

## Public Health Development Plan 2009–2020 Summary of activity report of 2011

### Introduction

The Public Health Development Plan establishes a goal for the average lifetime of Estonian people by year 2020 as follows: 84 years for women and 75 years for men, and years of healthy life 65 for women and 60 for men.

In 2010, the average lifetime in Estonia increased for men up to 70.6 years and for women up to 80.5 years, and for the first time the difference between the expected lifetime of women and men remained below 10 years. However, in 2011, the number of years of healthy life continued to decrease, reaching 53.9 years for men and 57.7 years for women (decrease by 0.2 years for men and 0.4 years for women). The main reason for the decrease during the past two years is the economic crisis.

The following is an overview of the main activities of the National Health Development Plan (NHDP) in year 2011. A detailed activity report of the NHDP has been published in the web page of the Ministry of Social Affairs at [www.sm.ee](http://www.sm.ee).

### 1<sup>st</sup> area – social cohesion and equal opportunities

**In 2011, the situation in the labour market improved**, unemployment decreased and the number of the employed increased, over 50,000 jobs were offered to job seekers through the Unemployment Insurance Fund. Registered unemployment reached the lowest level by the beginning of the fourth quarter, when about 46,400 people were registered as unemployed; the number of the employed among people of working age increased to 65%. At the same time, long-term unemployment and unemployment of young people increased, and therefore the task of helping every remaining unemployed to work is more complicated. The Unemployment Insurance Fund has managed to react adequately to the new situation, increasing the volume of services two times in comparison to year 2010 and investing into service quality and conformity to the needs of customers – in cooperation with the private sector new trainings were developed for the unemployed, self-service web environment aimed at job seekers was developed, innovative measures (test work, work club, scholarship for voluntary work) were implemented, employees of the Unemployment Insurance Fund were trained, etc.

During 2011, the number of people in need for subsistence benefit decreased and the average amount of subsistence benefit increased (123 euros in 2010 and 147 euros in 2011). During the year, subsistence benefit funds were allocated to local governments in total amount of 26.3 million euros, of which nearly 24 million euros were paid. No changes in comparison to year 2010 are predicted in the relative poverty rate in 2011. State family benefits, parental benefit, pensions and benefits for disabled persons were paid in timely manner, no significant changes took place in the principles of payment.

On December 12<sup>th</sup>, 2011 the Government of the Republic approved the draft legislation of ratifying the **UN Convention on the Rights of Persons with Disabilities** and submitted it to the parliament for discussion. By joining the convention, the state wishes to acknowledge the rights and fundamental freedom of all people with disability. Ratifying of the convention shall provide clearer directions and understanding of the protection of the rights of persons with disabilities, as well as possible difficulties in ensuring those rights.

**In the area of social services**, several development activities were carried out – 12 service manuals were compiled, the user convenience of the STAR database was developed, 97 instructors for persons with special needs were trained, reorganisation of six present special

care homes into family houses was started, counselling was provided in Astangu Centre of Information on Disabilities and Technical Aid, and rehabilitation programmes for supporting employment were offered. The quality management system of rehabilitation service EQUASS was tested in seven institutions, and six institutions received a certificate for the application of the quality system. A handbook of activity instructors and supporting material for caregivers were completed, the National Institute for Health trained home care personnel, care help personnel and instructors for people with special mental needs, trainings for STAR case organisers were conducted. Open application rounds were held for offering of child care and support person services and compensation for the costs connected with those. For people registered as unemployed and receiving social benefits, the state has paid the medical part of the social tax to the Health Insurance Fund in the amount of 43,869 euros and thereby guaranteed medical insurance for 65,463 people of whom over 50% were registered as unemployed.

**To increase the responsibility and capacity in the area of public health**, the development of the conception of Public Health Act was started. Within the measure of the ESF “Facilitation of Healthy Choices and Lifestyles”, an open application round was held for local governments, where 96 applications were received, of which only 23 were satisfied. Within programme “Measures Supporting Healthy Choices 2010 – 2011” trainings and information days were held all over Estonia in local governments and at workplaces. As of January 1<sup>st</sup>, 2012, 187 institutions had joined the network of health-promoting workplaces, and in 2011 there were 32 new members.

**The main figure of mental health** has improved during the recent years – there were 269 suicides in 2009, 221 suicides in 2010 and 218 suicides in 2011. At the same time the figures of illness do not confirm the general improvement of mental health; it can be concluded that the decreased number of suicides was mainly due to a change in one co-factor or suicide – alcohol consumption. Out of mental health promotion projects, participation of the Estonian-Swedish Mental Health and Suicidology Institute (ERSI) in all-European projects was co-financed.

