Biennial Collaborative Agreement

between

the Ministry of Social Affairs of Estonia

and

the Regional Office for Europe
of the World Health Organization

2012/2013

Signed by:

For the Ministry of Social Affairs

Signature	*Date*
Name Mr Hanno Pevkur	*Title* Minister of Social Affairs

For the WHO Regional Office for Europe

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Introduction

In Estonia over last decade the disease pattern has changed, with new challenges ahead. The infant mortality rate has decreased substantially and has remained very low in recent years. The main disease burden challenge is premature mortality caused by external causes and lifestyle-related risk factors. Similar to other industrialized countries, the main causes of mortality are diseases of the circulatory system, cancer and external causes of death. Mortality differs between men and women due to differences in mortality from external causes. The lifestyle risk factors causing the disease burden are alcohol consumption, use of tobacco, low physical activity and unhealthy diet. A growing challenge is the increasing prevalence of obesity. In the past decade, new challenges of tackling illegal drug use and communicable diseases such as HIV/AIDS and multidrug-resistant tuberculosis have emerged. Estonia has kept other communicable diseases under control with broad vaccination programmes implemented with high coverage.

Over the decades the reforms started with health system financing, followed by organizational changes in service delivery at primary health care, hospitals and public health. The overall governance system for health has been improved with regular review of institutional setting and the strategic vision, including approval of National Health Strategy 2009–2020. During the transition, Estonia's economy developed rapidly and sequential health system reforms were implemented. At the same time the various challenges remain to improve the health system and public health services further. Namely the need to improve the leadership role within the health sector; ensure the continuity of care and chronic disease management and inter-sectoral links between health care, public health and social care; address the quality of care; limit out-of-pocket payments and manage the cost increase of services; broaden the revenue base of the health insurance system to ensure financial sustainability in terms of demographic changes and other cost drivers in health care; address the question related to human resources for health and balance the competences within the system to respond to current practices; respond to ecological and public health threats. The public health and health system has various strengths developed over decades allowing further fine-tuning of the system for better performance.

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization Regional Office for Europe and the Ministry of Social Affairs of Estonia on behalf of its government for the biennium 2012–2013.

This 2012–2013 BCA is part of a provisional Medium-term framework for collaboration between the WHO Regional Office for Europe and the Ministry of Social Affairs of Estonia for the six-year period 2008–2013, which corresponds to the period covered by the WHO Medium-term strategic plan (MTSP 2008–2013). The document reflects the new vision of the WHO Regional Office for Europe as approved by the sixtieth session of the Regional Committee for Europe – Better Health for Europe, as well as the concepts, principles and values underpinning the development of the WHO Regional Office for Europe's new Country Strategy and the European Policy for Health – Health 2020.

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

This document represents a practical framework for collaboration which has been elaborated through successive consultations between national health authorities and the WHO Regional Office for Europe Secretariat.

The agreed medium-term priorities for collaboration 2008–2013, specified in Part 1 of the document, were taken as the starting point for the process leading to the specific priority outcomes for collaboration. **In 2010, the sixtieth session of the Regional Committee approved new strategic priorities of work, which reflect the main issues faced by most Member States in the WHO European Region and which are addressed through the development of the new European Policy for Health – Health 2020. Among these key priorities, the following are highlighted: *strengthening health systems*, particularly primary health care; *rejuvenating public health*, including improved surveillance, disease prevention and health promotion; *tackling behavioural health determinants* and risk factors; *controlling noncommunicable diseases* such as heart disease, cancer and diabetes; *addressing communicable disease incidence*, with particular reference to poliomyelitis, HIV/AIDS, MDR-TB, measles and malaria; implementing international health regulations; *ensuring emergency preparedness; supporting progress in Environment and Health*; and *fostering the harmonization of health information systems* and knowledge sharing throughout the region.** The priorities and outcomes detailed in this agreement are based on those key priority areas. The outcomes are based on analyses of the public health situation of the Region and input from national health authorities, while they also take into account WHO global priorities (World Health Assembly and Regional Committee resolutions), policy directions and country priorities and reflect the WHO strategic assessment.

