



**Biennial Collaborative Agreement
(BCA)**

between

the Ministry of Social Affairs of Estonia

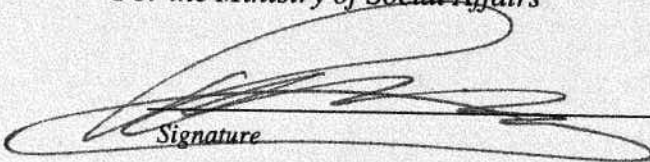
and

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

2010/2011

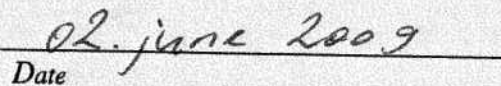
Signed by:

For the Ministry of Social Affairs


Signature

Mr Hanno Pevkur

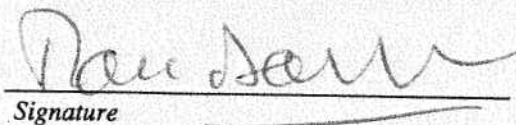
Name


Date

Minister of Social Affairs

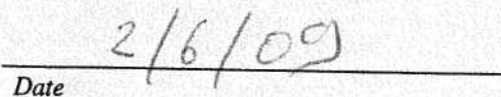
Title

For the WHO Regional Office for Europe


Signature

Marc Danzon, M.D.

Name


Date

Regional Director

Title

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Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization Regional Office for Europe and the Government for the biennium 2010–2011.

This 2010-11 BCA is part of a provisional Medium-term framework for collaboration between the WHO Regional Office for Europe and the Government for the six-year period 2008–2013, which corresponds to the period covered by the WHO Medium term strategic plan (MTSP 2008–2013).

Achieving the objectives of the current BCA is the responsibility of both the WHO Secretariat and the Government.

This framework for collaboration has been elaborated through successive steps of negotiation involving the national health authorities and WHO.

The medium term priorities for collaboration 2008-2013, as agreed by the national health authorities and WHO and specified in Part 1 of the 2008-09 BCA, were taken as the starting point for the process leading to the present document. The WHO Secretariat then formulated *priorities for collaboration* for 2010-11 with the national health authorities that also take into account the Organization's global priorities and policy directions, a strategic assessment of the country's needs and contributions in the country by other partners, as well as WHO's own capacities.

The document is structured as follows:

1. The first part sets out the *medium-term priorities and objectives for collaboration* for the six-year period 2008–2013, to be achieved through the joint efforts of the Government and WHO.
2. The second part focuses on the biennium 2010–2011. For each biennial priority, the WHO Secretariat has defined one or more *country expected results* (CER) to be achieved during 2010–2011. At the end of this section, there is a statement of the total estimated budget for the BCA.
3. The third part of the BCA is in the form of a table. Under each Priority is a table showing the associated country expected results, and next to each of these is the list of products (one or more) associated with the CER that will be delivered through the collaboration of the WHO Regional Office for Europe. Finally, reflecting the paper presented at the fifty-fifth session of the WHO regional Committee for Europe (document EUR/RC55/9 Rev.1, "Next phase of the WHO Regional Office for Europe's Country Strategy: Strengthening health systems"), each product is categorized according to one or more health system functions, i.e.:
 - Health policy and other stewardship and governance elements (ST)
 - Health system financing function (FN)
 - Health system resource generation function (RG)
 - Health services delivery function (SD)

Terms of Collaboration

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

The Biennial Collaborative Agreement for 2010–2011, presented in part 2 and detailed in part 3, may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the 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 implement the agreed activities, or in the light of increased funding. Either party may initiate amendments.

After the *Biennial Collaborative Agreement* is signed, a detailed *country programme workplan* will be developed for the biennium. For each expected result, the workplan will specify the necessary details about activities or services, budgets, indicators of the objective of each CER (with baseline and target values), the WHO officer responsible, the country counterpart (where relevant), milestones and the implementation schedule. Implementation will start at the beginning of the biennium 2010–2011. Overall coordination and management of the country programme is the responsibility of the Head of the WHO Country Office.

