



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Biennial Collaborative Agreement

between

the Ministry of Health of the Republic of Moldova

and

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

2022/2023

Signed by:

For the Ministry of Health

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Signature

Name Dr Ala Nemerenco

A handwritten date '8 April 2022' in blue ink, written over a horizontal line.

Date

Title Minister of Health

For the World Health Organization

A handwritten signature in blue ink, appearing to read 'H. Kluge', written over a horizontal line.

Signature

Name Dr Hans Henri P. Kluge

A handwritten date '4 April 2022' in blue ink, written over a horizontal line.

Date

Title Regional Director for Europe

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Introduction

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

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

The BCA, grounded in GPW 13 and the 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning the European Programme of Work 2020-2025, which was adopted by the WHO Regional Committee for Europe at its 70th session in 2020. In line with the EPW the BCA thus aims to support the Republic of Moldova in promoting universal health coverage by improving the access to quality care without fear of financial hardship, offering effective protection against health emergencies and building healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being.

Description of the Biennial Collaborative Agreement

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

Achieving the prioritized outcomes as identified in this BCA is therefore the responsibility of both the WHO Secretariat and the Republic of Moldova.

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

Terms of collaboration

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

The biennial programme budget outputs for 2022–2023 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the 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, specific needs emerging during the biennium, changes in the Regional Office's capacity to provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

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

The expenditures on staffing of WHO based in WHO headquarters, the Regional Office and the staff of the Country office in the Republic of Moldova 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:

The Republic of Moldova is one of the poorest countries in Eastern Europe. Although inequality has decreased in the last few years, social transfers still make up a significant share of household incomes. The large outflow of Moldovan migrants has led to substantial dependency on remittances for Moldova's economy, being in the top 10 most remittance-dependent countries in the world. Many households remain vulnerable to economic and climate shocks, which could quickly push them back into poverty. The still high share of low-intensive agriculture in the country's economy, low labour productivity, and underinvestment in innovation and technology pose additional challenges to the country's socioeconomic development.

Moldova's HDI value for 2015 was 0.699, positioning the country at 107 out of 188 countries and territories and placing it in the medium human development category.

Moldova's general government debt declined during 2016–2019, reaching 27% in 2019. However, in 2020 it increased by 13.3%, followed by a 4.7% increase in 2021 according to preliminary National Bank's data, which one can attribute to significantly be caused by COVID-19 crisis. The services sector, which accounts for over 57% of Moldova's economy and 59% of women's employment, is the sector that has been most affected by COVID-19: for example, the tourism sector has faced a two-thirds decline.

In the Republic of Moldova, 24.3% of households composed of a single person aged over 60 face absolute poverty. The minimum pension covers 63% of basic needs for those who are dependent on it. Older women are among the most affected and most vulnerable populations, having the highest risk of poverty.

The idle and protracting Transnistrian conflict resolution continues to affect the country's socioeconomic development and alignment with European Union standards. Disadvantaged and vulnerable people, are not sufficiently captured by official data, and they are invisible regarding the development of policies and programmes.

The Republic of Moldova loses approximately 1.8% of its population annually. The demographic impact of outmigration on the resident population structure is multidimensional: a shrinking of the number of children, high emigration of the economically active population, rapid ageing, and depopulation of rural areas. Furthermore, Moldova faces a substantial brain drain, being in the top 10 countries within the European region in terms of skilled labour-force outmigration. By 2035, the population is likely to decrease on average by 0.6% annually in the low scenario and by 1.6% in the high scenario.

The decline in the number of students in the last few decades led to the need to rethink the education network and financing. Many rural schools are still not connected to sewerage and do not have well-equipped sanitary blocks. The persistence of high school dropout rates among Roma children, particularly among Roma girls.

1.2 National health and development goals and partner environment:

The high vulnerability of the health system to global epidemics, including that of COVID-19 pandemic, has demonstrated the need for reform to define and ensure universal access to essential services, safe, qualitative and affordable medicines and vaccines. With the input from a myriad of contributors, opinion leaders, representatives of CSOs, academia, citizens and corporate citizens, the Government of Moldova underwent the first Voluntary National Review (VNR) of its efforts to achieve the Sustainable Development Goals. Among others, it reflects the joint work done in health system strengthening, to which WHO has contributed enormously.

Based on the UNDSCF 2018-22, health falls under the priority area of Inclusive and equitable social development, with the outcome for the *“people of Moldova, in particular the most vulnerable, to demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services”*. This serves as a mutual accountability framework between the Government of Moldova and United Nations system agencies.

