World Health Organization
REGIONAL OFFICE FOR Europe

Biennial Collaborative Agreement

between

the Ministry of Health of Latvia

and

the Regional Office for Europe
of the World Health Organization

2022/2023

Signed by:

For the Ministry of Health

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Introduction

This Biennial Collaborative Agreement (BCA) between the World Health Organization (WHO) Regional Office for Europe and the Ministry of Health of Latvia for the biennium 2022–2023 constitutes a practical framework for collaboration, agreed in a process of successive consultations between national health authorities and the WHO Regional Office for Europe on behalf of WHO, and with the overall aim to achieve the targets of the WHO Thirteenth General Programme of Work, 2019–2023 (GPW 13), the European Programme of Work (2021–2025) – "United Action for Better Health in Europe" (EPW) and of the national health policies of Latvia.

GPW 13 provides a high-level strategic vision for the work of WHO and its Member States and provides an overall direction for the five-year period beginning January 2019. WHO's Programme budget 2022–2023, as approved by the Seventy-fourth World Health Assembly, aims to turn the vision of GPW 13 into reality by delivering positive health impact for people at the country level. Its results framework (see Annex 1) demonstrates how its inputs and outputs translate into, and are crucial for achieving, its triple billion targets and for maximizing WHO's impact on people's lives at the country level.

The BCA, grounded in GPW 13 and the 2030 Agenda for Sustainable Development, delivers on the concepts, principles and values underpinning the EPW, which was adopted by the WHO Regional Committee for Europe at its 70th session in 2020. In line with the EPW, the BCA thus aims to support Latvia in promoting universal access to quality care without fear of financial hardship, offering effective protection against health emergencies and building healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being.

Description of the Biennial Collaborative Agreement

Through a consultative process, WHO and Latvia agreed on the broad prioritization of areas for collaboration, which were reviewed and refined in preparation of this document. This document further details the collaboration programme, including the prioritized outcomes, proposed outputs, and product and services deliverables.

Achieving the prioritized outcomes as identified in this BCA is therefore the responsibility of both the WHO Secretariat and the Ministry of Health of Latvia.

The BCA will be implemented through optimized and most appropriate modes of delivery at three levels: country-specific (for outputs that are specific to Latvia's specific needs and circumstances), intercountry (addressing countries' common needs using Region-wide approaches) and multicountry (for subregional needs).

Terms of collaboration

The collaborative programme may be revised or adjusted during the biennium by mutual agreement, where prevailing circumstances indicate a need for change.

The biennial programme budget outputs for 2022–2023 may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the Government as a result of, for example, changes in the country's health situation, changes in the country's capacity to implement the agreed activities, specific needs emerging during the biennium, changes in the Regional Office's capacity to provide the agreed outputs, or in the light of changes in funding. Either party may initiate amendments.

The Ministry of Health will nominate a WHO national counterpart and national technical focal points. The national counterpart will be responsible for the overall coordination of the implementation of the BCA on the part of the Ministry and will liaise with all national technical focal points on a regular basis. The Liaison Officer in Latvia will be responsible for implementation of the BCA on behalf of WHO in close coordination with and overseen by the Regional Office, and will coordinate any required support from WHO headquarters.

Implementation will start at the beginning of the biennium 2022–2023.

WHO will allocate baseline budget for the biennium as an indicative estimated cost of delivering the planned work. To the extent possible, this budget allocation will encompass the total expenditure for implementation of BCA, regardless of which level of WHO (headquarters, Regional Office or country office) will deliver the work. Funding will come both from WHO corporate resources and other resources mobilized by WHO. These funds will not be used to subsidize or fill financing gaps in the regular operations and delivery of health sector services, to supplement salaries or to purchase supplies. Activities and purchases of supplies and donations as part of crisis response operations or as part of demonstration projects will continue to be funded through additional mechanisms, in line with WHO rules and regulations.

Spending on staffing for WHO Secretariat members based at WHO headquarters, the Regional Office or the Country office in Latvia are not reflected in the indicated budget.

