

National Health Plan 2009–2020

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1. Introduction

Health has a significant influence on people's ability to cope with daily life, on the social and economic contribution to the development of the country, and on general success of the country. Therefore, health is a major national resource that deserves consistent strategic development. In addition, right to health protection is one of the fundamental human rights and everyone should be able to enjoy the best possible state of health – every person in Estonia should have the opportunity to live in a health-supportive environment and make healthy choices.

The National Health Plan establishes strategic objectives for maintaining and continued improvement of public health. An important priority for the Government of the Republic is achieving population growth, increasing life expectancy and healthy life years, and these objectives constitute the basis of all targets and actions highlighted in this National Health Plan.

The recent trends in the health of Estonian population and in the country in general have been positive – the economy has grown, rate of population decrease has slowed down, birth rate has increased and life expectancy of the population has increased, to mention only a few key points. Improvement of Estonian population health indicators, such as increase in average life expectancy, has been faster than the EU average. As a result of the developments in the last ten years, Estonian healthcare system has become one of the most cost-effective systems in Europe.

Ensuring continuation of this rapid development requires, in addition to previous priorities, promotion of good choices in health behaviour, development of an environment to support health and improvement of integration between parts of the social protection and healthcare systems.

The priorities of the National Health Plan are based on our shared values, such as human solidarity, equal opportunities and justice, access to high-quality healthcare services and empowering of the civil society. We share these values with other Member States of the European Union and many envisaged European actions support the pursuit of new population health targets in Estonia.

The general objective of the National Health Plan 2009-2020 is to increase the number of healthy life years by decreasing mortality and morbidity rates. The Plan defines five thematic areas, focussing on the increase in social cohesion and equal opportunities, ensuring healthy and safe development of children, development of a health-supportive environment, promotion of healthy lifestyle and securing sustainability of the healthcare system. The priorities, strategic objectives and measure packages required to achieve the general objective of the Plan have been grouped under these thematic areas.

Many people from various international organisations, ministries, county governments, local governments, non-governmental organisations, private sector and several stakeholders, target and interest groups participated in the development of the Plan through different work groups and public discussions. They all have made significant and crucial contributions to defining new challenges and finding solutions. As the health of population is constantly changing, the National Health Plan is a document that needs to be continuously revised and updated and our sustained contribution to the creation and implementation of new visions is essential to ensure development in Estonia.

2. Necessity of the National Health Plan

Estonia is a successful country. This is evidenced by the rapid economic growth and membership in the European Union as well as other international organisations. The economic growth has been accompanied by continuous improvement in population health since 1994, which was the lowest point in recent history in terms of several mortality, morbidity and health behaviour indicators.

Various health policy visions have been drafted in Estonia since the beginning of the 1990ies and the first health policy document was approved by a Government of the Republic decision on 2 March 1995. Compilation of that health policy and the specified objectives has indicated the direction of subsequent public health programmes and healthcare actions and has significantly contributed to the targeted improvement in population health. The current document is part of a long process of population health and health policy development – the existing health policy documents have been regularly updated and new vision documents have been drafted in various work groups and discussions. Many important policy and strategy documents have been created over the years to offer new solutions and preventive opportunities for new challenges. These documents constitute crucial preparatory basis for the current Plan. Development of this Plan started after the Government of the Republic approved on 13 October 2006 the proposal for drafting the National Health Plan 2008-2015. The development of the Plan was based on the consensual vision document 'Population Health Policy: Investment in Health' from the same year, which was extensively discussed in most counties and the Social Affairs Committee of the Riigikogu.

We are currently facing new challenges arising from the changing society and the surrounding environment which has created a need for a new population health strategy that would help to prevent potential population health problems resulting e.g. from increased life expectancy, changes in traditional family model, free movement of labour and many other factors. Review of current and addition of new actions is needed in response to these new challenges and if population health is to be maintained and improved.

Healthy citizens are the foundation of development of a country, because healthier persons are able to make better contributions to the social and economic development. Population health improvement should be a cooperative effort by Riigikogu, Government, local governments, private sector, NGOs and all citizens. Consequently, this Plan is a strategy for all members of the society.

3. Values of the National Health Plan

Human Rights

Health is a basic human right and all members of society should be able to enjoy the best possible state of health. Right to health and protection of health, right to safer life, work and psychosocial environment have been established in our constitution, the EU Treaty, the European Social charter and many other international documents. Article 152 of the EU Treaty of Amsterdam establishes that health protection shall take priority in any decisions, projects and programmes that could affect people's health.

Common Responsibility for Health

Health of an individual and a population is to a certain degree influenced by political, economic or other decisions. Responsibility for population health is a shared responsibility that involves all social sectors, organisations, groups and individuals and this creates the basis for balanced development of the environment, social and economic policy. Consequently, consideration of health impact should be an important part of planning in the decisions and action plans at all levels of society and in all sectors.

Equal Opportunities and Justice

Equal opportunities for health and other values are the ideals of the democratic society. The National Health Plan is directed towards putting these ideals to action. The strategy aims to reduce the systematic and unfair differences in population health and to support vulnerable social groups by measures like improving cooperation between different sectors and levels. Creation of equal opportunities in terms of education, dwelling, employment, health and healthcare services, irrespective of sex, ethnic origin and social position, is a precondition for continued improvement of the health and quality of life of Estonian people.

Social Inclusion

Empowering individuals, social groups and communities to take active part in the process of decision making and finding best solutions for problems affecting their life, neighbourhood, environment and society is an important part of the strategy and will lead to ability to improve their health. Developing a society oriented towards more healthy choices, empowerment of regions and increase in social capital are the prerequisites for the development of a health-supportive environment.

Evidence-Based Decisions

Implementation of the guidelines of the National Health Plan is primarily evidence based to ensure efficient and transparent planning of resources. Research helps to define the strategic objectives, measure progress and provide support to decision makers. Evidence based knowledge is one of the foundations of public strategic development and support tool for balanced implementation of public planning.

Conformity with International Documents

The National Health Plan follows the ideas of many international initiatives, such as the Declaration of Alma-Ata (1978), Ottawa Charter (1986), Jakarta Declaration (1997), UN Convention of the Rights of the Child (1989), European Social Charter (2000), EU Charter of Fundamental Rights (2000), Lisbon Strategy (2000), EU Health Strategy 2008-2013 (2007), European Charter of Patients' Rights (2002), European Health and Environment Action Plan

2004-2010 (2004), WHO Child and Adolescent Health and Development Strategy (2005), WHO 'Health for All' Policy Framework (2005), EU and WHO joint strategy 'Health in All Policies' (2007), European Commission Public Health Programme 2008-2013 'Together for Health' (2007), WHO Tallinn charter (2008) and other internationally recognised health documents.

4. Current Situation

Population

1.34 million people lived in Estonia in the beginning of 2007. More than half of them were female, nearly quarter were younger than 20 years, more than two thirds lived in urban areas, more than two thirds were Estonians and more than 80% were Estonian nationals. The preceding year was once again characterised by population decrease, because the number of deaths exceeded the number of births, despite the continued increase in the number of births and decrease in the number of deaths. Assuming continuation of the current situation, population growth could only be expected after 2013, but even then the increase could be short-lived and it can very well move into a more distant future due to low birth rate in the last 15 years.

