



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

**Biennial Collaborative Agreement**

**between**

**the Ministry of Health of the Slovak Republic**

**and**

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

**2014/2015**

*Signed by:*

*For the Ministry of Health*

Signature



Name *Zuzana Zvolenská*

Date

*24.1.2014*

Title *Minister of Health*

*For the WHO Regional Office for Europe*

Signature



Name *Zsuzsanna Jakab*

Date

*18.12.2013*

Title *Regional Director*

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## Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization Regional Office for Europe and the Ministry of Health of the Slovak Republic on behalf of its government for the biennium 2014–2015.

This 2014–2015 BCA is aligned with the WHO's Twelfth General Programme of Work for the period 2014–2019, which has been formulated in light of the lessons learnt during the period of the Eleventh General Programme of Work. It provides a high-level strategic vision for the work of WHO, establishes priorities and provides an overall direction for the six-year period beginning January 2014. It reflects the three main components of WHO reform: programmes and priorities, governance and management.

WHO's programme budget 2014–2015 has been strongly shaped by Member States who have reviewed and refined the priority-setting mechanisms and the five technical categories and one managerial category in which the work of the Organization is now structured.

The BCA reflects the new vision of the WHO Regional Office for Europe, Better Health for Europe, as well as the concepts, principles and values underpinning the European policy for health and well-being, Health 2020, adopted by the Regional Committee for Europe at its sixty-second session.

The Health 2020 policy framework is an innovative roadmap, which sets out the Regional Office's new vision and underpins the European Region's strategic health priorities for the coming years.

Health 2020 aims to maximize opportunities for promoting population health and reducing health inequities. It recommends that European countries address population health through whole-of-society and whole-of-government approaches. Health 2020 emphasizes the need to improve overall governance for health and suggests paths and approaches for more equitable, sustainable and accountable health development.

Health 2020 was informed by the latest evidence and developed in broad consultation with technical experts, Member States, civil society and partner organizations.

Health 2020 is built around four priority areas for policy action:

- investing in health through a life-course approach and empowering people;
- tackling the Region's major health challenges: noncommunicable and communicable diseases;
- strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- creating resilient communities and supportive environments.

Applying an integrated Health 2020 approach to implementing the priority deliverables identified in this BCA will support the optimization of outcomes. The BCA will put Health 2020 into practice by applying the Health 2020 lens to the country situation; capturing and synthesizing the country's main focus and commitment in moving towards a Health 2020 vision in the 2014–2015 biennium; and identifying the main Health 2020 approaches to be used in implementing the outputs listed under each category.

This document constitutes a practical framework for collaboration, which has been drawn up in a process of successive consultations between national health authorities and the WHO Regional Office for Europe Secretariat.

The collaboration programme for 2014–2015 has taken its point of departure from the Regional Office's outcome and output portfolio. In May 2013, the programme budget was approved by the World Health Assembly and since then, the Regional Office has fully aligned its portfolio to the new programme and results structure, the outputs and deliverables specified in Part 1 of this document reflect this change.

The proposed collaborative programme is based on analyses of the public health situation in the Region and input from national health authorities, while also taking into account WHO global priorities (as set out in the resolutions of the World Health Assembly and the WHO Regional Committee for Europe), policy directions and country priorities, and reflects the WHO strategic assessment.

Achieving the objectives of the BCA is the responsibility of both the WHO Secretariat and the government of the individual Member State.

Deliverables are the planned products and services for which the Organization is accountable. The programme budget outputs define Member States' uptake of these deliverables and constitute intermediate outcomes to which the Secretariat's work (deliverables) will contribute. Achieving the programme budget outputs is the joint responsibility of the individual Member State and the Secretariat of the Regional Office. At the highest level of the results chain, the outcomes contribute to the overall impact of the Organization, namely the sustainable changes in the health of populations to which the Secretariat and countries contribute.

