** • **People:** Investment in education and community capacity-building.			0 – 6

• **Places:** Designing urban environments that improve health and well-being. • **Partnerships:** Active collaboration across stakeholders. • **Community Prosperity:** Access to services and common goods.	
4. Local Community Engagement and Literacy The Programme Component must engage local communities in health-related education and activities to improve health literacy. **Key Points:** • **Community Involvement:** Activities should target broad community participation. • **Health Literacy:** Skills and knowledge for navigating health, education, and social services.	0 – 8
5. Environmental Health Improvements The Programme Component should include initiatives that promote health and reduce risks by fostering healthier lifestyles and behaviors in relation to the environment. **Key Points:** • **Behavioral Change:** Encouraging citizens to adopt habits that improve personal and community health (e.g., reducing pollution, engaging in outdoor activities). • **Environmental Awareness:** Organizing educational campaigns or workshops to raise awareness about environmental health risks and their impact on well-being. • **Community Engagement:** Involving local communities in participatory initiatives, such as clean-up events or biodiversity-friendly practices (e.g., urban gardening).	0 – 6
6. Multi-Stakeholder Partnership The Programme Component must demonstrate collaboration across multiple levels of government and stakeholders. **Key Points:** • **Partnerships:** Clearly defined roles for state, regional, and local entities. • **Integration:** Coordination with the Ministry of Health and other stakeholders.	0 – 5
7. Feasibility and Effectiveness Evaluate the likelihood of success based on the proposed timeframe and activities. **Key Points:** • **Realistic Planning:** Well-structured and achievable timeline. • **Defined Activities:** Clearly outlined actions and measurable goals.	0 – 5
8. Adequacy of Team and Budget Assess whether the expertise of the team and allocated budget are sufficient for successful implementation. **Key Points:** • **Qualified Team:** Prevention Coordinators and other team members have appropriate qualifications. • **Budget:** Adequately resourced and justified financial plan.	0 - 5
9. Inclusivity and Vulnerable Groups The Programme Component must actively include vulnerable populations, such as elderly, children, or socially marginalized groups. **Key Points:** • **Inclusivity:** Tailored activities to meet the needs of diverse groups. • **Support Programs:** Initiatives addressing mental health, healthy	0 – 8

diet, physical activity, and more.	
10. Innovation and Pilot Potential The Programme Component should include innovative approaches and pilot initiatives that can be replicated in other municipalities. **Key Points:** • **Innovation:** Creative strategies for health promotion. • **Replication:** Potential for scaling and replicating successful practices.	0 – 8
11. Contribution to National Portal of Best Practice The Programme Component must actively contribute to the development and enrichment of the National Portal of Best Practice. **Key Points:** • **Knowledge Sharing:** Adapts and shares best practices tailored to local needs. • **Collaboration:** Works with national and regional stakeholders to enhance the portal's content. • **Innovative Contributions:** Develops unique materials or strategies for inclusion.	0 – 5
12. Sustainability of Initiatives The Programme Component must demonstrate a long-term commitment to maintaining health promotion activities beyond the pilot phase. **Key Points:** • **Continuity:** Plans to sustain the Prevention Coordinator position and related activities. • **Scalability:** Potential for expanding successful initiatives to other municipalities. • **Funding Plan:** Provisions for continued financial and operational support.	0 – 5
13. Monitoring and Evaluation Plan The Programme Component must include a robust system for tracking progress and evaluating outcomes. **Key Points:** • **Defined Metrics:** Establishes measurable indicators for health promotion and lifestyle changes. • **Regular Reporting:** Implements periodic monitoring and reporting of results. • **Outcome Analysis:** Uses evaluation to improve future initiatives and practices.	0 – 4
14. Diversity of Activities The Programme Component must demonstrate a variety of activities to address multiple aspects of health promotion and lifestyle improvement. **Key Points:** • **Activity Range:** Covers environmental health, active transportation, and health literacy. • **Multi-Faceted Approach:** Incorporates diverse strategies for broad impact. • **Community Fit:** Activities tailored to specific local needs.	0 – 4
Total score *(of maximum 100 points)*	
Recommendation	Recommended / Not recommended
Substantive comments	
The minimum number of points for support is 70.	

Selection procedure for Component 3:

The Administrative Compliance Check and the Eligibility Check of the application and of the applicant is ensured by the technical means of the EGRANT system.

The expert evaluation of each Programme Component Application shall be carried out by three external experts. The experts are nominated by the relevant line ministry, the Programme Operator and the SCO. In case that any of the entities decides not to exercise its right, the Programme Operator shall nominate the expert. Each entity, except the Programme Operator, shall nominate 1 Expert for every 15 Programme Components Applications. The Programme Operator shall always nominate two Experts to eliminate potential Conflicts of Interest. The expert nominated by the Programme Operator must meet the condition of independence from the Programme Operator.

The expert shall evaluate the Programme Component Application in the EGRANT system. Each Expert is randomly assigned in EGRANT to an Evaluation of the Programme Component Application. In case of a conflict of interest of an Expert, the Programme Operator shall assign the Programme Component Application to another Expert. The expert shall evaluate the Programme Component Application based on the scoring criteria set out in the relevant Call.

Further details are set out in the Guide for the Experts.

Based on the results of the experts' evaluation, **the ranking** of the Programme Component Applications is determined on the basis of the average of the scores of all three experts.

The decision to approve, reject or include a Programme Component Application in the Programme Components pipeline shall be taken by the Steering Committee for the relevant Support Measure. Decision-making is governed by the Statutes of the Steering Committee for the relevant Support Measure.

Programme Component pipeline (relevant for component 3)

The Steering Committee is entitled to establish a pipeline of Programme Components.

If an already approved Programme Component cannot be, fully or in part, implemented or additional funds become available under the Call, the Programme Operator has the right to select Programme Components from the pipeline where the Project Grant is reasonably aligned with the available funds. If multiple Programme Components meet this criterion, the Programme Operator will prioritize the Programme Component Application with the higher score in the technical evaluation.

4.2.3 Communication activities

The overall purpose of the communication activities is the **wide dissemination of information** on the Programme, including funding provided by Switzerland and information on the call for proposals to the potential applicants, its progress and results achieved, to the public. The aim is also to inspire, connect and network across the whole spectrum of organisations that will be involved in the Programme or are active in the area of Programme´s objective.

The Programme Operator will closely cooperate and coordinate with the NCU the dissemination of the information on the Programme through the website of the Swiss-Slovak Cooperation Programme www.swiss-contribution.sk/ and social media profile on Facebook to be created by the NCU, and/or the Social Media profiles of the MIRDI SR. It is one complex Website devoted to the Swiss-Slovak Cooperation Programme containing information on all Support Measures. The Web-site is managed by the NCU.

In addition, significant information will be shared on the Website of the MIRDI SR www.mirri.gov.sk/. The Programme Operator will also cooperate with the MoH SR as the line ministry and the Programme Partner to reach the broader target group through their communication tools, as well.

The target groups of the communication activities related to the Programme are as follows: wide public, potential applicants in the call for proposals and their partner organisations, Programme Components Operators and their partners, media representatives, expert (professional) public, State bodies and socio-economic partners. Every target group will obtain relevant information depending on the information needs and expectation, by using different, most suitable communication channels and tools.

Within the Programme, launching and closing conference will be held. There will be scheduled at least one additional information event or activity and social media campaign which will enhance the achievement of the Programme´s objective, outcomes and outputs. The Programme Operator will also closely cooperate with the Programme Component 1 Operator in order to participate in the appropriate events to be organized within the Component 1. The aim of the cooperation is to inform about the Programme, its progress and results and to reach a broader group of public.

The communication activities will be implemented in line with the Communication and Information Manual. The indicative budget for communication activities is EUR 232 263.00.

The planned communication activities are the following:

No	Activity	Aim	Target Group	Channels and Tools	Timeframe	Monitoring/Evaluation
1	**Providing general information** on the Programme Health	To inform about the Programme, its impact, outcomes and outputs, funding etc.	General Public	Website and Social Media	Continuously	Number of websites visits
		To inform about the supported Programme Components		Thematic Events organized by other entities (expo, conferences, open day events, etc.)		Number of social media followers, likes, shares, comments
		To inform about the news, progress, deliverables and results achieved		Promotional Items		Number of promotional items distributed
				Informational materials, press releases etc.		Number of information materials, press release etc. issued
						Number of comprehensive information published on website (articles, infographics etc.)
2	**Launching of the Programme** implementation	To inform about the Programme and its impact, outcomes and outputs to be achieved	Potential applicants and their partner entities:	Launching conference	Within 3 months of signing the SMP agreement	Number of participants registered/present in the event
		To inform about the supported area, to introduce the themes	Self-Governing Regions and their partners	Press release, media invitation		Number of articles and posts issued
		To inform about the possibilities to apply for grant (a pre-announcement of the call for proposals)	Cities, towns, municipalities and their representing organizations	Website and Social Media		Number of social media likes, shares, comments
			3rd sector organizations and patient organizations			
			State Bodies			
			General Public			
3	**Launching of the Call for Proposals**	To inform about the call launched	Potential applicants and their partner entities	Website and Social Media	Within 4 months of signing the SMP agreement	Number of applications submitted
		To provide the clarification and/or explanation and answers to raised questions		Press release		Number of institutions involved in the applications as Programme Component Operator and/or Partner
		To encourage applying for grant		Information event/-s for potential applicants and their partners		Number of participants of the Information event/-s

				FAQ		Number of queries received and answered
				E-mail and phone communication based on a query		Number of shares of the call for proposal announcement
4	**Promoting the Programme, its progress and achievements**, results, impact, success stories and added value of the Programme and related bilateral Swiss-Slovak Cooperation	To raise awareness about the Programme progress and supported area	Project promoters and their partner entities from Slovakia and/or Switzerland	Interim publicity/informational event and/or Socio Media campaign	In the middle of the Programme implementation	Number of comprehensive information published on website (articles, infographics etc.)
		To enhance interest in the supported area and inspire existing and potential actors in the area	Expert (professional) public	Website		Number of participants in the informational event
		To provide a room for knowledge, experience and best practice sharing	State Bidies and partners	Thematic events organized by other entities (expo, conferences, open day events, etc.)		Number of events with the Programme Operator/Programme Partner´s participation
			General public	Informational material, press release		Number of meetings/study trips
				Study trips/meetings to selected Programme Components		Number of posts, likes, shares and comments
5	**Presenting the results achieved, deliverables, outcomes and outputs, best practice,** success stories and bilateral Swiss-Slovak Cooperation	To inform about the results achieved, delivered outcomes and outputs	General Public	Final conference	Last year of the Programme implementation	Number of participants of the final conference
		To present successful Programme Components and bilateral Swiss-Slovak Cooperation	Project promoters and their partner entities from Slovakia and/or Switzerland	Press release, media invitation		Number of articles/press releases published
		To inspire other entities and wide public	Expert (professional) public	Website and Social Media		Number of and posts, likes, shares and comments
		To present the results to State Bodies for further enhancement of results	Stakeholders with potential interest in involvement in further activities	Thematic events organized by other entities		Number of events with the Programme Operator/Programme Partner´s participation
			State Bodies			

4.2.4 Detailed implementation schedule

Assuming the approval of the second-stage SM proposal accompanied by signature of Support Measure Agreement by Swiss authority and the NCU in February 2025, the implementation of the Programme (all 3 Components) can start right after the signing of the SM Agreement, which is expected in the Q1 2025.

