World Health Organization
REGIONAL OFFICE FOR Europe

# Biennial Collaborative Agreement

**between**

**the Ministry of Health of Slovenia**

**and**

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

**2022/2023**

***Signed by:***

*For the Ministry of Health*

Janez Poklukar — 24.05.2022

*Signature* — *Date*

*Name: Dr Janez Poklukar* — *Title:* Minister of Health

*For the World Health Organization*

H. Kluge — 24.05.2022

*Signature* — *Date*

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## Contents

# Introduction

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

The GPW 13 provides a high-level strategic vision for the work of WHO and its Member States, and provides an overall direction for the five-year period beginning in January 2019. WHO's Programme Budget 2022–2023, as approved by the Seventy-fourth World Health Assembly, aims to turn the vision of the GPW 13 into reality by delivering positive health impact for people at the country level. Its results framework (see Annex 1) demonstrates how its inputs and outputs translate into and are crucial for achieving the triple billion targets of the GPW 13 and for maximizing impact on people's lives at the country level.

This BCA, grounded in the GPW 13 and the United Nations (UN) 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning the EPW, which was adopted by the WHO Regional Committee for Europe at its 70th session in 2020. In line with the EPW, the BCA aims to support Slovenia in promoting universal access to quality care without fear of financial hardship, offering effective protection against health emergencies and building healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being.

Through a consultative process, WHO and Slovenia agreed on the broad prioritization of areas for collaboration, which were reviewed and refined in the preparation of this document. This document further details the collaboration programme, including the prioritized outcomes, proposed outputs, and product and service deliverables. Achieving the prioritized outcomes as identified in this BCA is therefore the responsibility of both the WHO Secretariat and Slovenia.

The BCA will be implemented through optimal and best-fitting modes of delivery, which may be ranging from country-specific (for outputs that are highly specific to the needs and circumstances of individual countries), to intercountry (to address countries' common needs using WHO European Region-wide approaches) and multicountry (for subregional needs).

## Terms of collaboration

The collaboration programme may be revised or adjusted during the biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs for 2022–2023 may be amended by mutual agreement in writing between the Regional Office and the Government as a result of, for example, changes in the country's health situation, changes in the country's capacity to implement the agreed activities, the emergence of specific needs during the biennium, changes in the Regional Office's capacity to provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

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

Implementation will start at the beginning of the biennium 2022–2023.

WHO will allocate a baseline budget for the biennium as an indicative estimate of costs of delivering the planned work. To the extent possible, this budget allocation will encompass the total expenditure for the implementation of the BCA, regardless of the level of WHO from which the work will be delivered. Funding will come from both WHO corporate resources and any other resources mobilized through WHO. These funds will not be used to subsidize or fill financing gaps in the regular operations and delivery of services of the health sector, to supplement salaries, or to purchase supplies. Activities and purchases of supplies and donations as part of crisis response operations or as part of demonstration projects will continue to be funded through additional mechanisms, in line with WHO rules and regulations.

The expenditures on staff of WHO based at WHO headquarters or the Regional Office, and staff of the Country Office in Slovenia, are not reflected in the indicated budget. The value of the Government's input, other than that channelled through the WHO Secretariat, is also not included in the BCA or the indicated budget.

This BCA is open to further development and contributions from other sources, in order to supplement the existing programme or to introduce activities that have not been included at this stage.

# PART 1. Strategic outlook on collaborative priorities

## 1.1 Political and socioeconomic context

Slovenia is conveniently located in central Europe in an area of land between the Alps and the Adriatic Sea, bordering Austria, Italy, Croatia and Hungary. It covers 20 273 square km and has a population of 2.08 million.

The capital of Slovenia is Ljubljana. The country is divided into 2 cohesion regions (Eastern and Western Slovenia) with a total of 12 statistical regions and 212 municipalities (11 having urban status). The municipalities have the authority to manage the municipality's assets, facilitate conditions for economic development, plan spatial development, and manage local public services including primary health care (PHC).