The document is structured as follows:

1. PART 1 covers the health impacts hoped to be achieved through the agreed programme for collaboration in 2014–2015, which will be the focus of the joint efforts of the government and WHO Secretariat. Summaries by programme budget category, outcomes, programme budget outputs and deliverables and mode of delivery are included. Two modes of delivery are foreseen:
  - **Intercountry**, addressing countries' common needs using Region-wide approaches. It is expected that an increasing proportion of the work will be delivered in this way.
  - **Country specific**, for outputs that are highly specific to the needs and circumstances of individual countries. This will continue to be important and the chosen mode of delivery in many cases.
2. PART 2 includes sections on the budget for the BCA, its financing and the mutual commitments by the WHO Secretariat and individual government.

## Terms of Collaboration

The priorities (PART 1) provide a framework for collaboration for 2014–2015. The collaborative programme may be revised or adjusted during the course of biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs and agreed deliverables for 2014–2015, may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the individual country as a result of, for instance, changes in the country's health situation, changes in the country capacity to implement the agreed activities, specific needs emerging during the biennium, or changes in the Regional Office's capacity to provide the agreed outputs, or in light of changes in funding. Either party may initiate amendments.

After the Biennial Collaborative Agreement is signed, the Ministry of Health will identify/confirm responsible national focal points for each of the programme budget outputs and appoint a national counterpart to liaise with all national focal points on a regular basis. The national counterpart will be responsible for the overall implementation of the BCA on the part of the ministry, while the Head of the WHO Country Office (HWCO) will be responsible on behalf of WHO. The BCA workplan, including planned programme budget outputs, deliverables and implementation schedule, will be agreed accordingly. Implementation will start at the beginning of the biennium 2014–2015. The Regional Office will provide the highest possible level of technical assistance to the country, facilitated and supported by the country office or other modalities present in the country. Overall coordination and management of the BCA workplan is the responsibility of the HWCO.

WHO budget allocation for the biennium indicates the estimated costs of providing the planned outputs and deliverables predominantly at country level. Following the outcome of the Financing Dialogue, the funding will come both from WHO corporate resources and any other resources mobilized through WHO. These funds should not be used to subsidize or fill financing gaps in the health sector, to supplement salaries or purchase supplies. Purchases of supplies and donations within 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 value of WHO technical and management staff based in the Regional Office and geographically dispersed offices (GDOs), and the input of the Country Office for delivering planned outputs and deliverables is not reflected in the indicated budget, hence the figures greatly understate the real value of the support to be provided to the country. This support goes beyond the indicated budget and includes technical assistance and other inputs from WHO headquarters, the Regional Office, GDOs and unfunded inputs from country offices. The budget and eventual funding included in this Agreement are the Organization's funds allocated for Regional Office cooperation within the country workplan.

The value of government input – other than that channelled through the WHO Secretariat – is not estimated in the BCA.

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

In particular, the WHO Regional Office for Europe will facilitate coordination with WHO headquarters in order to maximize the effectiveness of country interventions in the spirit of the "One WHO" principle.

## PART 1. Setting priorities for collaboration for 2014–2015

### 1.1 Health situation analysis

The Slovak legislation stipulates that health is a universal value, a fundamental human right and an essential resource not only for individuals but also for society as a whole. Like in other parts of Europe, chronic non-communicable diseases (NCD) are the most common diseases. The highest mortality and morbidity lies with cardiovascular diseases (54.6%), followed by cancers (20%), injuries, disease of the respiratory and digestive systems. The leading risk factors are high alcohol consumption (10,2 liters per 15+ persons in 2011), unhealthy diet and lack of physical activity contributing to overweight or obesity of 68% of men and 56% women. Although smoking prevalence in the adult population decreased after passing a strong anti-smoking legislation on the basis of the FCTC, number of young smoking people has been rapidly growing.

The newly drafted “Strategic framework for health 2013-2030” reinforces the integrative links between patient-centred health system and public health service with strong health promotion and diseases prevention based on intersectoral collaboration governed by Ministry of Health of the Slovak Republic. These together are key factors for improving population health and reduction of health inequalities. The government supports healthy growing and ageing through the lifecycle, increases awareness healthy lifestyles and fosters better understanding of health needs of the vulnerable groups.

