

THE ESTONIAN-SWISS COOPERATION PROGRAMME

PROJECT AGREEMENT

BETWEEN

**THE MINISTRY OF FINANCE OF ESTONIA AS THE NATIONAL COORDINATION UNIT
(NCU)**

**THE MINISTRY OF SOCIAL AFFAIRS OF ESTONIA AS THE INTERMEDIATE BODY
AND**

THE SWISS AGENCY FOR DEVELOPMENT AND COOPERATION (SDC)

CONCERNING

THE GRANT

FOR

**THE PROJECT “PROCUREMENT OF NECESSARY RADIO COMMUNICATION AND
INFORMATION TECHNOLOGY MEANS FOR LINKING THE AMBULANCE AND
EMERGENCY MEDICINE UNITS OF ACTIVE CARE HOSPITALS TO UNITARY STATE-WIDE
OPERATIVE RADIO COMMUNICATION SYSTEM OF ALARM SERVICES AND
ACCOMPLISHMENT OF REQUIRED COMMUNICATION AND IT-DEVELOPMENT WORKS”
TO BE IMPLEMENTED DURING THE PERIOD**

March 1, 2010 – June 30, 2011

The Ministry of Finance of Estonia and the Ministry of Social Affairs of Estonia and the Swiss Agency for Development and Cooperation (SDC),

Having regard to the friendly relations between the two countries,

Desirous of strengthening these relations and the fruitful co-operation between the two countries,

Intending to promote further the social and economic development in the Republic of Estonia,

Referring to the Framework Agreement between the Government of the Republic of Estonia and the Swiss Federal Council concerning the implementation of the Estonian-Swiss Cooperation programme to reduce economic and social disparities within the enlarged European Union, concluded on 20 December 2007,

*Considering the Swiss Grant for the project “**Procurement of necessary radio communication and information technology means for linking the ambulance and emergency medicine units of active care hospitals to unitary state-wide operative radio communication system of alarm services and accomplishment of required communication and IT-development works**” in favour of Estonia in the context of the Estonian-Swiss Cooperation Programme,*

have agreed as follows:

Article 1 **Definitions**

In this Project Agreement, unless the context otherwise requires, the following terms shall have the following meaning:

“Framework Agreement” means the Agreement between the Government of the Republic of Estonia and the Swiss Federal Council concerning the implementation of the Estonian-Swiss Cooperation Programme to reduce the economic and social disparities within the enlarged European Union, concluded on 20 December 2007;

“Contribution” means the non-reimbursable financial contribution granted by Switzerland under the Framework Agreement;

“Project Agreement” means the Agreement between the Ministry of Finance of Estonia acting as the National Coordination Unit (NCU) and the Ministry of Social Affairs acting as the Intermediate Body and the Swiss Agency for Development and Cooperation (SDC) which lays down the rights and obligations of the Contracting Parties regarding the implementation of the Project;

“National Coordination Unit” (NCU) means the Estonian unit in charge of the coordination of the Estonian-Swiss Cooperation Programme. In reference to the Framework Agreement, Art. 9., the Republic of Estonia has authorized the Ministry of Finance of Estonia to act on its behalf as the NCU for the Estonian-Swiss Cooperation Programme;

“Project” means all activities undertaken under this Project Agreement;

“Grant” means the non-reimbursable financial contribution granted by Switzerland under this Project Agreement;

“Contracting Parties” of the Project Agreement means the Ministry of Finance of Estonia, as the NCU and the Ministry of Social Affairs on the one side and the Swiss Agency for Development and Cooperation (SDC) on the other side;

“Paying Authority” means the institution established in the Ministry of Finance of Estonia ensuring appropriate financial control within the Estonian-Swiss Cooperation Programme;

“Intermediate Body” is the Ministry of Social Affairs represented by the Foreign Financing Unit of the Finance and Property Management Department, acting under the responsibility of the NCU with regard to the Executing Agency implementing this Project;

“Executing Agency” is the Health Board mandated by the Intermediate Body to implement the Project financed under this Project Agreement;

“Directive” is an administrative act issued by the Ministry of Social Affairs in respect of implementation of this Project.

Article 2

Objectives and Scope of the Project

- 2.1 The objective of the Project “Procurement of necessary radio communication and information technology means for linking the ambulance and emergency medicine units of active care hospitals to unitary state-wide operative radio communication system of alarm services and accomplishment of required communication and IT-development works” is to improve and equalize the quality and accessibility of ambulance service in Estonia by joining the ambulance brigades and ambulance management structures as well as the emergency medicine units of the active care hospitals to the state-wide operative radio communication system of alarm services (the ORS) and e-health information system.
- 2.2 The Project has to be implemented according to the following documents, listed by order of precedence in terms of legal applicability: The Framework Agreement and its Annexes, the present Project Agreement with the confirmation of the Project approval by the SDC (Annex 1), the Final Project Proposal (Annex 2) and the Estimated Budget (Annex 3).

Article 3

Amount and Utilization

- 3.1 The estimated total cost of the Project amounts to CHF 1'505'882 (one million five hundred and five thousand eight hundred and eighty two). The estimated eligible cost of the Project amounts to CHF 1'505'882 (one million five hundred and five thousand eight hundred and eighty two) (see Annex 2 and Annex 3).

- 3.2 Switzerland shall provide a Grant in Swiss Francs amounting to maximum CHF 1'280'000 (one million two hundred and eighty thousand) to the Republic of Estonia for the implementation of the Project defined in Art. 2.
- 3.3 The Grant shall cover a **maximum of 85%** of the total eligible costs of the Project in Swiss Francs. This percentage shall never be exceeded during the Project implementation. The NCU shall ensure the timely provision of the co-financing of a **minimum of 15%** of the total eligible costs of the Project in Swiss Francs by domestic sources.
- 3.4 As stipulated in Art. 7.1 of the Framework Agreement, the Value Added Tax (VAT) shall be considered as an eligible cost only if it is genuinely and definitively borne by the Executing Agency. VAT shall be considered eligible only if it is proven that the Executing Agency is the end recipient who has no right to deduct VAT from its taxable turnover or has no right to recover VAT and there is no other way of compensating VAT. VAT, which is recoverable, by whatever means, shall not be considered eligible even if it is not actually recovered by the Executing Agency or by the final recipient.
- 3.5 As stipulated in Art. 7.2 of the Framework Agreement, other levies, taxes or charges, in particular direct taxes and social security contributions on salaries and wages, shall constitute eligible costs only if they are genuinely and definitively borne by the Executing Agency.
- 3.6 The following costs shall not be eligible for grant support: expenditures incurred before the signing of the present Project Agreement by all parties, interests on debt, the purchase of real estate and recoverable VAT as specified in Art. 3.4 of this Project Agreement.
- 3.7 The final date for the eligibility of costs corresponds with the end of the Project as defined in Art. 23.2. Reimbursement Requests must have been received by Switzerland not later than six months after the final date of the eligibility of costs.
- 3.8 Any unutilised portion of the Grant remaining at the completion of the Project shall be eligible for re-commitment according to Art. 3.2 of the Framework Agreement, unless otherwise mutually agreed by the Contracting Parties.

Article 4

Reimbursement Procedures

- 4.1 The Grant shall be disbursed in accordance with the Framework Agreement, Final Project Proposal (Annex 2) and the Estimated Budget (Annex 3) of this Project Agreement.
- 4.2 Disbursements shall be made in the form of reimbursements of eligible costs incurred within the Project upon the receipt and approval by Switzerland of the reports pursuant to Art. 9 and 10 with reservation of the provision of Art. 4.7.
- 4.3 The Reimbursement Requests sent to Switzerland by the Paying Authority shall be in Swiss Francs, whereas the Paying Authority shall convert the local currency into Swiss Francs at the daily exchange rate provided by the State Treasury of Estonia prevailing at the date of issuance of the Reimbursement Request.

- 4.4 Reimbursement Requests referred to in Art. 4.3 must be received by Switzerland no later than six months after the final date of eligibility of costs (cf. Art. 3.7, i.e. Date of the Project end according to Art. 23.2 plus six months).
- 4.5 The first reimbursement covering the expenditures of the period of March 2010 to June 2010 is made by SDC within 45 days after the receipt of the Reimbursement Request submitted to SDC by the Paying Authority and the corresponding Interim Report.
- 4.6 The following reimbursements cover a subsequent period of six months, i.e. from July to December or from January to June.
- 4.7 In exceptional cases, i.e. when large payments occur, and in accordance with the Framework Agreement, Annex 2, Chapter 4, the Reimbursement Request could be submitted outside the conventional schedule.
- 4.8 All payments related to this Project Agreement shall be transferred by Switzerland in Swiss Francs to:
Account holder: Ministry of Finance of the Republic of Estonia
Account no: 10 2200 2880 1019
IBAN: EE 03 1010 2200 2880 1019
Swift: EEUH22X
Reference no: 2550081357
Bank details: SEB, Tornimäe 2, 15010 Tallinn, Estonia.

Article 5 **Procurement**

- 5.1 Procurement shall be made by the Executing Agency in accordance with the requirements stipulated in Annex 2 (cf. Chapter 3.3) of the Framework Agreement, in accordance with the Estonian law and regulations, and in compliance with the relevant EU directives.
- 5.2 To increase transparency and to prevent corruption, tender documents shall contain an integrity clause.
- 5.3 For procurements not exceeding the threshold of CHF 100'000, a confirmation of compliance with the relevant procurement rules and a short description on the tender process shall be provided to Switzerland by the Intermediate Body in the Interim Reports.
- 5.4 For procurements exceeding the threshold of CHF 100'000, but not exceeding the threshold of CHF 500'000, English translation of tender invitations shall be provided to Switzerland simultaneously with their publishing in Estonia. A confirmation of compliance with the relevant procurement rules, a short description on the tender process and, if deemed necessary a justification for the selected tender procedure, shall be provided to Switzerland within 30 calendar days after the award of the contract.

- 5.5 For procurements exceeding the threshold of CHF 500'000 an English translation of the Standard terms and Conditions of the tender documents shall be provided to Switzerland for no-objection, English translation of tender invitations shall be provided to Switzerland simultaneously with their publishing in Estonia, tender evaluation reports shall be provided to Switzerland before contracts are signed and signed contracts for information shall be provided to Switzerland within 30 days after the contracts are signed.
- 5.6 In line with Art. 6.5 of the Framework Agreement, both Parties agree to provide all such information pertaining to the tender process and beyond the documents listed above that the other Party may reasonably request.
- 5.7 Switzerland shall have the right to participate in the tender evaluation committee as an observer.
- 5.8 Switzerland shall have the right to conduct an audit of the applied procurement practises and procedures in accordance with the requirements stipulated in Art. 6.5 of the Framework Agreement.