The Programme will be implemented during 46 months. As described in chapter 4.1 of the SM proposal, the Steering Committee will meet at least once a year.

Details on the implementation of the SM activities is annexed in Implementation schedule Annex A8.

4.3 Logframe

Hierarchy of objectives Strategy of Intervention	Key Indicators (incl. target values and baseline)	Sources & Means of Verification	Assumptions & Risks (External Factors)
Impact	**Impact Indicators**	**Impact** **Sources and Means of Verification**	
Reduction of death rate from preventable and treatable causes and reduction of preventable NCDs rate	***Treatable and preventable deaths*** *Baseline Value: 225/100 000 inhabitants* *Target Value: 174/100 000 inhabitants* ***Mortality*** *Baseline Value: 1300/100 000 inhabitants* *Target Value: 840,2/100 000 inhabitants* ***Hospital discharges (Diseases of the circulatory system)*** *Baseline Value: 2250/100 000 inhabitants* *Target Value: 1800/100 000 inhabitants* ***Life Expectancy at birth*** *Baseline Value: men – 71 / women - 78* *Target Value: men – 77,6 / women - 83* ***Preventive Care Expenditure % share of current expenditure on health*** *Baseline Value: 1%* *Target Value: 20%*	OECD statistics	**If** functional systemic governance model is developed and implemented, portal of evidence-based practice established, and collaboration platform for stakeholders in place **then** the NCDs prevention and health promotion strategy will be successful because national, regional and local stakeholders and professionals will enter into multi-sectoral and multi-level collaboration, stakeholders will be able to implement evidence-based interventions and general public will get better understanding of risk factors and disease prevention and health promotion importance. Impact indicators and their target values have been chosen inline and based on Slovak Strategic framework for health care for 2014-2030, updated in June 2022. According to the MoH SR following measures are most feasible for measuring the impact of the Programme in Slovak conditions. OECD statistics were / and will be used as a source of data for measurement.
Outcome (Support Measure objectives /purpose)	**Outcome Indicators**	**Outcome: Sources and Means of Verification**	**Outcome** **Assumptions & Risks**
Outcome 1: Governance model for NCDs prevention and health promotion endorsed	***Governance model adopted (0/1)***	**Meeting minutes from ministry advisory board**	**Within the Swiss-Slovak Health Programme, we initiate the first attempt in Slovakia to create one, integrated national model of Management cycle in area of health promotion and NCDs prevention, which will be based on evidence and systematic coordination in relation to regional and local structures.**

			It is important that the governance model is not only developed, but also approved at national level. Currently, no risks are associated with its adoption. The governance model as such should not be politically sensitive.
Outputs: Support Measure deliverables/results per outcome	**Output Indicators**	**Output:** **Sources and Means of Verification**	**Output** **Assumptions & Risks**
Output 1.1 Governance model for NCDs prevention and health promotion developed	*Governance model developed (0/1)*	Programme Component implementation reports	As a first step, a functional governance model should be developed in collaboration of national authority with relevant stakeholders, based on best practice from relevant countries. When the governance model is adopted, it needs to be endorsed at the national level (represented by ministry), and adopted at regional and local level (represented by Self-Governing Regions, cities and municipalities, and regional Public Health Authorities).
Output 1.2: Personnel Capacities of Public Health Authorities increased	*Number of NCDs prevention coordinators positions allocated at state administration level (0/11)*	Programme Component implementation reports	The personnel capacities of the MoH SR and Public Health Authority at the national level, plus capacities of 8 regional Public Health Authorities will be increased in order to ensure smooth communication between the regional and state administration, thus endorsing the governance model for NCDs prevention and health promotion.
	CC_CI_1 Number of people benefiting from training to improve institutional and professional capacity (0/11)	Programme Component implementation reports	This indicator measures the number of persons trained within the framework of Support Measures to improve institutional capacity or professional skills.
	HEA_CI_1 Number of people reached with improved healthcare measures (0/2000)	Programme Component implementation reports	Number of people reached with the intervention Screening of NCDs risk factors and management of patients with risk factors for development of obesity.
Output 1.3: National Portal of Best Practice established	*National Portal established (0/1)*	Webpage of Public Health Authority	National Portal of Best Practice is a tool or mechanism for identification, collection and transferring of best practice. Risks: 1. Low interest in platform 2. Formal nature of the platform, with little added value

	Number of meetings organised (0/8)	Meeting minutes	The content of the National Portal of Best Practice will be developed in partnership and cooperation with other stakeholders, such as Self-Governing Regions, health care providers and schools and universities and therefore continual cooperation of all stakeholders is needed.
	Number of representatives involved from following levels: national, regional, local (0/3)	Meeting minutes and attendance sheets	The establishment of prevention personnel capacities at national, regional and local level will generate interest in regular meetings, which is essential.
	Number of sectors (state, self-government, NGOs, academia, research) represented (0/5)	Meeting minutes and attendance sheets	Based on Eurohealtnet e-Guide for Financing Health Promoting Services we are aware that implementing and fostering inter-sectoral collaboration is the first practical step. An integrated system should be designed to organize treatment and prevention, so that (health and non-health) services are better coordinated across the whole range of care. Taking a complex systems approach is a further method for understanding and dealing with inherent complexities. There is a need to create integrated actions and enhance new ways to deliver health promotion services to address and respond to the multiple causes of health inequalities.
	Best practice evaluated and published (0/10)	National Portal records	Wide range of evidence-based NCD's prevention interventions implemented abroad will be adjusted to Slovak conditions and introduced to the stakeholders for implementation.
Outcome (Support Measure objectives /purpose)	**Outcome Indicators**	**Outcome: Sources and Means of Verification**	**Outcome Assumptions & Risks**
Outcome 2: Coordinated involvement of the self-governments in NCDs prevention and health promotion	***Number of Self-Governing Regions actively involved in NCDs prevention platform (0/8)***	***Programme Reports***	***It is expected that if the Self-Governing Regions are active in the platform (actively attend meetings organized by national authorities, initiate meetings with regional PHAs) then their engagement in the NCDs prevention is active.***
	Number of cities and towns actively involved in the "Healthy Cities" network (0/8)	***Programme Reports***	***It is expected that if the cities and towns are active in the network then their engagement in the NCDs prevention is active.***
Outputs: Support Measure deliverables/results per outcome	**Output Indicators**	**Output: Sources and Means of Verification**	**Output Assumptions & Risks**

Output 2.1 Self-governments actively engaged in defined tasks in the area of NCDs prevention and health promotion	*Compliance of all Self-Governing Regions with set of tasks in field of NCDs prevention and health promotion defined in SM proposal (0/8 tasks)*	Programme Component Reports	Each of 8 Self-Governing Regions will be committed to dedicate 1-2 FTE of the new or existing personnel capacities to perform a set of tasks in the area of NCDs prevention and health promotion, defined in Annex A6 as a Job Description for Prevention Coordinator. Fulfilment of these tasks shall not necessarily be connected to new positions at the Self-Governing Regions. Each Self-Governing Region will receive financial remuneration for 1-2 FTE for the duration of the project to be able to cover the personnel costs. Self-Governing Regions are obliged to sustain active fulfilment of the tasks during the sustainability period.
	Number of health coordinators hired and sustained by cities and towns (0/8)	Programme Component Reports Job contracts	It is expected that every city and town involved in the Programme will hire at least one health coordinator. The cities and towns will be obliged to keep the positions established and occupied during the sustainability period. Since the cities and towns operate with significant budgets (a district town of moderate size of twenty thousand inhabitants may operate on a yearly budget of EUR 20 mil), establishment of one position should not be seen financially demanding, however, it is essential that at the end of the implementation of the Programme, the towns and cities are convinced that the positions of health coordinators are indeed meaningful.
	Number of interventions implemented by self-governments (0/16)	Programme Component Reports	It is expected that each Self-Governing Region, as well as each City / Town will implement at least one activity from the pre-defined list of interventions.
Output 2.2: Self-governments informed on best practices in the area of NCDs prevention and health promotion	*Market place events for Stakeholders and regional actors organized (0/4)*	Meeting minutes	Market place events are important mechanism for endorsement of common and replicable solutions for regional / local NCD challenges. The aim is to introduce options and motivate stakeholders to implement innovative approach and solutions.
	Number of Self-governments attending the Market Place event: *Self-Governing Regions (0/8)* *Cities/Towns (0/8)*	Meeting minutes and Attendance Sheets	

	Number of meetings between the Self-Governing Regional and Regional Public Health Authorities (0/4)	Programme Component implementation reports Attendance Sheets	It is important that the Self-Governing Regions are active on the platform and that their members attend the platform meetings. It is also important that the regional level of state administration and self-government levels meet regularly, through bilateral or multilateral meeting.
	Number of best practices added to the National Portal of Best Practice by: *Self-Governing Regions (0/8)* *Cities/Towns (0/8)*	National Portal records	Interventions or activities shall be presented by practice owners as examples of best practice, evaluated and added to National Portal of Best Practice through Call for best and promising practices in the field of health promotion and NCDs prevention.
Outcome (Support Measure objectives /purpose)	**Outcome Indicators**	**Outcome: Sources and Means of Verification**	**Outcome** **Assumptions & Risks**
Outcome 3: Awareness and understanding of the NCDs and health promotion among the general public increased	***Evaluation of Health Literacy Survey – baseline and post Survey***	***Results of Study "Health awareness and behaviour of Slovak residents", being regularly conducted by Department of Health Support and Health Education of Public Health Authority on regular basis***	***It is expected that through the activities and interventions implemented by the Self-Governing Regions and the cities and towns, the general awareness and understanding of the NCDs will increase. It is expected that through the activities and interventions implemented by the Self-Governing Regions and the cities and towns, the general awareness and understanding of the NCDs will increase. The health literacy is a good indicator of whether the prevention and health promotion activities are effective.***
Outputs: Support Measure deliverables/results per outcome	**Output Indicators**	**Output:** **Sources and Means of Verification**	**Output** **Assumptions & Risks**
Output 3.1 Interventions in the area of NCDs prevention and health promotion implemented by the self-governments	*Number of interventions/activities conduced in the area of NCDs prevention or health promotion 2025-2029 (0/16)* *Disaggregated by public administration level:* - *Self-Governing Regions (0/8)* - *Cities and Towns (0/8)*	Programme Component Reports Programme Component Contracts	It is expected that the awareness and understanding of the general public will be increase mostly through the activities implemented by regional and local stakeholders, especially by the Self-Governing Regions and the towns and cities. This includes activities such as Health days/ prevention days, school activities, employer education activities etc.