### 1.2 Priorities for collaboration

#### *1.2.1 Implementing the Health 2020 vision in Slovakia*

Slovakia will take the Health 2020 framework forward through developing of the national health strategic policy framework. It will build on elaboration of new legislation and targets for improving health for all and reducing health inequalities. Within this context, the Slovak Republic will particularly address the social determinants of health and equity in health. The process will be supported by capacity building, guidance and mainstreaming of instruments, which strengthen the whole of government and the whole of society approach with special focus on control of noncommunicable diseases through life course.

#### *1.2.2 Programmatic priorities for collaboration*

The following collaboration programme for 2014–2015 was mutually agreed and selected in response to public health concerns and ongoing efforts to improve the health status of the population of Slovak Republic.

The programme budget outputs and deliverables are subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

## Category 2: NONCOMMUNICABLE DISEASES

### Programme Area: NONCOMMUNICABLE DISEASES

**Outcome:** Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
2.1.1	Development of national multisectoral policies and plans for implementing interventions to prevent and control noncommunicable diseases facilitated	Establish and reinforce of a broad intersectoral coalition of NCDs stakeholders	X	
2.1.3	Monitoring framework implemented to report on progress in realizing the commitments in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of NCDs and the global action plan on NCDs (2013–2020)	Support to development, running and impact evaluation of the integrated NCDs surveillance system	X	

### Programme Area: MENTAL HEALTH AND SUBSTANCE ABUSE

**Outcome:** Increased access to services for mental health and substance use disorders

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
2.2.3	Expansion and strengthening of country strategies, systems and interventions for disorders due to alcohol and substance use enabled	Technical assistance on specific alcohol control policies aimed at achieving the basic objectives of the National action plan to reduce the harmful use of alcohol 2013-2016 (NAPPA), adopted in accordance with the Europe	X	
		Technical guidance on specific alcohol control policies as pricing, availability and marketing of alcohol products through the NAPPA to contribute to the implementation	X	

		of the Action Plan for NCDs; to provide assistance to carrying out a cross-sectional study of the influence and impact of health education on prevention of alcohol abuse for young people aged 15 to 29 years and to changing the social attitude to the problems associated with alcohol consumption through various educational activities for different population groups	X	
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**Programme Area: VIOLENCE AND INJURIES**

**Outcome:** Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
2.3.3	Development and implementation of policies and programmes to address violence against women, youth and children facilitated	Technical support for the implementation of national strategy to prevent violence and child maltreatment in accordance with the proposed WHO European Strategy on the prevention of adverse child experiences (ACE)	X	

**Programme Area: NUTRITION**

**Outcome:** Reduce nutritional risk factors

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
2.5.1	Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan	Support to development and implementation of strategic objectives and tasks in the field of nutrition at national level in line with the Vienna Declaration and new WHO Strategy for Food and Nutrition 2014-2020 (support of educational tools and modalities)	X	

**Implementation through Health 2020 approaches:**

NCDs represent the major burden of diseases in Slovakia. While cardiovascular mortality has been decreasing, the morbidity burden and mortality from cancer continues to grow. Alcohol,



tobacco, unhealthy diet and insufficient physical exercise are recognised as major NCD risk factors requiring systemic policies and building of capacities. Recent children surveys have underlined the need to tackle gaps in social and health care for different socioeconomic groups.

**Challenges under this Category will be addressed through the following general actions proposed by WHO:**

- Governance: Capacity building for strengthening cross-sectoral investment for health.
- Inequalities: Robust health information system with social determinants disaggregation as a base for analysing and planning evidence based policy to reduce health inequalities.
- Life course: Assistance in policy development, implementation and monitoring in the area of reducing harmful effects of alcohol, promoting healthy diet and physical activity, cancer screening and injury prevention.
- Health Systems and Public Health capacities: Strengthening people-centred health systems, whole-of- society and whole-of-government collaboration.
- Community involvement and resilience issues: Further support via different WHO networks: healthy cities, schools for health network, health promoting hospitals.