The value of the Government's input, other than that channelled through the WHO Secretariat, is also not included in the BCA or the indicated budget.

This BCA is open to further development and contributions from other sources, to supplement the existing programme or to introduce activities that have not been included at this stage.

PART 1. Strategic outlook on collaborative priorities

1.1 Political and socioeconomic context:[1,2,3]

The Republic of Latvia is one of the Baltic countries (Estonia, Latvia and Lithuania). Situated in north-east Europe on the east coast of the Baltic Sea, Latvia forms part of the eastern border of the European Union (EU).

In 2018, Latvia had a population of 1.93 million. Since 1990, the population has declined by approximately 700 000 (or 26%) and since 2000 by approximately 400 000 (17%). The two immediate causes of this are negative net international migration and negative population growth. Similarly to the rest of the EU, the population of Latvia is ageing. The shrinking of the economically active population is particularly pronounced and is expected to continue; the age dependency ratio and the burden of an ageing population are also expected to increase in the coming years.

The current economic situation in Latvia needs to be understood in the context of profound transformation after the end of Communism, strong economic growth in the early 2000s and the global economic and financial crisis, which hit Latvia particularly hard after 2008. During 2009, the worst year of the crisis, unemployment grew by 9.5 percentage points, reaching 19.5% in 2010. To restore stability, The Government of Latvia had to implement fiscal consolidation measures in collaboration with the EU, the World Bank and the International Monetary Fund. In January 2014, Latvia adopted the Euro. Since 2010, economic growth has resumed slowly; GDP grew by 4.6% in 2017, mainly driven by a rise in exports and private consumption (Ministry of Economics, 2018). Compared with other transition economies among the new EU Member States, Latvia has made less progress in terms of convergence with EU living standards. In 2017, its GDP per capita was still among the lowest in the EU and largely behind EU average (13 800 at current rates compared with the EU-28 average of €27 700). The current five-party coalition Government is headed by Prime Minister Krišjānis Kariņš, who took office on January 2019. Government priorities include improving the competitiveness of the national economy, its productivity and investment volumes, as well as improving the country's demographic situation.

As an EU Member State, Latvia has committed to four priority directions determined by the EU Strategic Agenda 2019–2024:

- protecting citizens and freedoms
- developing an economic base
- building a climate-neutral, green, fair and social Europe
- promoting European interests and values on the global stage.

These priorities are reflected in the Foreign Minister's annual foreign policy report. The Latvian Government is currently paying special attention to COVID-19 coordination and recovery of the EU economy, and will capitalize on the Recovery and Resilience Facility under the European Commission, through which Latvia will receive €1.8 billion in grants, 10% (€181.5 million) of which will be allocated to health care.

[1] HIT Latvia: https://apps.who.int/iris/bitstream/handle/10665/331419/HiT-21-4-2019-eng.pdf.
[2] Latvia's priorities in European Union matters: https://www.mfa.gov.lv/en/article/latvias-priorities-european-union-matters.
[3] ECOFIN approves the plan for Latvian Recovery Fund of EUR 1.82 billion: https://www.fm.gov.lv/en/article/ecofin-approves-plan-latvian-recovery-fund-eu182-billion?utm_source=https%3A%2F%2Fwww.google.com%2F.

1.2 National health and development goals and partner environment:[4,5]

The health sector plays a key role in Latvia's National Development Plan 2021–2027 (NDP), which defines the national development goals, priorities and directions of action. The overall aim of the NDP is to increase the quality of life for all citizens. The NDP, which was approved by the National Development Council, the Cabinet of Ministers and the Saeima, prioritizes "strong families, healthy and active people", and sets prerequisites for longer, more inclusive and active lives. The main areas of action are: birth and family support; healthy lifestyles; quality of, access to and effectiveness of health care services; social inclusion through social services; and social assistance for vulnerable groups. Several of these key areas are mirrored in the new Government Declaration, a document on implementation of the Cabinet's intended activities for the duration of the Government's term.

