

**Joint Action on Chronic Diseases
and Promoting Healthy Ageing
Across the Life Cycle**

**Good Practice in the Field of Health
Promotion and Primary Prevention**

Estonia Country Review

**Prepared by the Ministry of Social Affairs of the
Republic of Estonia**



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This Country Review has been developed based on the questionnaire ‘Good practice in the field of Health Promotion and Primary Prevention’ developed EuroHealthNet, as part of Work Package 5, Task 1 of JA-CHRODIS.

Background

JA-CHRODIS is a European collaborative initiative that brings together over 60 partners from 26 European Union Member States. The collaborative partners are from areas including the national and regional departments of health and research institutions. They work together to identify, validate, exchange and disseminate good practice approaches for chronic diseases across EU Member States, and facilitate the uptake of these approaches across local, regional and national borders. The focus of JA-CHRODIS is on health promotion and primary prevention, with an additional focus on the management of diabetes and multi-morbid chronic conditions. One of the key deliverables will be a 'Platform for Knowledge Exchange', which will include both an online help-desk for policy makers and an information portal which provides an up-to-date repository of best practices and the best knowledge on chronic care.

Work Package (WP) 5 focuses on these objectives in relation to the package's theme: *Good Practice in the Field of Health Promotion and Primary Prevention*. Furthermore, **the objectives of WP 5 are to promote the exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and primary prevention practices for older populations**. This will involve the identification, review, and validation of health promotion and primary prevention interventions for **cardiovascular diseases, stroke, and type 2 diabetes and their modifiable behavioural and social risk factors**. WP 5 will not only take into account lifestyles and health-related behaviours, but also the wider social and economic determinants that influence them.

The following **Country Review** provides an **overview of the health promotion and primary prevention situation and approaches for cardiovascular disease, stroke and type 2 diabetes in Estonia**. This review outlines relevant policies; implementation mechanisms; good practices, and whether and how they have been identified; and forecasting and cost-effectiveness studies that have been undertaken on the topic in Estonia. The authors of this report have also identified current gaps and needs of promotion and primary prevention of chronic diseases. The information in this report will contribute to subsequent WP tasks, namely the identification, exchange and transfer of promising practices to promote health and prevent strokes, cardiovascular disease and type 2 diabetes in Estonia.

The Health Promotion and Chronic Disease Prevention Landscape

Policy design and implementation

The population of Estonia is 1, 320, 000 inhabitants (2013). The average life expectancy is 73.2 years – the European Union average is 78 years. The main challenge in terms of disease burden is premature mortality caused by external causes and lifestyle-related risk factors. The working-age population bears more than half of the current burden of disease. The main risk factors leading to ill health are related to tobacco use, low levels of physical activity, alcohol consumption and obesity.

The health system in Estonia is organised by the Ministry of Social Affairs. Under the ministry, numerous agencies are part of the system, e.g. State Agency of Medicines Health Care Board, Health Protection Inspectorate, National Institute for Health Development etc.

The National Institute for Health Development is a government-established research and development body offering public health-related research and health promotion as well as development and implementation of disease prevention programmes and activities.

In the early 1990s, fundamental reforms took place which aimed to develop a modern health system. In recent years, further adjustment to regulation has been implemented to harmonize the framework with EU legislation and to respond to emerging needs. Estonia has a modern provider network based on family-centred medicine; modern hospital services; and an increased concentration on public health.

In recent years, other sectors (e.g. agriculture, justice, economy, environment and transport) have started to be more actively involved in health system activities due to the development and implementation of intersectoral public health strategies.

The period since 2005 can be characterized by preparing, launching and implementing various intersectoral public health strategies (e.g. those dealing with cardiovascular disease and HIV/AIDS).

Today, smaller scale and mostly disease-specific preventive health strategies are encompassed under the National Health Plan 2009-2020.