Article 6

Responsibilities of NCU and of the Intermediate Body

- 6.1 The NCU shall take or delegate all actions within its field of competences and responsibility, including coordination, control of the co-financing and other measures, necessary or appropriate, for carrying out the Project.
- 6.2 The NCU is responsible for the implementation and controlling of the Project as well as for the use of the Grant in accordance with this Project Agreement and as stated in the Framework Agreement. The NCU ensures the compliance of the involved agencies and other entities with this Project Agreement as well as with the Framework Agreement.
- 6.3 In the frame of this Project Agreement, the Ministry of Social Affairs acting as Intermediate Body shall carry out duties on behalf of the NCU with regard to the Executing Agency implementing this Project, including:
- Supervise and steer the implementation of the Project in accordance with this Project Agreement and carry out the necessary controls;
 - Ensure transparent procurement processes or delegate this task to the Executing Agency;
 - Check the copies of invoices received from the Executing Agency, verify the correctness of submitted documents as well as the eligibility of costs on payment claims;
 - Submit payment claims to the NCU;
 - Report to the NCU on the progress of the Project implementation;
 - Check for irregularities and report them to the NCU;
 - Ensure storing of all relevant documents related to this Project implemented within the Estonian-Swiss Cooperation Programme for 10 years after the completion of this Project.

- 6.4 The Ministry of Social Affairs of Estonia as the Intermediate Body shall issue a Directive that would list specific tasks for the Health Board that shall be assigned as the Executing Agency for this Project. This Directive shall comply with this Project Agreement as well as with the Framework Agreement. The same shall apply to any other administrative act subscribed in the framework of the implementation of the Project.
- 6.5 The NCU undertakes to support, advise and inform the Swiss Embassy in Riga with regard to Project-related issues, including irregularities and fraud. The NCU undertakes to inform the Swiss Embassy in Riga immediately in writing with regard to any developments that could affect the implementation of the Project. In the event of the threat of any irreparable disadvantage, the NCU shall immediately take the requisite precautions.
- 6.6 The Intermediate Body and the Executing Agency shall at all time clearly state that they are acting within the framework of the Estonian-Swiss Cooperation Programme to reduce economic and social disparities within the enlarged European Union. All publications must refer to the Project as it is financed by the "Estonian-Swiss Cooperation Programme". The general public in the Republic of Estonia shall be informed adequately about the Project and the support provided by Switzerland. With respect to foreseen media coverage, substantial articles shall be translated into English and submitted to Switzerland for information.
- 6.7 All communication to Switzerland respective SDC with regard to this Project Agreement shall be directed to the Swiss Embassy in Riga, which generally represents SDC towards the NCU and the Intermediate Body.

Article 7

Project Organisation

- 7.1 The Intermediate Body supervises the implementation of the Project; it establishes an adequate monitoring and auditing system.
- 7.2 To guarantee better coordination of the two Estonian-Swiss Cooperation Programme projects (the project "Prevention and management of natural disasters- Strengthening information and communication technology systems of Emergency Respond Centre" of the Estonian Emergency Respond Centre and the current Project), the joint steering committee is formed by the Directive of the Minister of the Interior of Estonia for both projects.
- 7.3 The joint steering committee of the Project shall hold at least one meeting in three months. The meeting will be announced to the NCU two weeks before.

If deemed necessary by the chairman of the joint steering committee, additional meetings are to be held.

Members of the joint steering committee are representatives of the following parties:

Members with voting right:

The Ministry of the Interior of Estonia (Chair)

The Ministry of Social Affairs of Estonia

The Estonian Rescue Board

Members without voting right:

The Estonian Emergency Respond Centre

The Health Board

7.4 The representatives of NCU and Switzerland may participate as observers.

Article 8

Monitoring and Review

The NCU shall ensure the establishment of a monitoring system that allows assessing periodically the status of achievement of the proposed objectives. Results and conclusions have to be part of the Project reports as mentioned in Art. 9 below and should be the base of the annual reports on the Estonian-Swiss Cooperation Programme as stipulated in Art. 8 of the Framework Agreement.

Article 9

Reporting

9.1 Interim Reports cover a period of six months (as an exception, the first report covers four months) and are due to Switzerland not later than three months after the end of the period covered. The first Interim Report covering the period of 1st of March, 2010 to 30th of June, 2010 is due not later than 30th of September, 2010. The period covered by the last Interim Report may differ from the period specified above. Interim Reports support payment claims and are therefore to be presented to Switzerland with the corresponding Reimbursement Request. They include information on financial and physical progress, compare actual with planned expenses and provide an update on progress status, while confirming the co-financing. Any deviation has to be justified and corrective measures suggested.

9.2 Annual Project Reports are due to Switzerland not later than four months after the end of the calendar year. The first Annual Project Report covering the year 2010 is due not later than 30th of April, 2011. Annual Project Reports have an operational part that describes the progress of the Project and include a financial part (Financial Report) having a summary data on financial progress for the reporting year as well as cumulative data to date. They compare actual with planned expenses and progress, based on quantified targets for output and where possible outcome indicators. Any deviation has to be justified and corrective measures suggested. Annual Project Reports are not linked to Reimbursement Requests.

- 9.3 The Project Completion Report is due not later than six months after the end of the Project, meaning not later than 31st of December, 2011 for this Project. The Project Completion Report - together with the last Interim Report and the conclusions of the Final Financial Audit Report - is the base for the payment of the final reimbursement. The Project Completion Report has an operational part that documents and comments the overall achievement of outputs and outcomes compared to the original plan, the compliance with principles such as cross cutting themes and sustainability, and suggests lessons learned and conclusions. It contains a financial part (Final Financial Report) having a summary of financial data for the whole Project and compares effective with planned expenses.
- 9.4 The financial parts of the Interim Reports, Annual Project Reports and of the Project Completion Report, based on invoices or documents of equivalent value, are to be presented in local currency.

Article 10

Audit

- 10.1 Before the commencement of the Project implementation, the Intermediate Body responsible for the implementation of the present Project declares having performed a Compliance Assessment by the Financial Control Department of the Ministry of Finance of Estonia. The Compliance Assessment concerns the evaluation of the management and control system set up before implementing the scheme.
- 10.2 Based on a risk assessment, if deemed necessary, an annual system audit planning shall be agreed between the Ministry of Finance of Estonia and Switzerland in accordance with the requirements stipulated in Annex 2 (cf. Chapter 3.6) of the Framework Agreement.
- 10.3 At Project completion, the Internal Audit Department of the Ministry of Social Affairs of Estonia (IAD) shall carry out a Final Financial Audit. This Final Financial Audit shall cover the entire Project implementation period. The conclusions and recommendations shall be transmitted to Switzerland together with the Project Completion Report, by the NCU at the latest six months after the termination of the Project, not later than 31st of December, 2011.
- 10.4 The financial audit shall be performed by the IAD in accordance with the International Standards for the Professional Practice of Internal Auditing (IIA) and the respective national law. In doing so, they shall give their opinion of the correct use of funds, make recommendations to strengthen the control system and report any suspicions of actual or alleged fraud or irregularity. The audit report is transmitted to the NCU and to the Financial Control Department. The competent authorities with the full support of the Government of the Republic of Estonia shall investigate alleged cases of fraud or irregularity. Proven cases of fraud shall be prosecuted according to existing regulations.
- 10.5 The NCU shall ensure that the Final Financial Audit is done in due time and in line with the IIA and the respective national law.

- 10.6 The objective of the Final Financial Audit is to enable the IAD to express an opinion of the correct use of funds, make recommendations to strengthen the control system and report any suspicions of actual or alleged fraud or irregularity. The IAD shall conduct the Final Financial Audit in accordance with the International Standards for the Professional Practice of Internal Auditing and the respective national law to obtain reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether due to fraud or error. The IAD shall take into account additional requirements that may be suggested by the NCU or by Switzerland.
- 10.7 In addition to the IAD's Final Financial Audit report, the IAD is expected to provide the Intermediate Body and Executing Agency with a management letter concerning any material weaknesses in their accounting and/or internal control systems detected by the IAD. The copy of such letter shall be presented to the NCU. Audit arrangements with the IAD shall be effective for the whole Project duration unless it is terminated, amended or superseded with appropriate justifications.
- 10.8 The Intermediate Body or the NCU shall comment the results of the Final Financial Audit as well as any recommendations proposed by the IAD. Furthermore, the NCU shall transmit the results and the proposed recommendations of the Final Financial Audit to Switzerland.
- 10.9 Switzerland shall have the right to request additional external financial audits. The costs of such financial audits shall be borne by Switzerland.

Article 11

Right of Examination

Switzerland, as well as any third party appointed by it, shall have the right to visit the Project, conduct a comprehensive assessment or evaluation, and shall be granted full access to all documents and information related to the Project settled by this Project Agreement, during its implementation and after its completion. The NCU shall, upon request, ensure that the above mentioned authorised representatives are accompanied by the relevant personnel and are provided with the necessary assistance.

Article 12

Project Material

For the duration of the Project, goods procured under the Grant shall remain at the unrestricted disposal of the Project and shall not be diverted without prior written approval of Switzerland.

Article 13

Liability

Switzerland does not assume any risk or responsibility whatsoever for any damages, injuries, or other possible adverse effects caused by the Project, including, but not limited to inconsistencies in the planning of the Project, other project(s) that might affect it or that it might affect, or public discontent. It is the full and sole responsibility of the NCU to satisfactorily address such issues.

Article 14

Common Concern

The Contracting Parties share a common concern in the fight against corruption, which jeopardizes good governance and the proper use of resources needed for development, and, in addition, endangers fair and open competition based on price and quality. They declare, therefore, their intention of combining their efforts to fight corruption and, in particular, declare that any offer, gift, payment, remuneration or benefit of any kind whatsoever, made to whomsoever, directly or indirectly, with a view to being awarded a mandate or contract within the framework of this Project Agreement, or during its execution, shall be construed as an illegal act or corrupt practice. Any act of this kind constitutes sufficient grounds to justify termination of this Project Agreement, the procurement or resulting award, or for taking any other corrective measure laid down by the applicable law.

Article 15

Irregularities Clause

- 15.1 In the case of irregularities, wilfully or negligently caused by the NCU, the Intermediate Body or the Executing Agency, regarding the execution of the Project Agreement and Annexes thereto, Switzerland is entitled to:
- a) stop reimbursements immediately
 - b) instruct the NCU to stop payments from the Swiss Contribution
 - c) ask repayment of illegally paid reimbursements at any stage of the Project

Irregularities are notably considered to be all actions or non-actions that are aimed at the illicit obtainment and/or usage of the Contribution - notably fraud, misappropriation, misrepresentation, breach of contractual duties, breach of duty of care and the like.

