



**Biennial Collaborative Agreement
between
the Ministry of Social Affairs of Estonia
and
the Regional Office for Europe
of the World Health Organization**

2002/2003

Signed by:

For the Ministry of Social Affairs

SIGNED

17.02.2002

Signature

Date

Katrin Saluvere, M.D.

Deputy Secretary General in Health Care

Name

Title

For the WHO Regional Office for Europe

SIGNED

17.02.2002

Signature

Date

Marc Danzon, M.D.

Regional Director

Name

Title

CONTENTS

Introduction	2
A. Biennial collaborative agreement for 2002–2003	3
1. Policy development	3
2. Infrastructure and system development.....	4
3. Technical interventions	4
B. Commitments of WHO and the Government of Estonia.....	5
1. Commitments of WHO	5
2. Commitments of the Government	5

Introduction

This document constitutes the biennial collaborative agreement (BCA) between the Regional Office for Europe of the World Health Organization and Estonia for the 2002-2003 biennium.

The document has been elaborated through successive negotiating steps involving the national health authorities and the regional and country levels of WHO. It follows the spirit of the WHO Regional Office for Europe's Country Strategy. Matching services to new needs (RC50/10) adopted by the Regional Committee at its 50th Session, while keeping in mind the repeated requests from Member States and WHO Governing Bodies to focus country work in order to respond to specific country health needs and increase the effectiveness of country programmes. ***Country health priorities***, as presented by the country health authorities, have been the starting point of the process leading to the present document.

Further to *country health priorities*, the WHO Secretariat, when formulating the WHO ***priorities for cooperation*** with the country for the 2002-2003 biennium, took into account the WHO global and regional priorities and policy directions, contributions in the country by other partners as well as WHO capacity. *BCA priorities for cooperation* were then reviewed with country health authorities and consensus achieved on presenting them across three major dimensions – namely policy support, systems development support and technical support - as the three components of cooperation with countries for all areas of work. To improve efficiency of the BCA, it is proposed that country health authorities appoint focal points for these three dimensions of the BCA.

For each *priority for cooperation*, the WHO Secretariat has defined one or more ***country programme expected results*** that have been agreed through negotiations with country counterparts. Each *country programme expected result* links to one of the global expected results presented in the WHO Programme Budget 2002-2003. *Country programme expected results* are the first level of allocation of funds to the country programme. They express what the WHO Secretariat expects to be able to accomplish as a consequence of its own actions.

A detailed ***country programme workplan*** will be developed which attaches to each *country programme expected result*, products or services, budget, indicators with baseline and target values, responsible WHO officer, country counterpart, contributions by our partners, milestones, activities and implementation schedule. This will take place after the BCA is established between the Regional Director and the corresponding country health authority by the beginning of the 2002-2003 biennium.

The *country programme workplan* is negotiated between the WHO Secretariat members responsible for *country programme expected results* and their counterparts in the country.

WHO budget allocations within the BCA fix a ceiling for the resources that will be spent at country level. They are the Organization's funds allocated for the Regional Office's cooperation with the country and the actual implementation of corresponding workplans by expected result is the only way to release those funds.

Either party could initiate proposed amendments as a result, for instance, from changes in the health situation in the country or specific emerging needs arising during the biennium, changes in the Regional Office's capacity to adequately implement the agreed activities or in the light of increased funding.

A simple mechanism respectful of the spirit of this BCA and manageable enough to allow efficient flexibility, needs to be devised and established in order to introduce any amendments in the terms of this agreement and to change the content of the corresponding workplan.

To change the terms of the BCA, agreement by both parties is required for adoption or entry into force of such changes. The content of the *country programme workplan* falls necessarily within the overall terms and the spirit of this BCA. To change the *country programme workplan*, agreement between the WHO Secretariat and country counterparts is needed at the level of *country programme expected result*. WHO counterparts include not only the expected result manager of the corresponding area of work, but also the WHO country representative and other staff as appropriate.

The following agreement is considered a framework, which may be amended based on common agreement in writing between the Regional Office for Europe of the World Health Organization and Estonia. The agreement forms a basis that is open to further development and contributions from other sources to supplement the existing priority areas and/or activities related to health not already included due to lack of available funding.

Progress and future activities to be carried out in Estonia will be discussed during duty travels and meetings and through correspondence, throughout the biennium.

A. Biennial collaborative agreement for 2002–2003

Following earlier negotiations, of special interest are the following thematic areas:

- Health promotion
- Health information and evidence
- Environment and health

The detailed priorities are as follows:

1. Policy development

1.1. Support to development of health policy

<p>COUNTRY PROGRAMME EXPECTED RESULT: (Global expected result: 6.1.1) Technical support and advice provided on:</p> <ul style="list-style-type: none">• tackling socio-economic determinants of health;• validation of policy and institutional options;• establishment of a working mechanism for policy development at all levels, including through Healthy Cities network;• implementation of multi-sectoral strategies based on national policies and WHO recommendations;• applying the WHO methodology on health impact assessment and strategy for implementation
--

2. Infrastructure and system development

2.1 Support to optimal provision of health care services

COUNTRY PROGRAMME EXPECTED RESULT: (Global expected result: 6.4.7) Further advice and technical support provided on:

- development of integrated health care delivery;
- health financing and planning of health care resources.

COUNTRY PROGRAMME EXPECTED RESULT: Further advice and technical support provided on: introducing methodology of health system performance assessment (Global expected result: 6.4.1.)

2.2. Support to development of health information system

COUNTRY PROGRAMME EXPECTED RESULT: Further advice and technical support provided on: development of national health information system; establishment of a modern national health account (Global expected result: 6.1.2)

3. Technical interventions

3.1 Support to further development of community-based health promotion

COUNTRY PROGRAMME EXPECTED RESULT: Technical support provided on: further development of integrated approach to community-based health promotion; participation in the Health Behaviour of School Aged Children survey (HBSC) (Global expected result: 2.3.1)

COUNTRY PROGRAMME EXPECTED RESULT: Technical support provided on development of national policy and action plan for nutrition and food safety. (Global expected result: 4.2.1)

3.2. Support to implementation of national environment and health action plan (NEHAP)

COUNTRY PROGRAMME EXPECTED RESULT: Advice and technical support on: upgrading the existing national environment and health information system to support policy preparation and evaluation within NEHAP implementation; tools for priority focused information gathering from routine monitoring and surveys and mechanisms for efficient information exchange; capacity building for monitoring health risks. (Global expected result: 4.3.3)

4. Other

4.1 Operational support to BCA implementation and unforeseen activities

COUNTRY PROGRAMME EXPECTED RESULT: Advice and technical support provided on: improved coordination and monitoring of BCA implementation, assistance in developing consistency in international cooperation, improved functioning of country offices, and reaction to unforeseen country requests. (Global expected result: 7.2.2)

WHO will continue to support the above priority areas also from other sources of funding.

B. Commitments of WHO and the Government of Estonia

1. Commitments of WHO

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the above programme activities/inputs. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution.

2. Commitments of the Government

The Government shall provide all personnel, materials, supplies, equipment and local expenses necessary for the technical cooperation. The Government is encouraged to supplement funding for the above activities through fundraising. WHO can assist in this process.