## **2nd area – safe development of children and young people**

According to the Statistical Office, 14,713 children were born in Estonia in year 2011, which is by 1,112 children less than in 2010.

**For ensuring the health of newborns and supporting birth**, 3,427 embryo transfer and in vitro fertilization procedures were carried out in 2011, as a result of which 360 children were born – that is 18 children less than in 2010. Also, screenings of Phenylketonuria, hypothyreosis and hearing impairment of newborns were continued. Hearing disability of 16 children was discovered and cochlear implants were placed for 2 children. Antenatal diagnostics of genetic diseases was performed 1,112 times.

**For promotion of reproductive health**, 25,725 young people (32,929 visits) received counselling in counselling offices on topics of reproductive health and sexually transmitted diseases. In comparison to year 2010, there were 598 counselling events (236 therapy cases) less.

**For the support of safe pregnancy**, 1,648 people used pregnancy crisis counselling 3,641 times, which is at the same level with past periods. Services of family schools, antenatal and postnatal counselling and web counselling services for families were developed. To ensure the safety of women wishing to give birth at home, meetings with interest groups took place for regulating the provision of independent midwife support.

**For the promotion of children’s health**, a reprint “Lapse tervisepäevik, 0 kuni 7 aastat” (“A Child’s Health Diary, 0 to 7 years”) was published, which is distributed by birth departments.

For the promotion of the health of children’s teeth, trainings of caring for teeth of children of up to 3 years, which was started in year 2010, were continued in 69 nursery schools with 800 children participating. Additionally, parents with a baby in the family were included in the target group of the project. As new material, “Õpilase tervisepäevik” (“A Student’s Health

Diary”) was created, which helps to monitor the changes in the health of a child / a young person.

**To increase the health promotion capacity of nursery schools and schools**, work at the county level and local level continued by coordination of the National Institute for Health (NIH), including 66% of Estonian educational establishments (i.e. 72) in various activities. 25 new institutions joined the network of nursery schools and 20 schools joined the network of schools promoting health. By the end of year 2011, the number of institutions in the network of nursery schools promoting health was 195 and the number of institutions in the network of schools promoting health was 190, i.e. a total of 34% of the whole education network.

**To prevent dropping of students out of school**, study consultation centres continued their activities, offering psychological consultations, consultations on special needs education, speech therapy and social pedagogical consultations; the activities of juvenile committees and events on prevention of violation of law were supported.

1,220 young people, i.e. 73% of young athletes with weekly training load of over 8 hours passed a **health examination**. In comparison with year 2010, the number of the examined people increased by 14%.

**In avoiding of injuries**, financing of county projects by the Health Insurance Fund continued. In 15 counties and in Tallinn and Tartu, various activities were organised for prevention of injuries. In 2011, more opportunities for that were offered to the children and young people. NIH carried out trainings for 50 employees of nursery schools on prevention of injuries and promotion of safety.

By leadership of the Ministry of Cultural Affairs, basic training of swimming was continued. 12,630 children of the second class all over Estonia passed the programme, and after the 24-hour course, 11,444 children (91%) independently covered 25 metres in the pool – the result has remained the same in the recent years.

**In activities promoting mental health**, surveys on topics connected with the health, lifestyle, risk behaviour and missing of classes by young people of age 14-15 formed the main part. By leadership of the Estonian-Swedish Mental Health and Suicidology Institute, the existing Internet-based web pages on promotion of mental health and prevention of suicides were mapped out, and a methodology of Internet-based intervention and the efficiency thereof was created based on the analysis of such web pages. To ensure the quality of Internet-based intervention, the majority of organisations active in the area of promotion and protection of mental health were gathered into an all-Estonian network. At the NIH, a manual of evaluation of the mental health of schoolchildren was drafted, and a test training was carried out for the users thereof.

For the next financing period of the Norwegian financial mechanism, the Ministry of Social Affairs developed a Public Health Programme mainly focusing on the development of the mental health of children and creation of an environment supporting mental health. For the application of the national curriculum for the basic school approved in 2010, additional possibilities were examined for better handling of the topic of health education, as a result of which training materials aimed at teachers were published in portal Õppekava (Curriculum) ([www.oppekava.ee](http://www.oppekava.ee)).