- 15.2 The NCU shall be responsible to Switzerland for the reporting on irregularities in accordance with the European Commission Regulations 1681/1994 (amended by 2035/2005) and the future amendments to the said legislation.
- 15.3 SDC shall immediately and in written form communicate the reasons for their respective instructions to the NCU, the Intermediate Body and the other actors involved.

Article 16

Post-Completion Obligations

- 16.1 An ex-post evaluation of the Project may be carried out by Switzerland. Non compliance with the Project Agreement or with the Framework Agreement may give Switzerland reasons to take corrective action, including claiming the repayment of the Grant.
- 16.2 Switzerland has neither responsibility for nor obligation to ensuring the maintenance, the repair or the undertaking of any measures for ensuring the safety and protection of persons, equipment, installations, of all objects on site or in the vicinity.
- 16.3 The Contracting Parties shall keep all documents concerning this Project Agreement and its implementation for at least 10 years after the completion of this Project, i.e. the approval of the Project Completion Report by Switzerland.

Article 17

Annexes

The following Annexes, listed by the order of precedence in terms of legal applicability, form an integral part of this Project Agreement:

- Annex 1: Confirmation of the Project approval by the SDC
- Annex 2: Final Project Proposal
- Annex 3: Estimated Budget

Article 18

Language

All correspondence with Switzerland, including operational, financial and audit reports as well as Project documents related to the Project, shall be in English.

Article 19

Competent Authorities

Ministry of Finance of Estonia
Structural and Foreign Assistance Department
Suur-Ameerika 1
15006 Tallinn
Estonia

Tel: +372 611 3496 / Fax: +372 696 6810

Ministry of Social Affairs

Foreign Financing Unit of the Finance and Property Management Department

Gonsiori 29

15027 Tallinn

Estonia

Tel: +372 626 9301/ Fax: +372 699 2209

Embassy of Switzerland in Riga

Swiss Contribution Office

Elizabetes iela 2

1340 Riga

Latvia

Tel: +371 67 33 83 51/52/ Fax: +371 67 33 83 54

Article 20 **Settlement of Disputes**

- 20.1 In accordance with Art. 11 of the Framework Agreement, any dispute which may result from the application of this Project Agreement shall be solved by diplomatic means.
- 20.2 Disputes as to the interpretation or application of the provisions of this Project Agreement which have not been settled satisfactorily by means of diplomatic negotiations within three months of the date on which they were raised by a Contracting Party shall, upon request of either Contracting Party, be submitted to a single arbitrator. The Contracting Parties shall appoint the arbitrator.
- 20.3 If both Contracting Parties cannot come to an agreement about the choice of the arbitrator within two months, the latter shall be appointed, upon the request of either Contracting Party, by the Secretary-General of the Permanent Court of Arbitration.

- 20.4 If in the case specified under paragraph 3, the Secretary-General of the Permanent Court of Arbitration is prevented from carrying out the said function, or if he is a national of either Contracting Party, the appointment shall be made by the Deputy Secretary-General, and if the latter is prevented, or if he is a national of either Contracting Party, the appointment shall be made by the next Senior Legal Staff of the Court who is not a national of either Contracting Party.
- 20.5 The seat of the arbitrator shall be in Switzerland.
- 20.6 Subject to other provisions agreed upon by the Contracting Parties, the arbitrator shall determine the procedure.
- 20.7 The decisions of the arbitrator shall be final and binding for each Contracting Party.

Article 21

Amendments

- 21.1 Any amendment to this Project Agreement and its Annexes shall be made in writing with the mutual agreement of the Contracting Parties and according to their respective procedures.
- 21.2 Any increase of the Project budget, any significant changes within the budget as well as any strategic changes or conceptual adjustments to the Project shall be discussed with and approved previously by Switzerland.

Article 22

Termination, Suspension

- 22.1 This Project Agreement can be terminated at any time by one of the Contracting Parties upon a six-month prior written notice. The Contracting Parties shall decide by mutual agreement on any consequences of the termination.
- 22.2 If either Contracting Party considers that the aims of the Project Agreement can no longer be achieved or that the other Contracting Party is not meeting its obligations, it shall have the right to suspend immediately the application of this Project Agreement by giving the other Contracting Party a written notice on the grounds.

Article 23

Entry into Force, Duration

- 23.1 This Project Agreement shall enter into force on the date of its signing by the Contracting Parties and shall remain in force until all obligations under it have been fulfilled.
- 23.2 The Project shall be implemented in 16 months, starting on 01.03.10 and ending on 30.06.11.

Done in Tallinn on, in three authentic copies in the English language.

For the Ministry of Finance of
Estonia

For the Ministry of Social
Affairs of Estonia

For the SDC

Ivar Sikk
Deputy Secretary General for
State Fiscal Policy

Hanno Pevkur
Minister

Josef Bucher,
Ambassador to Estonia

Annex 1 Approval Letter



Swiss Agency for Development and Cooperation SDC
 Postfach 33, 3003 Bern, Schweiz
 E-mail: deza.admin@deza.admin.ch
 www.deza.admin.ch

Federal Department of Foreign Affairs FDFA
Swiss Agency for Development and Cooperation SDC
 Cooperation with Eastern Europe

CH-3003 Bern_DEZA

A Post
 Ministry of Finance
 National Coordination Unit
 Mr. Ivar Sikk
 Deputy Secretary-General for State Fiscal Policy
 Suur-Ameerika 1
 15006 Tallinn
 Estonia

Your reference: 02.10.2009 No 9 2-4.10/12896
 Our reference: 556/2008/0829
Berne, 14 December 2009

**Subject: Swiss Contribution to the Enlarged EU – Cooperation Programme with Estonia
 Decision Letter on Final Project Proposal**
Project Name: Improvement of National Ambulance Services
Project N°: 7F-06782.01

Dear Mr. Sikk,

The Final Project Proposal mentioned above and submitted by the NCU on 7 October 2009 has been considered by Switzerland. I have the pleasure to inform you that the project has been:

Approved subject to conditions

You are kindly requested to take into account the conditions expressed below, before proceeding with the finalisation of the Project Agreement as fixed in the Annex 2 of the Framework Agreement, section 2.

Condition	Indicator of fulfilment	date / period
<p>Procurement and award of contracts: With respect to foreseen procurement, Switzerland requests according to the Framework Agreement, Annex 2, Chapter 3.3, Page 6, a copy of the tender documents for no-objection and contracts for information. However, taking into account nature of procurement and size of packages only tender invitations and tender evaluation reports shall be provided in English to Switzerland. The tender invitations shall be provided simultaneously with their publishing in Estonia while the tender evaluation reports before the contracts are signed.</p>	<p>An according clause is mentioned in the Project Agreement.</p>	<p>By the end of the negotiations on the Project Agreement.</p>


Swiss Agency for Development and Cooperation SDC
 Therese Adam
 Freiburgstrasse 130, 3003 Bern, Switzerland
 Tel. +41 31 322 44 02, Fax +41 31 324 15 96
 therese.adam@deza.admin.ch
 www.deza.admin.ch

Media coverage: With respect to foreseen media coverage, Switzerland requests that SCO for Estonia, Latvia and Lithuania is informed about the most important media coverage and corresponding articles. If deemed necessary, media coverage is translated into English.	An according clause is mentioned in the Project Agreement.	By the end of the negotiations on the Project Agreement.
--	--	--

The fulfilment of the conditions is a prerequisite to the signature of the Project Agreement.

Yours sincerely,

Swiss Agency for Development and Cooperation SDC


Therese Adam
Assistant Director General

Copies:

Swiss Contribution Office Riga
Swiss Embassy in Helsinki

Annex 2 Final Project Proposal

**Estonian-Swiss Cooperation Programme
Final Project Proposal**

Estonian-Swiss Cooperation Programme Final Project Proposal	
<u>Project Summary</u>	
Project Title:	Procurement of necessary radio communication and information technology means for linking the ambulance and emergency medicine units of active care hospitals to unitary state-wide operative radio communication system of alarm services and accomplishment of required communication and IT-development works
Short description including objectives:	<p>The general aim of this project is to improve and equalize the quality and accessibility of ambulance service in Estonia by joining the ambulance brigades and ambulance management structures as well as the emergency medicine units of the active care hospitals to the state-wide operative radio communication system of alarm services (the ORS) and e-health information system. For that purpose, the ambulance brigades and bases will be provided with necessary radio communication devices, portable computer stations (laptop, printer) and Internet access. The uniform e-ambulance case history will be introduced as well. Purchasing new equipment and software will be accompanied by a thorough personnel training for successful implementation of new technologies. The emergency units of the active care hospitals will also be provided with necessary radio communication devices.</p> <p>The present project has 4 objectives:</p> <p>Objective 1 All the ambulance brigades and ambulance bases, units of emergency medicine of the active care hospitals, Estonian Health Care Board and regional operative managers of ambulance have joined the ORS. This system guarantees a secure and high quality connection with all the ambulance bases, ambulance vehicles / ambulance brigades, but also with other operative services and Estonian Emergency Respond Centre.</p> <p><u>For that purpose:</u> 1) all the ambulance brigades in Estonia (90 regular and 30 reserve brigades¹) will be equipped with up-to-date portable radio communication systems – stationary automobile mounted radio stations (120) and partly² manual stations (30). Emergency Respond Centre (ERC) will forward logistic details about the patient's location to ambulance brigade through the radio communication system</p> <p><small>¹ It is crucial to provide the reserve brigades with all the necessary radio communication devices and computers, because according to law, the readiness of 120 concurrent ambulance brigades has to be guaranteed (including both fully equipped vehicle and the ambulance team of 3 members). The minimal number of simultaneously working ambulance brigades is 90. Depending on situations, the number of brigades in the same time in different regions may vary. Providing necessary equipment for only 90</small></p>

brigades will not guarantee the equal readiness of necessary ambulance resources. This way the quality and accessibility of the service might be severely reduced and thus the life and health of a person in need of help may be in danger.

² 90 regular ambulance brigades are already equipped with the necessary manual radio stations, therefore only radios for 30 reserve brigades are needed

2) all the ambulance bases (55) should be supplied with stationary base stations, which enables the ERC to communicate with ambulance brigades that are currently waiting at the base; and the ambulance base is able to communicate with the ambulance brigade that are currently on a callout;

3) the ambulance (brigades, vehicles and bases) and the units of emergency medicine in active care hospitals will be attached to the ORS. This will provide a high quality radio service in whole Estonia and as a result of attachment the ambulance will be operating in the same communication system with rescue and police forces. This, in turn, improves the collaboration of both the three operative services and the co-operation with active treatment hospitals, when it comes to helping the victims (including the mass accidents);

4) The Health Care Board (as a manager of ambulance services and health care related emergencies) and the regional operative managers (responsible for management at the district level – all together 4 in country) are provided with radio communication devices and they have joined the ORS.

