



Biennial Collaborative Agreement

between

the Ministry of Social Affairs of Estonia

and

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

2006/2007

Signed by:

For the Ministry of Social Affairs

Signature

Date

Name Mr. Jaak Aab

Title: Minister of Social Affairs

For the WHO Regional Office for Europe

Signature

Date

Name Marc Danzon, M.D.

Title Regional Director

CONTENTS

Introduction	2
PART 1. Biennial Collaborative Agreement for 2006–2007.....	4
1. Priorities	4
2. Budget:	
ESTIMATED TOTAL BUDGET.....	
3. Commitments of WHO and the Government of Estonia:	5
1. Commitments of WHO	5
2. Commitments of the Government	5
PART 2. Summary of expected results and products by priority areas	6

Introduction

The WHO Regional Office for Europe's country strategy "Matching services to new needs", (document EUR/RC50/10), adopted by the Regional Committee at its fiftieth session, responded to repeated requests from Member States and WHO's governing bodies to focus on country work in order to meet countries' health needs and make WHO's country programmes more effective.

In that context, this document constitutes the Biennial Collaborative Agreement (BCA) between the WHO Regional Office for Europe (WHO/EURO) and the Government of Estonia for the biennium 2006-2007. It has been elaborated through successive stages of negotiation between the national health authorities and the regional and country levels of WHO.

Country health priorities, as presented by the national health authorities, have been the starting point of the process leading to the present document. In parallel, the WHO Secretariat has formulated **WHO's priorities for cooperation** with the country for the biennium 2006-2007, taking into account the Organization's global priorities and policy directions, contributions in the country by other partners, as well as WHO's own capacity. These priorities for cooperation have been further reflected in WHO's European regional priorities. **Joint priorities for cooperation** have then been reviewed with the national health authorities and consensus was achieved on presenting them in this BCA.

This document is in two parts:

1. The first part sets out the agreed joint priorities for cooperation (i.e. the strategic objectives to be achieved through the joint efforts of the Government and WHO) for the biennium 2006-2007. For each priority, the WHO Secretariat has defined one or more **country expected results** to be achieved during the biennium. At the end of this section there is a statement of the total budget for the BCA, including the WHO regular budget and other sources of funds to be managed through the BCA. The budget does not include the value of the time of WHO staff, however.
2. The second part of the BCA is in the form of a table showing how the budget is allocated among the joint priorities for cooperation and identifying which WHO/EURO unit will serve as coordinator for each priority. Equally, it shows the budget allocation and responsible WHO/EURO technical unit for each country expected result. It also portrays the links to other possible priorities within the BCA and to WHO's Organization-wide expected results (OWERs), as presented in the WHO Programme Budget 2006-2007. In addition, under each country expected result there is a list of the products that may involve the collaboration of additional WHO/EURO technical units. 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 elements (ST)
 - Health system financing function (FN)
 - Health system resource generation function (RG) and
 - Health service delivery function (SD).

It is expected that this categorization by function will improve cooperation and help to strike a better balance between the different functions needed to develop the health system and promote health.

WHO budget allocations within the BCA fix a ceiling for the resources that will be spent at country level, coming both from the WHO regular budget and from any other source. WHO activities that in principle are organized as “intercountry activities” but which involve the country will also be accounted for in this single budget. In other words, the funds included in this BCA are the Organization’s funds allocated for the Regional Office’s cooperation with the country. Implementation of the corresponding workplans by expected result is the only way to release these funds.

After the signature of the BCA, a detailed *country programme workplan* will be developed and negotiated between staff in the WHO/EURO technical units responsible for country expected results and their counterparts in the country. The workplan will specify, for each country expected result and each product, the necessary details about activities or services, budgets,, indicators (with baseline and target values), responsible WHO officer, country counterpart, contributions by partners, milestones and implementation schedule. Implementation will start at the beginning of the biennium 2006-2007. Overall coordination and management of the country programme is the responsibility of the Head of the WHO Country Office in Estonia.

This Biennial Cooperation Agreement is to be regarded as a framework that may be amended by mutual agreement in writing between WHO/EURO and the country as a result of, for instance, changes in the country’s health situation, 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, however, initiate amendments. WHO counterparts include not only the officer responsible for the country expected result in the corresponding priority area of work but also the Head of the WHO Country Office in Estonia.

It should also be noted that this Biennial Cooperation Agreement is open to further development and contributions from other sources, to supplement existing priority areas and/or activities that have not been included at this stage owing to a lack of funding. In particular, WHO/EURO will facilitate coordination with WHO headquarters in Geneva, in order to maximize the effectiveness of country interventions in the spirit of the “One WHO” principle.