The Development Plan of Children and Families was completed, the main goal being increasing of the well-being of children and families and increasing of the quality of life, thereby facilitating the increase in the number of births.

### **3<sup>rd</sup> area – living, working and studying environment promoting health**

In the areas of the Health Board (environmental health, chemical safety, surveillance of communicable diseases and epidemic control) greater attention was paid to the creation of situation-based risk analyses of emergency situations for all the organisation and drafting of plans of sustainability of vital services. Based on the Emergency Act, the following risk analyses have been drafted and approved: risk analysis of epidemic emergency; risk analysis of poisoning emergency; risk analysis of especially hot weather emergency; risk

analysis of the sustainability of vital service "Performance of Drinking Water Safety Control" and sustainability plan of vital service "Performance of Drinking Water Safety Control".

In 2011, a **risk evaluation office** of the Health Board started its operations, the main task being the evaluation of health hazards and risks in the living environment, draft instruction materials for evaluation of health impacts of environmental risks and inform the general public of health risks in the living environment and possibilities to avoid those. The following ad hoc studies were organised: "Evaluation of the Safety of Beauty and Personal Services in Beauty Salons", "Survey of Wind Parks in Läänemaa", "Measurement of Echo in Play Rooms of Nursery Schools", "Traffic Noise in Outer Territory of School" and "Entertainment Noise in Tallinn Old Town".

**For increasing health safety of children**, information days were held and cartoons of Jänku-Juss were created on washing of hands and of intoxication. For increasing of awareness on children's health risk factors, the Health Board organised ad hoc surveys "Environment Preventing Allergy" and "Living Environment of Substitute Home". The Ministry of Economic Affairs and Communications continued to support the improvement of living conditions of families through measure "Home Grant for Families with Many Children", and home grants were issued to 290 families with many children in the amount of 2.3 million euros (275 families and 2.4 million euros in 2010).

**As one priority of chemical safety**, the 1<sup>st</sup> stage of project "Dangerous Chemicals and Handling thereof in Estonia" was completed by financing of the Environmental Investment Centre, and the 2<sup>nd</sup> stage shall follow in 2012. The goal of the project is to compose a database of dangerous chemicals produced, imported and used in Estonia with information regarding the handlers thereof.

**In the area of occupational health and safety**, the development of an insurance system of occupational accidents and diseases was started. Within the occupational health and safety strategy 2010-2013, legal expert evaluation of the Occupational Health and Safety Act (TTOS) and the implementing provisions in cooperation with a Dutch company TNO was completed. The results of the analysis shall be used in reforming of the TTOS. An analysis has been drafted for safe work life portal Tööbik according to which development work will begin in year 2012.

In 2011, the Labour Inspectorate was informed of 3,741 occupational accidents. In comparison to year 2010, the number of occupational accidents increased by 526 cases, i.e. by 16%. Also, the ratio of occupational accidents per 100,000 employees has increased by 9%, to 614 occupational accidents (563 occupational accidents in 2010). The number of serious occupational accidents increased almost 11% within the year, i.e. by 79 occupational accidents. 19 occupational accidents resulted in death in 2011 (17 accidents in 2010).

During the surveillance, 12,855 violations of various legal acts were detected (15,959 in 2010), of which 64% were recorded as precepts (61% in 2010). In comparison to year 2010, the number of detected violations has decreased, but violations were still detected in 79% of companies visited (82% of companies in 2010). 76% of the requirements prescribed were fulfilled in timely manner in 2011, in 2010, 67% of the requirements were fulfilled in timely manner.

**In the area of food safety**, an expert evaluation "Evaluation of Exposure of Coastal Fishermen to Dioxins and Dioxin-like Polychlorinated Biphenyls" was completed by order of the Ministry of Agriculture. The expert evaluation relies on the surveillance results of previous years and a fish consumption survey carried out among coastal fishermen in 2010, according to which instruction materials were drafted on the occurrence of dioxins and dioxin-like polychlorinated biphenyls in food, and consequently consumption recommendations of fish and fish products for decreasing the dioxin risk. Based on the results of benzopyrene an instruction material "Polycyclic Aromatic Hydrocarbons in Food and Possibilities for Decreasing thereof" was created. Both instruction materials are published in the web page of the Ministry of Agriculture. In the future it is planned to pay special attention to the nitrate content of food.