Objective 2

Constant real-time geographical positioning (tracking) of all the ambulance brigades of the state (90+30) is provided³.

³This task will be carried out in collaboration with the Estonian-Swiss Cooperation Programme Project of the ERC („Prevention and management of natural disasters - strengthening information and communication technology systems of Emergency Respond Centre 2009-2011”, hereafter ERC EE-CH project).

For that purpose:

5) the radio communication devices that are meant for the ambulance brigades contain the positioning devices, which enable the real-time tracking of the location of all the ambulance brigades and thus enables the ERC to direct the nearest brigade to a person (caller) in need of help and the ambulance brigade will be also provided with the positioning information by the ERC (ambulance brigade will see the location of the patient using the electronic map solution (GIS-based solution) / will also have geographical coordinates of the patient).

Objective 3

All the ambulance brigades (90+30) of the state are supplied with portable computer stations and they are linked with the E-health information system.

For that purpose:

6) all the ambulance brigades (90+30) will be provided with portable

computer stations and Internet access, which enables them to be connected to the e-health database in real time everywhere in Estonia. This allows them the access to all the available information about patients' time-critical health and to automatically process it, which is necessary for providing the high-quality ambulance service. The logistic information about the patient will be also processed in these stations using a specific software solution⁴. The possibility of instantly compiling and forwarding the e-health information about ambulance service (by filling in the electronic ambulance case history) will also be provided. Instant ambulance information will thus be provided to the hospital where a patient is taken and to the patient's general practitioner (G.P.).

⁴the ambulance brigade will use the solution that is going to be worked out in the course of the ERC EE-CH project (the so-called electronic-map layer).

Objective 4

The documentation of ambulance service in the state will be carried out according to a standard form (electronic ambulance case history). All the information of ambulance service will be electronic, reliable and attached to the E-health information system

For that purpose:

7) The new e-ambulance case history⁵ will be digitalized and implemented. This case history will be an appliance that enables the ambulance brigade to insert and collect data about every single ambulance case - information about a particular person's health, the services that were provided to him or her during the ambulance health services etc. The e-ambulance case history is linked with the search module of patient's time-critical health information, by which the ambulance brigade can use all the salient health-related information that is known about a certain patient. Standard information will be documented in any ambulance case, sent to the e-ambulance case history database and stored there (i.e. a case history of every patient - approximately 250 000 cases or 250000 case histories per year)⁶. As a result, the procedure of ambulance becomes fully electronic, which means faster, more reliable and verifiable processing of ambulance data.

⁵The necessary preparations for standardizing the case history data (i.e. evening up the data with other health care documents) have already been made.

⁶A separate E-health project has been initiated to create a central database and to deal with related data processing (see the project "E-ambulance case history central system management").

The components of present project form an integral whole. For example, planned radio communication systems are crucial for locating the ambulance vehicles (all radio stations also include a GPS-module, which is an unavoidable premiss for defining locations). The computer stations in vehicles guarantee the use of electronic map solution, as well as the functioning of the central information system of ambulance (usage of the E-ambulance case history). Moreover, the work station must be fully displaceable, so it can be used inside the vehicle, but it also has to be convenient enough to carry around if the

	<p>ambulance brigade goes to help the patient in his or her home or in places that might not be accessible by car. This, in turn sets additional demands concerning the reliability of the work station.</p>
<p>Budget:</p>	<p>Eligible costs are 1 505 882 (CHF), of which 1 280 000 (CHF) is the un-refundable grant of Switzerland and 225 882 (CHF) is the co-funding of the Republic of Estonia; non-eligible costs in amount of 27 000 (CHF) are covered by the own contribution of the Health Care Board.</p>
<p>Partners:</p>	<p>Health Care Board (Executing Agency). Gonsiori 29, Tallinn, 15157 Estonia www.tervishoiuamet.ee ph: (+372) 650 98 40 fax (+372) 650 98 44 info@tervishoiuamet.ee</p> <p>Estonian Ministry of Social Affairs (Intermediate Body) Gonsiori 29 Tallinn, 15127 Estonia www.sm.ee info@sm.ee</p> <p>Estonian Emergency Respond Centre Erika 3, 10416 Tallinn Estonia www.112.ee 112@rescue.ee</p> <p>E-Health Foundation Lastekodu 6a, Tallinn 10113 www.e-tervis.ee etervis@e-tervis.ee</p> <p>The e-Health Foundation is non-profit organisation what was established on October 18 of 2005 by the Ministry of Social Affairs of Estonia, North Estonia Medical Centre, Tartu University Hospital Foundation, East Tallinn Central Hospital, Estonian Hospitals Association, The Estonian Society of Family Doctors and Union of Estonian Emergency Medical Services. The Head of the Board is Deputy Secretary General on Health, Ministry of Social Affairs.</p> <p>The e-Health Foundation promotes and develops national e-solutions within the health care system, creates solutions and offer services with the goal to assist in providing high-quality and accessible health care services. The e-Health Foundation is the main partner / executor of the National e-Health Program 2004-2014.</p> <p>The e-Health Foundation is financed partially through state budget</p>

	(incl EU sources), partially on project based.
Duration:	01.12.2009 – 31.03.2011
<u>Relevance</u>	
Contribution to the reduction of economic and social disparities between the country and the more advanced countries of the EU:	<p>Because of different communication solutions and frequencies, the current radio and communication service does not allow the ERC and ambulance brigades from different regions to contact each other. This can lead to situations that can be possibly damaging to patient's life and health (i.e. when a brigade has to respond to a call from neighbouring region but the ambulance and the ERC might not be able to contact each other). A new central operative radio communication service started in 2008 and all the alarm services (police, rescue services) have begun joining the system. In 2009, the current telecommunication has to be dismantled and all the old communication devices that are still in use will become unusable. In fact, funding of present communication systems was stopped in 2006, when the transition in systems during 2008-2009 was declared. All the present telecommunication devices have thus become almost fully depreciated.</p> <p>As for telecommunication, the aim of this project is to transform the whole state into a unitary communication area that would use the same equipment, radio frequency and technical solutions. This way, the current regional differences would be eliminated and prerequisites would be set for providing high-quality ambulance service for everyone.</p> <p>The second reason for inequality arises from the fact that the data processing and IT-solutions used by the ambulance are inferior to those used by the rest of health care system. More specifically, in 2008 new state-wide central operative communication systems were introduced and hospitals and G.P.-s have begun to use them. The E-health system is a premise for extensive automated information sharing between different providers of health care services. The availability and transmission of time-critical information about patients and data collected by the ambulance to other providers of health care services has been problematic, because the ambulance documentation still consists of paper documents of different quality, which are difficult to process. That makes it also difficult for the ambulance to provide fast and reliable information to other health care service providers. Important health-related data is often unavailable to other health care workers.</p> <p>Therefore one step of present project would be the equipping of ambulance brigades with portable computer workplaces and Internet access; working out specific software solution that would guarantee automated information sharing between the ambulance brigade and E-health information systems and fast data/information processing in</p>

every single ambulance case (filling in the so-called E-ambulance case history). Inequality between ambulance and other providers of health care service would then be reduced and as a result, the consistency of the treatment of a patient would be improved as well (the treatment during ambulance period and in the rest of health care providing time would be integrated).

The third source of inequality is the different degree of supply of operative services. The GIS-based positioning solutions have been widely used by the police for years. Dealing with accidents often involves the co-operative effort of many operative services. Compared to the police, ambulance brigades are in a worse position, because there is no possibility to receive electronic instructions. In consequence of that, the ambulance brigade might be late to the site of accident. The lack of GIS-based solution also affects the ambulance brigade's response to another rescue calls, especially given that the ERC operates only by four regional centres. This means the emergency service manager does not have sufficient knowledge about the road network in service area. Also, information about addresses is given verbally, which is time-consuming and imprecise. This causes notable differences in arranging the ambulance services between the closest (an area that the manager knows best) and farthest (relatively unknown to the manager) places from the ERC. An additional source of inequality is the ERC's inequality to objectively determine the closest ambulance brigade in case of emergency. Therefore, ambulance response time between sundry regions differs notably.

In the course of this project, prerequisites for real-time positioning will be created for the ambulance brigades (ERC will see every ambulance brigade in the GIS-solution), which enables ERC to forward details of the location of the person in need to ambulance brigade. The brigade is equipped with necessary computer work station and the GIS-solution created with help from the ERC EE-CH project, will be used to locate the fastest route to the patient. As a result, the accessibility of ambulance brigades in different regions will be balanced and disparities between different operative services will disappear.

In comparison with other operative services, the operative management of ambulance is insufficient. The ambulance is managed by Health Care Board. The other operative services have their own active management centres and the management is well arranged. Essentially, management of ambulance only occurs on the level of ERC. To ensure management quality comparable with that of other operative services, 4 regional operative managers are planned to be introduced (on the basis of four larger ambulance enterprises, by giving them additional tasks) and general management on state level by Health Care Board. In the course of present project, the directing unit will be supplied with required communication devices as well.

Over the last decade, all the EU and EFTA states have made effort to introduce the E-solutions in health care system. By using the solutions that will be developed over the course of the project, Estonia will

	<p>approach the states that have highly developed health care systems, and thus, necessary prerequisites are established for offering high quality ambulance service to citizens from another EU and EFTA countries, while they are in Estonia. Moreover, a new EU directive that is currently under preparation, would guarantee the same obligatory base quality of health care service for all of its members in every member state (Proposal for a Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare; COM 2008, 414 final; 2008/0142 COD).</p> <p>Creating the necessary prerequisites for the coordinated actions of ambulance and other operative services in Estonia will serve the same purpose. Flawless cooperation of different operative services forms a basis for unitary and equitable doctrine of security. Herewith, premises are created for providing a security standard in Estonia that is common to that of the developed EU countries, so that Estonia could provide high-level security to both its citizens and members of other EU countries, while they are staying here.</p> <p>Through the social security, it is then possible to meet all the demands in carrying out regional politics. This could affect, for example, people's choice of their place of residence. When the quality of access to ambulance services is about the same everywhere, it would positively affect people's decisions on that matter. It could also have effect on the development of economics in rural and peripheral regions. It is then possible to reduce the social and economical inequality between centre and periphery and also between the different areas of the state.</p>
<p>Fit within the development strategies of the country/region and chosen sector:</p>	<p>When carrying out the present project, the following strategies and projects that are either planned or already in progress, are taken into account:</p> <p>"The National Health Development Plan 2009-2020" is the most important health-related development plan of the state, that also stipulates the aims of ambulance service development and its main trends (i.e. access to the ambulance service, cooperation with other operative services). This document has been verified by the Government of the Republic.</p> <p>"The First Level Health Care Development Plan 2009-2015", which defines the first level, including the developmental trends of ambulance service, that have been noted in "The National Health Development Plan 2009-2020" and sets explicit tasks and aims for improving ambulance service in a medium length perspective. The plan designates the adeptness of ambulance and the increase in its role on the first level.</p> <p>"The Ambulance Development Plan 2007-2013". This plan is a detailed document for evolving the ambulance system. It sets detailed and measurable objectives for the quality and accessibility of ambulance service; describes in detail the development plans and necessary actions and investments. For one, the plan designates necessary measures for evening up the accessibility and quality of ambulance</p>

service (i.e. by introducing the E-solutions).