Slovenia declared its independence in 1991 and became a member of the European Union (EU) in 2004. It is a democratic, stable and successful country with high gross domestic product (GDP) per capita and consistent annual economic growth, a member of the main international organizations, and a country that enjoys friendly ties with other countries. It is a member of the UN (1992), the Organization for Security and Co-operation in Europe (OSCE) (1992; Presidency in 2005), WHO (1992), the United Nations Children's Fund (UNICEF) (1992), the International Monetary Fund (IMF) (1993), the World Trade Organization (WTO) (1995), the North Atlantic Treaty Organization (NATO) (2004), and the Organisation for Economic Co-operation and Development (OECD) (2010). In 2007 it adopted the euro as its national currency and joined the Schengen area.

Slovenia is a parliamentary democracy. The National Parliament, the Government and the President are the supreme bodies of state power of Slovenia. President of State **Mr Borut Pahor** is in his second five-year mandate until October 2022. The Prime Minister is **Mr Janez Janša,** leader of the Slovenian Democratic Party, since February 2020, and the Minister of Health is **Mr Janez Poklukar**. In Slovenia, 2022 is a super-election year, with parliamentarian elections in April, a presidential election in September/October and local elections in November.

Statistics place Slovenia below the EU average when it comes to three types of productivity (material, energy and emissions) as well as monitoring circularity in the use of resources (in 2017, the EU-28 average was 11.7, while Slovenia's rate was 8.5). In the long run, this makes Slovenia vulnerable because of its dependency on imported raw materials. Therefore, one of its four priority areas is the transition to a low-carbon economy.[1]

Slovenia's share of employment in high-technology sectors (high-technology manufacturing and knowledge-intensive high-technology services) exceeds the European average, and the Slovenian business enterprise sector spends a higher percentage of total business expenditure on research and development activities.[2]

The COVID-19 pandemic affected the labour market. Most indicators used to monitor labour market changes deteriorated in 2020. There were 12% more unemployed people, and the unemployment rate increased to 5%. The unemployment rate was the highest (9.7%) among

[1] Government of the Republic of Slovenia (2020). Implementation of the Sustainable Development Goals, Second Voluntary National Review – Slovenia 2020 (https://sustainabledevelopment.un.org/content/documents/26451VNR_2020_Slovenia_Report.pdf).
[2] Republic of Slovenia Statistical Office (2022). Development and technology (https://www.stat.si/StatWeb/en/Field/Index/25).

young people aged 15–29 years, and incidence of long-term unemployment in Slovenia is now among the highest in the OECD.[3]

The country's population is also ageing quickly, and Slovenia faces high risks regarding the long-term sustainability of public finances stemming from the projected increase in pension-related public spending, health care and long-term care expenditure.

## 1.2 National health and development goals and partnership environment

In 2016 the **National Health Plan 2016-2025: Together for Healthy Society** was adopted. It serves as the main strategic framework for the management and development of the health-care system in Slovenia, and the basis for drafting and passing relevant laws in the fields of health insurance and health services. It also serves as the basis for drawing EU resources under the Operational Programme for the Implementation of the EU Cohesion Policy in the Period 2014–2020, and the third programme of EU action in the field of health (2014–2020).

The Regional Office and the European Observatory on Health Systems and Policies were involved in all stages of the development of the National Health Plan through a number of consultations and discussions held on health care system in Slovenia, including a health expenditure review conducted by the Ministry of Health in collaboration with WHO. Various stakeholders – particularly representatives of all key institutions in the health sector, social partners, nongovernmental organizations (NGOs) working in health and representatives of citizen groups such as the Slovenian Federation of Pensioners' Associations – contributed to the process.

Intersectoral work is especially strong in the areas of nutrition, physical activity, road safety, food and water safety, and the environment, with some good examples in other areas as well. The Pomurje region has the longest tradition of linking health and development, with a regional development strategy that has used a health-in-all-policies approach for over a decade. In these fields, activities are carried out within frameworks of the EU as well as WHO.

Although public health is not nationally recognized as a research discipline, Slovenian researchers are active leaders and contributors to international public health projects, including those of WHO at regional and global levels, making the country's research community well placed on the European and international stage.