Outcome (Support Measure objectives /purpose)	**Outcome Indicators**	**Outcome: Sources and Means of Verification**	**Outcome** **Assumptions & Risks**
Outcome 4: Improved coordination and communication at the municipal level in the area of NCDs prevention and health promotion	***Number of meetings of the network members (0/8)***	***Network meetings minutes***	***The ambition is to support the role of municipalities as a health determinant and significant actor in field of NCDs prevention and health promotion; to support cooperation at the municipal level; and to support systemic inclusion of health aspects into decision-making processes of pilot Slovak cities and towns.***
Outputs: Support Measure deliverables/results per outcome	**Output Indicators**	**Output:** **Sources and Means of Verification**	**Output** **Assumptions & Risks**
Output 4.1 Pilot network in the spirit of "Healthy Cities" approach established	*Number of cities and towns engaged in the network (0/8)*	Project Contracts	*It is assumed that at least 8 cities and/or towns will apply in the Open Call with quality applications. To mitigate the risk of low interest, cities and towns will not only be obliged to hire health coordinators, but may also implement prevention interventions on their territory.*
	"Health profile" for each of the included cities and towns will be created at the beginning and at the end of implementation period of the Programme. (0/16)	Programme Component Reports	Cities and towns will be obliged to compose a "health" profile of the city, which means to propose how the "health" element will be present and determining in all the decision processes of the city and in its planning. The main goal is to direct them towards health aspects of the well-being of their citizens and help them realize the potential of city as an important determinant of health.

4.4 Swiss Support Measure Partner(s)

One of the most challenging yet crucial outcomes of the Health Programme, as identified through stakeholder consultations, is to develop a functional governance model. This model will build on the existing distribution of responsibilities established by legislation, facilitate its practical application, and support it with the creation of efficient processes and implementation mechanisms. Additionally, it will establish a framework for collecting and addressing new legislative requirements.

The main role of the Swiss partner, as identified by the needs of the Slovak MoH, will be to provide expertise and support in developing such a governance model. The configuration of responsibilities and conditions in disease prevention in Switzerland is notably similar to Slovakia's, particularly in the distribution of roles among the Federal Office of Public Health, the Swiss Conference of the Cantonal Ministers of Public Health, and other legally mandated organizations. This alignment offers a strong foundation of knowledge and experience, ensuring the Swiss partner can make a significant and impactful contribution in this area.

Following partners are being currently discussed as possible partners for the Slovak Ministry of Health for Programme Component 1:

First Swiss partner is **the Federal Office of Public Health** in Switzerland, which, as part of the Federal Department of Home Affairs, is responsible for public health in Switzerland, develops Switzerland's health policy and works to ensure that the country has an efficient and affordable healthcare system in the long term. The Federal Council and the National Health Policy Dialogue, the joint federal and cantonal platform for health policy issues are responsible for the current National Strategy for the Prevention of Non-communicable Diseases, valid until 2028.

Expertise of the Federal Office of Public Health in Switzerland should be especially helpful in defining the cycle of management – starting from policy creation, towards their implementation, evaluation and adjustment; and defining the baseline processes and mechanisms for the management of NCDs prevention and health promotion in general, from the national perspective.

The second Swiss partner is **the Swiss Conference of the Cantonal Ministers of Public Health**, which is the cantons' coordinating body for health policy. Its aim is to promote intercantonal cooperation in health policy, serve as a platform for dialogue with the federal authorities and other important bodies in the field of health and as a point of contact for the federal authorities and various national associations and institutions. The decisions of the conference are recommendations for its members and the cantons.

In Slovakia, a portion of the state's competencies in the health sector is officially delegated to self-governments through legislation, drawing a parallel to the role of cantons in Switzerland. **The Swiss expertise** will be particularly valuable for developing a decentralized management and care organization model focused on health promotion and disease prevention, as well as for creating effective coordination mechanisms between and within regions. Cantons in Switzerland are highly active across a broad range of health-related topics and operate based on strategic frameworks for health promotion and non-communicable disease prevention. Additionally, they are responsible for implementing many key measures under the national health promotion and prevention strategy, making their experience highly relevant to this context.

The third Swiss partner, RADIX, is a non-profit, private-law foundation, a national competence centre in public health, whose role is to ensure that authorities at municipal and cantonal

level and decision-makers in organisations recognise health promotion as an important ongoing task and take appropriate measures. RADIX is working at local/municipal level in activities such as raising awareness and promotion of healthy lifestyles at towns and commune level, promoting healthy ageing and health and wellbeing in school settings.

The great added value of the third partner, **Radix**, shall be in its **experience** with the implementation of activities and their evaluation at local/municipality level, which should be the indispensable part of Governance model in Slovakia, since a division of competences and health governance in Slovakia requires cooperation of state level with regions, municipalities and other local stakeholders.

4.5 Stakeholder consultations

Stakeholder consultations were held on 14 October 2024 in Žilina, with 31 participants in attendance. The objective of the consultations was to discuss and assess the proposed Health Programme, focusing on its benefits, challenges, and potential risks, while identifying opportunities for improvement.

The event was organized in collaboration with the Programme Operator and the National Coordination Unit (MIRDI SR), the SCO and the Žilina Self-governing Region. Participants represented a wide range of stakeholders, including the Ministry of Health, the Public Health Authority, all 8 Self-Governing Regions, Association of Towns and Municipalities of Slovakia, Union of Slovak Cities and Towns, patient advocacy groups, and third-sector organizations active in non-communicable disease (NCD) prevention.

The meeting commenced with opening speeches delivered by representatives from the SCO and PO, who provided an overview of the second Swiss contribution, the Framework Agreement for its implementation in Slovakia, and the allocation of funds. This was followed by a presentation from the Ministry of Health, which outlined the framework and core principles of the Support Measure Health, and a summary of technical details provided by MIRDI SR.

The discussions formed the centerpiece of the consultations, allowing participants to provide valuable feedback on the programme and its components. Participants expressed strong support for the proposed activities and confirmed the relevance of the programme in advancing NCD prevention and health promotion in Slovakia. Key points of emphasis included:

- The development of a functional model for governance and financing.
- The importance of effective collaboration and coordination among stakeholders.
- The need for robust education in prevention and health protection, requiring cooperation with other sectors, such as education and social affairs.
- Due focus on sustainability conditions, as detailed below.

The primary risk identified by Self-Governing Regions was ensuring the sustainability of the outcomes of the Health Programme. Concerns were raised about their ability to meet the programme’s requirements given the ongoing reductions in regional financial budgets. During subsequent discussions, the Self-Governing Regions proposed modifying the condition to sustain health coordinator positions, replacing it with a requirement to sustain the performance of the coordinators' tasks. Prioritizing the establishment of a comprehensive network across all Self-Governing Regions, the Programme Operator adjusted the original proposal to align with this recommendation.

The detailed minutes of the stakeholder consultations are available in Annex A4.

4.6 Tentative Budget

4.6.1 Detailed tentative budget

The budget of the Programme is EUR 18 529 413, 00 which equals CHF 17 647 059, 00 using exchange rate submitted by the Swiss authorities for 2024 (1, 00 CHF = 1, 05 EUR). The 85% of the Swiss contribution is CHF 15 000 000, 00.

The budget covers 46 months of the Programme implementation that is scheduled from March 2025 till 31 December 2028.

For the predefined Programme Component 1 operated by the MoH SR, there is an allocated sum of CHF 3 415 840, 00 (EUR 3 586 632, 00), including the budget for the Swiss experts and Partners CHF 333 333, 00 (EUR 350 000, 00).

The originally planned allocation of CHF 5 million for predefined Programme Component 1 has been reduced after the MoH SR elaborated concrete realistic budget for activities within Component 1. The remaining financial allocation has been moved to Component 2 with the approval of MoH SR.

For the Restricted Call for Self-Governing Regions CHF 7 922 963, 00 (EUR 8 319 110, 00) are allocated. Each Self-Governing Region maximum planned allocation in the Restricted Call is CHF 990 370, 38 (EUR 1 039 888, 65). If, by the deadline of the Restricted Call, not all Self-Governing Regions have submitted their applications, or if some fail to meet the compliance criteria, the Restricted Call will be re-opened, with invitations sent again to the remaining Self-Governing Regions. If any Self-Governing region fails to submit its Programme Component application successfully within three months of the regional elections (October 2026), the uncommitted allocation will be reallocated to other Programme Components within the Restricted Call, in accordance with Article 4.12.6.c) (ii) of the Regulations ("for reallocations among Programme Components: no Programme Component may receive reallocated funds of more than 25% of its initial budget or of more than CHF one million").

For the Open Call for cities and towns CHF 5 000 000, 00 (EUR 5 250 000, 00) are allocated.

The Management costs of the Programme are in amount of CHF 1 308 255, 00 (EUR 1 373 669, 00). There is only aliquot part relating to the Programme operation at the Programme Operator. The FTE corresponds to the expected number of operations under the Programme and available time for the Programme implementation and includes all the tasks standardly performed by the relevant personnel, e.g. financial managers (budgeting, verification of expenditures, approval of payments, providing methodological guidance to the applicants and to the Programme Component Operators, on-site visits, low-value contracts checks and other tasks related to the financial management and controlling of the programme). The comparison of the proportionality of the expenditures can be justified by the historical data from other funds and mechanisms of similar size.

Within the budget there is also the aliquot part of the expenditures for necessary equipment, database needed for the Programme Implementation.

Details on budget items are provided in the Annex 3.

The division of the tasks between the MIRDI SR as the Programme Operator and the MoH SR as the Programme Component 1 Operator follows the Regulations. They have different tasks and there is no overlapping between those tasks. In addition to its role as the Programme Component 1 Operator, the MoH SR is also a Programme Partner, however, **this partnership**

does not include any of the standard tasks executed by the MIRDI SR as the Programme Operator (monitoring, financial management, controlling, evaluation, visibility, reporting and post-completion monitoring). The Ministry, in its partner role, provides the content for the Programme and is consulted, advised and participates in the Programme implementation as the member of the various committees/working groups.

4.6.2 Tentative Disbursement Plan

The reimbursement plan was based on the following assumptions:

Each reimbursement period spans six months, with a total programme allocation of CHF 22.8 million from the Swiss Contribution. The first reimbursement period begins on 1 January 2025 and ends on 30 June 2025. During this period, the Programme Operator will initiate spending on Management Costs, which constitute 7% of the total allocation. These costs are expected to be distributed evenly over the entire programme duration, concluding on 30 June 2029. Additionally, an advance payment will likely be made to and spent by a predefined Programme Component, representing approximately 20% of the total allocation. Spending for this component is projected to start slowly, increase significantly by the middle of the programme (2027), and then stabilize.