"The National E-Health Program 2004-2014". Initiated by the Ministry of Social Affairs and carried out according to law. This is a large-scale program that involves the development and investments in health care system as a whole. It defines the conceptual conditions for working out and introducing all the E-solutions that are going to be used in health care service (including necessary standards, functioning principles of E-health as an info system, required institutions etc). In the course of the program, a state-wide unitary health information system (HIS). The program and its components will be funded according to previously acclaimed plan from the structural funds of the EU. Larger-scale projects that have been already carried out or are currently being carried through, include the state-wide digital registration system, digital prescription, E-image (a unitary image diagnostics information system), E-epicrisis, digital case history (contains time-critical data).

"Unitary state-wide radio and data communication project 2007-2009" is a project managed by the Ministry of the Interior. Its purpose is to create and introduce the unitary operative radio communication system of alarm services (the ORS) all over the country. The ORS has been fully functioning since 2008. To join the system, the alarm service has to be equipped with required communication devices. One of the main purposes of this project is providing the ambulance with necessary devices and utilizing them. When carrying out the present project, the conditions that ORS sets for communication devices have to be taken into account. These conditions include technical demands, handling and other relevant necessities. To guarantee the proper functioning of the ORS, these conditions will be fulfilled in complete cooperation with the manager of the ORS.

"The E-ambulance case history Central System Management" is carried out and funded by the E-health Foundation and is part of the E-health program 2004-2014. The aim of this project is to connect all the information systems of the ambulance to the unitary health information system (HIS). This involves the introduction of the database of e-ambulance case histories and an electronic solution that is required for exchanging information between the ambulance brigade and the central system of e-ambulance case histories; between the central system and ERC; between the central system and the HIS. It can also be used by the ERC to realize the GIS-solution they use for the operative management of ambulance brigades or vehicles. As a result, the ambulance brigade has the possibility and readiness for operatively acquainting themselves with previous health information of a patient. In case the patient will be transferred to any other health care service provider, the said provider is able receive operatively information about the ambulance services that the patient has previously received. Also, when a patient is to see another provider of health care service, the provider would have an opportunity to operatively receive information about previous treatment (including time-critical data).

	<p>The Ministry of the Interior / ERC EE-CH project. The project's purpose is to create a new Estonian Emergency Management System, during which, for example the GIS-information system will be introduced. That system will also be used for positioning the ambulance brigades or vehicles; for choosing the nearest ambulance brigade to answer to the emergency call and to direct the ambulance. The solution that will be created in the course of the present project will be used in the ambulance vehicles as well. The necessary additional IT-works for introducing the solution in ambulance services are carried out in the course of a project "The implementation of the e-ambulance case history central system". While carrying out a part of the present project, entitled "Creating portable workstations in ambulance brigades", three-sided cooperation of Health Care Board, E-health foundation and the ERC is guaranteed. This cooperation is necessary to ensure the complete realisation of the GIS solution in ambulance brigades. For that purpose, the conditions of IT-solution are taken into account when compiling the specifications of public procurements.</p>
<p>Strategy of the intervention:</p>	<p>The further goal of the project is to shorten the time it takes an ambulance vehicle to reach the person in need (response time). It is then also possible to improve and equalize the quality of the accessibility of ambulance service. Likewise, this will provide the ambulance brigades with a real-time access to health-related data of the patient (including the time-critical information) and an opportunity to consult the Emergency Medicine Unit in hospital, thus improving and equalizing the quality of ambulance service. The measures of this project provide and opportunity to improve the supervision of the ambulance service and its quality. This is possible because the supervisors will have access to ambulance cards. Hence, it is feasible to offer the best protection to people using the ambulance service, in case of potential mistakes in the process of providing the service. The approach of this project is in accordance with an EU directive about patients' rights in cross border health care, which is currently being prepared. It also corresponds to all the main domestic health care strategies (see the part of this document, entitled "Fit within the development strategies of the country/region and chosen sector")</p>
<p><u>Project content</u></p>	
<p>Description including objectives:</p>	<p>The present project has four objectives:</p> <ol style="list-style-type: none"> 1. All the ambulance brigades and ambulance bases, departments or units of emergency (medicine) in all hospitals, Estonian Health Care Board and regional operative managers of ambulance have joined the unified radio communications system. This system guarantees a secure and (high quality) connection with all the ambulance bases (55), ambulance vehicles (90+30) and ambulance brigades, but also with other operative services and ERC. 2. A constant and real-time tracking (location positioning) of all the ambulance brigades (90+30) is guaranteed⁷. <p>⁷Will be carried out in collaboration with the Ministry of the Interior and the ERC EE-CH project.</p>

3. All the regular (90) and reserve (30) ambulance brigades are equipped with portable computer work stations and they have joined the E-health information system.

4. The documentation of the ambulance service in the state will be performed by a unitary standard form. All the information about ambulance service will be electronic, reliable and attached to the E-health information system⁸

⁸Will be carried out in cooperation with the E-health Foundation project "Application of the E-ambulance case history database central system"

With the aid of current project, the ambulance will be supplied with all the devices that are required for joining the E-health information system and the unitary operative radio communication system of the alarm service. The unitary E-ambulance case history will be introduced as well and possibilities for on-site documenting of the ambulance service will be provided (i.e. the portable work station in an ambulance brigade).

The planned radio system will guarantee the constant connection with ERC (an institution that processes the incoming emergency calls and gives the ambulance brigade an order to drive out) and with other operative services (the Rescue Service and police). Since 2008, the ORS is in use. As a result of the present project, the ambulance will join this service as well. The radio communication systems, with which the ambulance will be provided, enable the use of status messages and voice communication, but also include the devices of contemporary global positioning system (GPS). In affiliation with the ERC EE-CH project, opportunities will be provided for real-time observation and management of ambulance brigades and their movement (the "seeing" and "observable" ambulance). It will also be possible to locate the patient or place of accident and work out the optimal route. This way, the ERC is able to send out the nearest ambulance brigade and the time of arrival will be minimized. The accessibility of ambulance service will improve and stabilize as well. To guarantee the general management of ambulance that would be comparable to this of other operative services, there are plans of introducing four regional operative managers (on basis of four bigger ambulance enterprises and with additional tasks) and general management of the ambulance on state level, by Health Care Board. Within this project, necessary radio communication devices are also given to the management structures.

By providing every ambulance vehicle with Internet access, computers and special software, the ambulance brigade will be able to directly communicate with the Emergency Medicine Unit in hospital. As a result, the paramedics can consult the hospital specialists on the topic of treatment plans, which would improve the quality of patient's treatment already in the ambulance phase. This part of the project will be carried out in affiliation with the corresponding project of the E-health Foundation. More importantly, this solution will ensure the

	<p>consistency and integrity of the treatment of patients. Specifically, the electronic case history that the ambulance creates will be immediately accessible to another provider of health care services. When the ambulance decides to hospitalize a patient, a related note will be sent to the emergency medicine unit of the hospital and they can start preparing for accepting the patient. In addition the hospital then has already access to an electronic case history that the ambulance has created. When the patient is left on ambulatory treatment, his or her G.P. will receive a note about it and is then able to continue with the treatment. This way, both the quality of ambulance service and the health services that have been provided to the patient in the course of case history, will be improved.</p>
<p>Expected outcomes/outputs:</p>	<p>Objective 1 All the ambulance brigades and ambulance bases, departments or units of emergency (medicine) in all active care hospitals, Estonian Health Care Board and regional operative managers of ambulance have joined the unified radio communications system. This system guarantees a secure and high quality connection with all the ambulance bases, ambulance vehicles / ambulance brigades, but also with other operative services and ERC.</p> <p><u>Outputs:</u></p> <ul style="list-style-type: none"> • the 30 reserve brigades will have been equipped with tuned handheld radio stations⁹ • 90 regular and 30 reserve vehicles will have been equipped with properly installed and adjusted auto radio stations • 55 ambulance bases will have been equipped with stationary radio stations (the so-called base radio stations), that have been properly installed and adjusted. • 19 active care hospitals will have been equipped with functioning base radio stations • The management structures of the ambulance will have been equipped with one base radio station, 6 auto stations and 14 handheld radio stations. • In the course of ambulance brigade personnel training at least two workers from every ambulance enterprise and active care hospital (60 people in total)¹⁰ have been trained. They in turn ensure that the members of ambulance brigades (up to 1350)¹¹ personnel of the emergency units of the active care hospitals (up to 200)¹² and ambulance management structures (up to 30) will then be trained as well. • All the workers of ambulance brigades, hospitals and ambulance management structure have been equipped with necessary guidance materials. <p>⁹90 regular brigades have already been equipped with handheld radios, so these type of radios are only needed for reserve brigades (30) ¹⁰ Because of many active care hospitals own ambulance brigades the total number of trainers could be reduced ¹¹according to current working arrangement, the maximum number of people in need of training in ambulance brigades is 1350, but the actual number of personnel is somewhat smaller. In the course of training, it is therefore important to prepare necessary training materials for future ambulance personnel to ensure that the necessary knowledge is going to be passed on. (This later training will be funded by the ambulance; it is included</p>

in their annual budget, consisting of up to 1,5% of the total budget). The same principle and comment apply to other parts of this project as well.

¹² only reception desk personnel of the emergency units of active care hospitals

Outcomes (impact of the output at the service provider level):

With all the necessary introduction works and trainings, a situation is created, where all the regular and reserve ambulance brigades, units of emergency medicine at hospitals and ambulance management structure have:

- joined the unitary operative radio communication system¹³
- provided with uninterrupted radio communication;
- which enables to use the agreed status messages and;
- forward the necessary positioning information and;
- voice communication connection with both ERC and other operative services, if needed;
- it takes 30 seconds to accept to pull-out call from the ERC¹⁴

¹³a one-time license purchase is required for joining the unitary communication system. The price of the license is about 244 CHF for one communication device. Funding for purchasing the licenses is already included in the annual budget of ambulance (0,6-0,8% of the annual budget is meant for communication expenses).