The National Health Plan 2009-2020 has been implemented on the national, regional and local level. The policies are initiated, developed and approved centrally, with input from regional and local health authorities/boards and from patient groups and academics with an interest in the areas concerned. Implementation at a regional and local level is essential.

Community health promotion

Estonia is divided into 15 counties which are the administrative subdivisions of the country. The county government of each county is led by a county governor, who represents the national government at the regional level. All Estonian counties have their own official health coalitions that are advisory teams for the county government, and also help to plan and implement the county's public health activities.

Each county is further divided into municipalities, ranging from 5 to 25 municipalities per county. There are a total of 226 municipalities in Estonia

Since 2008, numerous tools and materials have been developed to build the health promotion skills and capacities of local governments (municipalities). The aim is to build a strong national structure for community health promotion, a system where communities are capable and motivated to implement evidence-based policies and planning.

To help local municipalities gain a better understanding about health in their communities, the National Institute for Health Development started the process of creating "Health Profiles". A Community Health Profile is a strategic document that maps the community's health indicators and analyses the determinants of health. Its structure is built on a set of indicators in six different topics. The structure of the health profile was based on the Estonian Health Plan 2008-2020. This way every community can actively participate in achieving national health goals.

Primary health care

Health services purchasing builds on a contractual relationship with providers as well as financial incentives. Primary care, age-adjusted capitation, fee-for-service payments for selected areas, and basic allowances have been complemented by a quality bonus system, implemented in 2006, which aims at fostering disease prevention and management of selected chronic conditions.

Increasing the importance of public health services has led to the development of services and standards, the raised awareness of the population, and also an increased public health approach to health care services. Estonia has great potential for developing NCD prevention activities at the Primary Health Care level.

Mapping the status of disease prevention and health promotion at the primary health care level in Estonia

<http://ee.euro.who.int/E93354.pdf>

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Stakeholders at the national and regional level

- Ministry of Social Affairs - <http://sm.ee/et>
- National Institute for Health Development - <http://www.tai.ee/tegevused/tervise-edendamine>
- Estonian Health Insurance Fund - <http://www.haigekassa.ee/eng/>
- Estonian Association of Health Promotion (LFS) is a professional association of health practitioners and researchers - <http://www.tervis.ee/>
- Healthy Estonia Foundation (NGO) is a social enterprise whose aim is to promote the health of the population of Estonia in cooperation with employers' behaviour - <http://terve-eeesti.ee/alkohol/>
- Organisation Sport for All (NGO) - <http://www.sportkoigile.ee/>
- Network of health promoters at the county level
- Network of Health Promoting Schools
- Network of Health Promoting Kindergartens
- Network of Health Promoting Workplaces - <http://www.tai.ee/et/tegevused/tervise-edendamine/laste-ja-noorte-tervise-edendamine/tegevused>
- Association of Estonian Cities - www.ell.ee
- Children and Youth Diabetes Association - www.lastediabeet.ee
- Association of Family Physicians - <https://www.perearstiselts.ee>

Programmes and strategies

Public Health Act (under revision)

<https://www.riigiteataja.ee/en/eli/ee/502122013002/consolide>

National Health Plan 2009-2020

<http://pns.dgs.pt/files/2010/03/pnsest.pdf>

The National Health Plan 2009-2020 has been implemented at the national, regional and local level. The policies are initiated, developed and approved centrally, with input from regional and local

health authorities/boards and from patient groups and academics with an interest in the areas concerned.

The policy includes a monitoring and evaluation framework. It has a focus on inequalities and on children and youth, with less of a focus on older populations.

Priority actions:

- Development of health-supportive social norms and values in the Estonian society;
- Increased involvement of the private sector (incl. media) and non-governmental organisations in the creation of an environment that facilitates healthy choices; and
- Creation of health-supportive environments for children and adolescents through the increased impact of protective factors

Strategic Development Plan for Sport for All 2011-2014

http://www.sportkoigile.ee/images/stories/arengukava/liikumisharrastuse_arengukava_2011-2014.pdf

This is a national level strategy. Since 2010, the **European Social Fund programme "Supportive Actions for Healthy Decisions 2010–2013"** has supported the implementation of national strategies and programmes with additional resources.