Outcomes represent uptake by Member States. Their achievements are the joint responsibility of the individual Member State and the Secretariat. For each outcome (i.e. expected result), a number of **outputs** (products and services) are defined to enable and facilitate uptake by Member States. The delivery of these outputs is the responsibility of the Secretariat.

The document is structured as follows:

1. Part 1 includes health impact aimed for through the agreed medium-term priorities and objectives *for collaboration* for the period 2008–2013, to be the focus of the joint efforts of the individual government and WHO Secretariat. It also describes the specific priorities to be achieved during 2012 – 2013.

2. Part 2 includes sections on the budget for the BCA, its financing and the mutual commitments by the WHO Secretariat and individual government.

An Annex to this BCA includes a summary of priority outcomes as well as outputs and mode of delivery. Three modes are envisioned:

- The **intercountry mode**, which addresses the common needs of countries through region-wide approaches. It is expected that an increasing part of the work will be delivered in this way.
- The **multicountry mode** is used when an output within an outcome is relevant to a limited number of countries. The resources that exist within the group will be deployed optimally.
- The **country-specific mode** of operation is used for outputs that are highly specific to the needs and circumstances of individual countries. It will continue to be important and the chosen mode of delivery in many cases.

Terms of Collaboration

The *Medium-term priorities (part 1)* provide a framework for collaboration for 2008–2013. The medium-term priorities may be revised every two years by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial priority outcomes and outputs for 2012–2013, presented in the Annex, 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 government will identify/confirm responsible national focal points for each of the priority outcomes as well as appoint an overall 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 outputs and implementation schedule, will be agreed accordingly. Implementation will start at the beginning of the biennium 2012–2013. The Regional Office will provide the highest possible level of technical assistance to the country and shall be facilitated and supported by the country office or other modalities present in the country. Overall coordination and management of the country workplan is the responsibility of the HWCO.

WHO budget allocation for the biennium indicates the estimated costs of providing the planned outputs predominantly at country level, including the cost of staff in countries required to implement the country workplan. The funding will come from both WHO corporate resources and any other resources available through WHO. These funds should not be used to subsidize or fill financing gaps in the health sector, as a supplement to salaries or for the purchase of 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, Geographically Dispersed Offices (GDOs) and of the input of the Country Office for delivering planned outputs is not reflected in the indicated budget, and hence the figures greatly understate the real value of the support to be provided to the country. The funds included in this agreement are the Organization's funds allocated for Regional Office cooperation within the country workplan.

Thus, the value of WHO contribution goes beyond the indicated monetary figures in this document, as it includes technical assistance and other inputs from HQ, RO, GDOs and unfunded inputs from COs.

The corporate resources (Assessed contributions, CVCA[1], and WHO Regional Office for Europe Flexible[2] resources) will predominantly be used to ensure full achievement of the

[1] CVCA (Core Voluntary Contributions Account) = Official Development Assistance (ODA) funds provided flexibly and globally to WHO by donors for funding activities in support of ODA-eligible countries

regional Key Priority Outcomes (KPO) as described in the document "*The Programme budget as a strategic tool for accountability*" (RC61/Inf.Doc/10).

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

It should also be noted that this Biennial Collaborative Agreement is open to further development and contributions from other sources in order to supplement existing shared objectives or to 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.

[2] WHO Regional Office for Europe Flexible funds are voluntary funds provided flexibly at the level of the WHO Regional Office for Europe

PART 1. Medium-Term priorities for collaboration for 2008-2013 and priorities for 2012-2013

The following priorities for collaboration for 2008–2013 were selected in response to public health concerns and ongoing national efforts to improve the performance of the health system.