The NDP vision for the future of Latvia by 2027 states that: "(..) Latvia is a country where everyone feels good. (..) It has become easier to be healthy in Latvia. (..) Qualified, motivated and appropriately remunerated specialists are able to provide timely recommendations for a healthy daily lifestyle, ensure modern disease prevention, diagnosis, treatment, rehabilitation and patient care." The NDP seeks to improve Latvian public health indicators and significantly reduce patient co-payments for health care. To achieve the NDP's public health-related goals, the following measures are essential: increase State budget funding for health care; improve access to health care services and medicines; increase salaries for medical practitioners; create new knowledge and technologies for use in health care and medicine; open up data for education and research in the sector; and mobilize international and private resources for research and innovation. It is equally important to promote responsible, healthy behaviour among the population towards, as well as to enhance the quality and efficiency of health care, by implementing previously successful and new measures.

Latvia's Public Health Strategy (PHS), which is currently under development, is a medium-term policy planning document that determines Latvian public health policy for the period 2021–2027. The Strategy is designed to continue the public health policy implemented in previous years, to ensure the continuity of investments of EU funds in the health sector in previous programming periods, as well as to address new challenges. The PHS will set out the objectives, directions and tasks of public health policy to ensure the achievement of the objectives set out in the NDP.

The main objective of the PHS is to improve the health of the Latvian population by prolonging good life, preventing premature mortality and reducing health inequalities.

The PHS sets the following goals, to be achieved by 2027:

- increase the number of healthy life years by four years for men and by three years for women (to reach 55 years for men and 57 years for women in 2027);
- reduce the potentially lost life years indicator by 11% (to reach 4 350 per 100 000 inhabitants in 2027); and
- increase the average life expectancy at birth by 1.8 years for males and 1.2 years for females.

The PHS sets out five "action directions" to achieve the objective and goals:

1) Healthy and active lifestyles
2) Reducing the spread of infections

[4] National Development Plan: https://www.pkc.gov.lv/lv/nap2027.
[5] Draft Public Health Strategy 2021–2027: http://tap.mk.gov.lv/lv/mk/tap/?pid=40498718.

3) People-centred and integrated health care
4) Human resources and skills development
5) Sustainability of health care, strengthening governance, efficient use of health care resources.

The International Organization for Migration is the only other United Nations organization present in Latvia. WHO has been and will continue working closely with a broad range of stakeholders, including representatives of the Government, academia and civil society. As well as the Ministry of Health, WHO has been actively engaging with the Prime Minister and the President and their offices, the Ministry of Finance, parliamentarians (health committee), the Centre for Disease Prevention and Control of Latvia, the national health service, Riga Stradins University and University of Latvia, medical associations and patient organizations, among others.

1.3 Health status and progress towards health goals:[6]

Although substantial gains in life expectancy have been achieved since 2000, with a gain of almost five years (from 70.2 in 2000 to 74.9 in 2017), life expectancy at birth remains the second lowest in the EU after Bulgaria, and six years below the EU average of 80.9 years.

Social inequalities in life expectancy are pronounced: inequalities in life expectancy in Latvia exist not only by gender but also by level of education. At age 30, the life expectancy of men with low educational attainment is on average 11 years lower than for men with a tertiary education, while for women the difference is eight years. These gaps are much greater than the EU average for both sexes and are largely explained by a greater exposure to various risk factors among the least educated.

The gender gap in life expectancy is almost 10 years – the highest in the EU. On average, men lived only 69.8 years in 2017 (the lowest in the EU) compared to 79.7 years for women (the third lowest after Bulgaria and Romania). This is largely due to greater exposure to key risk factors among men.