### Category 3: PROMOTING HEALTH THROUGHOUT THE LIFE-COURSE

#### Programme Area: REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

**Outcome:** Increased access to interventions for improving health of women, newborns, children and adolescents

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
3.1.3	Countries enabled to implement and monitor effective interventions to cover the unmet needs in sexual and reproductive health and to reduce adolescent risk behaviour	Support to conducting the Health Behaviour in School-aged Children survey (HBSC)	X	

#### Programme Area: HEALTHY AGEING

**Outcome:** Increase the proportion of older people who can maintain an independent life

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
3.2.1	Countries enabled to develop policies and strategies that foster healthy and active ageing, and improve access to, and coordination of, chronic, long-term and palliative care	Political/strategic documents and guidelines on care coordination and developing a strategy for long-term care as part of the inpatient care capacities transformation	X	
3.2.2	Technical guidance and innovations that identify and address the needs of older people for improved health care	Evidence-based policy options for priority interventions of the healthy ageing action plan	X	
		Promote active ageing, healthy lifestyle and overall health of seniors through programmes on age-friendly environment in the communities	X	

		Provide guidance on best practice for the national adaptation, development and use of educational tools for various forms of education of the public throughout the life-course, aimed at reducing risk factors for chronic non-communicable diseases, in particular to promote active and healthy ageing	X	
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**Programme Area: SOCIAL DETERMINANTS OF HEALTH**

**Outcome:** Increased intersectoral policy coordination to address the social determinants of health

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter count (IC)
3.4.1	Increased country capacity to implement a health-in-all-policies approach, intersectoral action and social participation to address the social determinants of health	Participation in train-the-trainer session and multicountry training on reorienting SPAs towards greater equity for Roma and organization of a multi-country training event		X
		Technical assistance to national authorities to help mainstream Roma health in relevant national policies and programmes in Slovakia	X	
		Case study on the reorientation of selected SPA in the spirit of MDGs implementation for the Roma population in the context of the decade on Roma inclusion and EU activities on Roma	X	

**Implementation through Health 2020 approaches:**

Mapping and monitoring health behaviour and well-being of adolescents through the HBSC is aimed at introducing adolescent friendly health services, improving quality of school health services by using standards for providers and by focussing on addressing risk factors.

Slovakia has a rapidly ageing population. Allowing more people to lead active and healthy lives in later age requires investing in a broad range of policies for healthy ageing, from prevention and control of NCD to integrated social and health services.

Roma minority constitutes approximately 10% of the population in Slovakia. According to international and national studies, high proportion of them experience poverty and social exclusion. The persisting inability of health systems to provide equitable services to Roma minority can undermine efforts to improve their health.

**Challenges under this Category will be addressed through the following general actions proposed by WHO:**

- Governance: To address important gaps in care for all age groups of population including the Roma minority and to foster cross-sectoral approaches to achieve better health for all.
- Inequalities: To advocate for universal health coverage and financial protection of all people in need of health and social care. To ensure that most in need have access to information and services.
- Life course: Assistance in monitoring of health and health behaviour in all age groups in order to draft tailor-made policies focusing on the most important elements influencing health outcomes.
- Health Systems and Public Health capacities: To ensure appropriate structure and network of health services for children and adolescents as well as for elderly.
- Community involvement and resilience issues: Further support to different networks: healthy cities; schools for health network; health promoting hospitals, coordination of work with elderly (incl. health, social and other services at homes. Improved implementation of HBSC recommendations for policy development. Improving health literacy of population in the area. Local government and civil society backed by national government, should establish local participatory governance mechanisms that enable communities and local government to build healthier and safer communities for Roma people.