The principles of universal health coverage (UHC), based on fairness and non-discrimination, respect and dignity, quality and accessibility of health services to name a few, form the foundation of the Government of Moldova Action Plan for 2020-23¹, which represents the framework document for all domains of the society interventions, including health sector, and related regulatory documents and amendments. This 4-year document is annually revised, to take into consideration the changing priorities, novel approaches and budgetary opportunities and available international donor assistance.

The draft National Development Strategy “Moldova 2030”², was submitted to the Parliament for review and approval, in 2020, but due to the changing political environment has not been approved, however it is a priority of the Parliament newly formed on July 26, 2021.

Another health focused policy forming document is the National Health Strategy of Moldova for 2021-2030, which was drafted with WHO technical support, and is also awaiting review and approval of the Government of Moldova. Its main vision being *“By 2030, the health of the population will improve significantly, supported by a modern and efficient health system, organized based on the principles of universal coverage with quality health services, which contributes to achieving the Sustainable Development Goals”*. This vision grew on the strong partnership with the UN agencies, with the Government of Moldova and pertinent national stakeholders.

According to United Nations Common Country Analysis of Moldova in 2020 (CCA), *the “progress towards improving nutrition, health and well-being, gender equality, sustainable energy, industry, innovation, infrastructure and sustainable cities (SDGs 2, 3, 5, 7, 9 and 11) has been modest”*. The document sets the potential opportunities of technical intervention from WHO and other UN agencies to strengthen the progress on the abovementioned SDGs. The analysis provides helpful insights on potential opportunities particularly in improving water and sanitation, promoting healthy lifestyle and preventing NCDs, decreasing the burden of communicable diseases, and focusing on strengthening the essential health services overall, as a consequence of the COVID-19 pandemic. Also, according to CCA the COVID-19 pandemic has triggered a rapid transition to the digital world, and the use of information and communication technology towards achieving the 2030 agenda.

Based on the 2020 Country Results Report in 2020 the United Nations in Moldova continued to support the country in the implementation of its development priorities and the achievement of the SDGs, making progress in all four strategic directions of its work by advancing human rights and gender equality and strengthening institutional and governance capacities; improving access to decent work and enhancing local services and infrastructure; improving the quality of education, health services and social assistance; and promoting climate change-resilient development. Similar trends and directions of support were kept throughout 2021, based on persisting priorities and crisis.

Above all, strategic planning for health sector improvement in Moldova is taking WHO’s Thirteenth General Programme of Work, 2019–2023 (GPW 13) outcomes prioritization as the point of departure. Particularly, the Member States in partnership with WHO with continue the operationalization of GPW 13 through prioritization of its nine technical outcomes and the

¹ [Government of Moldova Action Plan for 2020-23](https://gov.md/sites/default/files/document/attachments/pag_2020-2023_ro.pdf)

https://gov.md/sites/default/files/document/attachments/pag_2020-2023_ro.pdf

² [National Development Strategy “Moldova 2030”](https://cancelaria.gov.md/sites/default/files/strategia_nationale_de_dezvoltare_moldova_2030-t.pdf)

https://cancelaria.gov.md/sites/default/files/strategia_nationale_de_dezvoltare_moldova_2030-t.pdf

cross-cutting outcome on data and innovation for the five-years duration of GPW 13, thus providing a medium-term strategic planning horizon agreed between WHO and Member States.

An umbrella bringing together 12 of the leading global health and development organizations, the Global Action Plan for Healthy Lives and Well-being for All (GAP) and is an initiative to enhance coordination across UN Agencies and other development partners for better health and well-being.

1.3 Health status and progress towards health goals:

In 2015, the Republic of Moldova, together with 193 Member States, committed and adopted Resolution 70/1 on the implementation of the 2030 Agenda for Sustainable Development (the 2030 Agenda) and the Sustainable Development Goals (SDGs). SDG 3, ensuring healthy lives and promoting well-being for all, has 13 targets, which are dependent on and mutually reinforce the achievements of other SDGs and action and progress in all sectors and settings.

The Republic of Moldova has made progress towards achieving better health and well-being through reducing child mortality, reducing harms caused by tobacco by strengthening tobacco control measures, decreasing the harmful alcohol consumptions and expanding sexual and reproductive health services.