The life expectancy at birth in Estonia in 2006 was 73 years and the EU average level could be reachable in 10 or 20 years, presuming continuation of the positive trends of the last five years. However, progress towards EU average can be accelerated by reducing inequality between different population groups. The life expectancy of men in 2006 was 11 years less than that of women and this difference has been approximately at the same level since 1996. During the same period, the gender gap in life expectancy has decreased in the European Union and is currently nearly half of the Estonian level.

Life expectancy differences are also related to education and other factors in addition to gender. As it is, currently a woman with higher education is expected to live 13 years longer than a man with basic education.

Economy, Employment and Poverty

Estonian economy has experienced solid development since 1995: employment rate and income have increased while unemployment and the percentage of people living under poverty line have decreased. For example, the unemployment rate in 2006 was only 5.9% and 12.4% of families and 16.8% of children aged 0-15 lived under absolute poverty line.

However, the positive changes have been accompanied by increasing economic inequalities between population groups and were above the EU average in 2006. Out of pocket payments for health care (e.g. medication and dental care) have increased over the years and it amplifies the effects of economic inequalities and increases the proportion of people at risk of poverty due to health problems.

These factors combined with possible decrease in employment rate and income as a result of predicted deceleration of economic growth could lead to more people dropping below the absolute poverty line due to health problems. The probability of this situation is highest in the regions with high levels of unemployment, such as Ida-Virumaa, and among vulnerable population groups, such as children and adolescents, elderly, persons suffering from chronic diseases and families with a single parent.

Healthcare

Estonian healthcare system is characterised as effective and cost-effective. In addition to national statistics, this has also been indicated by international studies, such as the Euro Health Consumer Index (EHCI)¹ where Estonia was among the best in the European Union in terms of the ratio of healthcare expenditures to patient rights, availability of services and health outcomes in 2007.

¹ Health Consumer Powerhouse. (2007). Euro Health Consumer Index 2007. Stockholm: Health Consumer Powerhouse.
http://www.healthpowerhouse.com/media/Rapport_EHCI_2007.pdf

The cost-effectiveness of the healthcare system has been increasing year by year. This is demonstrated by rising importance of specialised outpatient care and continued development of primary health care which both have helped to increase efficiency in hospital care. Infant mortality rates have decreased twofold down to the EU average level in last 10-15 years, also indicating continuous improvement of effectiveness of health care system..

Estonian healthcare system has also become more patient-friendly over the years. The Ministry of Social Affairs and the Estonian Health Insurance Fund have conducted satisfaction surveys since 2000. Survey results indicate that access to healthcare services has improved and satisfaction with the services has increased despite the increased expectations in the society.

However, continued urbanisation, ageing of population and other related factors can lead to future problems in the availability of healthcare services, particularly in rural areas and among the least privileged population groups.

Health Behaviour

The mortality rate of Estonian youth has been decreasing continuously and until now the prevalence of chronic diseases has been limited. Nevertheless, the health behaviour choices made at a young age have a significant impact on the future health status and it should be noted that health behaviour of the youth has worsened since the middle of the 1990ies.

The number of adolescents who smoke and use alcohol or narcotic substances has been increasing and the level of injuries among youth is still high. In 2006, 92 children and adolescents aged 19 years or younger were killed as a result of accidents, poisoning or injuries. At the same time, the physical activity of adolescents is decreasing while unbalanced diet and excess weight is becoming increasingly common – a situation which creates a high risk of various health problems during adulthood.

Many health behaviour indicators of adult population follow the same trend and the percentage of persons who smoke, consume excessive quantities of alcohol or are overweight is increasing. However, some signs also indicate a decrease in risky health behaviour, for example, there are less and less deaths from accidents and suicides. An exception to this trend is the number of persons killed in traffic accidents, as the decrease there has somewhat slowed in recent years.

Promotion of healthy lifestyles could significantly improve the overall health status of Estonian population. The individual person plays a crucial role in health behaviour of a population and all citizens have the opportunity to contribute to the improvement of the general health of the population.

Morbidity Trends

Increased life expectancy is associated to a higher number of persons suffering from chronic diseases and nearly 90% of them experience certain restrictions in their daily life due to illness. Slightly more than half of the population believed in 2006 that their health status was good or quite good and a little more than one third reported having a healthy lifestyle.

The highest burden of disease was caused by cardiovascular conditions, which are greatly affected by personal health behaviour (nutrition, alcohol consumption, smoking and physical activity). In comparison to Western Europe and the Nordic countries, Estonia stands out with the relatively early age at which cardiovascular diseases appear and lead to death. Similar tendencies in other disease groups indicate that more than half of the total population burden of disease in Estonia is from persons in their most productive age (20-64 years).

Tumours are the second leading cause of health problems after cardiovascular diseases. Modern knowledge of the causes and prevention of malignant tumours enables to prevent

nearly 40% of new cancer cases. Health behaviour choices play an important role in achieving this level, particularly considering the increased cancer morbidity due to ageing of population.

The relative importance of injuries in general morbidity has decreased in comparison with the two disease groups above, but they are still the third leading source of burden of disease. This is confirmed by a comparison of the number of injury deaths with the EU average – the number of injury deaths in Estonia is four times higher and the number of injuries is disproportionately high among children, adolescents and persons in the working age.

There is increasing prevalence of certain disease groups that have been on the background in the past, such as mental disorders, psychiatric conditions and infectious diseases, particularly HIV/AIDS and tuberculosis. HIV has been particularly significant as a source of increased burden on population health, with more than 6,000 cases of infection registered by the middle of 2007. Similarly to other major disease groups, risk behaviour plays an important role in the development of mental health conditions and HIV infection as demonstrated by the strong links between alcohol, depression and suicides, as well as drug use, unsafe sex and HIV.

Environment and Health

The external environment with its physical, biological, chemical, social and psychosocial factors has a significant influence on population health, even though the health impact may become noticeable only after many years. According to estimates, up to one third of the population health problems can be directly linked with factors of the living, occupational or study environment. Children are particularly vulnerable to environmental factors, with 40% of the negative environmental health impact affecting children under 5 years of age. In addition to children, pregnant women and elderly are also especially susceptible to environmental impact.

The natural environment has been relatively well preserved in Estonia. However, the natural properties of groundwater, in particular high radionuclide, fluorine and iron content, have created problems with the quality of drinking water in several regions in Estonia.

A significant factor is also the power generation and chemical industry based on oil shale in the North-East Estonia, which is important for the economy but also constitutes a major health risk in this region. The influence of air pollution on chronic respiratory diseases, such as allergic cough and rhinitis, has become an increasing regional environmental health problem, especially in larger cities. For example, an estimated 296 cases of death in Tallinn in 2005 could be associated with air pollution.¹

In addition to the natural environment, the artificial environment, including learning and occupational environment, has also significant impact on human health. These environmental conditions can be improved through efficient health protection and occupational safety systems. Lack of these systems leads to increased number of accidents at work and occupational diseases, which in turn cause loss of working time and increased rate of incapacity for work. This has direct negative consequences for the entire economy.

The most positive development in Estonia in recent years has been the instigation of health risk assessments in the living, occupational and learning environment planning processes (incl. infrastructures, cities, residential areas). However, this is not a systematic initiative and it has not been followed up with cost-effectiveness analyses to identify the best environmental health interventions.