¹⁴In the course of this project, ambulance brigades' capability of responding to standard pull-out orders is developed (the so-called status-messages-based communication). See the planned results of the project by the Ministry of the Interior / ERC EE-CH project.

Outcomes (impact to ambulance service):

- As an ambulance service, it means the reduction of pulling-out time up to 50% (currently the A and B priority - 10 min, C priority - 2 min and D priority - 1 min). As a result, the arrival to persons in need will be 6-8% faster (and the accessibility to ambulance improves).
- In the cooperation of operative services for interventions in case of major accidents, there will be reduction in time of providing help to people and transporting them to the hospital.

Objective 2

Constant real-time tracking (location positioning) of all the ambulance vehicles (90+30) is guaranteed¹⁵. This is simultaneously applicable in ERC, ambulance base and portable work stations.

¹⁵The present project will be carried out in cooperation with the Ministry of the Interior / ERC EE-CH project

The scope of the present project is as follows:

Outputs:

- all the handheld radios that will be provided to ambulance brigades include the GPS-module that enables positioning and regularly reporting the location of the station
- all the auto stations for ambulance vehicles include the GPS-module that enables positioning and regularly reporting the location of the station
- all the personnel of ambulance brigades (up to 1350 people) have been trained to use the GIS-solution.

Outcomes (impact of the output at the service provider level):

- All the ambulance brigades of the state are constantly traceable in real-time by ERC. Through their mediation, the brigades may be also traceable by other operative services (police, rescue service) and inside the ambulance system.
- The ERC is always able to locate the nearest ambulance brigade and direct them to provide services.
- With the help of GIS-solution, every ambulance brigade has an opportunity to plan their route (by using the devices of portable computer work stations in ambulance vehicles)
- The usage of ambulance resources will become more effective - there will be possibilities to reduce the active resources when the workload is lower and to increase it in case of higher workload.

Outcomes (impact to ambulance service):

- The arrival time of an ambulance brigade (the time it takes the brigade to drive out and reach the person in need) decreases, because of the exact positioning of the destination and planning of the route. The decrease in time will be up to 15% and the accessibility of ambulance service will advanced simultaneously.
- The waiting time for slower (A and B priority) call-outs will be reduced by 12-15%.

Objective 3

All the regular (90) and obligatory reserve brigades (30) have been equipped with portable computer work stations and they have joined the E-health information system.

Outputs:

- all the regular (90) and obligatory reserve brigades (30) will be equipped with portable computer work stations
- ambulance vehicles of all the regular (90) and obligatory reserve brigades (30) will be equipped with Internet connection and devices.
- personnel of all the ambulance brigades (up to 1350) has been trained to use the computer work stations, Internet and the E-health information system.

Outcomes (impact of the output at the service provider level):

- all the ambulance brigades have the possibility to use the E-health information system in real-time, to seek for necessary patient information (the so-called time-critical data)
- all the ambulance brigades have the possibility to use the portable computer work stations to realize the GIS-solution (to locate the person in need of help and plan the best route).
- premisses are created for using the e-ambulance case history
- premisses are created for reducing the management load of ambulance, especially concerning the realizing of the e-ambulance case history.

Outcomes (impact to ambulance service):

- the quality of ambulance service will improve (the brigade is able to use the available patient information in a site of accident, including the time-critical data, and therefore the help they provide is more effective).

Objective 4

A standard form will be used all over the state for documenting the ambulance service. All the ambulance service information will be electronic, reliable and attached to the E-health information system¹⁶

¹⁶will be fulfilled in affiliation with the E-health Foundation project "Application of the e-ambulance case history central information system".

Outputs

- the portable work stations of all the regular (90) and obligatory reserve brigades (30) are equipped with software solutions,
- the personnel of all the ambulance brigades (up to 1350 people) have been trained to use the e-ambulance case history.

Outcomes (impact of the output at the service provider level):

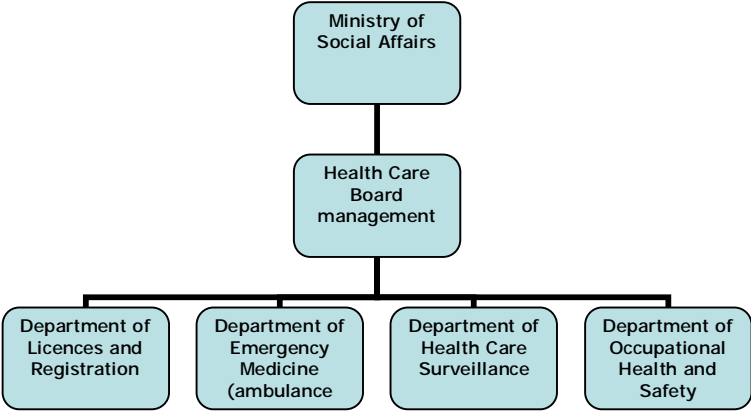
- all the ambulance services will be documented in the same way
- if necessary, all the ambulance case histories (e-ambulance case histories) are instantly accessible to all the other providers of health care services
- the management load of ambulance will decrease - ambulance brigades do not have to insert the handwritten cards to computer anymore to process it later (i.e. to present the state-wide statistics). Therefore, the time an ambulance brigade is dealing with a case (since call-out to presenting required information and inserting the data), decreases by 40-50%.
- there will be no need for additional accountancy later - state-wide statistics will be available in a fully automatic form (as an inquiry in the database).

Outcomes (impact to ambulance service):

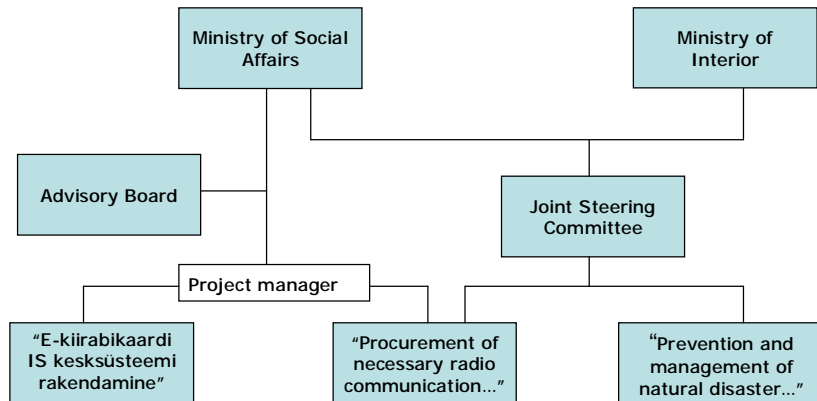
- the quality of ambulance service will improve - the e-ambulance case history (objective information about the patient's state of health and actions of the ambulance brigade) will be accessible to other health care service providers. If necessary, the ambulance brigade can contact the specialists at hospital, while still being in the site of accident.
- as for concrete ambulance case, the quality of treatment outcome will improve. When the patient is taken to hospital, all the necessary information about him and the case are already known to the hospital and they can be prepared in the best way.
- there will be improvement in the consistency of a patient's treatment in general. The e-ambulance case history will be instantly accessible to other doctors who are going to treat the patient later (including the G.P.).

<p>Activities and the respective indicators:</p>	<p>1. Hiring a project manager - the contract is an indicator</p> <p>2. The collaboration of the Ministry of the Interior and the Ministry of Social Affairs and creating of a joint Steering Committee to ensure the better match and cooperation between the Ministry of Social Affairs / Health Care Board and the Ministry of the Interior / ERC EE-CH project - <u>the indicators are the directive about founding the project council and documentation to prove that this institution works (protocols etc.)</u></p> <p>3. Preparing and carrying out public procurements</p> <p>3.1. Preparation of documentation of the public procurements (i.e. the technical descriptions of devices; the conditions of the Ministry of the Interior / ERC EE-CH project will be taken into account) - <u>the indicator is documentation for the public procurements.</u></p> <p>3.2. an international public procurement for acquiring the radio communication devices, their later maintenance and carrying out the user training - 20 handheld radios, 120 ambulance vehicle radios, 56 ambulance brigade radios - <u>the indicator is signed agreement</u></p> <p>3.3. a public procurement for the equipment of the portable work stations of ambulance brigades (monitor, processor and printer) with an OS and later maintenance - 120 work stations - <u>the indicator is signed agreement</u></p> <p>3.4. a public procurement for acquiring the Internet devices - 120 sets - <u>the indicator is signed agreement</u></p> <p>3.5. a public procurement for installing the Internet devices and computer work stations to ambulance vehicles¹⁷ - <u>the indicator is signed agreement</u></p> <p>3.6. an international public procurement for digitalizing the e-ambulance case history (programming) with the introduction of the card and the user training program - <u>the indicator is signed agreement</u></p> <p>4. Configuration of the radio communication devices (will be carried out by the manager of the ORS network) and joining the ORS - <u>the indicator is the signed act of joining the ORS.</u></p> <p>5. Documentation of the project (including preparing the required reports) and presentation to the Ministry of Finance - <u>the indicator is the presentation of required documents in due time.</u></p> <p>¹⁷there are special conditions for building and furnishing the ambulance vehicles and therefore, a separate procurement has to be made for installing the Internet devices and computer work stations in the vehicles.</p>
<p>Beneficiaries:</p>	<p>all the inhabitants of Estonia and people who are currently residing here, who might be potentially in need of ambulance service; state institutions (Health Care Board, ERC, the Ministry of Social Affairs, the Ministry of the Interior), providers of the ambulance service and other providers of health care services</p>
<p>Target group:</p>	<p>Providers of the ambulance service</p>

<p>Risks and potentials:</p>	<p><u>Risks and their minimization:</u></p> <ul style="list-style-type: none"> • delay in the project because of the protest of public procurement - to minimize the risk, it is essential to include people with sufficient experience (i.e. juridical) in both preparing and conducting the public procurements; thorough preparation of the public procurement and collaboration with experts. • project's insufficient connection with other important projects (i.e. of the Ministry of the Interior / ERC; E-health Foundation) - to minimize the risk, a unitary work / coordination team has to be formed and unitary standards of the E-health projects have to be applied. • increase in the cost of project so less actions can be taken (less devices bought) - to minimize the risk the public procurements have to be planned with sufficient time reserve, so that all the possible problems could be solved; preceding calculations have to be made, including the allowed fluctuation in cost. <p><u>Possibilities:</u></p> <ul style="list-style-type: none"> • the possibility to develop the project (adding the extra functionality) • accruing of the additional users • the possibility to use the outcomes of the project as a know-how in other countries • cross-border cooperation (the cross-border movement of patients, the collaboration of the ambulance of neighbouring countries)
<p>Sustainability of the Project:</p>	<p><u>The present project is sustainable:</u></p> <ul style="list-style-type: none"> • because it is a public service - ambulance service that the state must always provide (the importance of the provision of service is of constant nature) • there is readiness among the providers of service and a wish to utilize the gains of this project • the project is tightly connected to other organizations and info systems and therefore there is an additional external pressure (in addition to the inner motivation of the project itself) to continue utilizing the outcomes of this project • the first outcomes of the project may be further developed and this will create new perspectives for carrying it on • the project will effectively use the existent solutions, systems and organizations, and for that reason, the running costs are relatively low - no large-scale complementary investments will be necessary to guarantee the sustainability of the present project.
<p><u>Project justification (Due diligence)</u></p>	
<p>Main conclusions of the feasibility study</p>	<p>One of the main components of this projects - joining the unitary radio communication system of the operative services - is inevitable, because the current communication system is fully depreciated and</p>