In the second reimbursement period, advances will be issued for projects that collectively account for 50% of the total allocation. These advances will cover up to 20% of each Project Grant. Spending under these projects is expected to follow a pattern similar to that of the predefined Programme Component.

Finally, in the third reimbursement period, advances of up to 20% will be issued for projects selected through an open call, representing the remaining 23% of the total allocation. Spending for these projects is also anticipated to align with the spending pattern of the predefined Programme Component.

The time difference between the provision of advances and it settlement has been disregarded.

Reimbursement Period	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Estimated reimbursement of Swiss Contribution in CHF	CHF 1,082,000	CHF 1,623,000	CHF 1,763,000	CHF 2,645,000	CHF 2,084,000	CHF 3,126,000	CHF 1,339,000	CHF 536,000	CHF 802,000

4.7 Risk Analysis and Risk Management

Component	Risk	Impact [1 – 5]	Likelihood [1 – 5]	Risk level	Mitigation measure(s)
1	Organisational risk – ineffective coordination within MoH SR	4	3	Medium-High	Establish clear personnel project structure with clearly defined and transparently communicated roles and responsibilities. Hold regular coordination meetings to address structure changes and updates. Prepare back-up plans in case of staff changes or other organisational disruptions.
1	Inability to timely solve technical issues interfering with project outputs	3	3	Low-Medium	Establish technical support from the beginning of the project that is ready to address technical issues as a priority.
1	Lack of in-field qualified human resources for Prevention Coordinator position	4	4	Medium-High	Establish a system of education and training for new staff to develop and enhance necessary skills. Provide support of colleagues with required experience.
1	Inability to meet initially given project scope and results due to limited capacities.	4	3	Medium-High	Establish clear, measurable and feasible objectives and initial scope of the project. Regularly monitor current status against the baseline. Use regular reviews of scope and prioritize. Setup effective communication within the project team and between MoH SR and PHAs. Defining the guarantor of the Programme at the high management level of ministry.
1	Lack of quality control mechanisms	4	3	Medium-High	Establish internal quality controls at MoH SR and also quality controls for PHAs. Evaluate outputs throughout the project.
1	Missing support for new position of Prevention Coordinator at regional PHAs	4	4	Medium-High	Transparent and timely communication with all regional PHAs, ensuring transfer of the information of the project and its continuity with the activities they are currently performing to all employees. Reserve part of the budget for experts at each regional PHA to provide additional support and mentoring for new position of Prevention Coordinator.
2	Lack of interest due to required sustainability	4	2	Low-Medium	Change in definition of requirements from Self-Governing Regions and change in definition of sustainability criteria. Beforehand transparent communication with all Self-Governing Regions.
2	Qualified and experienced staff involvement	4	2	Low-Medium	Definition of job description and qualification requirements in discussion with experts from MoH SR and Self-Governing Regions. Provision of budget for training.
2	Inability to meet initial project scope and re-	4	2	Low-Medium	Cooperation in designing of the Programme with Self-Governing Regions to eliminate the risk of too ambitious objectives, taking into account possible changes of political situation.

Component	Risk	Impact [1 – 5]	Likelihood [1 – 5]	Risk level	Mitigation measure(s)
	sults due to limited capacities given by political circumstances.				
2, 3	Lack of coordination and interest in cooperation	4	3	Medium-High	Steering Committee created, regular meetings and monitoring.
3	Missing support for new position of Prevention Coordinator at the city or town.	3	3	Low-Medium	Transparent and timely communication about the programme towards cities and towns and their representatives. Communication of the programme synergies with strategic plans of social development and community plans and its importance for the municipality.
1, 2, 3	The funds will not be used effectively or may be misused	4	1	Low-Medium	Set up of the control mechanisms, thorough verification, clear rules and guidelines.
1, 2, 3	Unexpected price increase and exchange rate losses	3	3	Low-Medium	Mandatory item Contingency in the budget.
1, 2, 3	Reputational risk in case of any errors occurred during the project	2	2	Low-Medium	Develop transparent communication strategy of the project's objectives, results, progress of the project as well as communication of any delays or unmet expectations. Ensure proactive handling of complaints and negative feedback.
1, 2, 3	Ethical and security risks (GDPR, OSH)	4	2	Low-Medium	Implement systems for GDPR compliance, including securing data, informing participants and obtaining necessary consents. Provide GDPR and OHS training for all team members.
Programme	High Complexity of the Programme Setup (more levels of governance included, multi-sectoral approach)	4	3	Medium-High	Set up of the effective control mechanisms, Active involvement of the Steering Committee, strong programme management at Programme Operator level.

Overall Risk Level Support Measure	Medium-low
Comments on the overall risk level (if any)	The Programme Operator has enough experience in Programme Operation to be able to successfully implement and complete the Programme.

4.8 Monitoring and Steering

The overall supervision of the Programme´s implementation shall be carry out by the Support Measure Steering Committee established by the NCU. The Programme Operator shall act as the Secretary of the Steering Committee (for more detail see the Chapter 4.1.3).

Moreover, the Programme Operator shall regularly inform the NCU on progress in Programme´s implementation through the Annual Support Measure Reports covering the results achieved as well as the operational and financial status of the Support Measure.

Regarding the Programme Components, the guiding principles and rules for monitoring shall be the same in case of the directly selected Programme Component 1 as well as the Programme Components selected through the Call for Proposals:

- Programme Component Operators shall regularly inform the Programme Operator through the Programme Component Reports on achieved progress in implementation (mainly narrative description of activities implementation, comparison of indicators achievement etc., financial progress). The frequency of such a reporting shall be contractually determinated. The regular monitoring based on the reports will be done by the Programme Operator, including assessment of the activities implementation, outputs and outcomes achievement, potential risk and mitigation measures, as well asfinancial progress and expenditure verification);
- The Programme Operator shall perform monitoring visits (once a year, once during the period of two years of the Programme Component´s implementation or based on sample – depending on the amount of total eligible costs of the Programme Component);

Taking into account the volume of the Programme´s allocation and expected number of Programme Components, there are no separate evaluations of the Support Measure planned by the Programme Operator. The Support Measure will be subject of (external) evaluations envisaged by the NCU in line with the Monitoring and Evaluation Plan at the later implementation stage. Furthermore, internal evaluations could be considered in case of lower performance of Programme Components, if such a situation were to arise.

5. Annexes

#	Annex
A1	Logframe and Definition of Indicators
A2	Programme Characteristics and Procurement Plan
A3	Budget
A4	Meeting minutes of the Stakeholder Consultations
A5	Job Descriptions and qualification requirements of Prevention Coordinators
A6	List of Tasks and qualification requirements for Self-Governing Regions
A7	Organizational Chart
A8	Implementation Schedule
A9	Partnership Agreement Swiss Partner - draft
A10	Steering Committee – Rules of Procedures - draft
A11	SM Agreement - draft

Annex [X]
Detailed Information to Programme Component

Basic Programme Component Information

Title	Predefined Project of the Ministry of Health of the Slovak Republic
Planned Duration [months]	46
Requested Swiss contribution (CHF)	2 903 464, 00 CHF
Requested co-financing rate of Switzerland [%]	85%

6. Programme Component Operator

6.1 Basic Information

Name of Programme Component Operator	Ministry of Health of the Slovak Republic
Type of entity	National administration
If type of organization is “other”, describe the type briefly	
Name of contact person	[redacted]
Position	Director at Department of Public Health, Screening and Prevention of the Ministry of Health of the Slovak Republic
Correspondence address:	Limbová 2, P.O. BOX 52, 837 52 Bratislava 37
E-Mail	[redacted]
Webpage and social media (if any)	https://www.health.gov.sk/

Date of establishment	1969	Tax number (if applicable)	00165565
Number of employees	465		

Financial Turnover for each of the 3 previous years [in Choose.]	
Has the Programme Component Operator previously received funding from the Swiss Contribution?	Yes☐ No☒

6.2 Programme Component Operator Management

Executive Level

State Secretary at the MoH SR (0, 015 FTE) is involved in strategic activities where a decision of the Government or MoH SR is required. This includes e.g. high-level bilateral negotiations, strategic decision-making on the direction of the Programme in the light of existing national policies and other financial instruments, etc.

The Director of the Department of Public Health, Screening and Prevention at the MoH SR (0, 13 FTE) will assume responsibility for the overall strategy, make crucial decisions, and serve as the primary liaison for the initiative.

The General Director of Section of Research, Development and Programmes (0, 015 FTE) and **Director of the Department of National and International Programs at the MoH SR** (0, 05 FTE) will assume responsibility for project management during the implementation phase of the Programme Component 1.

The Programme Component 1 will be managed by **Project Coordinator at MoH SR** (0, 5 FTE), [redacted]. **The main contact person** for the Programme Component 1 is the Director of the Department of National and International Programs at the MoH SR, [redacted]

The Project Coordinator cooperates with Public Health Authority SR and its Regional Branches. The Project Coordinator is responsible for project development and reporting, communication and promotion of the Programme Component 1.

The Project Coordinator is responsible for finances and coordinating public procurements. Their tasks include overseeing day-to-day operations, managing financial aspects, and conducting ongoing monitoring and evaluation of Programme Component 1 performance. They ensure all necessary tasks for the Programme Component functioning at the MoH SR, such as public procurement matters, reimbursement of the expenditures etc.

The Public Health Authority executive level is represented by Chef Hygienist (0, 015 FTE), who will be involved in strategic activities and decisions. **Project Manager** (0, 3 FTE) at Public Health Authority is responsible for ensuring of reporting, finances, procurements and Programme Component´s documentation. They report to the Project Coordinator and Financial Manager at MoH SR.

The main contact person for the Public Health Authority is [redacted] (0, 1 FTE), director of the Section of international relations and communication at the Public Health Authority.

Regional Public Health Authorities executive level is represented by Directors (8 x 0, 03 FTE).

The organization chart is in Annex A7.

6.3 Programme Component Management

Will external management personnel be hired to implement the Programme Component?		Yes☐ No☒
What personnel capacity will be dedicated for the management of the Programme Component implementation (in full-time equivalents FTE)?	Internal resources 1,2 FTE	~~External resources~~

[Insert text and/or chart]

Are CVs attached to this documentation?	Yes☐ No☒
Are terms of reference for the management functions to be established attached to this documentation?	Yes☐ No☒

6.4 Programme and Project Management Experience

MoH SR has extensive experience in managing both national and international projects, showcasing a proven ability to deliver results across diverse funding schemes and strategic priorities. MoH SR has successfully implemented projects financed by the Slovak Programme (Program Slovensko), EU4Health, Horizon Europe, and the Recovery and Resilience Facility.

This diversity in funding demonstrates adaptability and capacity of ministry to align with complex frameworks and regulatory requirements. MoH SR has taken key roles in projects, acting as a partner, beneficiary, or coordinator. Work of the ministry is characterized by close cooperation with a wide range of stakeholders. Within Slovakia, MoH SR has experience in coordination of the efforts with ministries, national health authorities, and academic institutions. Internationally, MoH SR collaborates with European consortia, patient organizations, and regional governments, ensuring a holistic approach to achieving project goals. MoH SR leverages their governance expertise to streamline inter-sectoral and multilevel cooperation, and their financial oversight ensures compliance with national and EU regulations.