PRIORITY 1: Health system strengthening

- *Objective 1:* Improve the organization of health services delivery
- *Objective 2:* Promote sustainable and fair health care financing
- *Objective 3:* Strengthen the planning and management of human resource for health
- *Objective 4:* Improve access to pharmaceuticals, especially treatment for HIV/AIDS
- *Objective 5:* Strengthen systematic policy developments and evidence-based policy making

PRIORITY 2: Enhance surveillance and response to communicable diseases, especially HIV/AIDS

- *Objective 1:* Support the implementation of tuberculosis prevention and treatment
- *Objective 2:* Ensure uninterrupted supply of effective, safe and affordable HIV/AIDS diagnostics, medicines and other commodities
- *Objective 3:* Strengthen, expand and maintain the surveillance, monitoring and evaluation systems for communicable diseases, especially HIV/AIDS and Tuberculosis epidemics, and support the further development of emergency preparedness systems

PRIORITY 3: Address prevention and management of major non-communicable diseases

- *Objective 1:* Reduce the avoidable burden of non-communicable diseases with particular focus on cardiovascular diseases and cancer and these should be targeted through lifestyle improvements
- *Objective 2:* Support the development of a national mental health plan focusing on premature and avoidable mortality
- *Objective 3:* Support the development of a national plan to reduce the number of injuries

PRIORITY 4: Support national environmental health action plan development

- *Objective 1:* Development of a national environmental health action plan in the frame of the National Health Strategy

The above agreed Medium-term priorities for collaboration 2008–2013 were taken as a starting point, while the new vision of the WHO Regional Office for Europe as approved by the sixtieth session of the Regional Committee for Europe – Better Health for Europe, as well as the concepts, principles and values underpinning the development of the Regional Office’s new Country Strategy and the European Policy for Health – Health 2020 were taken into account. The aim of the Biennial Collaborative Agreement (BCA) is to impact health, i.e., *to raise the level of health and reduce the inequity in the distribution of health within the population*.

The agreed medium-term priorities facilitate the strategic orientation of collaboration and serve as a basis for focusing collaboration on a select number of priority outcomes (uptake by Member States) deemed feasible to achieve and essential to improving the health situation and where WHO can make a unique contribution.

The 2012–2013 BCA will focus on the following activities grouped under the WHO Regional Office for Europe corporate priorities below:

PRIORITY: European Health Policy – *Health 2020*

Health 2020 aims to offer overarching framework of governance and policy for health in Europe, comprising strategic approaches, such as whole-of-society and whole-of-government approach as well as addressing social determinants of health (SDH). The Estonian National Health Plan 2009–2020 (NHP) is a national policy framework supporting address current and forthcoming challenges to good health. In coming years the evidence base and governance of NHP will be improved, and supported by integrated performance monitoring system. The capacity building programs will further promote key national stakeholders in mastering their governance for action on SDH and addressing HI via health system and health in all policies. An attention will be paid to the institutional setting in country with review of the roles of agencies and strategies to improve surveillance. Policy dialogues within and between countries will be regularly held to support evidence informed decision making. Assistance to implement Tallinn Charter, health system performance assessment, improving governance of the health system would be provided.

PRIORITY: Health Systems strengthening and Public Health

The continuous fine tuning to improve the health system and public health performance is expected to take place in coming years. In Estonia various aspects will be considered as further reorganisation of the service delivery system with focus to primary care and effective relation to other levels of care, development of appropriate supervision model to ensure equitable regional access and quality of care, development of the care pathways to coordinate the prevention and care between levels on care, and to set financial and other incentives to support better response to chronic diseases. In parallel with public health development modern occupational health services will be created in partnership with other sectors. On health financing the policy discussion will continue on the sustainability of the health system and options to reach universal insurance coverage in Estonia. In addition the payment methods will be adjusted to improve those to address chronic conditions, and new model from last year of developing and applying the clinical guidelines institutionalised. Development selected policies as for medical devices and medicines aims to strengthen strategic vision with parallel attention to the rational use of medicines and further developments of health technology assessment. Health system and public health activities aim to have positive impact in tackling with both communicable and non-communicable diseases in Estonia. Assistance to implement Tallinn Charter, health system performance assessment, improving governance of the health system would be provided. Effectiveness of public health campaigns and use of new media would be promoted.