### Category 4: HEALTH SYSTEMS

#### Programme Area: NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

Outcome: All countries have comprehensive national health policies, strategies and plans updated within the last 5 years

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
4.1.1	Advocacy and policy dialogue to support countries to develop comprehensive national health policies, strategies and plans	Technical assistance and collaboration for the implementation of the Slovak national strategic framework for health care 2013-2020 in line with the European policy framework Health 2020	X	
		Strengthen leadership role of the Ministry of Health in the enforcing "health in all policies" and tackling major health determinants and health equity through whole-governmental approaches	X	
		Exchange of best practice in using Health in All Policies Approach to address determinants of health and reduce inequities		X
		Guidance and capacity building for increasing health literacy of the citizens and patients in the field of medicines policy as part of the pharmaceutical and health care	X	

**Programme Area: HEALTH SYSTEMS INFORMATION AND EVIDENCE**

**Outcome:** All countries have properly functioning civil registration and vital statistics systems

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
4.4.1	Comprehensive monitoring of the global, regional and country health situation, trends and determinants, using global standards, and leadership in the new data generation and analyses of health priorities	In preparation for the ICD-11 release in 2015 and with support of WHO collaborating centres, dissemination of information on content and implementation process associated with ICD-11 as part of standards for the IS health care providers in the programme of health electrification	X	
		Technical assistance to national institution designated for collection, analysis and reporting of indicators and targets for Health 2020 and the monitoring framework on NCDs (as part of EPIVNet).	X	

**Programme Area: INTEGRATED PEOPLE-CENTRED HEALTH SERVICES**

**Outcome:** Policies, financing and human resources are in place to increase access to people-centred integrated health services

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
4.2.1	Policy options, tools and technical support to countries for equitable people-centred integrated service delivery and strengthening of public health approaches	Training package for professionals working in the field of public health developed	X	
		Capacity for effective implementation of public health services strengthened	X	

**Implementation through Health 2020 approaches:**

Health system encompasses both personal and population services, as well as efforts to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health. Health 2020 reconfirms the commitment of WHO and its

Member States to ensure universal coverage with access to high-quality health services and protection from impoverishing health expenditures. For this also robust and reliable health information system must be in place, providing data segregated for sex, age groups, health condition and social determinants. It is important to ensure a long-term sustainability and resilience to the country's planning cycles.

**Challenges under this Category will be addressed through the following general actions proposed by WHO:**

- Governance: Assistance in fulfilling aspirations for the high-quality care and improved health outcomes that require financially viable fit for purpose, people-centred and evidence-informed health system.
- Inequalities: Equity-focused health system performance assessment can contribute to health equity.
- Health Systems and Public Health capacities: Reorienting health care systems to give priority to disease prevention, foster continual quality improvement and integrate service delivery, ensure continuity of care, support self-care by patients and relocate care as close to home that is safe and cost-effective. Capacity in the area of analysis and evidence based policy development will be assisted/networked
- Life course, community involvement and resilience issues: Provide support in improving health, tackling inequalities and securing the delivery of the essential public health operations and the core set of accessible, high-quality, efficient and effective individual, community and population-based public health services, and to strengthen public health capacities, as specified by the European action plan for strengthening public health capacities and services.

## Category 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE

### Programme Area: EMERGENCY RISK AND CRISIS MANAGEMENT

**Outcome:** Countries have the capacity to manage public health risks associated with emergencies

No	Programme budget output	Deliverable(s)	Mode of delivery	
			Country specific (CS)	Inter country (IC)
5.3.2	Health established as a central component of global multi-sectoral frameworks for emergency and disaster risk management; national capacities strengthened for all-hazard emergency and disaster risk management for health	Guidance and tools for disaster risk reduction including mass gathering preparedness, hospital resilience and safety and rollout of the WHO Europe hospital emergency response checklist: An all-hazards tool	X	
		Education of experts and policy makers in the management of public health emergencies, including implementation of regional and national educational tools in accordance with the IHR procedures and requirements	X	

#### Implementation through Health 2020 approaches:

Strengthening national capacity in prevention and response to health threats and public health emergencies focuses on promoting all-hazards emergency preparedness and improvement of multi-sector coordination and collaboration. Special attention is paid to appropriate services for vulnerable groups that are often affected worst. Sustainability of health emergency preparedness and risk management programs requires ad hoc collaboration between different segments of government and society. Successful health emergency preparedness and risk management programmes tend to emphasize integrating targeted community level activities.