The **Slovenian Development Strategy 2030**, which is the overall development framework of the state adopted in December 2017, is a response to **Vision of Slovenia 2050**, a review of the current situation in the economic, social and environmental spheres, as well as global trends and challenges. The Strategy therefore incorporates UN sustainable development objectives. It is primarily aimed at the policy-makers responsible for its implementation, while its effects will be felt by Slovenian individuals and society as a whole, which are at its core. Slovenia emphasizes the importance of investing in the green economy and achieving sustainable economic growth to ensure further improvement of the education, health, social security and equity of Slovene people.

Slovenia's policy of foreign affairs defines its intention to strengthen its presence in the Western Balkans. Slovenia is committed to provide support to Western Balkan countries in their

[3] Republic of Slovenia Statistical Office (2022). Unemployment (https://www.stat.si/statweb/en).

integration into the Euro-Atlantic structure and to act as their liaison with the EU, particularly via the Brdo Process.

Formal structures and mechanisms for public health policy-making are mostly in place, including those regarding stakeholder involvement, situational analyses, preparation of strategic documents, implementation and evaluation. Partnership with international bodies has been very beneficial in terms of harmonization between international evidence and national policies. Implementation of strategic plans is generally supported by a defined national oversight body, while reporting requirements and predefined indicators constitute a basis for evaluation and ensure transparency.

WHO and the International Organization for Migration (IOM) are the only UN agencies at the country level. The Ministry of Health and the National Institute of Public Health of Slovenia have well established cooperation with civil society organizations and NGOs covering a wide variety of health and environment areas with numerous projects.

## 1.3 Health status and progress towards health goals

The health status of the population of Slovenia has improved considerably in the past decade. Slovenia's strong economic growth has been accompanied by strong health indicators.

Life expectancy at birth has grown rapidly since independence, and now exceeds that of both the EU and the WHO European Region, but has not yet reached the level of the EU15 (the countries that joined the EU prior to 2004). As in other countries, women in Slovenia live longer than men, but the gap has been shrinking. Life expectancy at birth in 2019 was 79 years for males and 84 years for females. Slovenia's high life expectancy at birth is in part due to very low rates of infant and under-5 mortality – almost half the rates of the EU.[4] As the overall health of the Slovenian population continues to improve, gaps in life expectancy persist between geographic and socioeconomic groups. Namely, life expectancy is three years shorter in less developed eastern regions than in more developed western regions. These differences correspond to differences in poverty rates among the regions.[5]

Slovenia's Sustainable Development Goal (SDG) index value was 78 in 2017 and in 2021. Its universal health coverage (UHC) index value was 94 in 2017 (projected at 96 in 2021).[6] Slovenia's current health expenditure is 8.3% of GDP.[7]

In Slovenia, social health insurance is compulsory with a single-payer system and covers virtually all permanent residents. The majority of the population also purchases complementary voluntary health insurance, mainly to cover copayments. The country has one of the lowest rates of out-of-pocket spending in the EU, at just 12.3% of current health expenditure, which indicates that households are mostly protected against catastrophic health spending. Long waiting times are the main reason for self-reported unmet medical and dental needs.[8]

However, the health insurance system relies almost exclusively on payroll contributions, making it very susceptible to economic/labour market fluctuations. Fiscal consolidation

[4] World Bank (2022). Life expectancy at birth, total (years) – Slovenia (https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=SI).
[5] OECD (2020). Regional well-being in OECD countries: Slovenia (https://www.oecd.org/cfe/regionaldevelopment/hows-life-country-facts-slovenia.pdf).
[6] Institute for Health Metrics Evaluation (2017). Slovenia, 2017 (https://vizhub.healthdata.org/sdg/).
[7] World Bank (2022). Current health expenditure (% of GDP) – Slovenia (https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=SI ).
[8] OECD (2019). Slovenia: Country Health Profile 2019 (https://www.oecd-ilibrary.org/social-issues-migration-health/slovenia-country-health-profile-2019_79ba70a2-en).

measures have sped up the reform efforts to broaden the revenue base and ensure fiscal sustainability.[9]

Slovenia's rapidly ageing population adds pressure to health and long-term care budgets and entails changes to care models. To prepare its health system to address the needs of an ageing population and growing numbers of people with chronic conditions, an important development in recent years has been the reorientation of the health system towards prevention and public health activities. Creating a strong primary care system has been a major focus for health policy reforms.[10]