**In the area of drinking and waste water**, the construction of a common water and sewerage system conforming to requirements continued. In 2011, the largest water project of

the programme period of the EU structural funds 2004 – 2006 “Emajõe-Võhandu Basin Water Management Project” was completed. 28 local governments participated in the project, and as a result of the project 47,600 people have access to a common system of water and sewerage. The second more important goal was to increase the share of people receiving drinking water conforming to requirements from a common network to 85% in year 2012 (in 2011, the share of people receiving drinking water conforming to requirements was 81% and in 2010 it was 80%).

A water health safety information system has been created, which was implemented from the beginning of year 2012. Chemical and microbiological figures of 25 large water systems supplying 786,536 consumers with drinking water have been gathered and evaluated, the report has also been submitted to the European Commission.

#### **4<sup>th</sup> area – healthy lifestyle**

**Supporting of recreational sport** is important, considering the increase in overweight population and the connection of insufficient physical activity with the occurrence of many illnesses. By continuing previous initiatives and adding new ones it is hoped to achieve a 45% share of people engaged in recreational sports among the population (36% in year 2010). Activities shall be implemented within the “Development Plan of Recreational Sport for Years 2011-2014” drafted by the Ministry of Culture. Various events inviting for movement took place all over Estonia. Awareness of people of the usefulness and need of movement is increasing. According to the results of a health behaviour survey of the population, in 2010, 36.3% of people were engaged in sports at least 2 times a week 30 min at a time (34.7% in 2008). Training of specialists of recreational sport (teachers of physical education, trainers, leaders of sports clubs, recreational sportsmen) continued. Within the programme for 2007 – 2011 of recreational sports centres one sports centre has been completed in each county; the last to be completed was Värskaa recreational sports centre in Põlva county in 2011. Investments into buildings are not planned in the future. Various events are organised in the centres, for example, the skiing day of schools of Lääne county (89 people), school championship in skiing for schools of Lääne-Virumaa (200 people), a run around the lake in Valgamaa (220 people), health days of Võrumaa games (2000 people), etc. In connection with an improvement in the quality of health trails, in last years an increase in the number of visitors can be seen.

**For the support of healthy eating** campaigns have been organised and information materials created. A campaign aimed at decreasing of the consumption of salt was organised through web page [www.toitumine.ee](http://www.toitumine.ee). During the campaign, people received information about the impacts of excessive salt consumption on health, they were invited to use a web-based salt calculator to visualise the salt quantities acquired with food. The direction taken in year 2009 was continued with the fruit and vegetable campaign “A Simple Way to Eat Healthy”. In year 2011 it was emphasized that healthy eating is easy, using simple recipes and visualized portions.

Information portal [www.toitumine.ee](http://www.toitumine.ee) was updated. “Lapse puu- ja köögiviljade söömise 7 päeva päevik” (A Child’s Fruit and Vegetable Diary for 7 Days) was created. The drafting of a training plan aimed at the teachers of general education schools was continued. Computer programme ([www.nutridata.ee](http://www.nutridata.ee)) enabling the evaluation of the healthiness of food designed for the whole population was updated. The 3<sup>rd</sup> version of the programme was issued, where 278 new foods (including 73 food products and 205 recipes) were added into the nutrition database. The annual competition “The Best School Canteen 2011” was carried out with 22 schools participating. Also school caterers were trained within the competition (a total of 40 people). Preparations were started for modernising the Estonian nutrition and food recommendations (previous ones 2005 – 2009) according to the project of Nordic nutrition recommendations (activities continue in 2012).

For increasing the professionalism of school caterers, trainings with a practical workshop took place for 150 people in 5 counties (Viljandi, Valga, Võru, Põlva and Tartu counties and

Tartu city). Also, a test project "Restaurant Goes to School" was carried out, where 3 top-class chefs and 3 schools participated (Rocca al Mare School, Laulasmaa School, Rosma School). The activities of the test project shall not be continued, as the level of school food in Estonia is rather good in comparison to many other European countries and school food is regulated, thus the desired effect would not be achieved by using top-class chefs. The training of school caterers shall be continued similarly to the previous years.

With the annual survey, the Ministry of Agriculture mapped out the eating habits of the population and buying preferences of foodstuffs, introduction of rye bread and food to students was continued and a milk and bread day organised. Also, both the school milk and fruit programme continued, and a free lunch was ensured for all students of the basic school.