PRIORITY: Non-Communicable Diseases, Health Promotion and Healthy Lifestyles

The non-communicable diseases entail increasing disease burden in Estonia and in parallel addressing the challenge is recognised with increased attention and actions on health promotion and disease prevention. The few key areas as development of capacity building system on nutrition specialists, address raising level of obesity, set standards and good

practices in the area of marketing of food and non-alcoholic beverages to children, develop effective dialogue with private sector, improve tobacco control FCTC regulative framework as well capacity building, and strengthen injury prevention are focused in Estonia in coming years. Addressing non-communicable diseases will be strengthened by systematic approach by health system and public health.

PRIORITY: Communicable Diseases, Health Security and Environment

The communicable diseases, health security and environment area has attention in Estonia to the high prevalence but improved situation of HIV/AIDS and tuberculosis. Named diseases are the key areas for continuous collaboration to improve situation while addressing SDH, risk factors as drug dependency, and increase the quality and availability of services. Strengthening core public health capacities for monitoring, joint risk assessment and response of all modifiable events under IHR will continue. Support to establish chemical safety competence centre would be provided.

PRIORITY: Health Information, Evidence, Research and Innovation

Estonia is a country of fast developing health information system and e-health system where cross country learning would benefit Estonia and in two ways other countries. The capacities of analysing disaggregated information are strengthened to provide evidence for policy development and decisions. In 2012 the regular update of the health system in transition review in Estonia will be prepared.

PART 2. Budget and Commitments for 2012–2013

2.1 Budget and Financing

The total budget of the within-country workplan amounts to US$ 311436*.

	Financing (US$ Thousands)	Budget (US$ Thousands)
• Corporate funds (AC, CVCA, and WHO Regional Office for Europe Flexible)	187.2	187.2
• Projected VCS (Known with great certainty)**	0	0
• Additional VCS to be mobilized		124.2
TOTAL	**187.2**	**311.4**

**The total budget is subject to adjustments on the basis of the planned "mode of delivery"*
*** Projected VCS funds are subject to adjustments on the basis of actual availability.*

The value of WHO contribution thus goes beyond the indicated monetary figures in this document, as it includes technical assistance and other inputs from HQ, RO, 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 different levels (regions and countries), as well as for the latter across individual countries.

2.2 Commitments

The individual government and the WHO Secretariat jointly commit to work together to mobilize the additional funds required to achieve the Outcomes 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 outputs defined in the Annex. 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 Government

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 **uptake of the priority outcomes identified in the Annex**.

Annex: Priority Outcomes and Outputs

This Annex is subject to further amendments as stipulated in the Terms of Collaboration of the BCA.

PRIORITY: European Health Policy – *Health 2020*

SO	Outcomes	Outputs	Mode of delivery		
			Country specific **(CS)**	Multi country **(MC)**	Inter country **(IC)**
7	Improved capacity and uptake for governance for action on the social determinants of health and health inequities within the Health 2020 Policy Framework and consistent to WHA 62.14.	1) Capacity Building Program to strengthen know how and skills to implement whole of government and society approaches to SDH/ Equity (Including exchange of promising practices and innovations in policy formulation, investment, delivery and accountability for health equity).		x	
		2) SDH/Equity Solutions Lab - Policy Dialogues, Expert Platforms, Workshops & Learning Exchanges on applying evidence and Innovations in Governing for Health Equity as a Whole of Government & Society Approach implementing Health in All Policies.		x	
		3) Further support to implementing action on SDH and HI in the National Health Plan support to designing and implementing targeted interventions.	x		
10	Member States mobilize and use Inputs from across disciplines and international boundaries and the principles of knowledge brokering to bring evidence to bear on policy decisions and on the assessment and evaluation of the impact of reforms, interventions and applied policies.	1) Baltic Policy Dialogue 2012 participation of ministerial delegation with WHO CO involvement.		x	
		2) Baltic Policy Dialogue 2013 and participation of ministerial delegation with WHO CO involvement.	x		