7. Programme Component Description

7.1 Short Summary

Programme Component 1 of the Swiss-Slovak Health Programme focuses on 3 basic aspects of NCDs prevention and health promotion:

- Governance;
- Intra-sectoral and Inter-sectoral coordination and cooperation;
- Support for the implementation of evidence-based activities in regions.

These aspects shall be supported through the development of a functional governance model for the NCDs prevention and health promotion, which would setup the effective mechanisms for coordination, implementation and evaluation of interventions. Furthermore the aim of the governance model is the establishment of communication among all stakeholders and their active engagement in this area.

The aim of the Programme Component 1 is not only to create structures and mechanisms, it also supports regional and local stakeholders in practical implementation of evidence-based practice by creation of the National Portal of the Best Practice.

The Ministry of Health of Slovak Republic will be the Programme Component Operator of this component, working with the Public Health Authority and regional Public Health Authorities to introduce innovative solutions and promote sustainable prevention measures.

7.2 Activities and Expected Results

Programme Component 1 consists of 3 main following activities:

1. Governance model for Health Promotion and NCDs Prevention with focus on implementation and evaluation

The main objective is to develop a functional complex governance model for health promotion and NCDs prevention in all stages of its life cycle, including:

- Policies creation and enforcement,
- Best practice collection and sharing,
- Creation of conditions for its implementation,
- Communication and coordination mechanisms,
- Support and guidelines in actions` implementation,
- Mechanism for actions` evaluation,
- Description of roles and responsibilities,
- Definition of financial resources and mechanisms.

An integrated system should be designed to organize treatment and prevention, so that (health and non-health) services are better coordinated across the whole range of care. Taking a complex systems approach is a further method for understanding and dealing with inherent complexities. There is a need to create integrated actions and enhance new ways to deliver health promotion services to address and respond to the multiple causes of health inequalities.

Governance model in general will be developed and maintained under the supervision of MoH SR and the ministry will decide about any future adjustments, and about the form and extend of sharing among other stakeholders.

Detailed activities, which will be needed for development shall be:

- conducting a comprehensive assessment,
- establishing stakeholder engagement and governance mechanisms,
- establishing a framework for action,
- developing an implementation plan,
- evaluating the implementation of a multi-sectoral model.

As a part of the Governance model, a communication platform for stakeholders will be established. This platform should serve as a communication tool, for communication and coordination among stakeholders and best practice sharing via top-down and peer-to-peer approach. The aim is the enforcement of stakeholder engagement.

Within this communication platform, MoH SR is planning to organize at least 1 regular Governance meeting per year, with the aim to

- Consult and reflect on the implementation of all the components of the programme,
- Identify their potential and valid inputs for Governance model development,
- Share best practice even during the implementation phase of interventions and actions.

As mentioned above, the multi-sectoral approach demands for other sectors to be engaged within the communication platform. In this stage we identify following ministries:

- Ministry of Education SR,
- Ministry of Labour, Social Affairs and Family SR,
- Ministry of Environment SR,
- Ministry of Finance SR.

Operational meetings among different stakeholders with be organized on ad-hoc basis.

2. National Portal of Best Practice for Health Promotion and NCDs Prevention

The aim of this second activity is to develop the National portal of evidence based good practices and toolkits adapted to national conditions in SR, which will be applicable for all levels of governance (national, regional, local). It will also serve as a toolbox for wider spectrum of stakeholders – publicly available, where they could find recommendations and good practice examples, and as a dissemination and communication tool towards public.

Leadership in building of the content and its structure shall be in hands of the Public Health Authority SR and its selected regional branches, relying on the third pillar of the Component 1 – development of Public Health Network built on engagement of newly created positions of Health Coordinators.

The content of the National Portal of Best Practice will be developed in partnership and cooperation with other stakeholders, such as Self-Governing Regions, health care providers and schools and universities and also MoH SR. Interventions or activities conducted within the Programme shall be presented by practice owners as examples of best practice, evaluated and added to National Portal of Best Practice through Call for best and promising practices in the field of health promotion and NCDs prevention.

The expertise and quality of the content of the National Portal of Best Practice will be guaranteed by the Prevention Expert Committee, which will be established by MoH SR and Public Health Authority for the purpose of evaluation of best practice before publishing.

3. The Public Health Network - Increased Capacities in Health Promotion and NCDs Prevention

Establishment of so-called Public Health Network build on newly created national and regional positions of coordinators for health promotion and NCDs prevention is an essential part of whole Component 1 as it plays a vital role in bringing the new concept to live, ensuring its development, management, usability, usage and sustainability, as well as its practical implementation.

The national level Prevention Coordinators will be responsible for the activities within Component 1 at the national level and will cover tasks of MoH SR and National Public Health Authority.

The role of Prevention Coordinators at the chosen branches of Public Health Authority in each region will be mainly to support, counsel and cooperate with regional and local Health coordinators at the level of Self-Governing Regions (Component 2) and selected cities (Component 3).

Detailed Job Description and Qualification Requirements of the position are defined and are attached in Annex A5.

The Public Health Network will be guided by MoH SR whose role lies in providing strategic guidance, supervising, and supporting the development of the network’s activities.

Prevention coordinators at Regional Public Health Authorities will conduct, among other activities, one specific pre-defined activity, which shall be screening of NCDs risk factors and management of patients with risk factors for development of obesity, which is based on pilot study of European Health Examination Survey in Slovak Republic conducted in 2010-2011.

This activity includes:

- Screening for parameters of healthy nutrition, anthropometry – baseline examination at the beginning and follow-up examination in the following years of the project for those who have been diagnosed with obesity and the risk factors that contribute to its development,
- Patient management based on nutrition, activity, and education.

Participants of this activity will be chosen based on combined stratified random selection of respondents aged 18-64, divided into 5 age categories. The number of respondents shall be 4000 with the aim to investigate 2000 with permanent residence in the SR territory.

7.3 Beneficiaries

[Insert text]

Is the benefit of the Programme Component a national or regional benefit?	National☒ Regional☒
If regional, indicate the benefiting NUTS-2 regions.	One of the main objectives of Programme Component 1 is development of Governance model suitable for coordination of NCDs prevention and health promotion at national, regional, local level. Self-Governing Regions, cities, towns and municipalities, and Regional Public Health Authorities are important partner of Ministry of Health in its development and application in practice.

7.4 Sustainability

Sustainability of the results of the Programme Component 1 is the crucial element of the Programme.

It is important that the governance model is not only developed, but also approved at national level. Currently, no risks are associated with its adoption. The governance model as such should not be politically sensitive. When the governance model is adopted, it needs to be endorsed at the national level (represented by ministry), and adopted at regional and local level (represented by Self-Governing Regions, cities and municipalities, and regional Public Health Authorities).

The essential part of the Component 1 is creation of the network and establishment of cooperation among the spectrum of stakeholders, therefore the sustainability of results of Components 2 and 3 (engagement of regional and local self-governments) are precondition for the sustainability of Component 1 results.

Condition of Sustainability will be included in the Calls for Proposals. In general, the supported entities will be obliged to follow sustainability requirements in line with the Regulation.

7.5 Budget

The budget of the Programme Component 1 is EUR 3 586 632, 00 which equals CHF 3 415 840, 00 using exchange rate submitted by the Swiss authorities for 2024 (1, 00 CHF = 1, 05 EUR). The 85% of the Swiss contribution is CHF 2 903 464, 00.

The budget for Management costs of Programme Component 1 makes 7% of the total allocation for the Component which equals EUR 251 064, 00 (CHF 239 109, 00)and budget for Contingency makes 5% of the total allocation for the Component which equals EUR 179 332, 00 (CHF 170 792, 00).

Allocation dedicated for Swiss partners is in amount of EUR 350 000, 00 (CHF 333 333, 00).

The rest of the budget, which equals EUR 2 806 236, 00 (CHF 2 672 606, 00) is allocated for Component 1 Activities in following distribution:

1. Activity 1: Public Health Network: Prevention Coordinator in amount of EUR 2 419 119, 00 (CHF 2 303 923, 00);
2. Activity 2: Governance model in amount of EUR 97 468, 00 (CHF 92 827, 00);
3. Activity 3: National Portal in amount of EUR 179 649, 00 (CHF 171 094, 00);
4. Publicity of Activities in amount of EUR 110 000, 00 (CHF 104 762, 00).

Detailed budget for Component 1 is in Annex AA1.

7.6 Risk Analysis and Risk Management

Risk	**Impact** [1 – 5]	**Likelihood** [1 – 5]	**Risk level**	**Mitigation measure(s)**
Organisational risk – ineffective coordination within MoH SR	4	3	Medium-High	Establish clear personnel project structure with clearly defined and transparently communicated roles and responsibilities. Hold regular coordination meetings to address structure changes and updates. Prepare back-up plans in case of staff changes or other organisational disruptions.
Inability to timely solve technical issues interfering with project outputs	3	3	Low-Medium	Establish technical support from the beginning of the project that is ready to address technical issues as a priority.
Lack of in-field qualified human resources for Prevention Coordinator position	4	4	Medium-High	Establish a system of education and training for new staff to develop and enhance necessary skills. Provide support of colleagues with required experience.
Inability to meet initially given project scope and results due to limited capacities.	4	3	Medium-High	Establish clear, measurable and feasible objectives and initial scope of the project. Regularly monitor current status against the baseline. Use regular reviews of scope and prioritize. Setup effective communication within the project team and between MoH SR and PHAs. Defining the guarantor of the Programme at the high management level of ministry.
Lack of quality control mechanisms	4	3	Medium-High	Establish internal quality controls at MoH SR and also quality controls for PHAs. Evaluate outputs throughout the project.

Missing support for new position of Prevention Coordinator at regional PHAs	4	4	Medium-High	Transparent and timely communication with all regional PHAs, ensuring transfer of the information of the project and its continuity with the activities they are currently performing to all employees. Reserve part of the budget for experts at each regional PHA to provide additional support and mentoring for new position of Prevention Coordinator.
The funds will not be used effectively or may be misused	4	1	Low-Medium	Set up of the control mechanisms, thorough verification, clear rules and guide-lines.
Unexpected price increase and exchange rate losses	3	3	Low-Medium	Mandatory item Contingency in the budget.
Reputational risk in case of any errors occurred during the project	2	2	Low-Medium	Develop transparent communication strategy of the project's objectives, results, progress of the project as well as communication of any delays or unmet expectations. Ensure proactive handling of complaints and negative feedback.
Ethical and security risks (GDPR, OSH)	4	2	Low-Medium	Implement systems for GDPR compliance, including securing data, informing participants and obtaining necessary consents. Provide GDPR and OHS training for all team members.