WHO budget allocation for a biennium indicates estimated resources that will be used for achieving CERs predominantly at country level, coming from both the WHO assessed contributions and from any other source. The value of WHO staff input to the BCAs is not reflected in these estimates, and hence the figures greatly understate the real value of the support to be provided. The funds included in this BCA are the Organization's funds allocated for the Regional Office's cooperation with the country. Implementation of the country programme workplan is the only way to mobilize these funds.

It should also be noted that this Biennial Collaborative Agreement is open to further development and contributions from other sources, to supplement existing shared objectives or to introduce activities that have not been included at this stage owing to a lack of funding. 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. Medium-term priorities for collaboration for 2008-2013

The following priorities for collaboration have been selected in response to current public health concerns and ongoing national efforts to improve the performance of the health system. Setting medium-term priorities for 2008–2013 will facilitate the strategic orientation of collaboration.

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

PART 2. Biennial Collaborative Agreement for 2010–2011

1. Priorities and Country Expected Results

Priority 1: Health system strengthening

1. Achieved progress towards long term stability and sustainability of health financing arrangements, and implementation of improved technology assessment system and incentives to promote evidence based services.
2. Improved strategic planning, governance, management and implementation of tools for health service provision prioritizing essential services at all levels (as primary care, day care, pharmaceuticals, long term and rehabilitative care, and services at hospitals) with focus on equitable access, continuity, quality, coordination and efficiency.
3. Improved planning of human resources in health while taking into account the long term needs as well changing environment and medical practice.
4. Implementation of Tallinn Charter and support to ongoing policy developments and health system performance improvements.

Priority 2: Strengthen the surveillance and response to communicable diseases, especially HIV/AIDS and Tuberculosis

1. Improved access, quality and continuity to HIV, illicit drug use and tuberculosis prevention, treatment and care.
2. Strengthened core capacity to implement International Health Regulations and cope with major epidemic and pandemic-prone diseases.

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

1. Progressed implementation of national strategies to reduce the avoidable burden of non-communicable diseases and injuries.
2. Implementation of improved national policy in the area of mental health focusing on premature and avoidable mortality.

Priority 4: Support the implementation of health in all policies in the frame of the long term National Health Strategy

1. Strengthened health system capacity to develop environment and health monitoring and evaluation systems to provide evidence for actions and health impact assessment in relation to environmental policies.
2. Established system of collection and creation of evidence at country level on the relations between social determinants and health, and developed national capacities to advocate for evidence based actions, and combine population based measures and targeted interventions.

2. Budget

The total estimated budget amounts to US\$ 300 000. WHO will continue to support the above priority areas with additional sources of funding, should they be made available. Such information will be presented as an annex to this agreement and will be updated on a continuous basis throughout the biennium to reflect indicative figures for such additional support.

3. Commitments of WHO and of the Government

1. Commitments of WHO

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the above programme activities and 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 and/or allocating resources to the priority areas through partnership arrangements.

PART 3. Summary of expected results and products by priority areas

Priority 1: Health system strengthening

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
1.1. Achieved progress towards long term stability and sustainability of health financing arrangements, and implementation of improved technology assessment system and incentives to promote evidence based services.	Policy dialogue and follow up technical advice to the report and recommendations on the sustainability of the health financing system	X	X		
	Capacity building in health technology assessment and decision making processes for personal and public health services and medicines		X	X	
1.2. Improved strategic planning, governance, management and implementation of tools for health service provision prioritizing essential services at all levels (as primary care, day care, pharmaceuticals, long term and rehabilitative care, and services at hospitals) with focus on equitable access, continuity, quality, coordination and efficiency.	Revision with recommendations of the strategic planning and development plans of all types of services to ensure coherence of the strategic plans, appropriate advice to strategic investments and increase the responsiveness of delivery system	X		X	X
	Revision and recommendations for further development of clinical guidelines and pathways system with a focus on coordination between levels and types of care, and incorporating the principles of health technology assessment	X	X		X
	Follow-up to medicines policy development and recommendations for policies aiming at the rational use of medicines	X		X	