10	Estonia has applied a systematic approach to governance with the aim of strengthening health systems by developing, evaluating and supporting alignment to national and/or sub-national health plans and strategies and by assessing the performance of their health system.	1) Estonia to be an active member of an international benchmarking and peer learning network on HSPA.		x	
		2) Technical advice to support and integrate HSPA to the policy cycle and monitoring national policy as well support to implementation of Tallinn Charter	x		
		3) Technical advice for the improvement of an evidence-base for NHP 2009–2020, including monitoring and evaluation of effectiveness of policies and interventions (including support to intersectoral health governance)	x		
		4) Review the roles of agencies and strategies to improve governance.	x		

PRIORITY: Health Systems strengthening and Public Health

SO	Outcomes	Outputs	Mode of delivery		
			Country specific **(CS)**	Multi country **(MC)**	Inter country **(IC)**
10	Estonia has strengthened their institutional capacity to gather and assess evidence, and formulate, implement and evaluate, evidence-informed policies to improve the performance of primary health care services, with a particular focus on the prevention and management of non-communicable diseases	1) WHO tools adapted and implemented for assessing primary care organization, provision, institutionalized mechanisms for quality management, and its performance vis-à-vis public health priorities, equity and solidarity.	x	x	
		2) Platforms (meetings, consultations etc.) provided to assist the MoSA, EHIF, NIHD and FD Association in cross country experience sharing.	x		
		3) Development of care pathways, coordination of prevention and care between levels on care including strengthening of performance of primary health care (harmonisation of optimal and	x		

		effective regional accessibility to all health care services - primary care, ambulance, specialist, hospital, palliative and nursing care)			
		4) Setting financial and other incentives to support better response to chronic diseases.	x		
10	Estonia improves the performance of public health services and operations by developing, implementing, evaluating evidence-informed public health policies	1) Support to the updating and development of PH legislation.	x		
		2) Policy dialogue on PH policies and services (including effective HiA policies).	x		
		3) Rise effectiveness of public health campaigns and use of new media to reach target groups and disseminate knowledge.	x		
8	Capacities, tools and resources enhanced in Member States for addressing environmental health security and emerging risks	1) National profile and recommendations on occupational health systems developed in collaboration with Estonian network for occupational health.	x	x	
		2) Country specific technical advice and development of national programs addressing occupational health policies and selected occupational risks.	x		
10	Estonia has implemented health financing policies to make progress towards, or sustain existing achievements of, universal health coverage, with attention to minimizing the negative effects of the financial crisis on the health sector and ensuring that financing arrangements are well aligned to priority health care and public health services.	1) To analyse the sustainability of health system, its financing and options to reach universal insurance coverage in Estonia.	x		
		2) Evaluate the current payment methods to improve those to address chronic conditions.	x		
11	Estonia improves equitable access to good quality medical products (medicines, vaccines, blood products) and technologies	1) Development of national policy on medicines (including setting up a regulatory system ensuring continuous availability of essential medicines and early access to innovative medicines).	x		

		2) Development of national policy on medical devices.	x		
		3) Development of national capacities for HTA (health technology assessment) and tailor the HTA to the decision making process.	x	x	
11	Estonia has improved capacity and developed policies for the rational use of medical products (medicines, vaccines, blood products) and technologies	1) Support for national strategy to improve the rational use of medicines and development of system for monitoring use of medicines.	x		
		2) Support to scale up the new model of developing and applying the clinical guidelines in health system.	x	x	

PRIORITY: Non-Communicable Diseases, Health Promotion and Healthy Lifestyles

SO	Outcomes	Outputs	Mode of delivery		
			Country specific **(CS)**	Multi country **(MC)**	Inter country **(IC)**
3	Member States adoption of a priority list of evidence-based actions for prevention and control of NCDs consistent with the European NCD Action Plan. These actions include integrating surveillance systems, using fiscal measures, product reformulation and control of marketing to promote healthier consumption, promoting wellness in workplace, managing cardiometabolic risk, and stepwise approaches to cancer control.	1) National plans for NCD are strengthened and integrated to NHP 2009–2020.	x		
		2) National assessment of health systems and capacity for NCD control conducted with emphasis on a social determinants framework, development of targeted interventions on basis of that	x		