Morbidity and mortality due to behavioural risk factors are on the rise and preventable mortality remains above the EU average. The percentage of adults in Slovenia who smoke daily has dropped since the early 2000s, reaching 18% in 2019, which is slightly below the EU average. Almost one in four (23%) Slovenian adults reported episodic heavy alcohol consumption, also known as binge drinking, at least once a month in 2019, which is above the EU average (19%). In 2018 over one quarter (27%) of 15-year-olds reported having been drunk at least twice in their life, which is a higher proportion than in most EU countries (the EU average is 22%). Overweight and obesity rates in Slovenia are also a public health concern. In 2019 19% of adults were obese, which is above EU average. Most risk factors in Slovenia are more common among individuals with only primary education, contributing to inequalities in health.[11]

In general, public health is well integrated in the health system, with important strengths contributing to its effectiveness.

## 1.4 Strategic priorities in transformation for health

Strategic priorities in transformation for health anticipated by the National Health Plan 2016-2025 will contribute to the realization of four headline targets in health:

1. improved health and well-being and less inequality in the health of Slovenian citizens;
2. an accessible, efficient and stable health-care system that effectively adapts to the needs of the population;
3. satisfied patients and providers; and
4. a greater contribution to the development of health in Slovenia.

Based on these national strategic priorities and drawing on EPW pillars and flagships, WHO will focus in the next planning period on:

1. healthy and active lifestyles;
2. people-centred and integrated health care;
3. health workforce development and skills development; and
4. sustainability of health care, strong governance and efficient use of health-care resources.

[9] OECD (2017). Slovenia: Country Health Profile 2017 (https://www.oecd-ilibrary.org/social-issues-migration-health/slovenia-country-health-profile-2017_9789264283558-en).
[10] OECD (2019). Slovenia: Country Health Profile 2019 (https://www.oecd-ilibrary.org/social-issues-migration-health/slovenia-country-health-profile-2019_79ba70a2-en).
[11] OECD (2019). Slovenia: Country Health Profile 2019 (https://www.oecd-ilibrary.org/social-issues-migration-health/slovenia-country-health-profile-2019_79ba70a2-en).

Work on these strategic priorities will lead to a healthier population, advance the transition to a people-centred service-delivery model supported by human resources with appropriate skill sets and knowledge, improve financial protection and access to services, and foster more efficient resource allocation and utilization. This will address the disease burden and, in the medium-long term, contribute to better health outcomes and the achievement of the goals of Slovenia's public health strategy and national development plan.

## 1.5 Main areas for collaboration based on the GPW 13 and the EPW

**GPW Priority 1: Moving towards UHC (outcomes 1.1, 1.2, 1.3)**

Based on the WHO country assessments of PHC in 2019 and 2021, WHO will:

- provide strategic policy advice to guide the development of new, evidence-informed PHC strategy for Slovenia;
- provide technical assistance to the group of experts and government officials who will be leading the development of the new PHC strategy;
- provide advice on the design of participatory processes that incorporate the views of all key stakeholders; and
- share best practices and international experiences regarding the factors that contribute to effective implementation of the national and sectoral health strategies.

**GPW Priority 2: Protecting against health emergencies (outcomes 2.1)**

Based on lessons learned from the COVID-19 pandemic, WHO will:

- support the strengthening of multidisciplinary cooperation and better understanding of the International Health Regulations (IHR) (2005) at the state level, and of IHR national focal points' central role in collecting data and communicating risks of international concern; and
- support country capacity for prompt mobilization of reliable strategic information and intelligence.

**GPW Priority 3: Promoting health and well-being (outcomes 3.1, 3.2, 3.3)**

WHO will support Slovenian health authorities by:

- providing the latest evidence and sharing international practice to inform decision-making processes on noncommunicable disease (NCD) risk factors (such as tobacco, alcohol, poor nutrition and inadequate physical activity);
- supporting the country in its implementation of an antimicrobial resistance (AMR) action plan through strengthening the role of an intersectoral oversight mechanism; and
- supporting opportunities for national policy dialogue on inequities, including the health and well-being of vulnerable groups.