8. Annexes

#	Annex
AA1	Detailed Budget Component 1

ŠPECIFIKÁCIA PROJEKTU

1. ZÁKLADNÉ ÚDAJE O PROJEKTE

1.1. Identifikácia Podporného opatrenia

1.1.1. Názov **Podporného opatrenia:**	Švajčiarsko-slovenský program Zdravie
1.1.2. Cieľ **Podporného opatrenia:**	3. Posilňovanie sociálnych systémov
1.1.3. Vplyvy:	Vykonaný udržateľný prechod od ponúk cestovného ruchu náročných na zdroje k ponukám udržateľného cestovného ruchu v národných parkoch Posilnené ekosystémy a biodiverzita v chránených územiach
1.1.4. Výsledky:	1. Zavedený udržateľný cestovný ruch v národných parkoch 2. Zlepšená ochrana ekosystémov a ich zvýšená odolnosť voči hrozbám straty biodiverzity 3. Lepšie riadenie ochrany prírody a udržateľného cestovného ruchu na národnej úrovni
1.1.5. Výstupy:	1.1 Udržateľne zlepšená infraštruktúra zariadení v národných parkoch a využívaná na činnosti prispievajúce k ochrane ekosystémov a biodiverzity 1.2. Rozvinuté a riadené aktivity udržateľného cestovného ruchu v národných parkoch 2.1 Rozvinuté environmentálne vzdelávanie a aktivity na zvyšovanie povedomia o ochrane biodiverzity a udržateľných formách služieb cestovného ruchu 2.2. Miestni obyvatelia zapojení do aktivít na ochranu ekosystémov a biodiverzity 2.3. Zmapované, vyvinuté, testované a implementované pilotné iniciatívy a opatrenia na ochranu biodiverzity 3.1. Stratégie, manažmentové alebo akčné plány pre rozvoj udržateľného cestovného ruchu a ochranu biodiverzity vypracované, revidované alebo aktualizované správami národných parkov 3.2. Zlepšená spolupráca medzi strategickými zainteresovanými stranami v oblasti udržateľného cestovného ruchu, ochrany ekosystémov a biodiverzity a podporené vytváranie sietí
1.1.6. Začiatok implementácie **Podporného opatrenia**:	Podľa dátumu začiatku **Podporného opatrenia**, ktorý je ustanovený v článku 2. ods. 3. **Dohody o podpornom opatrení**
1.1.7. Koniec implementácie **Podporného opatrenia**:	Podľa dátumu konca **Podporného opatrenia**, ktorý je ustanovený v článku 2. ods. 3. **Dohody o podpornom opatrení**

1.2. **Identifikácia Projektu**

1.2.1.	Názov **Projektu:**	Posilnenie riadenia prevencie neprenosných chorení a podpory zdravia na Slovensku
1.2.2.	Číslo **Projektu:**	0410-2SC-HLT-PC1-001
1.2.3.	**Výzva/Vyzvanie,** vrátane kódu:	Vyzvanie na predloženie žiadosti o projekt v rámci podporného opatrenia ZDRAVIE, HLT01
1.2.4.	**Cieľ Projektu:**	3. Posilňovanie sociálnych systémov
1.2.5.	**Výsledky Projektu:**	1. Schválený model riadenia prevencie neprenosných chorôb a podpory zdravia 2. Koordinované zapojenie samospráv do prevencie neprenosných ochorení a podpory zdravia 3. Zvýšené povedomie a pochopenie neprenosných ochorení a podpory zdravia medzi širokou verejnosťou
1.2.6.	**Výstupy Projektu:**	1.1 Vytvorený model riadenia prevencie neprenosných ochorení a podpory zdravia 1.2 Navýšenie personálnych kapacít vo verejnom zdravotníctve 1.3 Zriadený národný portál osvedčených postupov 2.2 Samosprávy informované o osvedčených postupoch v oblasti prevencie neprenosných ochorení a podpory zdravia
1.2.7.	**Aktivity:**	Sieť verejného zdravia: Koordinátor prevencie Riadiaci model Národný portál dobrej praxe Publicita Bilaterálna spolupráca
1.2.8.	Dátum vydania rozhodnutia o schválení **Projektu Riadiacim výborom:**	Neuplatňuje sa
1.2.9.	Deň začatia realizácie **Projektu:**	1.4.2025
1.2.10.	Plánovaný termín ukončenia **Projektu:**	31.12.2028
1.2.11.	Konečný termín oprávnenosti **výdavkov Projektu:**	31.12.2028

1.3. **Údaje kontaktnej osoby:**

1.3.1.	Meno a priezvisko:	[redacted]
1.3.2.	e-mail kontaktnej osoby:	[redacted]

1.4. **Identifikácia Projektového partnera**

Bod	Obchodné meno Projektového partnera	IČO alebo ekvivalent
1.4.1.	Úrad verejného zdravotníctva Slovenskej republiky (ďalej len ako "Projektový partner 1")	00607223
1.4.2.	Regionálny úrad verejného zdravotníctva Bratislava hlavné mesto so sídlom v Bratislave (ďalej len ako "Projektový partner 2")	00607436
1.4.3.	Regionálny úrad verejného zdravotníctva so sídlom v Banskej Bystrici (ďalej len ako "Projektový partner 3")	00606979
1.4.4.	Regionálny úrad verejného zdravotníctva so sídlom v Nitre (ďalej len ako "Projektový partner 4")	17336031
1.4.5.	Regionálny úrad verejného zdravotníctva so sídlom v Michalovciach (ďalej len ako "Projektový partner 5")	17335680
1.4.6.	Regionálny úrad verejného zdravotníctva so sídlom v Prešove (ďalej len ako "Projektový partner 6")	00610992
1.4.7.	Regionálny úrad verejného zdravotníctva so sídlom v Trnave (ďalej len ako "Projektový partner 7")	00610933
1.4.8.	Regionálny úrad verejného zdravotníctva so sídlom v Trenčíne (ďalej len ako "Projektový partner 8")	00610968
1.4.9.	Regionálny úrad verejného zdravotníctva so sídlom v Martine (ďalej len ako "Projektový partner 9")	17335621
1.4.10	RADIX Schweizerische Gesundheitsstiftung (ďalej len ako "Projektový partner 10")	UID CH-110.395.344

2. FINANCOVANIE PROJEKTU

2.1. **Súhrnné údaje**

Bod	Kategória	Suma v EUR
2.1.1.	**Celkové oprávnené výdavky**	3 586 632,00 eur
2.1.2.	**Projektový grant**	3 586 632,00 eur
2.1.3.	**Spolufinancovanie projektu**	0,00 eur

2.1.4.	**Miera Projektového grantu**	100,00 %

2.2. **Systém financovania projektu**

Bod	**Systém financovania**	**Podmienka**
2.2.1.	**Systém zálohových platieb**	Do výšky 100% **Projektového grantu**.
2.2.2.	**Systém refundácie**	Neuplatňuje sa.

2.3. **Indikatívne rozdelenie Projektového grantu**

Bod	**Obchodné meno Projektového partnera**	**Suma v EUR**
2.3.1.	Ministerstvo zdravotníctva Slovenskej republiky (ďalej len ako "Prijímateľ")	768 918,00 eur
2.3.2.	Úrad verejného zdravotníctva Slovenskej republiky (ďalej len ako "Projektový partner 1")	599 314,00 eur
2.3.3.	Regionálny úrad verejného zdravotníctva Bratislava hlavné mesto so sídlom v Bratislave (ďalej len ako "Projektový partner 2")	210 216,00 eur
2.3.4.	Regionálny úrad verejného zdravotníctva so sídlom v Banskej Bystrici (ďalej len ako "Projektový partner 3")	473 408,00 eur
2.3.5.	Regionálny úrad verejného zdravotníctva so sídlom v Nitre (ďalej len ako "Projektový partner 4")	210 216,00 eur
2.3.6.	Regionálny úrad verejného zdravotníctva so sídlom v Michalovciach (ďalej len ako "Projektový partner 5")	210 216,00 eur
2.3.7.	Regionálny úrad verejného zdravotníctva so sídlom v Prešove (ďalej len ako "Projektový partner 6")	210 216,00 eur
2.3.8.	Regionálny úrad verejného zdravotníctva so sídlom v Trnave (ďalej len ako "Projektový partner 7")	210 216,00 eur
2.3.9.	Regionálny úrad verejného zdravotníctva so sídlom v Trenčíne (ďalej len ako "Projektový partner 8")	210 216,00 eur
2.3.10	Regionálny úrad verejného zdravotníctva so sídlom v Martine (ďalej len ako "Projektový partner 9")	210 216,00 eur
2.3.11	RADIX Schweizerische Gesundheitsstiftung (ďalej len ako "Projektový partner 10")	273 480,00 eur

2.4. **Rozdelenie výdavkov do Aktivít**

Tabuľka č. 1** - **Rozdelenie výdavkov do aktivít

Bod	**Názov aktivity**	**Celkové oprávnené výdavky v EUR**
2.4.1.	Riadenie projektu (ďalej aj ako “a0")	251 064,00 eur
2.4.2.	Sieť verejného zdravia: Koordinátor prevencie (ďalej aj ako “a1")	2 368 967,00 eur
2.4.3.	Riadiaci model (ďalej aj ako “a2")	97 468,00 eur
2.4.4.	Národný portál dobrej praxe (ďalej aj ako “a3")	179 649,00 eur
2.4.5.	Publicita (ďalej aj ako “a4")	110 000,00 eur
2.4.6.	Bilaterálna spolupráca (ďalej aj ako “a5")	350 000,00 eur

3. ROZPOČET PROJEKTU

Tabuľka č. 2 – Rozpočet projektu

3.1. Rozpočtové položky

Bod	Názov rozpočtovej položky	Celkové oprávnené výdavky v EUR
3.1.1.	Člen riadiaceho výboru (0,06 FTE)	904,00 eur
3.1.2.	Expert výboru pre zložku 3 (0,01 FTE)	2 162,00 eur
3.1.3.	PM (1 FTE)	179 124,00 eur
3.1.4.	ÚVZ hygienik (0,015 FTE)	3 128,00 eur
3.1.5.	Odborník ÚVZ (0,1 FTE)	15 640,00 eur
3.1.6.	RÚVZ Bratislava	6 265,00 eur
3.1.7.	RÚVZ Banská Bystrica	6 263,00 eur
3.1.8.	RÚVZ Nitra	6 263,00 eur
3.1.9.	RÚVZ Michalovce	6 263,00 eur
3.1.10.	RÚVZ Prešov	6 263,00 eur
3.1.11.	RÚVZ Trnava	6 263,00 eur
3.1.12.	RÚVZ Trenčín	6 263,00 eur
3.1.13.	RÚVZ Martin	6 263,00 eur
3.1.14.	Koordinátor zdravotníctva MZ SR	187 956,00 eur
3.1.15.	Koordinátor zdravotníctva ÚVZ 1	187 956,00 eur
3.1.16.	Koordinátor zdravotníctva ÚVZ 2	156 630,00 eur
3.1.17.	RÚVZ Bratislava - koordinátor	187 956,00 eur
3.1.18.	RÚVZ Banská Bystrica - koordinátor	187 956,00 eur