<p>(if requested):</p>	<p>needs replacing (see the part of the current document "Contribution to the reduction of economic and social disparities between the country and the more advanced countries of the EU"). The operative radio system that has been in use since 2008 was previously sufficiently tested and its proper functioning has been proved all over Estonia, regardless of specific geophysical conditions. The ambulance will be equipped with equivalent or better devices that other operative services are using right now. What is more, the expected piece price of the devices is lower than it was two years ago, when other operative services began to acquire them.</p> <p>The development of the E-health projects begun in 2004 and by now, many solutions (such as E-epicrisis and E-prescription; implemented in 2008/2009) have been carried out. This proves the potential in realizing the E-health projects. In additions, prototypes of the portable work stations of ambulance have been tested as a part of a pilot project since 2008 in an ambulance enterprise, where they are still in use. The results of the pilot project show the possibility of providing the Internet access all over Estonia, including in a moving vehicle. As a commercial service, this product is being in use for a couple of years already.</p> <p>A required juridical environment for the introduction of both components exists in Estonia.</p>
<p><u>Project organization</u></p>	
<p>Organisational chart:</p>	<p><u>Structure of the Health Care Board:</u></p>  <pre> graph TD MS[Ministry of Social Affairs] --> HCB[Health Care Board management] HCB --> DL[Department of Licences and Registration] HCB --> EM[Department of Emergency Medicine (ambulance)] HCB --> HCS[Department of Health Care Surveillance] HCB --> OHS[Department of Occupational Health and Safety] </pre> <p>The management unit of the project is Health Care Board. This project belongs in the responsibility of Emergency Medicine Unit.</p>

Project organization:



To guarantee the better coordination of the two Estonian-Swiss Cooperation Programme projects that are currently being developed (the present project that is being developed by the Ministry of Social Affairs and the project of the Ministry of the Interior and ERC) and to ensure that the goals of both projects will be fulfilled, a joint steering committee for both projects will be formed in affiliation of the two ministries (The directive 122L for forming the committee has been signed in May, 12th 2009 by the Minister of the Interior). The committee will supervise and coordinate the actions and schedule of both programs and the correct order of the components of both projects. There are the following contact points between two projects:

- 1) The current project will receive a technical specification from the Ministry of the Interior (the radio stations have to function in the ORS network founded by the ministry). The demands that devices have to meet, have already been set (it is a working information system), so there are no time limits for announcing the required procurement (does not depend on the schedule of another two projects)
- 2) The ERC EE-CH project ¹⁸ product will be given for free use to the ambulance brigades and Health Care Board.
- 3) The ERC EE-CH project gives a required input to the component of the project carried out by Health Care Board "portable work stations in ambulance vehicles" (for compiling the technical specification of computers). According to the schedule of the project of ERC, ERC will present the conditions and demands for the planned "GIS-positioning solution" by 31.12.2009 at the latest and Health Care Board (and

other institutions) will be included in this process as well. For that reason, Health Care Board will arrange procurement for the portable devices of ambulance brigades in the beginning of 2010.

4) The current project gives a necessary input to ERC EE-CH project for processing the emergency calls (determines what kind of information does the ambulance brigade need about a person in need of help, before they reach the site of accident). By now, Health Care Board has finished all the necessary preparation works for software solution of the e-ambulance case history and it has been discussed by all parties both in health care sector and outside – these preliminary works have been financed by the Health Care Board). The new e-ambulance case history is also an input for the necessary changes in ERC's main database (in future, if needed), as well as for working out of the GIS-positioning solution.

The expenses of the joint Steering Committee formed by the Ministry of Social Affairs and Ministry of the Interior will be funded by both ministries on equal basis.

A project manager will be hired in the course of this project, whose task will be the organization of necessary actions for carrying out the project (procurements - see "Procurement" for more detailed explanation), compiling the necessary documentation. The project manager's task will also be the coordination of work between management units (Health Care Board and ERC).

To guarantee the better coordination between this project and the E-health Foundation's project "Management of the e-ambulance case history central information system" and to ensure that the goals of both projects would be fulfilled, a common project manager will be hired. The expenses will be borne by Health Care Board and E-health Foundation, on equal basis. Thereat, for this project, the expenses of a project manager make up the own contribution of Health Care Board and will not be provided by the Estonian-Swiss Cooperation Programme nor the planned co-funding resources of state.

The project manager will regularly report to the management of Health Care Board and the Ministry of Social Affairs, as the management units.

Health Care Board will regularly check the work of project manager and the implementation of the project and its quality.

In the course of the projects, all the actions will be documented and the accountability will be carried out to the institution.

In addition, for both this project and that of the E-health Foundation, the Advisory Body of experts will be formed. The Advisory Body will give advice in the process of both projects. The experts will be chosen among the Emergency Medicine Units of hospitals, the G.P.-s and independent IT-specialists.

¹⁸Part of the ERC EE-CH project, which the present project will name "The GIS-positioning solution" in brief, consists of following components - preliminary application of ERC EE-CH project, part entitled "Activities", points 7-12.

<p>Responsibilities:</p>	<p>Health Care Board (Executing Agency). Gonsiori 29, Tallinn, 15157 Estonia www.tervishoiuamet.ee ph: (+372) 650 98 40 fax (+372) 650 98 44 info@tervishoiuamet.ee</p> <p>The Executing Agency of this project is Estonian Health Care Board. The Health Care board is a government agency which operates within the area of government of the Ministry of Social Affairs and is managed by the Director General. The Health Care Board consists of four structural units and the number of its staff is 33.</p> <p>The departments of the Health Care Board and their main functions are:</p> <ol style="list-style-type: none"> 1) Registers and Licences Department – maintenance and analysis of the registers of health care professionals and activity licences; performance of the registration procedure; issue of registration certificates and activity licences; 2) Supervision Department – exercise of supervision over correspondence of the conditions required for the issue of activity licences to health service providers with the conditions indicated in the activity licence; conduct of patient satisfaction surveys, and bringing charges against legal and natural persons in the cases and pursuant to the procedure prescribed by law; 3) Emergency Medical Care Department – organisation of provision of emergency medical care and emergency preparedness within its authority - sealing contracts for nominating the ambulance (the contracts are made for five years); if necessary, holding a competition for finding new providers of the ambulance service; preparing the necessary applications for the funding of ambulance and presenting them via the Ministry of Social Affairs, to the Government of the Republic and Riigikogu (the Parliament). 4) Occupational Health and Safety Department – preparing and carrying out the plans of occupational health; the analysis of the information about occupational diseases and accidents; additional training of the work health care specialists; registering the work health care providers
<p><u>Detailed implementation schedule</u></p>	
<p>Milestones and monitoring of progress based on defined indicators:</p>	<p>The following schedule is, in a way, indicative and depends on the exact moment the project will be approved. Therefore, in addition to the dates that are written below, attention must also be paid to the order of the actions and their duration. See also the explanations in the parts of this project, entitled "Procurement" and "Organizational Chart".</p> <p>Duration of the project: until the 31st of March, 2011.</p>

1. 15.11.2009 - Sealing the project contract

2. 20.11.2009 - Hiring the project manager (on the basis of competition) - sealed contract is the indicator

The project manager will work until the end of this project.

3. Joint Steering Committee of the Ministry of the Interior and the Ministry of the Social Affairs (order of Minister of the Interior has been signed in 12.05.2009)

4. 01.12.2009 - Announcement of the international public procurement for acquiring and installing the radio communication devices and their later management and user training - the indicator is the fulfilment of the procurement contact

The procurement (including all the actions) will last up to 7 months, of which at least the last three months are planned for delivery of the devices.

5. 01.12.2009 - Announcement of the international public procurement¹⁹ for digitalizing (programming) the e-ambulance case history, including introduction works and user training - the indicator is the fulfilment of the procurement contact

The procurement (all the actions included) will last up to 12 months, of which at least the last three months are planned for testing and adjusting the software in ambulance vehicles, using the devices that will have been set there by that time (computer work stations, Internet devices)

6. 01.03.2010 – Announcement of a public procurement for acquiring the supplies for portable work stations of ambulance vehicles (monitor, processor, printer) with an OS and later maintenance – 120 work stations – the indicator is the fulfilment of the procurement contact

The procurement (all the actions included) will last up to five months, of which at least the last two months are meant for delivery of the devices.

7. 01.03.2010 – Announcement of a public procurement for acquiring the Internet devices – 120 sets – the indicator is the fulfilment of the procurement contact

The procurement will last up to four months, of which up to two months are meant for delivery of the devices

8. 01.06.2010 – Announcement of a public procurement for installing the Internet devices and computer stations in ambulance vehicles (1) the indicator is the fulfilment of the procurement contact