**Consumption of alcohol increased** in year 2011 and reached 10.2 litres of absolute alcohol per person in 2011 compared to the 9.7 litres in 2010 (source: Estonian Institute of Economic Research). The reason for increase in consumption is probably the increase in the incomes of people, and thus the decrease in the relative price of alcohol. For prevention of excessive consumption, an information campaign "Every Drink Leaves a Mark" was held. Conference "In Footsteps of the Nordic Countries?" took place. Within project "How Easy is it for Young People to Buy Alcohol in Estonia" test purchases of alcohol were made in 169 shops in Estonia. No document was asked in 71% of cases, age was not asked in 93% of cases. In September, the development of the green book of the national alcohol policy was started with the participation of the state and research institutions, health promoters, non-profit associations and the private sector. Implementation of early detection of excessive alcohol consumption and counselling in primary-level medical help was continued.

Within the development plan of decreasing violence, 14 prevention projects of using alcohol and other addictive substances were carried out by which 3,746 people were reached (including 1,940 minors). Also, campaign "Failure to Intervene Returns in a Circle" was prepared, the first stage focusing on blocking the access to alcohol for minors.

By leadership of the Estonian Road Administration, a traffic safety campaign "Drive Sober" taking place in summer months was carried out. The level of traffic accidents taking place with involvement of an intoxicated driver of a motor vehicle and the number of people killed in such accidents has remained at a similar level to year 2010 (179 accidents in 2010, 177 accidents in 2011; 16 casualties in 2010, 14 casualties in 2011). The general number of deaths in traffic, however, increased. In 2011, 101 people were killed in traffic accidents (78 people in 2010).

**The main activity of decreasing the consumption of tobacco and staying in environment full of tobacco smoke** was motivation campaign "Smoke-free Class" 2010/2011 carried out in basic schools with 12,630 students of basic school or gymnasium from 761 classes of 200 schools (out of those, about 80% ended up smoke-free). Counselling offices for giving up smoking (23) continued to operate, counselling 2,042 adults and 470 young people. Counselling options in sales points of tobacco products, pharmacies and public smoking rooms and areas were introduced to pharmacists, teachers, police workers, health professionals and parents (402 people in total). Non-profit association Estonian Cancer Society carried out trainings to provide information on the harmful nature of smoking for students of basic schools with Estonian language (about 100,000 students). Information materials "Passiivne suitsetamine" (Passive Smoking), "Vesipiip" (Hookah), "Suitsuvabad tubakatooted" (Smoke-free Tobacco Products), "Mis on tubakas?" (What Is Tobacco), "Oled tubakast loobumiseks valmis..." (Are You Ready to Give up Smoking), "Suitsetamisesest raseduse ajal... tõsised faktid" (Smoking During Pregnancy... Serious Facts) distributed to all counselling offices for giving up smoking, medical institutions, schools, health promoters of counties and others interested in the topic. Obligations and necessary changes provided in the Tobacco Act were discussed in the Tallinn Health Coalition and the Estonian Chamber for Decreasing Tobacco and Alcohol Damages (ETAK). The so-called security holes in the Tobacco Act were discussed in an international conference "Tobacco or Health in Estonia" organised in cooperation with the NIH and hospitals promoting health. The drafting of the conception of tobacco policy (i.e. the green book) was started.

Different authorities contributed to the **prevention of injuries**. The Ministry of Internal Affairs organised a water safety campaign "If You Drink, Do Not Swim" – 55 people drowned in 2011 (97 in 2010). Also, a fire safety campaign was carried out – in 2011, 73 people lost their lives in fires (69 in 2010). 3% of the population (34,625 people) passed a training on safety. A methodology for measuring the awareness of the population of fire safety has been developed and it is regularly applied. An all-Estonian youth camp on rescuing was organised for 200 children. Within the "Development Plan for Decreasing Violence for years 2010 – 2014" instruction materials were created for practitioners dealing with cases violence in close relationships and solving thereof. With the support of the Ministry of Social Affairs, Foundation Estonian Women's Associations Roundtable and the Support Centre for Young Women carried out self-establishment trainings for girls.

In 2008, 7,122 people got cancer and 3,543 people died (source: Statistical Office). Relying on international research, about one third of all cancer cases are avoidable. Therefore, contributions have been made both into information campaigns and screenings. Within the international cancer week a science conference "Cancer in Men – Modern Possibilities for Prevention, Early Detection and Treatment" was organised.