3.1.19.	RÚVZ Nitra - koordinátor	187 956,00 eur
3.1.20.	RÚVZ Michalovce - koordinátor	187 956,00 eur
3.1.21.	RÚVZ Prešov - koordinátor	187 956,00 eur
3.1.22.	RÚVZ Trnava - koordinátor	187 956,00 eur
3.1.23.	RÚVZ Trenčín - koordinátor	187 956,00 eur
3.1.24.	RÚVZ Martin - koordinátor	187 956,00 eur
3.1.25.	Cestovné náklady (v rámci SR) MZSR	1 691,00 eur
3.1.26.	Cestovné náklady (v rámci SR) ÚVZ	3 382,00 eur
3.1.27.	RÚVZ Bratislava - Cestovné náklady	1 691,00 eur
3.1.28.	RÚVZ Banská Bystrica - Cestovné náklady	1 691,00 eur
3.1.29.	RÚVZ Nitra - Cestovné náklady	1 691,00 eur
3.1.30.	RÚVZ Michalovce - Cestovné náklady	1 691,00 eur
3.1.31.	RÚVZ Prešov - Cestovné náklady	1 691,00 eur
3.1.32.	RÚVZ Trnava - Cestovné náklady	1 691,00 eur
3.1.33.	RÚVZ Trenčín - Cestovné náklady	1 691,00 eur
3.1.34.	RÚVZ Martin - Cestovné náklady	1 691,00 eur
3.1.35.	Štatistický softvér	4 800,00 eur
3.1.36.	Vzdelávací model	7 728,00 eur
3.1.37.	Skríning - spotrebný materiál	44 000,00 eur
3.1.38.	Skríning - externé laboratórium Poplatok	40 000,00 eur
3.1.39.	Skríning - odmeny zdravotníckych pracovníkov	32 000,00 eur
3.1.40.	Skríning - preprava vzoriek	50 000,00 eur
3.1.41.	Skríning - spracovanie a skladovanie vzoriek	40 000,00 eur

3.1.42.	Skríning - mzdy obslužného personálu (štatistický expert, správca údajov)	10 000,00 eur
3.1.43.	Skríning - nábor	40 000,00 eur
3.1.44.	Skríning - darčekové predmety	4 000,00 eur
3.1.45.	Skríning - propagácia - rozhlasový spot	5 000,00 eur
3.1.46.	Skríning - propagácia - webová stránka	4 000,00 eur
3.1.47.	Skríning - propagácia - tlačová konferencia	4 000,00 eur
3.1.48.	Školenie – Priestory - MZSR	600,00 eur
3.1.49.	Školenie – Priestory - ÚVZ	600,00 eur
3.1.50.	Školenie – Catering - MZSR	1 500,00 eur
3.1.51.	Školenie – Catering - ÚVZ	1 500,00 eur
3.1.52.	Školiace materiály MZSR	1 500,00 eur
3.1.53.	Školiace materiály ÚVZ	1 500,00 eur
3.1.54.	Inštruktori – dodávatelia - MZSR	5 120,00 eur
3.1.55.	Inštruktori – dodávatelia - ÚVZ	5 120,00 eur
3.1.56.	Záverečná medzinárodná konferencia	11 208,00 eur
3.1.57.	Odborníci - dodávatelia (5 rokov praxe)	50 600,00 eur
3.1.58.	Odborníci - dodávatelia (do 4 rokov praxe)	31 280,00 eur
3.1.59.	Prenájom priestorov	600,00 eur
3.1.60.	Stravovanie	4 000,00 eur
3.1.61.	Tlačené materiály	640,00 eur
3.1.62.	Pomocný personál	3 440,00 eur
3.1.63.	Darčekové predmety	6 908,00 eur
3.1.64.	Verejné obstarávanie dodávateľa	3 500,00 eur

3.1.65.	Tvorba webovej stránky (externý dodávateľ)	30 667,00 eur
3.1.66.	Technická podpora	18 400,00 eur
3.1.67.	Hosting	60,00 eur
3.1.68.	Doména	120,00 eur
3.1.69.	Metodická podpora a tvorba usmernení	1 320,00 eur
3.1.70.	Školenia pre používateľov - administrátorov	1 200,00 eur
3.1.71.	RÚVZ Bratislava - Experti	12 512,00 eur
3.1.72.	RÚVZ Banská Bystrica - Experti	12 512,00 eur
3.1.73.	RÚVZ Nitra - Experti	12 512,00 eur
3.1.74.	RÚVZ Michalovce - Experti	12 512,00 eur
3.1.75.	RÚVZ Prešov - Experti	12 512,00 eur
3.1.76.	RÚVZ Trnava - Experti	12 512,00 eur
3.1.77.	RÚVZ Trenčín - Experti	12 512,00 eur
3.1.78.	RÚVZ Martin - Experti	12 512,00 eur
3.1.79.	ÚVZ - Pomocný personál	2 392,00 eur
3.1.80.	RÚVZ Bratislava - Pomocný personál	1 794,00 eur
3.1.81.	RÚVZ Banská Bystrica - Pomocný personál	4 186,00 eur
3.1.82.	RÚVZ Nitra - Pomocný personál	1 794,00 eur
3.1.83.	RÚVZ Michalovce - Pomocný personál	1 794,00 eur
3.1.84.	RÚVZ Prešov - Pomocný personál	1 794,00 eur
3.1.85.	RÚVZ Trnava - Pomocný personál	1 794,00 eur
3.1.86.	RÚVZ Trenčín - Pomocný personál	1 794,00 eur
3.1.87.	RÚVZ Martin - Pomocný personál	1 794,00 eur

3.1.88.	Konferencia - spustenie portálu - prenájom priestorov	150,00 eur
3.1.89.	Konferencia - spustenie portálu - stravovanie	1 000,00 eur
3.1.90.	Podujatie Market Place - prenájom priestorov	600,00 eur
3.1.91.	Podujatie Market Place - catering	2 700,00 eur
3.1.92.	Propagačné materiály - tlačené materiály	400,00 eur
3.1.93.	Propagačné materiály - Bannerové materiály	300,00 eur
3.1.94.	Infuencer	30 000,00 eur
3.1.95.	Kampaň v sociálnych médiách - MZ SR	20 000,00 eur
3.1.96.	Kampaň v sociálnych médiách - ÚVZ	60 000,00 eur
3.1.97.	Odborné znalosti švajčiarskeho partnera	350 000,00 eur

3.2. **Kancelárske a administratívne výdavky**

Bod	Názov rozpočtovej položky	Celkové oprávnené výdavky v EUR
3.2.1.	Paušál na kancelárske a administratívne výdavky	50 152,00 eur

3.3. **Rezerva**

Bod	Názov rozpočtovej položky	Celkové oprávnené výdavky v EUR
3.3.1.	Rezerva	179 332,00 eur

4. INDIKÁTORY PROJEKTU

Tabuľka č. 3 – Indikátory projektu

Indikátory vplyvov – názov indikátora	Počiatočná hodnota	Cieľová hodnota
	0	

Indikátory výsledkov – názov indikátora	Počiatočná hodnota	Cieľová hodnota
1.1 Prijatý model riadenia	0	1
2.1 Počet samosprávnych krajov aktívne zapojených do platformy na prevenciu neprenosných ochorení	0	8
3.1 Vyhodnotenie prieskumu zdravotnej gramotnosti – východiskový stav a stav po implementácii programu	0	Áno

Indikátory výstupov – názov indikátora	Počiatočná hodnota	Cieľová hodnota
1.1.1 Vytvorený model riadenia	0	1
1.2.1 Počet pozícií koordinátorov prevencie vytvorených na úrovni štátnej správy	0	11
1.2.2 Počet zamestnancov štátnej správy benefitujúcich zo školení v oblasti prevencie a ochrany zdravia	0	11
1.2.3 Počet ľudí zasiahnutých intervenciou skríningu rizikových faktorov obezity	0	2000
1.3.1 Zriadený národný portál	0	1
1.3.2 Počet zorganizovaných stretnutí k národnému portálu	0	8
1.3.3 Počet zapojených zástupcov z nasledujúcich úrovní: národná / regionálna / lokálna	0	3
1.3.4 Počet zapojených sektorov z nasledujúcich: štátna správa / samospráva / neziskový sektor / akademický sektor / vedecko-výskumný sektor	0	5
1.3.5 Počet vyhodnotených a zverejnených osvedčených postupov	0	10
2.2.1 Počet zorganizovaných podujatí MarketPlace pre zainteresované strany a regionálnych aktérov	0	4
2.2.4 Počet zrealizovaných stretnutí medzi samosprávnymi krajmi a úradmi verejného zdravotníctva	0	4

5. OSOBITNÉ PODMIENKY

5.1. **Odkladacie podmienky prvej Zálohovej platby**

5.1.1.	Prijímateľ zabezpečí, aby platné a účinné Partnerské dohody so všetkými Projektovými partnermi špecifikovanými v bode 1.4 Ponuky na poskytnutie grantu boli predložené Správcovi programu najneskôr do 2 kalendárnych mesiacov od nadobudnutia účinnosti Projektovej zmluvy.

5.2. **Odkladacie podmienky Záverečnej platby**

5.2.1.	