	<p>The procurement will last up to five months, of which at least the last three months are meant for installing the Internet devices and work stations that have been acquired by other procurements.</p> <p>9. 01.07.2010 – Adjusting of the radio communication devices (carried out by the provider of the ORS network) and joining the ORS – <u>indicator is the act of joining</u></p> <p>Adjusting will take up to two months</p> <p>10. In the course of the project – Documentation of the project (including the required mid-term-, annual- and final report) and its presentation to the Ministry of Finance – <u>indicator is the timely presentation of all the required documents</u></p> <p>¹⁹Note: All the procurements will be preceded by a period of compiling the procurement documents (up to one month before the announcement of procurement), during which all the coordination with other projects will be achieved, if necessary (see “Procurement” for more details).</p>
<p><u>Budget</u></p>	
<p>Eligible costs/ non-eligible costs:</p>	<p>Eligible costs 1 505 882 (CHF)</p> <ul style="list-style-type: none"> ü manual radio stations for additional ambulance brigades (30) and district and country management (14): 44 pcs (à 1450 CHF) – 63 800 (CHF) ü stationary automobile-mounted radio stations for ambulances (120) and district and county management (6): 126 pcs (à 1770 CHF)- 223 020 (CHF) ü base stations of ambulance bases (55), active care hospitals (19) and country management office (1): 75 pcs (à 1770 CHF) - 132 750 (CHF) ü assembly and adjustment of radio stations: 245 pcs, (9% of the cost of radio communication equipment) – 37 761 (CHF) ü portable computer workstation equipment to the ambulances: 120 pcs (one workstation consists of a monitor, processor and printer) together with MS Office Software (à 6300 CHF) – 756 000 (CHF) ü assembly work of portable computer workstations on ambulances: 120 pcs (9% of the cost of computer workstations equipment) 68 040 (CHF) ü Internet equipment of ambulances: 120 pcs (à 250 CHF) – 30 000 (CHF) ü assembly work of Internet equipment of the ambulances: 120 pcs (9% of the cost of the Internet equipment) – 2700 (CHF) ü working out of an electronic ambulance case history (patient record) - IT development work, licences – 166 811 (CHF) ü training of the trainers (max 60) for training the staff of the ambulance crews and emergency units of active care hospitals and preparation training materials and instructions for self use – 25 000 (CHF)²⁰ <p>²⁰ budget for trainings and training materials will be spent alongside with tendering of equipment and software (see also Annex); roughly 25% training budget will be used for Objective 1, 25% for Objective 2, 20% for Objective 3 and 30% for Objective 4</p> <p>Non-eligible costs 27 000 (CHF) –</p> <ul style="list-style-type: none"> ü project manager’s costs (salary, administrative costs, media coverage etc) – will be covered from additional own contribution of HCB.
<p>Own contribution:</p>	<p>27 000 (CHF)</p>

Amount of Grant:	1 280 000 (CHF)
Co-financing:	225 882 (CHF)
EU-funding and any other financial sources etc.	Non (e-Health Foundation and the partner project "E-ambulance case history central system management" is partly financed using EU-funds)
Cost efficiency aspects:	<p>The present project has no alternatives to one of its components – acquiring the radio communication devices and joining the unitary operative radio communication system. There is no service provider in the state who could guarantee a radio communication all over Estonia, which would be of sufficient quality and security. Moreover, in the course of this project, the ambulance, active treatment hospitals and ambulance management structures will join the existing communication system and thus the costs will be only those of acquiring the required radio stations.</p> <p>Commercially, there are many enterprises that provide the GIS-positioning service. Their solutions are based on existing portable communication networks, none of which covers the whole territory of Estonia and the quality of communication varies by regions. Therefore, there is also no good alternative to the GIS-positioning that will be introduced in affiliation of this project and that of the Ministry of the Interior and ERC. Also, by realizing the said solutions, a second and more general purpose is also fulfilled, where the state has planned to use one unitary base card in all the actions of the public sector (for state and local governments). This way, the state (and the public sector in general) can optimize its expenses, but also guarantee the same base data (comparable cards) for completing all the tasks.</p> <p>When considering alternatives for this project, valid legislation has to be taken into account as well. Namely, it is specifically stated that processing of emergency calls and mediating the ambulance service have to be carried out by a state institution – ERC – that is separate from the provider of the service. Therefore, it is impossible to cancel using the services of the ERC, as it is already stated in the law (to organize a separate, isolate system and arrange the alternative way of joining the other operative services).</p> <p>There is also no realistic alternative to the E-ambulance solutions (the other component of present project). In the course of this project, maximal amount of the infrastructure and know-how of earlier E-health projects is going to be used. A main information system of the ambulance (E-ambulance case history and a central system to serve it), which is being realized in affiliation with the E-health Foundation, is decided to be carried out centrally (one database vs. 24 separate</p>

	<p>databases; 24 is the number of currently working ambulance enterprises). Among other reasons, the centrality of this system means lower expenses. Moreover, when creating separate smaller info systems for every ambulance enterprise, their development will be determined by the capability of each enterprise – right now, most of the service providers are small enterprises – managers of 1-2 ambulance brigades. IT-capability of theirs is substantially lower than that of the bigger enterprises or the state. As a result, the IT-solutions in different regions of Estonia would be of different quality and this, in turn, would inevitably lead to uneven quality of ambulance service in different parts of the country.</p> <p>Public competition will be held for carrying out all the actions (public procurements will be arranged for purchases), except for adjusting the radio communicative devices to be used within the ORS²¹. This enables to acquire the required devices / services with the optimal price and quality relation or for the lowest price possible. What is more, in all the procurements, devices or services will be ordered in minimal required amount.</p> <p>²¹tuning the radio communication devices (forming the user groups, carrying out the status messaging etc) will be carried out by the manager of the ORS network, which is the Foundation of State Information Systems, in affiliation with the ERC.</p>
<p><u>Procurement</u></p>	
<p>Procurement procedures for goods and services:</p>	<p>All the actions for carrying out the project and fulfilling goals, which require purchasing devices or ordering services, will be carried out through public competitions (except for the specific instalment of radio communication devices, which will be managed in the collaboration of the Foundation of State Information Systems and ERC). The rest of the activities, except for the choice of project manager, will be realized as public procurements, where the larger-cost procurements will be international.</p> <p>To choose a project manager, there will be an open competition in affiliation with the E-health Foundation. The unified demands on the manager and his skills, knowledge and competence, will be decided upon beforehand. The choice will be made between eligible candidates on a consensual decision of the two institutions.</p> <p>Public procurements will be held in strict correspondence with the valid law of public procurements. A commission will be formed to carry out all the public procurements and independent experts will be included as well. All the actions will be documented as required and documents will be kept. The collection of the documentations of all public procurements is part of the official documentation of Health Care Board.</p> <p>An electronic register will be used in carrying out all the procurements. This is the one and unitary register in the state and is</p>

	<p>kept by Public Procurement Office. Announcement about procurement will be revealed on the website of Health Care Board as well.</p> <p>To ensure that public procurements meet all the demands, the Public Procurement Office will constantly exert supervision, by using the electronic register (it is used for inserting the required data in the course of the procurement and after it). The Public Procurement office has a right to instantly intervene, demand the presentation of all the documents and data, to stop or annul the procurement and exert other relevant procedures. For that reason, there are sufficient premises so that the procurements of this project could be carried out fairly and reliably.</p> <p>A public procurement has to be carried out if the cost of the procurement will exceed a certain limit. For this project, there are three such procurements.</p> <p><u>International public procurements:</u></p> <ol style="list-style-type: none"> 1) for purchasing and installing the radio communication devices, their later maintenance and user training; 2) for digitalizing (programming) the e-ambulance case history with the implementation works of e-ambulance case history and user training 3) for purchasing the supplies for portable work stations of ambulance (monitor, processor, printer) with an OS and later maintenance <p><u>Public procurements:</u></p> <ol style="list-style-type: none"> 1) for purchasing the Internet devices; 2) for installing the Internet devices and computer work stations in ambulance vehicles
<p><u>Development impact</u></p>	
<p>Monitoring and evaluation of output/outcome/impact indicators</p>	<p>Health Care Board as an Executing Agency of this project organizes the realization of the project, so that all the important procedures would be documented. All the documents that are related to the projects will be kept in the document management of Health Care Board. Health Care Board will ensure that all the required reports will be presented on time.</p> <p>Realizing of the present project will be observed according to the purposes that were posed in application, planned procedures and fixed schedule, according to the indicators described in application by the management of Health Care Board, responsible officials of the Ministry of Social Affairs (the Intermediate Body), the Ministry of Finance (National Coordination Unit) and the accountancy and other documentation that has been created in the course of the project. All the aforementioned organizations document their actions that are related to the present project and keep the documents in their</p>

	<p>document management.</p> <p>For this project, there are specific indicators set for every goal, to evaluate the output, outcome and impact. The evaluation of output occurs on the level of management unit; outcome and impact will be evaluated on the basis of gain.</p> <p>To ensure the sufficient cooperation between this project and the others, a joint steering committee has been formed by the Ministry of Social Affairs and Ministry of the Interior, to manage and supervise together the projects of Health Care Board and ERC. The committee will supervise and coordinate the actions and schedule of both programs and the correct order of the components of both projects. The joint steering committee will document its procedures; the documents will be kept in both ministries, as a part of bureaucracy (document management).</p> <p>To guarantee the cooperation of this project and the project of E-health Foundation, there are plans to hire a unitary project manager for two projects, but also a joint Steering Committee. All the documents that are connected to the work of a unitary project manager will be kept at the Health Care Board and E-health Foundation. The procedures of the Steering Committee will be documented and the documents will be kept in the bureaucracy (document management) of the Ministry of Social Affairs.</p>
<u>Horizontal issues</u>	
Environmental social and economical aspects of the Project:	<p>This project has no negative effect on environment. The technical devices meet the requirements of EU standards and are safe to use. On a social level, the accessibility to ambulance will become even all over the state.</p>
Gender equality:	<p>A required service will be provided to everyone and therefore, gender equality will be ensured.</p>
Good governance:	<p>The mission of the Ministry of Social Affairs is to create an environment in Estonia, where people would have equal opportunities for a human-centred life.</p> <p>According to the principle of good governance, the project is state-wide and will have a positive effect on all the inhabitants of Estonia, because the accessibility to ambulance and service providing will improve.</p> <p>The public procurements will be carried out in accordance with Estonian laws and equal possibilities are provided to everyone.</p>

Annex 3 – Estimated budget

Annex 2: Budget and time-scale

Starting month (Project month 1) is December, 2009

Eligible costs

	Activity	Budget	Expected time of start of procurement	Duration of procurement	Expected time of payment
1	An international public procurement for acquiring the radio communication devices, their later maintenance and carrying out the user training - 44 handheld radios, 126 ambulance and command vehicle radios, 55 ambulance base radios, 19 hospital emergency units radios; adjustments, installation	419 570,00	Project month 1	7 months	Project month 8
2	Assembly and adjustment of radio stations	37 761,00	Project month 8	2 months	Project month 10
3	An international public procurement for the equipment of the portable work stations of ambulance brigades (monitor, processor and printer) with an OS and later maintenance - 120 work stations	756 000,00	Project month 4	6 months	Project month 11
4	A public procurement for acquiring the Internet devices - 120 sets	30 000,00	Project month 4	4 months	Project month 9
5	A public procurement for installing the Internet devices and computer work stations to ambulance vehicles	70 740,00	Project month 7	5 months	Project month 13
6	An international public procurement for digitalizing the e-ambulance case history (programming) with the introduction of the card	166 811,00	Project month 1	12 months	Project month 13
7	Training of the trainers (60) for training the staff of the ambulance crews and preparation of training materials and instructions for self use (will be utilized alongside with activities 1-6 as a part of procurement)	25 000,00	with equipment / software procurement	approx 1 month	with equipment / software procurement

Eligible costs total

1 505 882,00