The 2020 Global SDG Index and Dashboards report presents a revised and updated assessment of countries' distance to achieving the SDGs and provides a ranking of countries by the aggregate SDG index of overall performance. The Republic of Moldova in 2020 was ranked 42 out of 166 countries. Its country's index score was at 74.4, which means on average, the Republic of Moldova is 74.4% of the way to achieving the SDGs.

WHO has addressed the SDG 3 achievement progress in Moldova through the prism of health system "building blocks": (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance. This allowed us identifying major areas of concern that might have an impact on the achievement of the health and health-related SDG targets, including:

- Financing the health sector out-of-pocket expenditure on healthcare, including for medicines remains high, creating financial barriers towards accessing healthcare.
- Health workforce capacity and capability issues. Emigration of skilled workers, uneven geographical distribution of health workforce.
- Need for improvement of public health emergencies preparedness and response planning base on the "all hazard" approach.
- Need for integration of health and health-related data at both national and local levels.

The Republic of Moldova has a double epidemiological burden, because the rates of both communicable and non-communicable diseases are quite high. The Republic of Moldova ranks among the countries with the highest overall mortality rate in the European region, caused by dominant circulatory system diseases, followed by tumors, digestive system diseases, trauma and poisoning, respiratory system diseases. The global indicator - the mortality rate attributed to the main NCD (cardiovascular diseases, cancer, diseases of the digestive system, diabetes and chronic respiratory diseases) (SDG 3.4.1) remains approximately at the same level in recent years, being 1006.3 in 2014 and 1024.5 per 100,000 inhabitants in 2018. In the case of men, this rate is almost twice higher than in women in 2018, respectively 1382.6 and 702.9 per 100,000 inhabitants.

Communicable diseases remain a current problem, especially tuberculosis and HIV which is characterized as a concentrated epidemic with low burden, which mainly affects risk groups, including people who inject drugs, sex workers and men who have sex with men. The estimated prevalence of HIV in the general adult population (aged 15 to 49) is 0.7% in 2019. During 2019, 2879 new cases and recurrences with Tuberculosis were registered, which determines a rate of

71.7 per 100 thousand population for the global incidence (SDG 3.3.2) with a reduction of 4.5% compared to 2018, (3016 cases new and recurrences, 75.1% per 100 thousand population) and by 20.2% compared to 2015 (3607 new cases and recurrences, 89.4 per 100 thousand population). In the year 2020 marked by the pandemic by COVID-19, there is a reduction in the notification of TB cases in January-August 2020 by 39.4%, compared to the same period in 2019, indicating the need to strengthen capacity in the detection and treatment of tuberculosis under the conditions imposed by the pandemic.

1.4 Strategic priorities in transformation for health

Sustainable governance is crucial for UHC progress acceleration. WHO will continue to advocate for systemic reforms and improvements in line with EPW core principles, of UHC and health for all, regional and bilateral engagements associated with in-country civil society involvement, to enable enhancing transparency of decision-making process in health matters.

WHO will continue supporting evidence based sustainable investment in health system infrastructure development and PHC, hospital, public health services reforms finalization as essential steps forward to improvement of equitable access to preventive, treatment, rehabilitation health services targeting the risk factors and causes of disease and death, and increasing quality assurance of the above-mentioned services to improve the health of beneficiaries.

Implement and maintain the concept of Essential Health Services in the country to ensure health services' resilience and responsiveness to people's needs in routine environment and in public health emergencies and leveraging health services' potential for public health interventions.

Support to PHC, improvement of access to quality services and access to medicines.

Provide guidance to the Government of Moldova in health system and health financing strengthening in terms of improving the mechanisms of revenue collection, pooling, purchasing, benefit design and financial protection by reducing informal payments impacting the poorest households. Implementation of the **health financing mechanisms and more financial control mechanisms** that will allow diminishing OOP through a more decentralized funding.

WHO will continue supporting the country in promoting evidence-based policy making that is based on a functional & integrated **health information and planning system**. Particularly, assistance will be targeting the information systems being fragmented and lacking interoperability, including with those HIS on communicable diseases, TB, HIV/AIDS, etc.. Interventions will be done to strengthen the communication mechanism between the multiple institutions (NBS, NHIC, NAPH, MMDA, MoH and HCFs) producing statistical and administrative data in the field of health..

WHO will support the country in **safeguarding human resources for health** as a backbone of the health system. This will include guidance in addressing the complex challenges related to the human resources in health, in four major areas: the generation of human resources in health; human resource flows in health; imbalances and inefficiencies in the distribution of human resources in health and regulations. Main areas for collaboration based on the EPW and GPW.