In Estonia, women in the age of 50 to 62 years are invited to breast cancer **screening**. In 2011, an invitation was sent to 68,332 people in the target group of the breast cancer screening programme. The total number of participants were 31,310 and inclusion thus 51% (inclusion in 2010 was 56%), 141 cases of breast cancer were detected. In 2011, 34,973 invitations for cervical cancer screening were sent, 13,127 women attended the survey (586 more than in 2010), 17 cases of cervical cancer were detected. The target group of cervical cancer screening includes many young women without insurance cover, which influences the inclusion of the target group in the screening – at the beginning of year 2011 the share of uninsured women in the target group was 13%. Therefore, there were over 8000 women, who did not receive an invitation. In the target group of breast cancer screening there were 9% of women without an insurance cover (source: National Institute for Health). In 2011, preparations were continued for starting of a cancer screening register.

**The decrease in new HIV cases registered in the recent years has slowed down.** 545 cases were diagnosed in 2008, 411 cases in 2009, 372 cases in 2010 and 370 cases in 2011. In the area of HIV/AIDS, the offering of services for reducing of harm (exchange of syringes, Methadone substitution therapy) was continued. Also, HIV testing and counselling service and anonymous diagnostics service of sexually transmitted infections for injecting drug users and their sexual partners was provided, and anti-retroviral (ARV) therapy was ensured for everyone seeking medical help and needing that. 2,156 persons received ARV therapy as of the end of year 2011. For the first time, the European HIV conference was held in Estonia, focusing on the challenges and achievements regarding the prevention and therapy of HIV in countries of Eastern Europe, and an all-Estonian information campaign "Rubber Is Sex!" was carried out.

The Ministry of Social Affairs supported the work of ARV therapy council the purpose of which is to prevent cases of drug-resistance to support the provision of high-quality therapy to everyone needing it. By leadership of the Ministry of Social Affairs, in cooperation with the top specialists of the HIV area an instruction on HIV testing and assignment of therapy was created, the purpose being to get as many people as possible into the attention of the health care system to ensure as high quality of life to HIV-positive people as possible. By the order of the Ministry of Social Affairs in cooperation with WHO and UNDOC, external evaluation of HIV and drug area was carried out, the report on which was published at the end of year 2011 (the report is available at [www.sm.ee](http://www.sm.ee)).

**Within the drug addiction prevention strategy**, in 2011 an ESPAD survey was carried out on young students, which showed that the growth in using drugs among students has decreased. If in 1995, 7% of students had tried some type of narcotic substance, in 1999, 15%, in 2003, 24% and in 2007, 30% of students, the percentage in 2011 was 32.

As estimated, there are about 13,801 injecting drug users in Estonia, among whom the prevalence of HIV and other sexually transmitted diseases is 40-90%.



In comparison to year 2010, in 2011 a larger number of drug crimes was registered, handling of narcotic substances in large quantities has increased (from 699 to 745). Handling of small quantities of narcotic substances has decreased (from 138 to 91), but the number of misdemeanours involving drugs (using narcotic substances) has considerably increased. In 2011, there were 720 misdemeanours more than in 2010 (2910 in year 2011 versus 2190 in year 2010).

From September, the volume of in-patient rehabilitation service of minors financed within the national strategy for prevention of drug addiction was increased from 18 places to 24 places. Within the year, 52 young people received the in-patient rehabilitation service, including 37 boys and 15 girls.

In the area of therapy, short-term in-patient aversion therapy service was started in 2011 as a new service. To establish the results achieved during the short-term aversion therapy, patients can continue to receive the out-patient follow-up counselling service for up to 3 months.

As a result of negotiations in 2011, Foundation Tartu Ülikooli Kliinikum will start the provision of Methadone substitution therapy and Foundation Viljandi Hospital will start the provision of rehabilitation service in 2012.

The most important activities of year 2011 were continually the enabling of continuing of drug addiction therapy based on opioid agonists in detention houses and the development of a substitution punishment system lead by the Ministry of Justice. By leadership of the Ministry of Social Affairs, a regulation was developed establishing requirements to service providers of substitution punishment of addiction therapy.

A more detailed overview of the activities of "National strategy for prevention of drug addiction until year 2012" is provided in the report of NERS for year 2011 ([www.sm.ee](http://www.sm.ee)).

## **5<sup>th</sup> area – development of the health care system**

Social tax received in the budget of health insurance that decreased both in year 2009 and 2010 due to the general economic fall was 6% more in year 2011 (by about 41 million euros) compared to year 2010. Thus, financing of health care services increased by 4%.

In comparison to year 2010, expenses on specialised medical care increased by 4% and the number of therapy cases by 3%. A positive trend can be seen in an increase of day therapy cases of specialised medical care by 12%. The number of out-patient therapy cases increased by 4% and the number of in-patient cases decreased by 1%.