¹ Orru, H., Teinmaa, E., Lai, T., Kaasik, M., Kimmel, V., Tamm, T., Merisalu, E. (2007). Välisõhu kvaliteedi mõju inimeste tervisele Tallinna linnas – peentest osakestest tuleneva mõju hindamine. Tartu: Tartu Ülikool, Keskkonnaministeerium.
http://www.envir.ee/orb.aw/class=file/action=preview/id=959943/HIA_Tallinn_ohk_ARTH.pdf

Economic Impact of Health

Many strategic documents, such as the State Budget Strategy (SBS) 2008-2011 and the Estonian National Strategy on Sustainable Development 'Sustainable Estonia 21' (SE21), emphasize the importance of health for the continued economic development. Similarly, EU strategic documents associate population health with national economic development. For instance, the Lisbon Strategy highlights the need to improve population health to create conditions for economic development.

The links between health and economy are very extensive: poor health reduces the number of persons capable of work as well as the number of working hours and productivity of employed persons. Around 6 or 7 per cent of potential labour force in Estonia are inactive due to illness, disability or injury – poor health decreases the probability of participation in the labour market by 40% for men and 30% for women. Overall, health problems reduce the Estonian gross domestic product (GDP) by 6-15 %. This is due to decrease in current production and loss of future work performance. The impact of current actions cumulates over the years. For example, if we could reduce the current mortality rate by 1.5 %, the GDP per person would be 14% higher in 25 years. The combined impact of reduced mortality and morbidity on social development and increased prosperity can be expected to be even higher.

Healthier labour force is also more flexible and is capable of better adaptation to changing conditions, reducing labour turnover. This would improve the overall ability of the country to respond to changes in the economic environment. The positive impact of improved population health on labour force and national economy naturally starts from childhood – if the children are healthier, they have less school absences and better learning ability and they can be expected to make greater future contribution to the development of knowledge-intensive and innovative economic sectors.

5. Strategic Priorities

The general objective of the National Health Plan 2009-2020 is to increase the number of healthy life years by decreasing mortality and morbidity rates. The priorities and the associated instruments for achieving the general strategic objective have been grouped into five thematic areas dealing with the strengthening of social cohesion and equal opportunities, ensuring healthy and secure development for children, development of a health-supportive living, working and learning environment, promoting healthy lifestyle, and securing sustainability of the healthcare system.

The priorities of all these thematic areas are based on fundamental values of the Plan, including human rights, common responsibility for health, equal opportunities and justice, social inclusion, evidence-based knowledge and conformity with international documents.

Highlighting ***social cohesion and equal opportunities*** provides a signal to all members of society that they are invited to participate in the actions and decisions of the society.

Ensuring healthy and secure development for children and adolescents provides them with the opportunity to grow healthy and become active members of the society.

Healthy living, working and learning environment is equally important for the children and other members of society. A clean and safe environment is the basis that enables people to benefit most from the opportunities both as individuals and a society, which means that reduction and elimination of environmental risks is of crucial importance.

While the above three areas focussed on the creation of conditions and opportunities for health development, the area of ***healthy lifestyles*** deals with the way we use these opportunities. Therefore, in addition to creating opportunities, general awareness should be raised to inform people of these opportunities, healthy behaviour and healthiness of one's choices to lead a longer, healthier and fuller life.

Unfortunately, all detrimental health factors are not preventable through the creation of opportunities and personal choices. ***An efficient and patient-centred healthcare system***, which adapts continually to new diseases, opportunities and patient needs, is therefore an important part of the National Health Plan.

6. Objective of the Plan

General objective – By the year 2020, the number of healthy life years should increase on average to 60 years for men and 65 years for women and the average life expectancy should increase to 75 years for men and 84 years for women.

Tabl 1. General objective and intermediate targets of the National Health Plan

	Baseline 2006	Year 2012	Year 2016	Target level 2020
Life expectancy at birth – men	67.36	71	73	75
Life expectancy at birth – women	78.45	80	82.5	84
Expected healthy (unrestricted) life years at birth – men	49.41 (2004)	54.5	57.5	60
Expected healthy (unrestricted) life years at birth – women	55.25 (2004)	60	62.5	65

As indicated above, the National Health Plan describes, in addition to the general objective, five thematic areas relevant to the general objective, including priority directions of actions and specific objectives for each field as shown on Figure 1. This figure also demonstrates that the different fields, even though differentiated in the National Health Plan, still constitute an integrated whole due to mutual influences and recurrent topics.

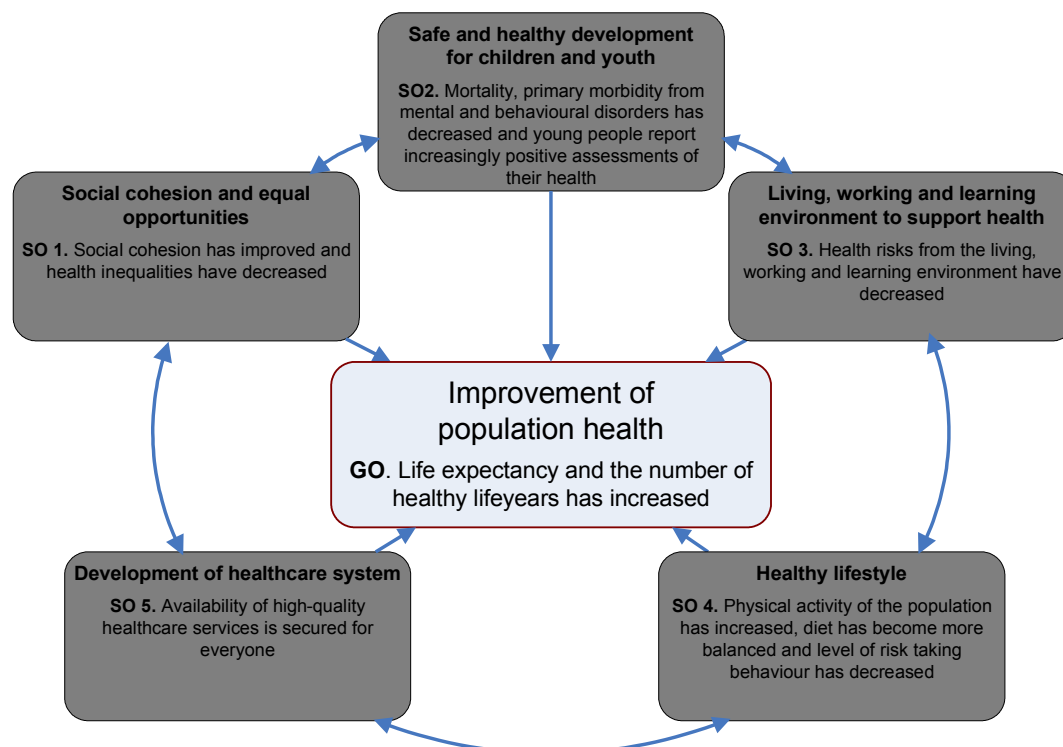


Figure 1. Priority areas and general and strategic objectives reflected in the National Health Plan

SO – strategic objective in a specific area

GO – general objective of the National Health Plan

7. System for Monitoring Changes in Population Health

A good overview of multitude of issues is required to monitor population health and plan preventive interventions and services. A demonstration of the structure of the monitoring and evaluation system is provided on Figure 2.