Regulation on health protection requirements for catering facilities in pre-school institutions and schools

In 2008, the Ministry of Social Affairs adopted updated regulations on health protection requirements for catering facilities in pre-school institutions and schools. According to these regulations, a school lunch should cover 30-35% of the daily energy and nutrient needs and in kindergartens, 85-90% of the daily energy and nutrient needs.

Alcohol Policy Green Paper – government approved in 2014

The goal of the green paper is to reduce alcohol availability; find solutions which influence pricing policy (including considering the possibility to set a minimum unit price); tackle illegal markets; reduce drinking as a whole; reduce alcohol related harm; and raise awareness and improve treatment and rehabilitation options.

The Tobacco Act (under revision)

<https://www.riigiteataja.ee/akt/903024>

Strategic Plan for Primary Health Care 2009 – 2015

More emphasis than before has been placed on the importance of disease prevention and health promotion.

Hypertension treatment in Primary Health care (new, focus on prevention)

Patient guidelines

Cardiovascular disease prevention guidelines.

Financing

The core purchaser of health care services for insured people is the Estonian Health Insurance Fund. The health insurance system is mandatory, covering about 95% of the population. Contributions are related to employment, but the share of non-contributing individuals (such as children and pensioners) represents almost half of the insured. The Ministry of Social Affairs is responsible for financing emergency care for uninsured people, as well as for ambulance services and public health programmes. The role of the local municipalities in health financing is still relatively small because municipalities as well as counties are small in population size.

Private expenditure comprises approximately a quarter of all health expenditure, mostly in the form of co-payments for pharmaceuticals and dental care. The current system is built on solidarity-based health financing.

Also, the funding for health promotion and public health strategies has mainly been financed by the Estonian Health Insurance Fund and the Ministry of Social Affairs. The National Health Plan 2009-2020 funds are allocated by the various ministries depending on implementation. Some financing for prevention activities has been project-based and unstable, depending on the opportunities and priorities of the state budget and wider public health programmes' financing decisions. Estonia has successfully used European Social Fund financing in health promotion projects and service development.

Identifying Good Practice and Existing Databases

Estonia has an electronic database for health-promoting activities (created by the National Institute for Health Development 2010): <http://www.terviseinfo.ee/et/toeovahendid/toovahendid/tervist-toetavate-tegevuste-andmebaas>. Before that electronic database, the Institute annually published a book with some of the selected best practices. Every health promotion professional and enthusiast can now enter the electronic database and insert best practice activities there and also look at what others have organised and done. Prevention activities should be described by the target, location,

and time. Activities can be searched by keyword or filter field. All inserted activities are revised by health promotion specialists to evaluate evidence base, and whether the action is justified by the need and methodology. There is a need to develop special criteria to evaluate the “best practices” in that database. It has no proper assessment tool. At the moment there is only the possibility to “like” the activities to signal that you either like it or not.

Forecasting and Cost-Effectiveness Studies

Estonia developed the “Assessing the sustainability of the Estonian health insurance system” project (2014, Poliitikauringute Keskusele Praxis). The aim of the project was to develop a method and an Excel-based model to assess the long term financial sustainability of the Estonian health care system on the basis of population and economic statistics. No further studies are being developed.

Gaps and Needs

- The lack of human resources at the national and local level (too few people, too much work);
- The lack of resources and unstable project-based funding hinders sustainable development work;
- Evaluation of policies and interventions is often incomplete;
- The lack of governmental support for public health interventions that are not popularly/ commonly supported by the alcohol or food industry;
- Health care professionals need more training and supervision to enhance the skills of motivational interviewing on healthier lifestyles and the early detection and counselling on alcohol consumption, tobacco use and nutrition; and
- Older people are not a direct target group of the disease prevention field.