**EPW Flagship 1: The Mental Health Coalition**

Based on findings from WHO's country assessment of mental health, WHO will support implementation of the action resolution on mental health by strengthening national capacities for mental health service delivery by integrating these services into PHC (with a focus on children and adolescents). WHO will also facilitate national policy dialogues on mental health

and psychosocial support to incorporate key mental health priorities in national plans (such as cross-sector prevention, digitalization of mental health services, and collaboration between health- and social-care networks).

**EPW Flagship 2: Empowerment through Digital Health**

Based on findings from WHO's comprehensive health information assessment in Slovenia in 2020, WHO will provide support to health authorities to ensure health information that is better aligned with current needs for policy-making; improved opportunities to respond to emerging policy needs; and an up-to-date legislative framework that can also accommodate the (safe) use of innovative health information approaches. WHO will support health authorities to leverage the use of digital technologies to improve the interface between people and health services and improve health system performance.

**EPW Flagship 3: The European Immunization Agenda 2030**

WHO will support the strengthening of Slovenia's national immunization policies by addressing coverage gaps in national immunization schedules.

# PART 2. Programmmatic priorities for collaboration in 2022–2023

The collaboration programme for 2022–2023 is grounded in the above analysis and based on the strategic priorities (SPs) outlined below (see Annex 2 for details). It was mutually agreed upon and selected in response to public health concerns and ongoing efforts to improve the health status of the population of Slovenia.

**SP1. One billion more people benefiting from UHC**

1.1 Improved access to quality essential health services

1.2 Reduced number of people suffering financial hardship

1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

**SP2. One billion more people better prepared for health emergencies**

2.1 Countries prepared for health emergencies

**SP3. One billion more people enjoying better health and well-being**

3.1 Determinants of health addressed

3.2 Risk factors reduced through multisectoral action

3.3 Healthy settings and health in all policies promoted

**SP4. A more effective and efficient WHO providing better support to countries**

# PART 3. Budget and commitments for 2022–2023

## 3.1 Budget and financing

The total budget of the Slovenia BCA is US$ 102 000. All sources of funds will be employed to fund this budget as they are mobilized by both parties and become available.

In accordance with World Health Assembly resolution WHA74.3, the WHO Director-General will make known the distribution of the available funding, after which the WHO Regional Director for Europe can consider the Regional Office's allocations to the BCAs.

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

## 3.2 Commitments

The Government and the WHO Secretariat jointly commit to working together to mobilize the funds required to deliver this BCA.

### *3.2.1 Commitments of the WHO Secretariat*

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the outputs and deliverables defined in this BCA. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution in line with WHO's rules on procurement.

### *3.2.2 Commitments of the Government of Slovenia*

The Government shall engage in the required policy and strategy formulation and implementation processes, and, to the extent possible, provide workspace, personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes identified in the BCA.