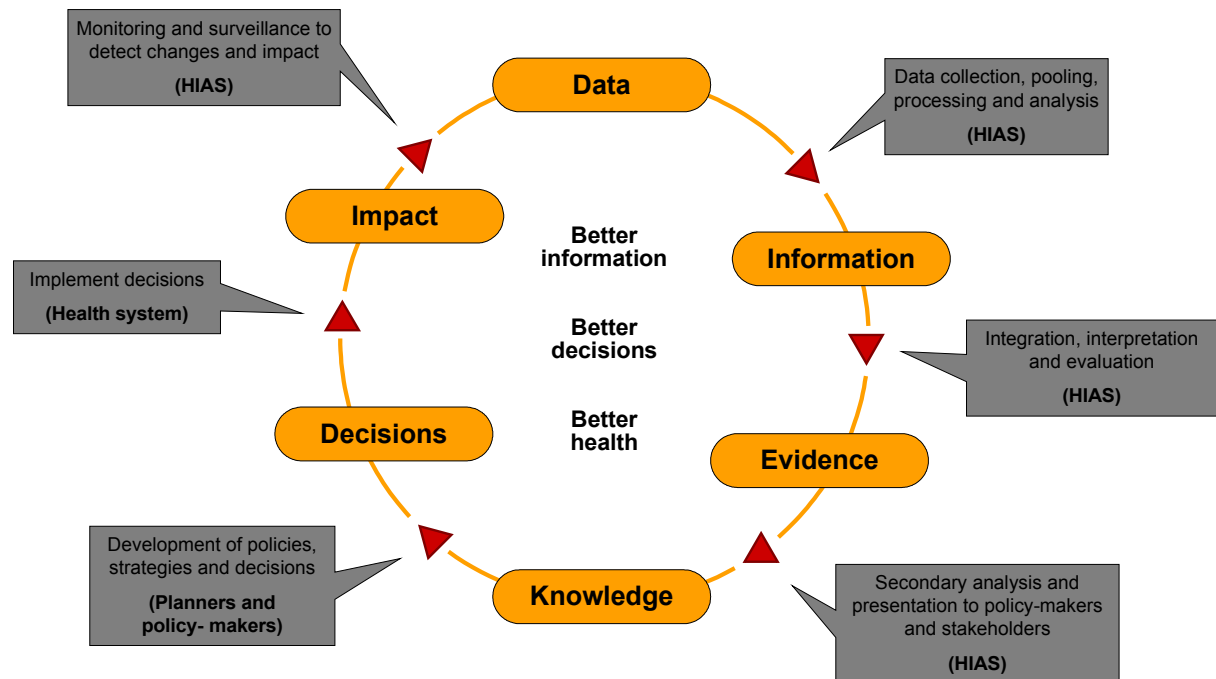


Figure 2. Structure of the system for collection and systematisation of health data and planning of actions based on this data
HIAS – Health Information and Analysis System

The monitoring system is used to collect data on the health status of different population groups, any possible changes and past interventions. In addition to data collection, the described tasks of the monitoring system include data management, preservation and initial analysis. The main challenge in these actions is ensuring the quality of the collected data and comparability of different data sources. For example, do the recurrent questions in population health behaviour surveys actually measure the desired behaviour patterns and have the same behavioural habits been measured consistently over the years. The collected data must also be detailed enough to enable comparisons between social groups and regions.

Monitoring of the outcomes of the Estonian National Health Plan is based primarily on data sources and surveys, which are updated with fixed regularity. The main regular surveys include the annual satisfaction surveys among health service users, biannual Estonian Adult Population Health Behaviour Surveys school children surveys (HBSC and ESPAD) conducted every four years, and Estonian Health Interview Surveys (EHIS) with even longer intervals. A major survey outside healthcare field is the Household Budget Survey (HBS), which is the source of several indicators used to monitor Estonian healthcare system and patients' expenditures on healthcare. Continuously updated data sources include the majority of routine statistics, such as mortality data from the register of deaths and the morbidity statistics from the future e-Health information system.

Data collection is crucial but it only brings actual benefits when links are established between different datasets, the data are interpreted and widely applicable results are presented. Therefore, regular interim overviews of the actions completed and results achieved are drafted during the implementation of the Plan to adjust the actions in the subsequent Plan periods.

At the same time, the actions implemented to monitor the impact of National Health Plan constitute a part of a wider system of evaluation of the impact of interventions and policies and the efficiency of the healthcare system. Improvement and harmonisation of the system of evaluation of policy impacts is one of the important current processes in Estonia and it is equally important that the renewed impact evaluation system should enable to evaluate the health impact of all new policies, irrespective of their primary area of application.

8. Persons who Participated in Drafting the Plan

9. Links with Other Strategies

The National Health Plan 2009-2020 provides a link with many existing or envisaged strategic documents. Population health is the common element in all programmes, strategies and development plans referred to in this Plan. The precise connections between the following strategies and development plans and the National Health Plan and the strategic fields thereof have been elaborated in the source documents of the National Health Plan.

Ministry of Social Affairs

- [Primary Healthcare Development Plan](#) (in preparation)
Primary healthcare is an important healthcare component defined by the provision of basic services necessary for the achievement of main objectives of the healthcare system – improved public health and compliance with social expectations –, including prevention of diseases and disease complications and health promotion. The objective of the development plan is to develop the primary basic services (family doctor and nurse service, home nursing care service, physiotherapy service, midwife care service and school healthcare service) as well as network services (emergency medical care, in-patient care, occupational health service, dental care service, pharmacy service, mental health nurse service, etc.).
- [Estonian Hospital Master Plan 2002](#)
The aim of the Hospital Master Plan is to ensure uniform availability of specialised medical care. For that purpose, the Government of the Republic drew up a list of hospitals and the necessary investments for building, renovation and re-profiling of the listed hospitals. The Estonian Health Insurance Fund should conclude healthcare services purchase contracts with the listed hospitals with a term of at least five years.
- [Nursing Care Network Development Plan 2004–2015](#)
The Nursing Care Network Development Plan specifies the services for patients who no longer need expensive and high-tech active treatment. The aim of the development plan is to improve the availability and quality of outpatient and inpatient nursing care services and to use health insurance resources purposefully.
- [Strategy to Guarantee the Rights of the Child](#)
The strategy is used as a guideline for general actions to support the health, development and welfare of children and it also envisages actions for children in need of special attention (children living in poverty or at risk of poverty; children with disabilities, special needs; children from ethnic minorities and/or other marginal groups; children without parental care). Risk behaviour is frequent among socially excluded children, which also leads to deterioration of health indicators. Educational, economic and social factors have major impact on population health and health behaviour. Reduction of inequality, which is caused by these factors and manifests itself in the health of children and adolescents, contributes to the improvement of general population health. Therefore, the strategy to guarantee the rights of the child helps to achieve the objectives of the National Health Plan in the field of child and adolescent health. The strategy also supports performance of the obligations laid down in the UN Convention of the Rights of the Child.
- [Development Plan for Prevention of Family Violence](#) (in preparation)
The aim of the development plan is to establish a coordinated policy for prevention of family violence and to harmonise the development trends of the field with the targets established by the EU and UN. Family violence means violence between a couple or in a family, which in many cases affects the children in the family. Prevention of family violence creates opportunities for safe development of children, which in turn

supports development of conscious and responsible health behaviour. Therefore, the development plan supports the objectives of the National Health Plan. The development plan envisages creation of services and ensuring availability of these services to the parties in family violence, raising of awareness on the issues of family violence and increasing the professional competency of specialists.