3	Estonia increase capacities and resources to address the burden of violence and injuries	1) National policy making and capacity development workshops.	x	x	
6	Member States have strengthened the capacity of their health workforce with a focus in the Primary Health Care sector in the areas of diet and physical activity to deliver evidence based interventions according to the European Charter on Counteracting Obesity, the Food and Nutrition Policy Action Plan and the Action Plan for the Implementation of the European Strategy on Noncommunicable Diseases.	1) Policy summary on ensuring nutrition as an integral part to PHC Report on effectiveness of nutrition and physical activity related interventions in the PHC setting		x	
		2) Develop the curricula for nutrition counsellors/specialists and scale up the training system and accreditation/recognition of those specialists.	x		
6	Obesity prevention and control Action Plans, including healthy diet and physical activity, developed and implemented in Member States based on the European Charter to Counteract Obesity Principles	1) Revision and strengthening obesity prevention and control actions within national CVD strategy and NHP 2009–2020.	x		
		2) Develop practices how to interact with food industry to reduce the levels of salt or other selected nutrients on the processed foods (and salt control strategy developed within NHP 2009–2020).	x		
		3) Set the standards in the area of marketing of food and non-alcoholic beverages to children, and assisting development of regulatory approach by means of statutory or self-regulation within stakeholders	x	x	
6	Multi-sectoral policies and strategies established within Member States to increase the level of implementation of the WHO FCTC by using the MPOWER framework.	1) Technical advice based on latest global and regional evidence for implementation of recommendations provided by the Assessment Report.	x		
		2) Best practices for strengthening capacity to implement the WHO FCTC.	x		x

		3) Policy tools, including evaluation tool of implementation of the WHO FCTC with special focus on taxation and marketing policies			x
6	Member States have established or strengthened National surveillance systems of tobacco consumption and exposure to tobacco smoke built on sustainability, standardization and comparability across countries and use data for policy making in line with the WHO FCTC	1) Capacity building and technical assistance to implement youth and adult surveys in countries	x		
		2) Capacity building and technical assistance to use survey and research data for sound and evidence based policy making in line with WHO FCTC and its guidelines.	x	x	

PRIORITY: Communicable Diseases, Health Security and Environment

SO	Outcomes	Outputs	Mode of delivery		
			Country specific **(CS)**	Multi country **(MC)**	Inter country **(IC)**
1	In support to national and regional health security, Member States have developed policies and national plans to implement the IHR, including strengthening their core public health capacities for disease surveillance and response, as well as preparedness for epidemic-prone diseases (such as influenza).	1) Assessment and support to Member States to reach the IHR national core capacity requirements for surveillance and response	x		
		2) Sub-regional and regional technical and ministerial meetings		x	
2	Estonia adopt policies and strategies for prevention and control of MDR/XDR-TB through strengthened health systems and public health approaches	1) Strategic and technical support to scale up the TB control (moving from control to elimination).	x		
		2) Reach targeted groups (with addressing SDH) as well manage MDR-TB (including approaches in HSS).	x		
		3) Sharing experience between countries with high MDR-TB burden.		x	
		4) Estonia updated and endorsed MDR/XDR-TB Response Plan in line with the Regional MDR/XDR-TB Action Plan.	x		
2	Estonia progress towards optimizing HIV, STIs and viral hepatitis (B&C) prevention, diagnosis, treatment and care outcomes and progress towards building strong and	1) Assistance to MS to produce policies and tools based on WHO guidance and standards and WHO Action Plan for HIV/AIDS 2012-2015. Assistance implementing recommendations of external evaluation.	x		