# List of abbreviations

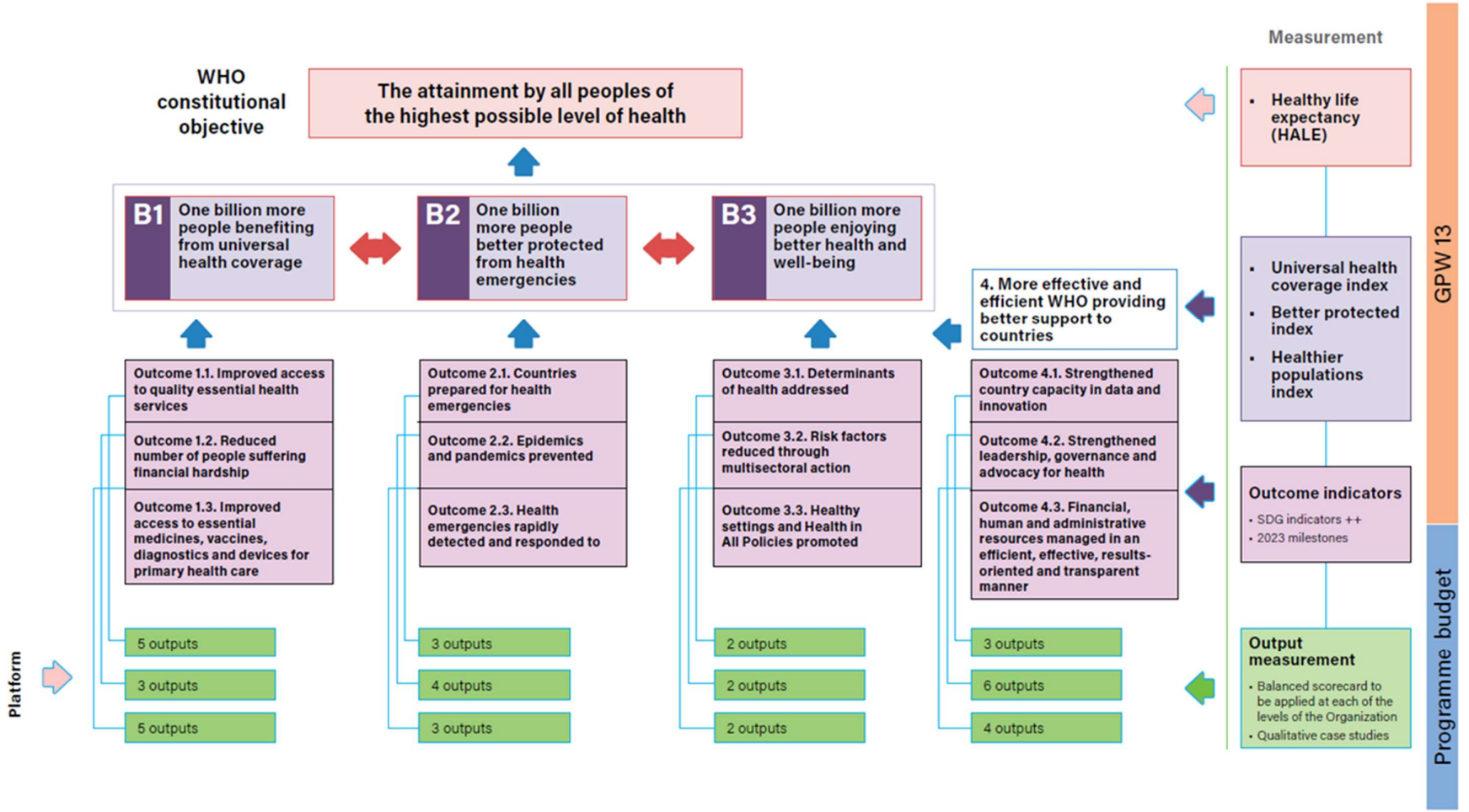
### General abbreviations

BCA – Biennial Collaborative Agreement
EPW – European Programme of Work, 2020–2025
GDP – gross domestic product
GPW 13 – WHO's Thirteenth General Programme of Work, 2019–2023
ICD-11 – International Classification of Diseases, 11th Revision
IOM – International Organization for Migration
NATO – North Atlantic Treaty Organization
NGO – nongovernmental organization
OECD – Organisation for Economic Co-operation and Development
OSCE – Organization for Security and Co-operation in Europe
SDGs – Sustainable Development Goals
SP – strategic priority
SVN – Slovenia
UN – United Nations
UNICEF – United Nations Children's Fund
WHO – World Health Organization
WR – WHO representative
WTO – World Trade Organization

### Technical abbreviations

AMR – antimicrobial resistance
COVID-19 – SARS-CoV-2 novel coronavirus
EVIPNet – Evidence-informed Policy Network
HIS – health information systems
HTA – health technology assesment
IHR – International Health Regulations (2005)
NAP – national action plan
NCD – noncommunicable diseases
PHC – primary health care
SDH – social determinants of health
UHC – universal health coverage
WHO FCTC – WHO Framework Convention on Tobacco Control