- [National Cancer Strategy 2007–2015](#)

All measures of the cancer strategy contribute to the achievement of the general objective of the National Health Plan by prolonging life expectancy through reduction of mortality and morbidity due to cancer. One of the objectives of the cancer prevention strategy is permanent positive change in health behaviour (incl. increased proficiency to make healthy choices, decreased role of smoking, reduction of alcohol consumption, etc.). The preventive actions envisaged in the cancer strategy focus on awareness-raising on alcohol damages in educational institutions, reduction of the use of tobacco products among youth, prevention of passive smoking, provision of assistance to smokers in giving up tobacco, etc. Information events on food preparation technologies are organised for producers, catering businesses and individuals to facilitate healthy nutrition.

- [National HIV and AIDS Strategy 2006–2015](#)

The entire strategy contributes to the achievement of the general objective of the National Health Plan by restricting the spread of HIV infection and ensuring high-quality treatment for persons with AIDS. The overall objective of the strategy is to achieve sustained decrease in the spread of HIV. The targets include reduction of new HIV infection cases to 20 per 100,000 people by the year 2015 and to use strategic interventions to prevent expansion of the epidemic (i.e., percentage of pregnant women with HIV should remain below 1% of all pregnant women). The following areas of intervention have been envisaged to stop the spread of HIV epidemic and alleviate the impact of the epidemic: prevention in various target groups, HIV testing and counselling; prevention, treatment and care for persons living with HIV or AIDS; surveillance, monitoring and evaluation; and development of human and organisational resources.

- [National Drug Addiction Prevention Strategy until 2012](#)

This strategy is a national, multidisciplinary, long-term strategy on fight against drug use to reduce the psychological, social and physical harm to persons. The strategy covers both the demand side (prevention, treatment, rehabilitation) and supply side (different law enforcement structures: police, customs, border control) focussing on six specific fields: prevention, treatment and rehabilitation, damage reduction, supply reduction, drugs in prisons, and monitoring of the drug situation.

- [National Tuberculosis Control Strategy 2008–2012](#)

Tuberculosis is an important factor for all thematic areas of the National Health Plan. Socially least privileged persons are at higher risk of getting tuberculosis, which also increases the risk to other social groups, particularly children. Increased incidence of the disease places additional burdens on the healthcare system.

- [National Strategy for Prevention of Cardiovascular Diseases 2005–2020](#)

The general strategic objective is a sustained decrease in early morbidity and mortality due to cardiovascular diseases and, therefore, all measures envisaged in this strategy contribute to increased life expectancy. The strategy is implemented through five strategic fields that deal with the main impact factors of cardiovascular diseases. These include: physical activity, nutrition, smoking, healthcare, dissemination of information and securing local capacity. As a general principle, the strategy aims to improve the nutritional and exercise habits of the population and promote cessation of smoking. The envisaged actions include screening of high risk groups and counselling on healthier lifestyles, as well as provision of training to family

doctors, family nurses and county health room counsellors. The actions are designed to modify the attitudes, beliefs and values of people in the one hand and to create a health-supportive environment on the other hand.

- [*Development Plan for Infertility Treatment 2007–2010*](#)
This document includes an analysis of the current infertility situation, establishes strategic objectives and measures to alleviate consequences of infertility (creation of artificial insemination opportunities for infertile couples), learn more about the causes of infertility (research, statistics) and prevent the causes of infertility (dissemination of information to develop responsible sexual behaviour, provision of prevention and health promotion services associated with sexual health to the youth, etc.). Therefore, this development plan supports achievement of the reproductive and sexual health objectives established in the National Health Plan.

State Chancellery

- [*Estonia's European Union Policy 2007–2011*](#)
This policy document specifies the main principles of the government's European Union policy. The document indicates the Estonian suggestions for the development of the EU, the objectives of and interests of Estonia and government positions in key EU policy areas, including healthcare services, occupational health and safety, e-Health, environmental protection, food, etc.
- [*Government Programme 2007–2011*](#)
This document has been drafted for the implementation of the Programme of the Coalition for 2007-2011. A separate work plan, which has been used previously for the planning of governmental initiatives, is not drafted this time, because the programme provides guidelines for the government actions in the following four years. Drafting of annual work plans would not be practicable, because the programme can be updated annually as necessary.

Ministry of Finance

- [*National Strategic Reference Framework 2007–2013*](#)
The strategy presents general strategic approach to the use of structural assistance. Based on the Strategic Reference Framework, operational programmes are prepared to specify specific activities that will be financed from structural assistance in 2007-2013 and the associated financial plans. The following three operational programmes are relevant for the National Health Plan:
 - Operational Programme for Human Resource Development, priority 'Good-quality and long working life';
 - Operational Programme for the Development of Economic Environment, priority 'Development of information society';
 - Operational Programme for the Development of the Living Environment, priority 'Development of health and welfare infrastructure'.

Office of the Minister Urve Palo

- [*Estonian Integration Program 2008–2013*](#)
The national program is an action plan for government institutions and other institutions. The general objective of integration policy is creation of an integrated society where, in addition to shared interests, social institutions and values, the minorities have been give opportunities to preserve their specific culture. The chapter

on social and economic integration discusses measures for reduction of risk behaviour and increasing healthy choices among people of other nationalities.

Ministry of the Environment

- [*Estonian National Strategy on Sustainable Development 'Sustainable Estonia 21'*](#)
Sustainable development is long-term integrated and balanced development of the social, economic and environmental fields to ensure high quality of life and safe and clean living environment for people today and in the future. The measures for reducing health risks in living, working and learning environment described in the National Health Plan are directed towards the same objectives.
- [*Estonian Environment Strategy until 2030*](#)
The environment strategy until 2030 specifies long-term development directions for maintaining the good condition of the entire living environment. The good condition of the living environment is also one of the objectives in the NHP chapter on the reduction of health risks in the living, working and learning environment.
- [*National Radiation Safety Development Plan 2008–2017*](#)
Radiation is one of the factors that jeopardises human health. Ensuring radiation safety to protect individuals and the environment is an objective both in the National Radiation Safety Development Plan and the NHP chapter on the reduction of health risks in the living, working and learning environment.