Good governance (EPW: core priority 1, areas: 1, 5; GPW 4.2)

Strengthen the governance of the health system by improving the process of developing informed health policies with a holistic and cross-sectoral approach to health that includes health provisions in all sectoral policies and ensuring their implementation. Support is required to ensure that transparent decision making process is in place, according to European standards, through which the Ministry of Health and health system institutions communicate effectively and accessible to the citizens of the Republic of Moldova and stakeholders about the decisions to be developed and those the elaboration procedures and the reasons for these decisions.

Public health (EPW: core priority 1, area 3; core priority 2; GPW 2.1, 2.2 and 2.3)

Strengthen knowledge about how to improve health and health risk factors and encourage the adoption of a healthy and responsible lifestyle towards one's own health at all stages of life. Additionally, to strengthen the capacity of the health system to implement essential public health operations and achieve sustainable development goals.

Service delivery (EPW: core priority 1, area 1; core priority 3, area 3; GPW 3.3)

Ensuring the health and well-being of the population throughout life by strengthening the capacity of the health system to meet the growing demand for lifelong services for children, adolescents, young people, elderly and vulnerable groups, and the challenges posed by demographic change; epidemiological trends of diseases. Increasing the performance of the health system by ensuring the coherence of the assistance provided by competent health workers, supported by integrated information systems.

Human Resources for Health (EPW: core priority 1, area 5; GPW 4.3.2)

Ensuring the health system with qualified human resources and sustainable governance of human resources in the health system is in place.

Medicines and medical devices (EPW: core priority 1, area 4, GPW 1.3)

Strengthen regulatory capacity and practices to ensure the quality, safety and efficacy of medical products and medical devices and to ensure that population of Moldova has equitable access to medicines and medical devices.

Core Priority 1. Moving towards UHC

- Support to strengthening PHC services and people centred service delivery
- Support to clinical prevention to meet the needs of people with NCDs
- Support country to ensure and enhance financial protection
- Support to ensure access for all to medicines, vaccines and health products
- Support national health authorities in assessing and addressing concrete governance challenges, development of policies and practices that are grounded in evidence

Core priority 2. Protecting against health emergencies

- Transformation of the PHC in the framework of EPHOs implementation
- Support in EMS delivery system improvement
- Support efforts to face post-COVID-19 recovery health workforce challenges

Core priority 3. Promoting health and well-being

- Support action on air pollution and mitigating the health impact of climate change.
- Support to public health measures that can reduce the burden of NCDs
- Support to promote healthier food composition and reduce foodborne disease risk
- Support to ensure access to safe water, sanitation and hygiene (WASH)
- Support in mobilizing society for physical activity and healthy nutrition
- Support to programmes for child and adolescent, maternal and newborn health
- Support opportunities for national policy dialogue on inequalities
- Scale up efforts to tackle antimicrobial resistance
- Step up patient safety, hospital hygiene and IPC programmes

Flagship Initiative 1. The Mental Health Coalition

Facilitate national policy dialogues on mental health and psychosocial support to incorporate key mental health priorities in national policies and plans.

Flagship Initiative 2. Empowerment through Digital Health

Support countries to leverage the use of digital technologies to improve the interface between people and health services; improve health system performance; and strengthen critical public health functions including disease surveillance, early warning and risk assessment.

Flagship Initiative 3. The European Immunization Agenda 2030

Support implementation of the European Immunization Agenda 2030.

Flagship Initiative 4. Healthier Behaviours: incorporating behavioural and cultural insights

Promote the use of insights into these social, behavioural and cultural factors to improve health literacy, optimizing uptake of services, adherence to treatment, self-care, adaptations required in response to the COVID-19 crisis).

PART 2. Programmatic priorities for collaboration in 2022/23

The collaboration programme for 2022–2023, as detailed in Annex 2, is grounded in the above analysis and was mutually agreed on and selected in response to public health concerns and ongoing efforts to improve the health status of the population of the Republic of Moldova.

The programme budget outputs and related work on behalf of the WHO Secretariat are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

PART 3. Budget and commitments for 2022–2023

3.1 Budget and financing

The total budget of the Republic of Moldova BCA is US\$ 4,282,000. All sources of funds will be employed to fund this budget as funds are mobilized by both parties and become available.