# ANNEX 1. The GPW 13 results framework



## Annex 2. Details of the collaboration programme

# Biennial Collaborative Agreement (BCA) – SLOVENIA

| Strategic priority (SP)/ outcome | Output | Description of products or services |
|---|---|---|
| **SP1. One billion more people benefiting from universal health coverage (UHC)** | | |
| **1.1 Improved access to quality essential health services** | 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care (PHC) strategies and comprehensive essential service packages. | **PHC strategy development:**<br>Support in strengthening the health system with a focus on PHC.<br>Support in implementing a new PHC strategy.<br>Assistance in developing the PHC health workforce and support for the country's efforts towards digitalization and telemedicine.<br>Support in drafting a pubic health strategy through the application of outcomes of the assessment of essential public health operations.<br>Assessment of preventive services in PHC and their impact on the health of vulnerable populations. |
| | 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course. | **Mental health integration in PHC:**<br>Support in building the health's system's capacities to care for people requiring long-term support.<br>Support in implementing the mental health resolution with focus on the integration of mental health services in PHC for children and adolescents. |
| | 1.1.5 Countries enabled to strengthen their health workforce. | **Health workforce:**<br>Review of the health workforce situation and assistance in drafting a new health workforce strategy.<br>Support in planning the proper skill mix of the health workforce for the next decade. |
| **1.2 Reduced number of people suffering financial hardship** | 1.2.1 Countries enabled to develop and implement more equitable health financing strategies and reforms to sustain progress towards UHC. | **Specific health financing topics:**<br>Support in strengthening the health system's capacity to address waiting lists. |

| | | |
|---|---|---|
| **1.3 Improved access to essential medicines, vaccines, diagnostics and devices for PHC** | 1.3.2 Improved and more equitable access to health products through global market shaping and support for countries to monitor and ensure efficient and transparent procurement and supply systems. | **Health technology assessment (HTA) and medicines:**<br>Support in capacity-building for HTA. |
| | 1.3.5 Countries enabled to address antimicrobial resistance (AMR) through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising, and evidence-based policies and practices. | **AMR national action plan (NAP):**<br>Support in implementing an AMR NAP through strengthening of intersectoral cooperation. |
| **SP2. One billion more people better protected from health emergencies** | | |
| **2.1 Countries prepared for health emergencies** | 2.1.2 Capacities for emergency preparedness strengthened in all countries. | **Emergency preparedness:**<br>Further support in building capacity for professionals to lead full implementation and compliance with the International Health Regulations (IHR) (2005) to strengthen Slovenia's capacity to respond to health emergencies. |
| **SP3. One billion more people enjoying better health and well-being** | | |
| **3.1 Determinants of health addressed** | 3.1.1 Countries enabled to address social determinants of health across the life course. | **Social determinants of health (SHD):**<br>Support in implementing tools and policies for mapping and interpreting SDH across the life course.<br>Support in strengthening health literacy policies by using WHO platforms and networks. |
| **3.2 Risk factors reduced through multisectoral action** | 3.2.2 Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society. | **Alcohol awareness and best buy policies:**<br>Support in implementing alcohol reduction and control policies and in controlling digital marketing to children and adolescents.<br>Support in implementing policies enabling collaboration among the public, private and nongovernmental organization (NGO) sectors.<br>**Tobacco control:**<br>Support in implementing tobacco control policies aligned with the WHO Framework Convention on Tobacco Control (WHO FCTC).<br>**NCDs surveillance:**<br>Support in upgrading monitoring system for NCDs and healthy lifestyles. |

| | | |
|---|---|---|
| **3.3 Healthy settings and health in all policies promoted** | 3.3.1 Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools, and workplaces. | **Healthy settings:**<br>Capacity-building for joint actions for health gains.<br>Policies enabling collaboration among the public, private and NGO sectors.<br>Revitalization of national Healthy Cities/Schools for Health and the Small Countries Initiative. |
| **SP4. A more effective and efficient WHO providing better support to countries** | | |
| **4.1 Strengthened country capacity in data and innovation** | 4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts. | **Health information system (HIS):**<br>Performance of HIS assessment.<br>Support in implementing recommendations.<br>Support in implementing the International Classification of Diseases, 11th Revision (ICD-11). |
| | 4.1.3 Strengthened evidence base, prioritization and uptake of WHO-generated norms and standards, improved research capacity, and the ability to effectively and sustainably scale up innovations, including digital technology, in countries. | **Knowledge translation:**<br>Capacity-building for evidence-informed policy-making.<br>Preparation of evidence-based practice on a priority topic in cooperation with the Evidence-informed Policy Network. |