Ministry of the Interior

- [*Development Plan for Civic Initiative Support 2007–2010*](#)
The development plan specifies the main areas of state initiatives to support the development of the civil society, promotion of participatory democracy and cooperation between public and civic sectors, which are included in the National Health Plan under the measures for the development of social cohesion as one of the main health impact factors. The development plan focuses on five strategic goals: competency of the public sector and efficient cooperation with organisations and individual activists; harmonisation of the principles of funding of citizens' associations by different ministries and other public authorities; involvement of citizens' associations in the decision-making processes; efficient exchange of information between the public, private and non-profit sectors; promotion of civic initiative through increased awareness and supportive environment. The development plan makes a commitment to develop local social capacity by developing county-level support structures for civic initiative.
- [*Regional Development Strategy of Estonia 2005–2015*](#)
The development strategy deals with the balanced regional development of Estonia as well as opportunities to facilitate this development and the associated goals. Balanced regional development is very important from the viewpoint of population health, because shortcomings in this field could mean decreased availability of healthcare services to some part of population and regional income differences may put a part of the population in a disadvantaged position when making health behaviour choices. In addition, regional development issues are closely linked with social cohesion and equality, which are included under the first thematic area of the National Health Plan.
- [*National Spatial Plan 'Estonia 2010'*](#)
The main emphasis is on the creation of a balanced and sustainable concept of spatial development. Ensuring a secure and safe living, working and learning

environment is also an objective in the NHP chapter on the reduction of health risks in the living, working and learning environment.

- [Internal Security Development Plan 2009–2013](#) (in preparation)
The aim of the development plan is to improve the concept of internal security to make it unambiguously understandable for the government area of the Ministry of the Interior and all stakeholders. The society needs and understanding of a broad internal security concept and the associated terminology. Health protection and healthcare system are integral parts of internal security.

Ministry of Education and Research

- [Youth Work Strategy 2006–2013](#)
The strategic actions envisaged to support the development of young people exhibiting high-risk behaviour also create preconditions for the development of health behaviour among the youth and prevention of health problems caused by risky behaviour. The actions to improve the quality of youth information and counselling services and achieve better service integration also support the development of awareness and coping of the youth. Counselling services enable young people to make conscious decisions about their life. This created conditions for the development of responsible health behaviour and, consequently, supports the achievement of the objectives established in the National Health Plan.
- [General Education System Development Plan 2007–2013](#)
The development plan enables to create opportunities for supporting the development of all learners and development of knowledge, skills, values and preparation required for personal, working and social life, and to establish foundations of lifelong learning. The development plan supports school preparation of children and smooth adaptation in the school, creating opportunities for pre-school education. Good coping at school is also supported by actions designed for early detection of any special needs in children. The development plan measure of prevention of dropouts from general education schools provides significant support to the objectives of the National Health Plan. There is a link between the level of education and health behaviour. Curriculum development also supports improvement of the quality of health education and compliance with modern health education requirements. Measures to improve motivation and professional development of teachers help to improve the psychosocial school environment and facilitate social and developmental dialogue between teachers and students to aid with coping. The development plan also envisages opportunities for the renovation of the physical school environment. All abovementioned actions and the development plan as a whole have an impact on population health from childhood and adolescence and, therefore, the development plan supports the objectives established in the National Health Plan.
- [Bullying Prevention Program 'Safe School'](#) (in preparation)
The program helps to implement the strategic objective of the National Health Plan to ensure a safe and secure environment for development of children and adolescents by preventing violence and injuries and promoting mental health. The school is an environment where health promotion messages can reach large target groups while violent behaviour in the school environment could be a health risk factor. The program for prevention of violent behaviour and development of supportive and developmental psychosocial environment supports the objectives of the National Health Plan.

Ministry of Agriculture

- [*Estonian Rural Development Strategy 2007–2013*](#)
The aim of the Estonian Rural Development Strategy 2007–2013 is to improve the quality of life in Estonia, including rural areas and regions. The development strategy takes account of the specific character of Estonian rural life. The NHP chapter on the reduction of health risks in the living, working and learning environment provides recommendations to local governments for improving the quality of life in their area.
- [*Development Plan for the Government Area of the Ministry of Agriculture 2009–2012*](#)
The measure of developing and improving supervision includes food safety provisions, which also require efficient food and alcohol monitoring system. The necessary databases should be updated regularly (incl. the results of surveillance and monitoring programs and data on food consumption) to create risk analyses and make decisions on the establishment of necessary limit values. The consumers and food processors are informed of recommended requirements in the framework of the measure to improve availability and quality of information.

Ministry of Culture

- [*Strategic Development Sport for All Programme 2006–2010*](#)
The Sport for All Programme is in its entirety compliant with the objective of NHP. The programme aims to increase the involvement of the population in regular exercising and create better opportunities for daily exercising. The target is that the number of people exercising regularly should increase to 45 % of the population by 2010. The main objective of the programme is to increase the opportunities and forms of exercising. The programme includes the following main task areas: sports facilities; healthcare, information services and counselling for exercising people; training; preparation of information materials and distribution to exercising people; organisation of exercising; public relations and promotion plan for exercising.

Ministry of Justice

- [*Development Plan for Reduction of Juvenile Delinquency 2007–2009*](#)
The overall goal of the development plan is to reduce juvenile delinquency, incl. recurrent offences, and to improve prevention among minors. The actions under the Development Plan for Reduction of Juvenile Delinquency include social and educational prevention measures, improvement of the work of Juvenile Committees and development of re-socialisation programmes for juvenile offenders.
- [*Development Plan for Combating Trafficking in Human Beings 2006–2009*](#)
The objective of the development plan is to increase public awareness of trafficking in human beings, the associated risk and prevention opportunities. Awareness-raising among children and youth constitutes an important part of the development plan and this is largely related to the reduction of the general risk behaviour as envisaged in the National Health Plan.

Ministry of Economic Affairs and Communications

- [*Estonian Housing Development Plan 2008–2013*](#)
This development plan deals with one of the key health factors – housing. Part of the development plan makes a commitment to improve prevention of homelessness as one of the most negative health impact factors.
- The NHP chapter on the reduction of health risks in the living, working and learning environment analyses environmental health indicators associated with housing, such as indoor air composition, temperature, amount of light, radon emissions, etc.

- [*Transport Development Plan 2006–2013*](#)

The development plan is a strategic source document for the development of the transport sector. The development plan tackles such crucial issues as infrastructure development to ensure safe traffic and improvement of light traffic infrastructure in urban areas and rural roads. The development plan takes account of the developmental goals established in the Estonian National Traffic Safety Programme 2003-2015.

An efficient transport system means safe traffic organisation and safe environment for light traffic. This supports the NHP measures for the reduction of health risks in the living, working and learning environment (outdoor air pollution, etc.).

- [*Estonian National Traffic Safety Programme 2003–2015*](#)

The Estonian National Traffic Safety Programme establishes goals for the development of traffic safety and measures for the achievement of these goals to prevent premature deaths due to injuries. The target is to reduce the number of traffic accidents in Estonia by half in ten years and to save the lives of 1,000 persons. One of the objectives is development of correct attitudes in traffic and guiding people towards safer behaviour in traffic. The envisaged measures for improving traffic safety target the groups of road users and areas that have the most impact on traffic safety. One programme area includes actions for children and adolescents. As injuries are the main cause of child mortality, the programme for prevention of traffic injuries also supports the objectives of the National Health Plan.

- [*Estonian Information Society Strategy and the Implementation Plan*](#)

The social objective of this strategy states that each person should lead a full life, using the opportunities of the information society in every possible way and actively participating in public life ('nobody will stay or will be left behind'). In order for the members of the society to participate in the information society, they need the opportunity to use digital information and communicate with each other through different technological solutions or channels. However, people also need to be able and willing to make use of the created opportunities and be motivated to participate in the decision-making processes.