1. Priorities

After the above-mentioned negotiations between Estonia and EURO, the following thematic areas are considered to be priority areas for collaboration:

1. Strengthening core health system functions
2. Reducing environmental and life-cycle related risk factors for population health
3. Scaling up response to HIV/AIDS and TB

The detailed priorities are as follows:

Priority 1: Strengthening core health system functions

In support of this, we have defined the following expected results to be delivered during 2006-07:

- a) Development of recommendations for health financing reforms that improve equity and financial protection
- b) Strengthening the stewardship role of the Ministry of Social Affairs with focus on health intelligence
- c) Streamlining the organizational model of public health services
- d) Improving the quality of human resources for health management and public health services
- e) Restructuring hospital system and strengthening primary health care with emphasis on improving quality of health care and patient safety

Priority 2: Reducing environmental and life-cycle related risk factors for population health

In support of this, we have defined the following expected results to be delivered during 2006-07:

- a) Strengthened capacity for NCD prevention and control
- b) Development of national environmental health strategy
- c) Mental health promotion and anti-stigma strategies developed

Priority 3: Scaling up response to HIV/AIDS and TB

In support of this, we have defined the following expected results to be delivered during 2006-07:

- a) National commitment and available financial resources increased to expand HIV/AIDS treatment and accelerate prevention
- b) Improving the supply of HIV related commodities and medicines
- c) National health system adapted to the challenges of controlling HIV/AIDS and TB in a sustainable manner
- d) Strengthening national reporting and surveillance system to improve detection and response to disease events

As explained above, 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. All work in country health policy and health system dimension will be coordinated by Strategic Desk Officer, with support from the Country Policies and Systems Unit, as necessary.

3. 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.

PART 2. Summary of expected results and products by priority areas

Priority 1: Strengthening core health system functions

Regular Budget:

Priority coordinator: **HPE**

Expected Results <i>Contribution to OWER Budget Contribution to other country priorities</i>	Responsible in EURO	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
				ST	FN	RG	SD
<p>1. Development of recommendations for health financing reforms that improve equity and financial protection</p> <p><i>OWER: 2.3.1</i></p> <p><i>Contribution to other BCA priorities: 3</i></p>	HSF	HSF	Review of financial protection and related dimensions of financing system performance in Estonia, with associated recommendations for policy	X	X		
<p>2. Strengthening the stewardship role of the Ministry of Social Affairs with focus on health intelligence</p> <p><i>OWER: 2.5.1</i></p> <p><i>Contribution to other BCA priorities: 2, 3</i></p>	HPE	HPE	Training course on health impact assessment	X			
		HPE	Training course on health systems performance assessment (including health policy analysis and policy mapping)	X			
<p>3. Streamlining the organizational model of public health services</p> <p><i>OWER: 6.4.7</i></p> <p><i>Contribution to other BCA priorities: 3</i></p>	SCS	HPE NCD	Strategy paper developed on integrating public health services to the health system including different levels as State, county and community	X	X	X	X

<p>4. Improving the quality of human resources for health management and public health services <i>OWER: 8.2.1</i></p> <p><i>Contribution to other BCA priorities: 3</i></p>	HRH	SCS	<p>Recommendations for strategic human resources planning and sustainable health management and public health training system development in Estonia</p>			X	
<p>5. Restructuring hospital system and strengthening primary health care with emphasis on improving quality of health care and patient safety</p> <p><i>OWER: 2.5.4</i></p> <p><i>Contribution to other BCA priorities: 3</i></p>	HOS	CCS	<p>Recommendations for assessing the performance of the primary care level, with focus on quality of care and linked to the health system performance assessment</p>	X			X
		QHS	<p>Recommendations for effective national reporting systems of healthcare related adverse events</p>	X			
		HOS	<p>Recommendations on further restructuring of hospital sector, strengthening hospital sector governance and supporting development of balanced health care system</p>	X			X

Priority 2: Reducing environmental & life-cycle related risk factors for population health

Regular Budget:

Priority coordinator: **NCD**

Expected Results <i>Contribution to OWER</i> Budget <i>Contribution to other country priorities</i>	Responsible in EURO	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
				ST	FN	RG	SD
1. Strengthened capacity for NCD prevention and control <i>OWER: 1.11.01</i> <i>Contribution to other BCA priorities: 1</i>	NCD	NCD HIE NFS HPR	Evaluation of NCD prevention strategy implementation and recommendation for further implementation	X	X	X	X
2. Development of national environmental health strategy <i>OWER: 3.4.2</i> <i>Contribution to other BCA priorities: 1</i>	HEP	AIQ	Contribution to the project “Establishment of environmental health information system supporting policy making” (ENHIS2)	X			
3. Mental health promotion and anti-stigma strategies developed <i>OWER: 1.9.4</i> <i>Contribution to other BCA priorities: 1</i>	MNH	MNH	The design of a strategy to promote the mental health and reduce alcohol consumption of the population and counter stigma	X			