	Policy dialogue on and guidance to improve quality of primary and hospital care building on the pay for performance initiatives and in the frame of the performance assessment tool for quality improvement in hospitals project		X		X
	Review and recommendations on improving the governance structure and function at the level of hospitals and the hospital sector at large	X			
1.3 Improved planning of human resources in health while taking into account the long term needs as well changing environment and medical practice.	Capacity building and development of tools to monitor the trends in health related labour market and improve tools available for long term human resource planning in health sector			X	
1.4 Implementation of Tallinn Charter and support to ongoing policy developments and health system performance improvements.	Policy support including policy dialogues and support to fulfil the commitments agreed in Tallinn Charter	X			

Priority 2: Strengthen the surveillance and response to communicable diseases, especially HIV/AIDS and Tuberculosis

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
2.1 Improved access, quality and continuity to HIV, illicit drug use and tuberculosis prevention, treatment and care.	Policy and expert support to improve the case management system and improve response to individual diseases and co-infection				X
	Evaluation of the strategies to tackle HIV/AIDS, tuberculosis and main risk factors to provide recommendations and targeted support to improve respective program implementation	X			
	Capacity building and expert support in developing and implementation of quality assurance and quality improvement mechanisms for HIV/AIDS related services in the continuum of prevention to care				X
	Capacity building and collaboration to improve surveillance, monitoring, and modelling effectiveness and cost-effectiveness in the area of infectious diseases		X		X
2.2 Strengthened core capacity to implement International Health Regulation and cope with major epidemic and pandemic-prone diseases.	Policy support and recommendations to strengthen the core capacities in health system and other sectors to implement International Health Regulation	X			X
	Capacity building and guidance to strengthen the response to infectious diseases			X	

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

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
3.1 Progressed implementation of national strategies to reduce the avoidable burden of non-communicable diseases and injuries.	Recommendations to mitigate the burden of injuries and violence with a focus on alcohol as a risk factor	X			
	Capacity building and recommendations on targeted interventions and collaboration with other sectors in the area of nutrition	X			X
	Recommendations to strengthen the implementation of national non-communicable diseases strategy	X			
3.2 Implementation of improved national policy in the area of mental health focusing on premature and avoidable mortality.	Policy support and recommendations to develop comprehensive mental health policy and support to translate the policy into action in prevention, care and social services	X			X

Priority 4: Support the implementation of health in all policies in the frame of the long term National Health Strategy

Country Expected Results	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
		ST	FN	RG	SD
4.1 Strengthened health system capacity to develop environment and health monitoring and evaluation systems to provide evidence for actions and health impact assessment in relation to environmental policies.	Policy dialogue and follow up on the recommendations in environment and health performance review with aim to improve both monitoring and evaluation function as well implementation of policies	X			X
4.2 Established system of collection and creation of evidence at country level on the relations between social determinants and health, and developed national capacities to advocate for evidence based actions, and combine population based measures and targeted interventions.	Capacity building in monitoring and analysis of Social Determinants of population health	X			
	Capacity building in assessment and advocacy of cross sectoral actions and investments to address Social Determinants of population health in Estonia	X		X	X

5. Management and coordination of BCA implementation

Country Expected Results	Products
5.1 Strengthened country program coordination	Strengthening of partnership and coordination with key stakeholders at both country and regional level, including UN common activities and international collaboration with European Union institutions and OECD
	WHO policies promoted at country level (including World Health Days)
	WHO country operations implemented as per workplan and adequate response provided to unforeseen country needs

LIST OF ABBREVIATIONS

General abbreviations

BCA – Biennial Collaborative Agreement

CER – Country Expected Result

FN – Health system financing function

HQ – World Health Organization headquarters

MTSP – WHO Medium Term Strategic Plan

RG – Health system resource generation function

SD – Health service delivery function

ST – Health policy and stewardship function

WHO-EURO – World Health Organization Regional Office for Europe

Technical abbreviations

MDG – Millennium Development Goals

PHC – Primary health care