The strategy describes the foundations of defining, creating, launching and implementing various public sector e-services (e-Health projects) with high impact applications. The e-services with highest impact on governance efficiency and economic development have been identified, acknowledged, launched and made mandatory for legal persons if necessary.

10. Means for Achieving Strategic Objectives

The following sections present more detailed overviews of all strategic areas identified in the Plan, including a description of the respective areas, lists of main problems, priority directions and measures as well as indicators to monitor the achievement of strategic objectives.

However, this Plan only highlights the main parts of the said areas, relying on specific overviews in the source documents of the Plan. As the National Health Plan is an umbrella document that brings together actions described in many existing development plans and strategic documents, the Plan and the source documents generally do not specify individual actions. The level of detail in the National Health Plan and associated documents is presented on Figure 3.

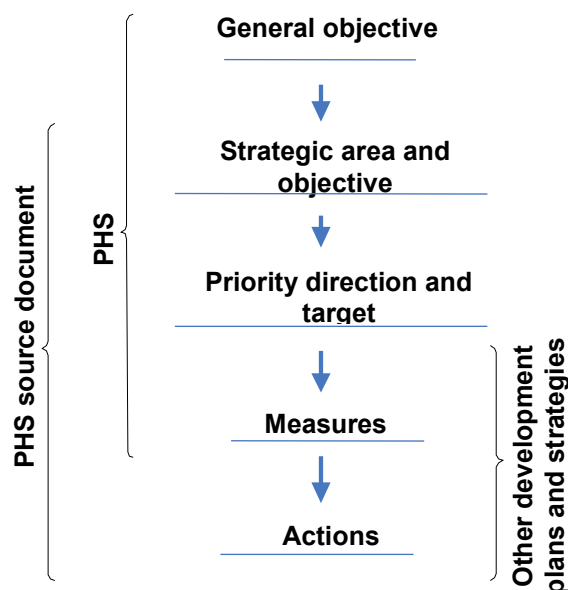


Figure 3. Level of detail in the National Health Plan, its source document and other associated documents

Social Cohesion and Equal Opportunities

Area description

Social cohesion means the capacity of a society to ensure the welfare of all its members, minimising disparities and avoiding exclusion.

Cohesion is directly related to health – better cohesion means better health indicators. High level of cohesion is also characteristic of social security, which is an important health impact factor. Social security is reflected in employment rate, poverty and disparity indicators. Existence of excluded social groups is a major public health risk while equal opportunities and equal access to services increase social security and cohesion and improve health indicators.

Estonian health policy is based on the principle that people should have equal opportunities for good health, irrespective of their socio-economic status, education, nationality or other background.

Prevention of poverty and social exclusion is one of the most complicated challenges in ensuring Estonia's economic and social development. Reduction of poverty and exclusion is based on the understanding that work is the best method to alleviate poverty. The second important principle is integrated service provision, such as social and labour market services, which have to be integrated. An significant starting point is the development of universal

system of services and support to prevent stigmatisation of poverty and exclusion associated with special measures. However, it should be acknowledged that the problems of certain risk groups cannot be solved with the universal system of services and support and special measures are required to take account of the needs of specific groups.

Government and local authorities have significant opportunities to influence the development of social cohesion through legislation, funding decisions and establishment of social priorities. The public sector can support the initiatives and development of non-governmental organisations by involving individuals and stakeholders in decision-making. Planned development of cohesion and inclusion of socially vulnerable groups increases both the level of trust and social and economic security, which are important impact factors of population health.

Main problems in the area

The Estonian society has strongly polarised in the last fifteen years and Estonian social cohesion indicators are much lower than in the Nordic and Western European countries.¹

There are large health disparities between different population groups; health indicators are strongly linked to sex, education, ethnic background and income level.

Social inequality has a defining influence on the health of children and adolescents. The poverty of the parents inevitably affects the children. The socio-economic conditions experienced in childhood are better in predicting the health condition of adults than the social status during adult years. Social exclusion, poor living conditions, poverty and irresponsible health behaviour are frequent indirect causes of childhood illnesses and deaths.

Adequate and timely intervention would help us prevent creation of a new generation of excluded persons.

Priority courses of action in the area based on the above considerations:

- Reduction of social disparities in health matters;
- Empowerment of groups and communities.

The consequent strategic objective (SO) in this area is as follows:

SO 1: Social cohesion has improved and disparities in health matters have been reduced.

Achievement of the strategic objective in this area is monitored through the following indicators:

Table 2. Indicators of progress in achieving the strategic objective of social cohesion and equal opportunities

Indicator	Baseline	Year	Year	Target level
	2006	2012	2016	2020

¹ Raska, E., Raitviir, T. (2005). Eesti edu hind. Eesti sotsiaalne julgeolek ja rahva turvalisus. Tallinn: Eesti Entsüklopeediakirjastus.

Percentage of population covered by health insurance Source: EHIF, SE	95%	99%	99%	100%
Relative poverty level (percentage of persons whose equivalent income is lower than the median annual equivalent net income of 60 % of household members) Source: SE	18.3% (2005)	16.8%	16.0%	16.0%
Child poverty risk (percentage of children aged 15 or younger and living under the poverty line) Source: SE	19.8% (2005)	19%	18%	17%
Percentage of long-term unemployed (over 12 months) persons in the labour force Source: SE	2.3% (2007)	1.7%	1.3%	0.8%
Suicide deaths rate per 100,000 people Source: SE, NIHD	18.4	15.0	12.5	10.0

The following measures will be used to achieve the strategic objective in this area:

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Improve legislation to motivate social responsibility of local governments and organisations and implementation of the National Health Plan.
- Improve the system of social guarantees to prevent dropping of socially vulnerable groups under the poverty line.
- Develop the capability of counties and local governments to assess and analyse population health and plan and implement health promotion interventions.
- Invest in social initiatives with highest health impact, such as prevention of unemployment, poverty, homelessness and exclusion.
- Develop involvement-based activation programmes for the unemployed and improve the legislative measures that motivate employment.
- Develop the network of health services to meet the needs of vulnerable social groups.
- Support the initiatives and activities of the non-profit sector and volunteers.
- Raise awareness of mental health issues, incl. attention to early identification of depression symptoms and availability of high-quality services.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Launch health councils and health work groups based on partnership at the local governments, involving vulnerable social groups.
- Integrate the objectives of the National Health Plan with the local government development plans or compile a local government health strategy.
- Develop the local social infrastructure, support the work of cooperation and support networks and special interest associations, and create an environment that fosters initiative and social activity of the people.
- Develop services and measures that improve the quality of life and coping ability.
- Ensure availability of health information to vulnerable social groups, particularly information on their rights as well as the benefits and services designed for them, by using adequate means of communication.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Integrate the issues of staff health development in the development plans of the organisations.
- Create a workplace environment that fosters health development and reduces health risks.
- Create stimulating conditions for vulnerable social groups.

Recommended measures on the level of individuals

Everyone can reduce their health risks by making conscious choices in their daily lives.

- Care for the welfare and mental health of yourself and your family; if necessary, seek professional help and encourage your family members to do so.