5.3. **Ďalšie osobitné podmienky**

5.3.1.	Prijímateľ sa zaväzuje zabezpečiť, že model riadenia prevencie chorôb a podpory zdravia, ktorý bude vytvorený v rámci Projektu, bude zahŕňať aj jasnú väzbu na vývoj konkrétnej politiky alebo stratégie v oblasti kontroly a prevencie neprenosných chorôb a zaväzuje sa predložiť plán obsahujúci plánované intervencie a míľniky súvisiace s rozvojom politiky v oblasti kontroly a prevencie neprenosných chorôb.
5.3.2.	Prijímateľ sa zaväzuje zabezpečiť monitorovanie ukazovateľov formou Správy o dosiahnutých hodnotách kľúčových ukazovateľov ako súčasť dokumentu Súhrnná správa o vývoji v Strategickom rámci starostlivosti o zdravie pre roky 2014-2030, ktorá poskytuje základný prehľad o vývoji a smerovaní jednotlivých oblastí prostredníctvom zvolených indikátorov, po Dobu udržateľnosti projektu. Ide o nasledovné ukazovatele: - Úmrtnosť odvrátiteľná prevenciou (štatistiky OECD), - Celková úmrtnosť (štatistiky OECD), - Hospitalizácie na choroby srdcovo-cievnej sústavy (štatistiky OECD), - Výdavky na prevenciu, % z celkových výdavkov na zdravie (štatistiky OECD), - Očakávaná dĺžka života pri narodení (štatistiky OECD), - Zdravotná gramotnosť (štúdia „Zdravotné povedomie a správanie obyvateľov Slovenska“, ktorú pravidelne realizuje Odbor podpory zdravia a zdravotnej výchovy ÚVZ). Každoročne predkladaná Súhrnná správa o vývoji v Strategickom rámci starostlivosti o zdravie pre roky 2014-2030 obsahuje Správu o dosiahnutých hodnotách kľúčových ukazovateľov, ktorá je prvou kapitolou Súhrnnej správy, a poskytuje základný prehľad o vývoji zvolených ukazovateľov.
5.3.3.	Prijímateľ sa zaväzuje prevziať a udržať úlohu vedúceho subjektu v multisektorovej sieti zainteresovaných strán, ktorá bola vytvorená v rámci Projektu počas implementácie

	Projektu a následne počas Doby udržateľnosti projektu. Prijímateľ preukáže aktívne vedenie multisektorovej siete prostredníctvom pravidelných správ o činnosti siete, zápisníc zo stretnutí a prehľadu aktivít realizovaných počas implementácie Projektu a počas Doby udržateľnosti projektu.
5.3.4.	Prijímateľ sa zaväzuje zriadiť odbornú komisiu, ktorej úlohou bude hodnotenie a schvaľovanie uverejnenia „dobrej praxe“ zozbieranej od ostatných Prijímateľov v rámci Podporného opatrenia na Národnom portáli dobrej praxe, vytvorenom v rámci Projektu a schvaľovanie „profilu zdravia“ miest, ktoré implementovali projekt v rámci Podporného opatrenia. Odborná komisia musí byť aktívna minimálne počas doby implementácie Projektu a následne počas Doby udržateľnosti projektu. Prijímateľ preukáže činnosť komisie prostredníctvom zápisníc zo zasadnutí, schválených výstupov na Národnom portáli dobrej praxe a schválených profilov zdravia miest.
5.3.5.	Bod 24.1.2 VZP sa neuplatní.

6. UDRŽATEĽNOSŤ PROJEKTU

6.1. **Doba udržateľnosti projektu** je stanovená na obdobie päť (5) rokov od schválenia poslednej **Žiadosti o platbu**.

6.2. Počas celej **Doby udržateľnosti projektu** je **Prijímateľ** povinný zabezpečiť, že cieľové hodnoty **Indikátorov** podľa tabuľky v bode 4 **Špecifikácie projektu** budú v zásade v nezmenšenom rozsahu zachované, resp. napĺňané.

7. ŠTÁTNA POMOC

7.1. **Prijímateľ** berie na vedomie, že **Projektový grant** poskytnutý podľa tejto **Zmluvy** nepredstavuje štátnu pomoc ani pomoc de minimis podľa zákona č. 358/2015 Z. z. o úprave niektorých vzťahov v oblasti štátnej pomoci a minimálnej pomoci a o zmene a doplnení niektorých zákonov v znení neskorších predpisov (ďalej len „**Zákon o štátnej pomoci**“). Poskytnutím **Projektového grantu** nesmie dôjsť k poskytnutiu neoprávnenej štátnej pomoci, resp. minimálnej pomoci.

7.2. **Aktivity** v rámci **Projektu** musia mať povahu nehospodárskej činnosti v súlade s Metodickým usmernením Protimonopolného úradu Slovenskej republiky - Prípady nepodliehajúce pravidlám v oblasti štátnej pomoci.

7.3. **Prijímateľ** je povinný zabezpečiť, aby nedošlo k takej zmene **Projektu**, ktorá spôsobí, že financovanie **Projektu** bude v rozpore s platnými pravidlami štátnej pomoci, resp. minimálnej pomoci.

7.4. **Prijímateľ** sa zaväzuje bezodkladne oznámiť **Poskytovateľovi** zmenu akýchkoľvek skutočností rozhodujúcich pre určenie, či poskytnutie **Projektového grantu** spĺňa pravidlá štátnej pomoci, resp. minimálnej pomoci.

7.5. **Prijímateľ** je pri prijatí a použití **Projektového grantu** povinný vykonať všetky úkony smerujúce k tomu, aby poskytnutím **Projektového grantu** nedošlo k poskytnutiu neoprávnenej štátnej

pomoci, resp. minimálnej pomoci. V prípade, ak by poskytnutie **Projektového grantu** alebo jeho časti bolo poskytnutím neoprávnenej štátnej pomoci, resp. minimálnej pomoci alebo by sa takým ukázalo neskôr, **Prijímateľ** je povinný vrátiť Pr**ojektový grant** alebo jeho časť a prípadnú inú neoprávnenú štátnu pomoc, resp. minimálnu pomoc.

7.6. **Prijímateľ** je povinný na žiadosť **Poskytovateľa** predložiť mu všetky potrebné doklady a všetky informácie nevyhnutné pre posúdenie splnenia pravidiel štátnej pomoci, resp. minimálnej pomoci.

7.7. V prípade, ak **Prijímateľ** vykonáva hospodársku aj nehospodársku činnosť, je povinný vykonať všetky opatrenia smerujúce k tomu, aby nedošlo ku krížovému financovaniu. Najmä je povinný viesť oddelenú účtovnú evidenciu o hospodárskej činnosti a nehospodárskej činnosti. **Prijímateľ** zabezpečí, aby toto ustanovenie dodržal aj každý **Projektový partner**.

7.8. **Poskytovateľ** je oprávnený priebežne kontrolovať, či boli dodržané podmienky poskytnutia **Projektového grantu** podľa tohto článku. V prípade, ak **Prijímateľ** porušil povinnosti podľa tohto článku, je povinný vrátiť poskytnutý **Projektový grant** alebo jej časť.

Príloha č. 3 Dohody o partnerstve na realizáciu projektu - Rozpočet projektu

Budget item No.	Activity	Budget Item	Implemented by	Unit	Number of units	Unit costs in EUR	Costs in EUR
3	**Programme Component Management**	**Overall**	**MoH SR**	**flat rate**	**1**	**- €**	**6 263,00 €**
3.3	Programme Component Management	Management RPHAs (0,03 FTE)	RPHA	Quantity (months-person)	1	6 263,00 €	6 263,00 €
3.3.1	**Programme Component Activities**	**Overall Allocation for Activities**			1		**203 953,00 €**
4	**Activity 1**	**Public Health Network: Prevention Coordinator**					**189 647,00 €**
4.1	**Activity 1**	**Personnal Costs**					**189 647,00 €**
4.1.4	**Activity 1**	Health Coordinator PHA - regional		month	46	4 086,00 €	187 956,00 €
4.1.5	**Activity 1**	Travel costs (within Slovakia)		person-travels	19	89,00 €	1 691,00 €
6	**Activity 3**	**National Portal**					**14 306,00 €**
6.2	**Activity 3**	**Personnal Costs**					**14 306,00 €**
6.2.1	**Activity 3**	Experts - Contractors (up to 4 years experience)		hour	368	34,00 €	12 512,00 €
6.2.2	**Activity 3**	Auxiliary staff		hours	138,00	13,00 €	1 794,00 €
	∑						**210 216,00 €**

Príloha č. 4 k Dohode o partnerstve na realizáciu projektu

ŽIADOSŤ O PLATBU

Všeobecná identifikácia

Názov programu:	Program švajčiarsko-slovenskej spolupráce
Názov poskytovateľa:	Ministerstvo investícií, regionálneho rozvoja a informatizácie Slovenskej republiky

Identifikácia projektu

Kód projektu:	
Názov projektu:	Švajčiarsko–slovenský program Zdravie

Identifikácia žiadosti o platbu

Kód žiadosti o platbu:	
Žiadosť o platbu predkladaná za:	Partner
Záverečná platba:	áno☐ nie☐

Identifikácia prijímateľa

Názov prijímateľa:	Ministerstvo zdravotníctva Slovenskej republiky	**IČO:**	00165565
IČ DPH:	SK2020830141	**DIČ:**	2020830141
Forma poskytnutia prostriedkov:			

Štatutárny orgán prijímateľa

Meno štatutárneho orgánu: Kamil Šaško, MSc.

Kontaktné osoby prijímateľa

Meno a priezvisko	Telefonický kontakt	E-mail

Identifikácia partnera

Názov partnera:	**IČO:**
IČ DPH:	**DIČ:**

Žiadané finančné prostriedky

	Bežné výdavky (v EUR)	**Kapitálové výdavky** (v EUR)	**Spolu** (v EUR)
	0,00	0,00	0,00
Spolu	0,00	0,00	0,00

Správa o pokroku

Administratívne údaje: názov Projektu, identifikácia Partnera, obdobie, za ktoré sa správa podáva,

Opis aktivít: prehľad vykonaných aktivít v danom období a ich súlad s plánovanými výstupmi,

Dosiahnuté výsledky: stručné vyhodnotenie dosiahnutých cieľov a vplyvu aktivít,

Finančné čerpanie: prehľad vynaložených nákladov v danom období v súlade so schváleným rozpočtom,

Problémy a riziká: identifikácia prípadných problémov, rizík a návrhy na ich riešenie,

	Poskytnutá zálohová platba (v EUR)	**Deklarované výdavky** (v EUR)	**Zostatok poskytnutej zálohovej platby** (v EUR)
Spolu	0,00	0,00	0,00

Zoznam povinných príloh

a) Kópie účtovných dokladov k Deklarovaným výdavkom,

b) Kópie výpisov z Projektového účtu za všetky mesiace daného Reportovacieho obdobia,

c) Kópie výpisov z iných účtov, z ktorých boli hradené Deklarované výdavky, ak relevantné,

d) Kópie z príslušných strán z hlavnej knihy o zaúčtovaní Deklarovaných výdavkov,

e) Fotodokumentácia z realizácie Aktivít Projektu

f) Akékoľvek výstupy z realizácie Projektu, najmä, nie však výlučne brožúry, letáky, metodologické dokumenty a pod.

Meno a priezvisko štatutárneho orgánu partnera

V ....., dňa	

Príloha č. 5 k Dohode o partnerstve na realizáciu projektu

Pravidelná správa o činnosti a aktivitách na účel poskytnutia zálohovej platby
(trojmesačná)

1. Základné informácie o projekte

- Názov projektu
- Identifikačné číslo projektu
- Obdobie, na ktoré sa správa vzťahuje
- Zodpovedná osoba / tím

2. Prehľad hlavných aktivít

- Zoznam realizovaných úloh v danom období
- Popis vykonanej činnosti
- Splnené míľniky a výstupy

3. Stav projektu

- Plánované vs. skutočne realizované aktivity
- Odchýlky od plánu a ich dôvody
- Riziká a prekážky, ktoré ovplyvnili priebeh projektu

4. Finančné prehľady

- Prehľad vynaložených nákladov v porovnaní s rozpočtom
- Prípadné finančné problémy alebo potreba dodatočných zdrojov

5. Ďalšie kroky

- Plánované aktivity na ďalšie obdobie
- Očakávané výstupy a termíny
- Identifikácia prípadných rizík a návrhy na ich riešenie