In comparison to the beginning of the year and despite the additional financing, during year 2011 the availability of services has not improved. The number of people in the queue for out-patient therapy, day therapy and in-patient therapy increased. The average waiting time increased by a few days in comparison to the beginning of the year: for out-patient services, the average waiting time is 25 days, for day therapy 43 days and for in-patient therapy 50 days.

The expenses on general medical care increased by 2%, which was mainly due to the replacement of coefficient 0.94 by coefficient 0.97. There were 802 practice lists of family physicians in Estonia in 2011. The expenses of examination funds of family physicians increased by 5% in comparison with year 2010. For the first time, payment to family physicians for examinations exceeding the examination fund budgeted for the calendar year were made with coefficient 0.3, in total 16,000 euros. The number of consultations of family physicians increased by 10%, the number of independent consultations of family nurses by 11%.

The expenses of benefits for temporary incapacity for work in 2011 were over 80 million euros, which is nearly 1% less than the previous year. The expenses of maternity benefits decreased by 14%, the expenses of sickness and care benefits increased by 8% and 13% respectively, and the expenses of occupational accident benefits by 9%.

The number of issued certificates of incapacity for work increased by 12%, the number of days for which benefits were paid increased by 7%.



The availability of ambulance service for the people was ensured to people to a slightly larger extent than in 2010. In 2011, there were 5.6% of visits more than in 2010. There has been an increase in most of the counties, and the general number of visits has increase in all quarters. Additional equipment was acquired for full connection of the ambulance service with system ESTER (financed from Swiss grant). Complete connection of ambulance service providers to joint communication system of rescue services (ORS) was established.

Logistics of ambulances for ensuring the availability of the service in small islands (including the use of helicopter for high-priority calls), and training of first aid providers on site has started to function well. The initial test project of logistics included the small islands of the Western Estonia, and first aid providers were employed in Kihnu and Vormsi. A total number of 159 ambulance calls to the small islands of the Western Estonia were serviced, and on 14 occasions helicopter transport was used according to the logistics scheme. In the future it is planned to extend this practice to all small islands with permanent inhabitants in Estonia.

**For the development of patient-oriented health care system** and evaluation of patient satisfaction an annual survey was carried out, which showed that almost three quarters (72%) of the Estonian people consider the quality of medical help in Estonia good. It is a little lower than in year 2010 (74%). In comparison to the previous years it appears that if in period 2005-2007 the share of positive evaluations gradually increased, in the recent years it has remained rather stable, showing a slightly decreasing trend in regard to the availability and quality. At the same time, satisfaction with family physicians and their service has increased.

To increase the awareness of people, in March and November 2011, an information campaign on reasonable use of medicines, and campaign "What Is the Formula of Your Life?" aimed at young people on decreasing injuries were carried out. Health pages of the Health Insurance Fund regarding cancer screening, rational use of medicines, advisory telephone 1220 and other topical health issues were published in newspapers Postimees, Eesti Päevaleht, Maaleht, Õhtuleht, Linnaleht and Den za Dnjom on eight occasions.

**For more efficient protection of patient rights**, the activities of the Estonian Patient Advocacy Association were supported and the operation of an expert committee of the quality of health services for providing free expert evaluation of patient complaints was financed. Expert evaluations were provided for 128 cases, of which in 28 cases medical mistakes were detected. Principles for limiting property rights and using means of restraint in psychiatric help were detailed by regulation thereof in the legislation.

**For objective evaluation of therapy quality**, in 2011 the therapy of appendectomy and stroke was evaluated in all hospitals providing the service, relying on quality indicators.

In case of appendectomy, a patient received hospital therapy for 5 days in average, including 95% of the patients in regional hospitals, 89% of the patients in central hospitals and 92% of patients in general hospitals. The results corresponds to the standard of European hospitals. The next task in cooperation with surgeons is to improve the quality of coding of the complications of therapy.

Results of stroke therapy also showed good quality of Estonian medical institutions. For example, computed tomography or magnetic resonance imaging was performed on 94% of patients of regional hospitals, 97% of patients of central hospitals and 86% of patients of general hospitals with stroke diagnosis. For the recovery of stroke patients, early medical rehabilitation is very important. As the next step, in cooperation with neurologists, it is planned to focus on the medical rehabilitation of patients with stroke.