	sustainable systems for HIV, STIs, viral hepatitis prevention and control	2) Provide leadership and build consensus to promote client centred service delivery. Monitor service availability and coverage, implementing integrated HIV+TB services.	x		
		3) Strengthen capacity of MS, patient groups, CBOs and NGOs to deliver services, development and implementation of partner notification systems.	x		
		4) Report progress towards elimination of mother to child HIV transmission.	x		x
		5) Assistance to MS to reach universal access to treatment, care, diagnose, treat co-infections and end of life care.	x		
6	Estonia has implemented drug dependence treatment including opioid substitution therapy based on WHO guidance.	1) Continue current on assessment of country situation with focus on drug dependence treatment.		x	
		2) Technical guidance on increasing number of drug dependent patients in treatment for drug dependence with different substances and ensure close links between involved sectors. Development and implementation of effective and evidence based preventive measures for drug use and dependence.	x		
1	Estonia has made an initial assessment of the epidemiological situation of antibacterial resistance, antibiotic usage in all sectors (including food and agriculture) and have established a national coordination mechanisms and have developed national action plans based on the seven strategic objectives of the regional plan on the containment of antibiotic resistance.	1) Provide technical cooperation to MS to improve national programmes in any of the 7 objectives (including managing hospital infections).	x	x	

PRIORITY: Health Information, Evidence, Research and Innovation

SO	Outcomes	Outputs	Mode of delivery		
			Country specific **(CS)**	Multi country **(MC)**	Inter country **(IC)**
10	A common European health information system agreed and framework established jointly with the EC for harmonized health information and evidence used for decision making at regional and Member State levels.	1) Policy Dialogue on health information systems (including e-health).	x	x	
		2) Consultancy and technical advice to Estonia strengthen health information system (including assistance to integrate separate information and surveillance systems).	x		
10	Estonia equipped with and use evidence on their own health system, the health system of other countries and ongoing evidence updates to support decision making, and reform processes	1) Draft and launch the Health System Review (HiT) in 2012.	x		
7	Estonia systematically use analyses of social & economic determinants and health inequalities to inform the development, implementation, monitoring and evaluation of health policies & programmes	1) Capacity building programme for systematic use of disaggregated data and diverse methods and approaches		x	
		2) Targeted capacity building program to develop a comprehensive approach (indicators, process & methods) for monitoring of the social determinants & health equity in the Estonian National Health Plan over the longer term.	x		

LIST OF ABBREVIATIONS

General abbreviations

AC – Assessed contributions
BCA – Biennial Collaborative Agreement
CO – Country Office
CS – Country specific
CVCA – Core Voluntary Contributions Account
CVD – Cardiovascular diseases
EC – European Commission
GDO – Geographically Dispersed Office
HWCO – Head of the WHO Country Office
HQ – World Health Organization headquarters
IC – Inter country
KPO – Key Priority Outcome
MC – Multi country
MTSP – WHO Medium Term Strategic Plan
ODA – Official Development Assistance
RC – Regional Committee
RO – Regional Office
SO – Strategic objective
VCS – Specified Voluntary Contributions
WHA – World Health Assembly
WHO – World Health Organisation

Technical abbreviations

CBOs – Community based organisations
EHIF – Estonian Health Insurance Fund
FD –Association – Family doctors Association
HiA – Health in All
HiT – Health in transition
HIV/AIDS – Human immunodeficiency virus/Acquired immunodeficiency syndrome
HSPA – Health system performance assessment
HSS – Health system strengthening
HTA – Health technology assessment
IHR – International Health regulations
MDG – Millennium Development Goals
MDR/XDR-TB – Multidrug and extensively drug resistant tuberculosis
MoSA – Ministry of Social Affairs
MPOWER – A Policy package to reverse the tobacco epidemic (Monitor, Protect, Offer, Warn, Enforce, Raise)
MS – Member state
NCD – Non-communicable diseases
NFPs – National focal points
NGO Non-governmental organisations
NHP – National Health Plan 2009–2020
NIHD – National Institute for Health Development
PH – Public Health
PHC – Primary Health Care
SDH/HI – Social determinants of health and inequities
STI – Sexually transmitted infection
WHO FCTC – WHO Framework Convention on tobacco control