Priority 3:

Regular Budget:

Priority coordinator:

Scaling up response to HIV/AIDS and TB

\$ 5,000 (estimated Voluntary Donations: \$ 55,000)

CDS

Expected Results <i>Contribution to OWER Budget Contribution to other country priorities</i>	Responsible in EURO	EURO technical units involved	Products	Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)			
				ST	FN	RG	SD
1. National commitment and available financial resources increased to expand HIV/AIDS treatment and accelerate prevention <i>OWER: 1.5.3.</i> <i>Contribution to other BCA priorities: 1</i>	SHA	SHA	Support for improved HIV/AIDS surveillance, monitoring and evaluation	X			X
2. Improving the supply of HIV related commodities and medicines <i>OWER: 2.2.4</i> <i>Contribution to other BCA priorities: 1</i>	HTP	HTP	Strategy on ARVs price reduction developed, and under implementation	X		X	
3. National health system adapted to the challenges of controlling HIV/AIDS and TB in a sustainable manner <i>OWER: 01.12.06</i> <i>Contribution to other BCA priorities: 1</i>	CDS	SHA TUB HSF	Health system policies and collaborative agreements between involved national programs for sustainable universal TB-HIV/AIDS prevention, treatment and care interventions developed and updated	X	X	X	

<p>4. Strengthening national reporting and surveillance systems to improve detection and response to disease events <i>OWER: 1.1.3</i></p> <p><i>Contribution to other BCA priorities: 1</i></p>	CSR	CSR	<p>Technical assistance to develop a framework for implementation of International Health Regulation and Early Warning System</p>	X			
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Management and coordination of BCA implementation

Regular Budget: \$5,000
Coordinator: WHO Country Office & MSP

<p>Expected Results <i>Contribution to OWER</i> <i>Budget</i> <i>Contribution to other country priorities</i></p>	<p>Responsible in EURO</p>	<p>EURO technical units involved</p>	<p>Products</p>	<p>Health System Functional Domain (stewardship – ST, finance – FN, resource generation – RG, service delivery – SD)</p>			
				ST	FN	RG	SD
<p>1. Strengthened country programme coordination <i>OWER: 5.2.1.</i></p> <p><i>Contribution to other BCA priorities: 1, 2, 3</i></p>	OIC MSP	OIC	Partnership and coordination with key stakeholders at country level, including UN common activities	X			
		OIC	Promotion and visibility of WHO policies at country level (including World Health Days)	X			
		MSP OIC	Management of WHO country operations (including WHO representation) and adequate response to unforeseen country needs	X		X	

LIST OF ABBREVIATIONS

General Abbreviations:

WHO-EURO – World Health Organization Regional Office for Europe

HQ – WHO Headquarters

BCA – Biennial Collaborative Agreement

OWERs – WHO organization-wide expected results

ST – Health policy and stewardship function

FN – Health system financing function

RG – Health system resource generation function

SD – Health service delivery function

Technical Abbreviations:

ARV – Antiretroviral treatment

DOTS – Directly Observed Therapy Short-course

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

IDU – Injecting Drug Users

MDR – Multi drug resistance

PHC – Primary Health Care

STI – Sexually Transmitted Infections

Abbreviations of technical programmes in WHO/EURO:

ADU – Alcohol and Drugs Programme

AIQ – Air Quality Programme

HOS – Hospital Programme

CCS – Close to Client Services Programme

QHS – Quality of Health Systems Programme

NFS – Nutrition and Food Security Programme

HIE – Health Information and Evidence unit

HPE – Health policy and Equity Programme

HPR – Health Promotion Programme

HEP – European Health and Environmental Process Programme

AIQ – Air Quality Programme

MNH – Mental Health Programme

SHA – Sexually Transmitted Infections/HIV/AIDS Programme

TUB – Tuberculosis Control Programme

HTR – Health Technologies and Pharmaceuticals

CSR – Communicable Diseases Surveillance and Response Programme

HRH – Human Resources for Health Programme

HTR – Health Technologies and Pharmaceuticals Programme

HSF – Health Systems Financing Programme

MNH – Mental Health Programme

NCD – Non-communicable Diseases Programme

NCL – Non-communicable Diseases and Lifestyle

QHS – Quality of Health Systems Programme

SCS – Strategic Country Support Programme

MSP – Country Operations Management Support Programme

OIC – Operations in Countries