5 clinical audits were carried out in 2011: "Audit of home nursing service", "Quality of provision of intensive care service", follow-up audit "Evaluation of the service of blood vessel surgery", "Evaluation of orthodontic medical services" and "Evaluation of handling of prostate cancer".

**To ensure high-quality medical services** at the primary level, and unify the organisation of general medical help, an amendment of law was prepared for bringing an organisational function of county governors to the Health Board. A test project of a substitution system of family physicians was started. Principles for the start-up grant of young doctors were

prepared. Working of the students of the medical faculty at the acquired profession was successfully implemented.

Consultations with professional groups were continued for continuing the reform of optimizing the hospital network, and the updating of the development plans of medical professions was started.

For the development of the infrastructure of the network of hospitals, the implementation of projects of Foundation Tartu Ülikooli Kliinikum, Foundation North Estonia Medical Centre and Foundation Ida-Viru Keskhaigla supported by 1.7 million kroons of investments from the measure of the ERF of period 2006-2013 "Optimizing of the Infrastructure of Central and Regional Hospitals" was continued. The North Estonia Medical Centre carried out procurement for the C and pathology units. Foundation Ida-Viru Keskhaigla carried out the construction procurement and started the construction. Foundation Tartu Ülikooli Kliinikum made a draft design.

Implementation of measure "Development of the Infrastructure of Nursing and Care Services" of the ERF for period 2007-2013 was continued to carry out 21 projects ensuring investments for nursing therapy in all counties. The amount of structural grants is 431 million kroons.

Within the measure "Development of the Infrastructure of Nursing and Care Services", 2 projects were completed (a total number of 98 beds for nursing therapy – Foundation Kuressaare Hospital (reconstructed 3,103 m<sup>2</sup>, 73 beds, including 47 additional beds for nursing therapy) and AS Räpina Hospital (built an extension within the project of 774.7 m<sup>2</sup>, 25 beds for nursing therapy)).

**For the creation of new solutions of information technology**, the e-health system was developed. Using of the Health Information System (HIS) by various medical institutions in 2011 has shown a significant growth trend. Now, all hospitals operating in Estonia submit epicrisis into the Health Information System (HIS). As of December 31<sup>st</sup>, 2011, there were 488 hospitals (i.e. 407 institutions of family physicians) submitting information to the HIS.

At the moment, information about all medical cases is not submitted to the HIS, but the number of interfaced institutions and the number of submitted documents both by institutions and in total volume has continually shown a trend of increase. In connection with the application of the HIS, the quality and availability of information has improved in comparison to the paper period.

In 2011, the number of out-patient epicrisis received has doubled in comparison to year 2010. In-patient epicrisis submitted to the HIS in 2011 were 97% in comparison to the in-patient medical cases of the Estonian Health Insurance Fund.

As of the end of year 2011, nearly 88% of all prescriptions were digital. The development of the e-ambulance and statistics module and the e-laboratory module was continued. The creation of e-certificate service and the service of determination of the disability level and permanent incapacity for work was started.

**To ensure better availability of medicines**, in 2011 an analysis was carried out and an amendment of law was prepared by which the upper limit of the benefit for medicinal products in the amount of 12.79 euros to medicinal products with compensation of 50% is removed. Also, restrictions to taking medicinal products along on trips were updated – instead of 5 different preparations now 10 different preparations are allowed. Several other subdocuments of the Medicinal Products Act were updated. Analysis for taking the database of medical equipment to a new platform was completed and preparations for procurement were made. To promote blood donation, the Estonian Donors' Association organised a campaign in summer 2011. The creation of a national blood information system was started.

It is important to note that the use of medicines by an insured person (expressed by the number of prescriptions with compensation) has increased similarly to the previous years. In comparison to year 2010, the cost of benefits for medicinal products has increased by 1% in the budget of medical insurance in comparison to year 2011. Considering the budget of benefits for medicinal products, the control measures of prices of medicinal products have been excellent – thus, in 2011 the insured persons have received more medicinal products

for less money. For the second year, the **self-participation amount of patients in the cost of medicinal products** is showing a tendency of decrease. At the end of year 2011, an insured person actually needed to pay in a pharmacy 10% less per prescription in comparison to year 2010. The average expense per prescription reached 6.95 euros in 2011. Efficient work in controlling the prices of medicinal products and implementation of more reasonable use of medicinal products has made it possible to add 13 medicinal products containing a new active ingredient into the list. The benefit rate was increase for 15 active ingredients, which expanded the selection of medicinal products and increased the availability of treatment for some illnesses.