Cardiovascular diseases are the leading cause of death: Latvia's increase in life expectancy since 2000 has been driven mainly by reductions in mortality from cardiovascular diseases. Despite substantial reductions in the number of deaths from ischaemic heart disease (-34%) and stroke (-30%), in 2016, Latvia reported the second highest mortality rate in the EU, with diseases of the circulatory system accounting for 56% of all deaths, compared with slightly more than one-third across the EU. In the same year, cancers accounted for 21% of deaths (26% in the EU), with lung cancer the leading cause, albeit showing a significant decline in mortality compared with the previous decade. Mortality from other cancers such as breast and prostate cancer are, however, on the rise, a phenomenon that can be linked in part to the low effectiveness of screening programmes in the population. The burden of mental ill health is also significant in Latvia, with suicide a major cause of death, particularly among men. Despite some progress in suicide prevention, Latvia records the second highest suicide rate in the EU after Lithuania.

Behavioural risk factors contribute to half of all deaths in Latvia. It is estimated that 51% of all deaths in Latvia are attributable to behavioural risk factors, including dietary habits, tobacco smoking, alcohol consumption and low levels of physical activity. This proportion is well above the 39% EU average.

[6] Country profile OBS: https://eurohealthobservatory.who.int/publications/m/latvia-country-health-profile-2019.

Less than half the Latvian population reports being in good health. Across all age groups, only 44% of the population reported being in good health in 2017, a proportion substantially below the 70% EU average. As reported in other countries, this proportion declines with age, but trends are more pronounced in Latvia than in the EU as a whole. Only about 9% (less than a quarter of the EU average) of Latvians aged 65 and over reported being in good health, compared with 55% among younger adults aged 16–64.

1.4 Strategic priorities in transformation for health

The NDP and PHS, both of which cover the period 2021–2027, identify key health system performance problems, such as low life expectancy, low healthy life expectancy and high number of potential life years lost. These policy documents also indicate the main contributors to performance problems: high cardiovascular mortality, high cancer mortality and high mental illness prevalence. They also discuss and reveal the underlying reasons for high burden of these diseases, including behavioural risk factors, outdated service delivery models, low financial protection, insufficient access to services, inefficient resource allocation and utilization. The PHS identifies five "action directions" to address the health system performance problems. While all five are important, three have been selected as strategic priorities, on which WHO will focus in the next planning period and will support, drawing on the pillars and flagships of the EPW. These three strategic priorities are:

1) Action direction 1: Healthy and active lifestyles
2) Action direction 3: People-centred and integrated health care
3) Action direction 5: Sustainability of health care, strengthening governance, efficient use of health care resources.

Work on these strategic priorities will lead to more healthy and active lifestyles, transition to people-centred service delivery model, improved financial protection and access to services and more efficient resource allocation and utilization. This, in turn, will address the disease burden and in the medium and long term will contribute to better health outcomes and the achievement of the goals set by the Latvian Government through the PHS and NDP.

1.5 Main areas for collaboration based on the EPW and GPW 13

Strategic priority 1: Action direction 1 – Healthy and active lifestyles

The objective of this action direction is "to provide the population with the opportunity to maintain and improve their health by reducing the risk factors of noncommunicable diseases and the negative impact of injuries, while implementing health promotion and disease prevention measures to develop a healthy, safe living and working environment".

Under this action direction, the PHS lists several tasks, including:

- promoting healthy food policy;
- promoting physical activity;
- reducing substance use;
- improving sexual and reproductive health;
- improving psycho-emotional well-being through a common mental health policy;
- strengthening the role of local governments, educational institutions and employers in disease prevention and health promotion; and
- researching and monitoring the lifestyle habits of the Latvian population.

WHO will support the following tasks: developing a noncommunicable diseases (NCDs) investment case (output 1.1.1 of the WHO Programme budget 2022–23); developing modern care principles of treatment and rehabilitation of people with treatment-resistant long-term mental disorders and supporting the establishment of a coalition for mental health (output 1.1.2); capacity-building and technical support for establishing or strengthening a healthy cities national network (output 3.2.2); and actions under the Small Countries Initiative (output 3.3.2).

This action direction and the tasks within it fall under EPW core priorities 1 (moving towards universal health coverage) and 3 (promoting health and well-being) and flagship initiatives 1 (the Pan-European Mental Health Coalition) and 4 (healthier behaviours: incorporating behavioural and cultural insights).