In accordance with World Health Assembly resolution WHA74.3, the Director-General will make known the distribution of available funding, after which the Regional Director 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

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

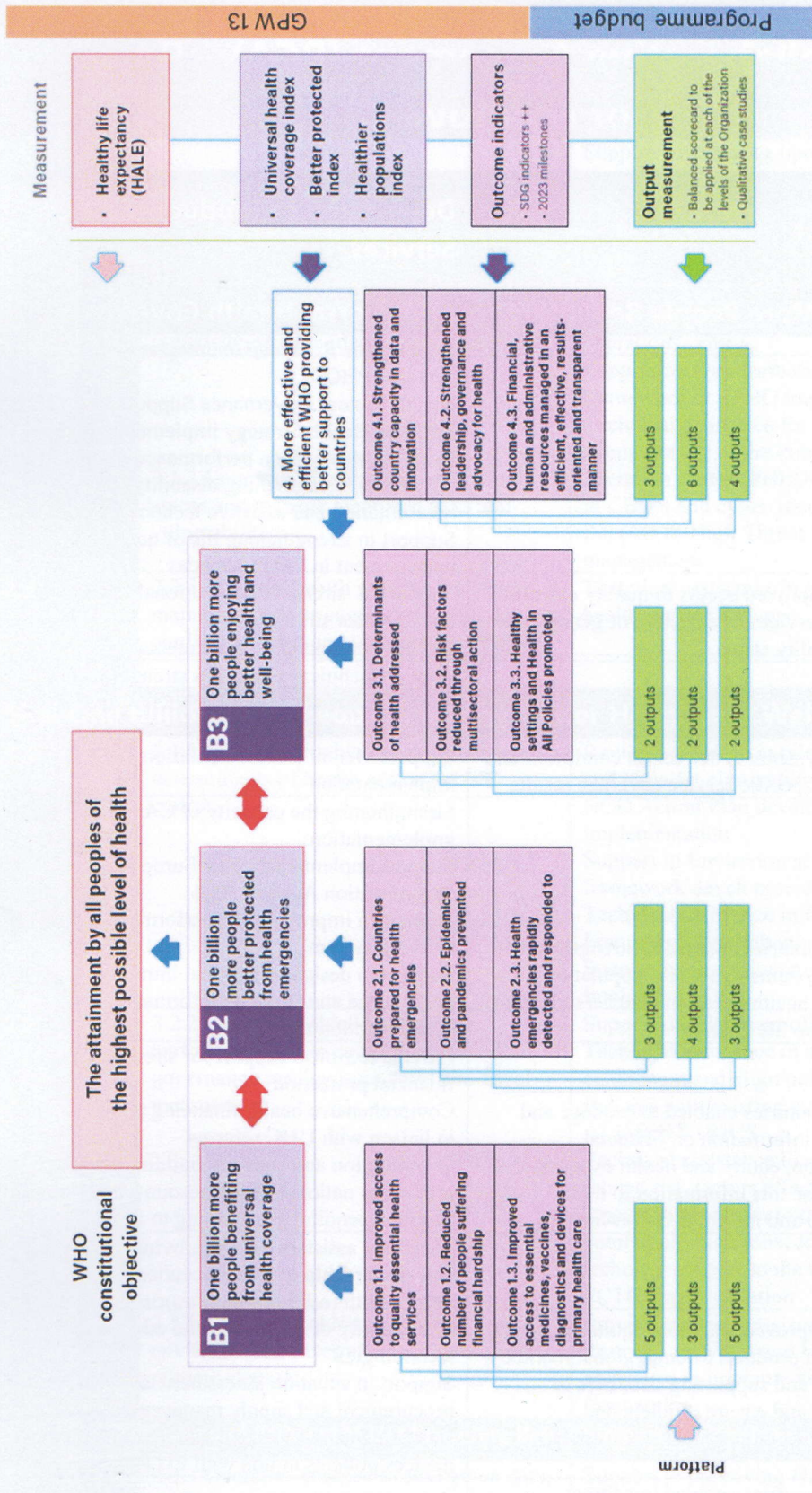
General abbreviations

BCA – Biennial Collaborative Agreement
CO – Country Office
EPW – European Program of Works
EU – European Union
GPW 13 – WHO Thirteenth General Programme of Work, 2019–2023
SDG – Sustainable Development Goals
UNDSCF – United Nations Sustainable Development Cooperation Framework
VNR – Voluntary National Review
WHA – World Health Assembly
WR – WHO Representative