#### Challenges under this Category will be addressed through the following general actions proposed by WHO:

- **Governance:** Capacity building on national and local levels to strengthen core public health capacities for preparedness, surveillance and response to all kinds of health threats as set forth in IHR.
- **Inequalities:** To ensure that national plans contain specific actions for vulnerable groups of population with limited access to health services that can be more susceptible to diseases with endemic potential and exposures to other risks.
- **Life course:** Enhance multi-sector coordination to integrate gender specific and inter-generational aspects.
- **Health Systems and Public Health capacities:** The multi-hazard approach requires seamless communication and cooperation between a number of health disciplines and between many sectors of the society.



- Community involvement and resilience issues: Improve community resilience through strengthening emergency preparedness and disaster resilience of health services and hospitals. Support community level preparedness through integrating communities into the planning process, and promote effective personal protection measures.

The above collaboration programme is based on the country specific needs and WHO regional and global initiatives and perspective and facilitate the strategic orientation of collaboration and serve as a basis for focusing collaboration on a select number of priority outcomes and programme budget outputs (uptake by Member States) deemed feasible to achieve and essential to improving the health situation and where WHO can make a unique contribution.

## PART 2. Budget and Commitments for 2014–2015

### ***2.1 Budget and Financing***

The total planned cost of the within-country workplan amounts to US\$ 198 000.

In accordance with World Health Assembly Resolution WHA66.2, following the Financing Dialogue, 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 Biennial Collaborative Agreements.

All sources of funds can potentially be employed.

The value of WHO contribution goes beyond the indicated monetary figures in this document, as it includes technical assistance and other inputs from HQ, the Regional Office, GDOs and also COs. The WHO Secretariat will, as part of its annual and biennial programme budget implementation report to the Regional Committee, include an estimate of how the actual costs of the intercountry programme are distributed across both region and country levels.

### ***2.1 Commitments***

The individual government and the WHO Secretariat jointly commit to work together to mobilize the additional funds required to achieve the Outcomes, PB Outputs and deliverables defined in this agreement.

#### ***2.2.1 Commitments of the WHO Secretariat***

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the 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.

#### ***2.2.2 Commitments of the Ministry of Health of the Slovak Republic***

The Government shall engage in the policy and strategy formulation and implementation processes required and provide available personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes and **uptake of the priority programme budget outputs identified in the BCA.**

## LIST OF ABBREVIATIONS

### General abbreviations

AC – Assessed Contributions  
 BCA – Biennial Collaborative Agreement  
 CO – Country Office  
 CVCA – Core Voluntary Contributions Account  
 EURO – WHO Regional Office for Europe  
 GDO – Geographically Dispersed Office  
 HQ – World Health Organization headquarters  
 HWCO – Head of the WHO Country Office  
 KPO – Key Priority Outcome  
 MTSP – WHO Medium-Term Strategic Plan  
 PB – Planned Budget  
 RO – Regional Office  
 VCS – Specified Voluntary Contributions  
 WHA – World Health Assembly  
 WHO – World Health Organization

### Technical abbreviations

EVIPNet – WHO Evidence Informed Policy Network  
 ICD-11 International Classification of Diseases, 11<sup>th</sup> revision  
 IHR – International Health Regulations  
 MDGs – Millennium Development Goals  
 NCDs – Noncommunicable diseases  
 NFPs – National focal points  
 NHPS&P – National health policies, strategies and plans  
 PH – Public Health  
 PHC – Primary Health Care  
 SDH/HI – Social determinants of health and inequities  
 SPA – Strategies, Programmes and Activities