Strategic priority 2: Action direction 3 – People-centred and integrated health care

This action direction contains three sub-directions:
3.1. Access to medicines and health care services
3.2. Coordination and succession of health services
3.3. Involvement of patients and their families in health care

Under this action direction, the PHS lists several tasks, including:

- improving the financial protection of the population;
- improving access to pharmaceutical services;
- strengthening the role of primary health care;
- strengthening the coordination and continuity of patient care; and
- modernizing the e-health system (partial overlap with action direction 5, which includes promoting digitalization of health care).

WHO will support the following tasks: developing an integrated health care system centred on the patient, improving cross-sectoral cooperation, providing technical support for effective vaccine management assessment, and providing technical support to build capacity at primary health care service delivery level (output 1.1.1 of the WHO Programme budget 2022–23); supporting national budget dialogue to ensure adequate public investment in health, and participating in regional capacity-building activities on health financing for universal health coverage and health systems strengthening (WHO Barcelona courses) (output 1.2.1); equity-sensitive monitoring of financial protection and actionable evidence for universal health coverage: preparing a country report with recommendations on coverage, access and financial protection (output 1.2.2); and improving access – support includes pricing and reimbursement policies, capacity-building for procurement and supply chain systems, monitoring of medicines utilization, health technology assessment (output 1.3.2).

This action direction and the tasks within it fall under EPW core priority 1 (moving towards universal health coverage). WHO will build on earlier work in this area in Latvia (including technical assistance provided under the BCA for the period 2020–2021 in the areas of integrated care, access to pharmaceuticals and reduction of out-of-pocket payments, digitalization) and will support this action direction by utilizing the five areas of core priority 1 and flagship initiative 3 (the European Immunization Agenda 2030).

Strategic priority 3: Action direction 5 – Sustainability of health care, strengthening governance, efficient use of health care resources

The objective of this action direction is to ensure the sustainability of health care by strengthening governance and promoting the efficient use of health care resources.

Under this direction, the PHS lists the following tasks:

- improving the quality assurance system for health care services and patient safety;
- strengthening emergency preparedness by establishing and maintaining the necessary material reserve system for disasters and emergencies;
- developing the infrastructure of medical institutions and strengthen the capacity of the institutions under the Ministry of Health;
- ensuring economically justified tariffs for State-reimbursed health care services;
- promoting the opening and availability of health data for research, and transferring research of research results to health care;
- including in Latvia's research and innovation programmes issues related to the sustainability and sustainability of health care, improvement of governance and the quality of health care and patient safety;
- promoting the digital transformation of the health sector and join the European Health Data Area; and
- reducing the administrative burden for medical personnel.

WHO will support the following tasks: implementing patient safety and quality of care programmes, building capacity of all engaged stakeholders (including managers of health care institutions, health inspectorate, Centre for Disease Prevention and Control and medical institutions) and establishing patient safety reporting systems in medical institutions on a national level, including patient involvement in patient safety reporting (output 1.1.1 of the WHO Programme budget 2022–23); planning, carrying out, analysing and adjusting national preparedness capacities through the International Health Regulations (2005) Monitoring and Evaluation Framework and other assessment tools relevant for the emergency preparedness and response, following up on the development of a national action plan for health security, and providing assistance for finalization of the document (output 2.1.2); and developing/enhancing a health information strategy, providing strategic support for implementation of the digitalization strategy (output 4.1.1). PHS names WHO support in developing the digitalization strategy.

This action direction and the tasks within it fall under EPW core priority 1 (moving towards universal health coverage), core priority 2 (protecting against health emergencies) and flagship initiative 2 (empowerment through digital health).

PART 2. Programmatic priorities for collaboration in 2022–2023

The collaboration programme for 2022–2023, as detailed in Annex 2, is grounded in the above analysis and was mutually agreed on and selected in response to public health concerns and ongoing efforts to improve the health status of the population of Latvia.