Technical abbreviations

AIDS – Acquired immunodeficiency syndrome
AMR - Antimicrobial resistance
CBRN - Chemical, biological, radiological and nuclear
CCA – United Nations Common Country Analysis of Moldova
CAHD – Child and Adolescent Health and Development
COVID-19 – Coronavir Infections Disease with Sars-CoV-2 novel Coronavirus
EMS – Emergency Medical Services
EPHO – Essential Public Health Operations
HCF – Health care facility
HDI - Human Development Index
HIV – human immunodeficiency virus
HRH – Human resources for health
IHR – Interational Health Regulations
IPC – infection prevention and control
MMDA – Medicines and Medical Devices Agency
MoH – Ministry of Health
NAPH – National Agency for Public Health
NBS – National Bureau of Statistics of the Republic of Moldova
NCD – noncommunicable disease
NHIC – National Health Insurance Company
OOP - out-of-pocket
PHC – Primary health care
PHEOC - Public health emergency operation center
SHA – System of Health Accounts
TB – Tuberculosis
UHC – universal health coverage
WASH – Water, sanitation and hygiene
WHO FCTC - WHO Framework Convention on Tobacco Control

ANNEX 1: GPW 13 RESULTS FRAMEWORK



Biennial Collaborative Agreement (BCA) – Republic of Moldova

Strategic Priority / Output Outcome	Description of Products or Services	
SP1. One Billion More People Benefiting from Universal Health Coverage		
1.1	1.1.1 Improved access to quality essential health services irrespective of gender, age or disability status	Develop the Roadmap on integrated people centered PHC Health System Governance Support and National Health Strategy implementation Hospital Master Plan performance review Support in strengthening disability, rehabilitation and assistive technology policies Support in strengthening the of quality management in health services Support in strengthening national HRH management strategy IPC core components implementation
	1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	Provide technical support in strengthening integrated patient-centred TB, HIV, Hepatitis prevention and control services Support Mental Health Coalition policy implementation
	1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	Strengthening the capacity of CAHD strategy implementation. Support implementation of European Immunization Agenda 2030 Support in improving the performance of EMS delivery system Support in design of national immunization programme and strategic information and IT data collection tools
1.2	1.2.2 Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making	Provide technical support for strengthening financial protection Comprehensive health financing policy support in liaison with UHC reforms Coordination and capacity building for producing national health accounts and reporting health expenditures according to SHA 2011
1.3	1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	Technical assistance on improving governance and stewardship of pharmaceutical services and other health technologies; ensuring availability, affordability of medicines and other health technologies Support in situation assessment and profiling of procurement and supply management system Harmonize and finalize medicines and medical devices policies in line with EU Regulations
	1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	Technical assistance to support AMR plan implementation

Strategic Priority / Outcome	Output	Description of Products or Services
SP2. One Billion More People Better Protected from Health Emergencies		
2.1	2.1.2 Capacities for emergency preparedness strengthened in all countries	Support IHR monitoring and evaluation Support in ensuring operational readiness based on identification of risks and improving assessment of capacity for emergency response Support in maintain epidemic intelligence, event based and routine surveillance system update Technical assistance in providing acute health emergencies rapid response through emergency operations centres.
	2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities	Support for transformation of the PHC in the framework of EPHO implementation Technical assistance for establishment and strengthening of the Public health emergency operation center (PHEOC) Technical assistance in CBRN and cyber-security threats mitigation Support in High Threat Pathogens detection and management
2.3	2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings	Technical assistance in strengthening essential health service delivery
SP3. One Billion More People Enjoying Better Health and Well-Being		
3.1	3.1.1 Countries enabled to address social determinants of health across the life course	Revise legislation in relation to salt reduction and trans-fat elimination NCD Action Plan development and implementation Support in Environment and Health strategic framework development and implementation. Technical assistance in Occupational Health Framework strengthening Support in strengthening national capacities to implement SDGs
3.2	3.2.2 Country enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures	Support development of road safety policies Technical assistance in assessing the food safety component and align nutrition related National Policies with existing evidence and CODEX ALIMENTARIUS Technical assistance to manage NCDs and related risk factors effectively. Upport in accession to the FCTC Protocol on combating illicit tobacco products trade Provide technical support to the Government to advance FCTC implementation
3.3	3.3.1 Country enabled to address environmental determinants, including climate change	Provide technical assistance to implement Protocol on Water and Health. Technical assistance in implementing Minamata Convention.
SP4. More Effective and Efficient WHO Providing Better Support to Countries		
4.1	4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.	Support in improving Health Data management and Digital Health framework implementation