PART 3. Budget and commitments for 2022–2023

Budget and financing

The total budget of the Latvia BCA is US$ 84 000. All sources of funds will be employed to fund this budget as funds are mobilized by both parties and become available.

In accordance with World Health Assembly resolution WHA74.3, 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 BCAs.

The WHO Secretariat will report on its annual and biennial programme budget implementation to the WHO Regional Committee for Europe and the World Health Assembly.

2.1 Commitments

The Government and the WHO Secretariat jointly commit to working together to mobilize the funds required to deliver this BCA.

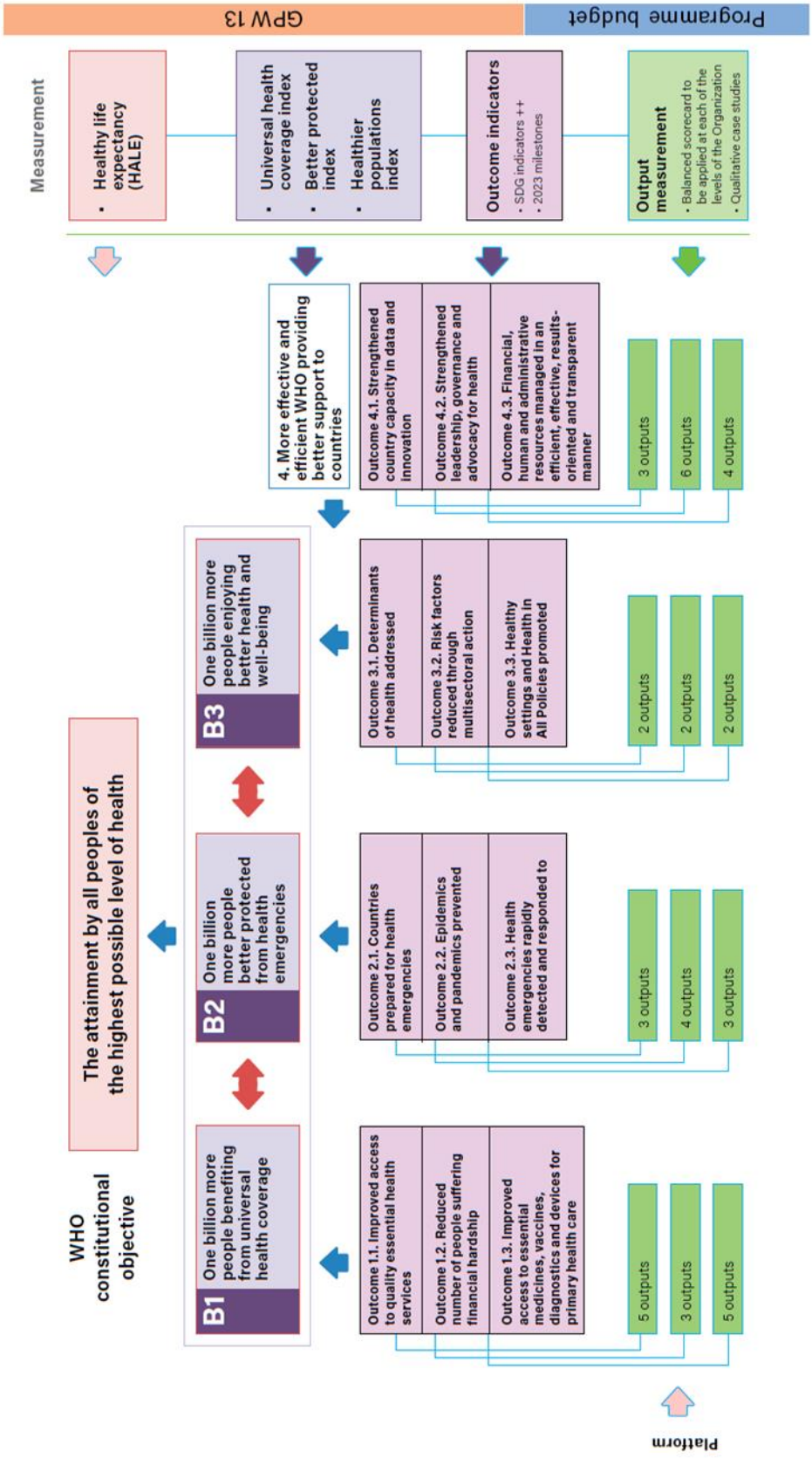
2.2.1 Commitments of the WHO Secretariat

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the outputs and 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 in line with WHO's rules on procurement.

2.2.2 Commitments of the Government

The Government shall engage in the required policy and strategy formulation and implementation processes, and, to the extent possible, provide workspace, personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes identified in the BCA.

ANNEX 1: GPW 13 RESULTS FRAMEWORK



ANNEX 2: BIENNIAL COLLABORATIVE AGREEMENT LATVIA

Strategic priority/ Outcome	Output	Description of products or services
SP1. One billion more people benefiting from universal health coverage		
1.1. Improved access to quality essential health services irrespective of gender, age or disability status	1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	Integrated care – support development of an integrated health care system centred on the patient, improving cross-sectoral cooperation
		Investment for noncommunicable diseases (NCDs) – support the development of NCD investment cases, NCD action plans and policy dialogues
		Quality of care – support implementation of patient safety and quality of care programme-building capacity of all engaged stakeholders (managers of health care institutions, health inspectorate, Centre for Disease Prevention and Control and medical institutions) and supporting the establishment of patient safety reporting systems in medical institutions at the national level, including patient involvement in patient safety reporting
		Vaccine management – provide technical support for effective vaccine management assessment; provide technical support to build capacity at primary health care service delivery level
	1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	Mental health – develop modern care principles for treatment and rehabilitation of people with treatment-resistant long-term mental disorders (with the focus on dementia); support the establishment of a coalition for mental health
1.2. Reduced number of people suffering financial hardship	1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage	Health budget – support national budget dialogue to ensure adequate public investment in health
		WHO Barcelona courses – participation in regional capacity-building activities on health financing for universal health coverage and health systems strengthening

Strategic priority/ Outcome	Output	Description of products or services
	1.2.2. Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making	Financial protection monitoring report – equity-sensitive monitoring of financial protection and actionable evidence for universal health coverage: country report with recommendations on coverage, access and financial protection
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	Improving access – support includes pricing and reimbursement policies, capacity-building for procurement and supply chain systems, monitoring of medicines utilization, health technology assessment
	1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	Antimicrobial resistance – Support national antimicrobial resistance action plan finalization and implementation, incl. establishment and strengthening of intersectoral governance. Support development of indicators and evaluation framework
SP2. One billion more people better protected from health emergencies		
2.1. Countries prepared for health emergencies	2.1.2. Capacities for emergency preparedness strengthened in all countries	International Health Regulations (2005) assessment – Support to Member States in planning, carrying out, analysing and adjusting national preparedness capacities through the IHR Monitoring and Evaluation Framework and other assessment tools relevant for the emergency preparedness and response. Follow up on development of a national action plan for health security and provide assistance for its finalization
SP3. One billion more people enjoying better health and well-being		
3.2. Supportive and empowering societies through addressing health risk factors	3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures	Healthy Cities National Network – capacity-building and technical support for establishing or strengthening a healthy cities national network

Strategic priority/ Outcome	Output	Description of products or services
3.3. Healthy environments to promote health and sustainable societies	3.3.2. Countries supported to create an enabling environment for healthy settings	Small Countries Initiative – national participation in the Initiative's technical working groups (such as on human resources for health); engagement in high-level meetings on human resources for health under the Small Countries Initiative; participation in the Initiative's annual meeting
SP4. More effective and efficient WHO providing better support to countries		
4.1. Strengthened country capacity in data and innovation	4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	Health information strategy – develop or enhance a health information strategy
		Digitalization of health information – strategic support for implementation of digitalization strategy