Safe and Healthy Development for Children and Youth

Area description

Childhood and adolescence creates the foundation for health-conscious and healthy behaviour. Health is influenced by family relations, living conditions, local natural and artificial environment, nursery school and school environment as well as the general socio-economic environment, incl. the organisation of the education and healthcare systems and the levels of employment and poverty in the country. The surrounding social network, incl. the lifestyle and behaviour of parents, grandparents and friends, has a great impact on children. Health and development in childhood and adolescence should be viewed in combination with the family and the environment where the child spends most of the time. Actions for child health promotion should target primarily sensitive life periods, which include pregnancy, infancy and adolescence. Investment in education equals investment in health. The school and the events at school play a major role in the development of values, social skills, health and coping ability. There is a link between interrupted education path and population health. Lower education level means poorer health indicators and shorter average life expectancy. Timely attention to developmental and health disorders and risk factors enables to prevent many problems. Modern concept of early intervention is based on flexible cooperation between healthcare, social work and education, moving from the medical model towards a social model. Children and adolescents with social problems living in families with modest educational and economic background need special attention. Actions to support their health and development are very efficient methods for reducing disparities in the population health indicators.

The chapter on safe and healthy development of children relies on the principle of the life cycle and envisages general supportive measures for different stages of development to promote the sexual and reproductive health of future parents, physical and mental health and social development of children, and prevent mental health disorders, injuries, violence, chronic diseases and the associated risk factors.

The health problems, recommendations, principles and measures concerning the physical, chemical and biological environment factors are elaborated in the environmental health chapter of the Plan. The impact of nutrition, physical activity and risk behaviour (smoking, alcohol and drug use) on the health of children and adolescents as well as the principles and measures of prevention of associated health problems are elaborated in the healthy choices chapter of the Plan.

Strategic development of data systems and analysis is a precondition for monitoring the changes in the area of child health. Collection of data on child health is based on the World Health Organization recommendations, stating that the collected data should be sufficiently detailed to enable targeted actions in specific groups and periodic analyses of service availability and impact in different social groups and regions.

Main problems in the area

- There are still strong links between risks in health behaviour during pregnancy (high level of induced and recurrent abortions, smoking during pregnancy), mother's level of education and infant mortality after 28 days of life; teenage pregnancy and childbearing still means higher health risks for the newborn; the frequency of medical conditions in premature infants has increased.
- High mortality rate of children and youth due to injuries and poisoning.
- Parents' lack of knowledge on the health of infants and young children, specific development issues (nutrition, safe environment, etc.), need to increase the percentage of infants receiving breast milk.

- Irregularity of preventive health checks among children in pre-school age, belated immunisation, and late discovery of special developmental needs.
- High incidence of dental caries during pre-school age and increased incidence in later stages of childhood.
- Risky sexual behaviour (more frequent contraction with HIV among teenage girls), lack of a clear decreasing trend in the abortion age rate among women aged 15-19 (number of abortions per 1,000 women in this age group).
- Increased frequency of chronic diseases (asthma, diabetes) or chronic disease risk factors (excess weight, high blood pressure) among children and adolescents; potential late diagnosis of chronic diseases in children living further away from the centres.
- Tense family relations, insufficient communication skills, missing training and counselling system for parents, insufficient network initiatives to reduce health risks for children in problematic families.
- Insufficient availability of the assistance provided by child psychologists, child psychiatric treatment and diagnostic services, social workers, school psychologists and speech therapists.
- There is no integrated solution for the educational and treatment requirements of children with special needs.
- The evidence-based information environment on the protection and promotion of child development and health for parents, teachers and other child specialists needs further improvement and development.
- The routinely collected aggregated child and adolescent health statistics does not provide information on different target groups (segregated by the level of education, socio-economic situation, nationality) and cannot be used to plan preventive interventions for different target groups.

Priority courses of action in the area based on the above considerations:

- Development of physical and mental health and social development of children and adolescents;
- Prevention of injuries and violence among children and adolescents;
- Prevention of chronic diseases and the associated risk factors among children and adolescents.

The consequent strategic objective (SO) and targets (T) in this area are as follows:

SO 2: Child and adolescent mortality and primary morbidity due to psychic and behavioural disorders have decreased and the young people report increasingly positive assessments of their health.

Achievement of the strategic objective in this area is monitored through the following indicators:

Table 3. Indicators of progress in achieving the strategic objective of healthy and safe development of children and adolescents

Indicator	Baseline	Year	Year	Target level
	2006	2012	2016	2020
Infant death rate (number of infant deaths during the first year of life per 1,000 live births) Source: SE	4.4	3.6	3.0	2.6
Child and adolescent (age group 0-19) deaths rate per 100,000 people Source: SE	61	46	39	31
Child and adolescent (age group 0-19) accident, poisoning and injury deaths rate per 100,000 people Source: SE	30	23	19	15
Child and adolescent (age group 1-19) mental and behavioural disorders primary morbidity rate per 100,000 people Source: MoSA, NIHD	2,251	2,058	1,929	1,801
Percentage of children aged 11, 13 and 15 years reporting very good assessment of their health Source: NIHD, HBSC	31.5% (2005/2006)	32.9%	33.8%	34.7%

The following targets (T) have been identified in this area:

- T 2-1** Indicators of reproductive health and infant health have improved.
- T 2-2** Mortality of children in pre-school age due to injuries and poisoning and the mental and behavioural disorders primary morbidity rate have decreased.
- T 2-3.** Mortality of children and adolescents in school age due to injuries and poisoning and the mental and behavioural disorders primary morbidity have decreased and the young people report increasingly positive assessments of their health.

The following measures will be used to achieve the strategic objective in this area:

T 2-1

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Raise awareness of reproductive and sexual health issues; prevent unwanted pregnancies and sexually transmitted diseases; reduce the social and health problems caused by infertility.
- Promote health and healthy behaviour of pregnant women, breastfeeding of infants.
- Improve availability of high-quality healthcare, counselling and support services for pregnant women and families with infants.
- Ensure availability high-quality prenatal diagnostic services, screening programs for inheritable diseases and high-quality counselling services for pregnant women and infants.
- Raise parents' awareness and improve their skills in promoting the health and supporting the development of infants; raise parents' awareness of the nature, impact, prevention and damage limitation of the family and interpersonal violence.
- Promote prenatal and postnatal medical care through development of perinatal care indicators and regular monitoring. Create a system of medical monitoring and supportive care after active treatment to improve the quality of life of high-risk newborn.
- Improve the preventive health checks for early discovery of developmental and health disorders in children during the first year of life, counselling of parents and ensuring immunisation coverage.
- Monitor and assess regularly the population sexual and reproductive health and infant health indicators and impact factors through surveys, development of medical registers and health information systems and specification of the content of collected data.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Create motivating conditions for service providers to ensure availability of services (availability of premises, organisation of transport, etc.); develop cooperation and networking between different specialists (medical workers, social workers, teachers, etc.) to ensure continuity of services and correspondence to the needs of families and children.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Support the implementation of the principle of work-life balance to assist pregnant women and parents of infants and create workplace conditions supportive of healthy habits.

T 2-2

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in

cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Raise parents' awareness and improve their skills in promoting the health and supporting the development of children in pre-school age.
- Improve regular preventive health checks for early discovery of developmental and health disorders in children in pre-school age, counselling of parents, maintaining immunisation coverage and preventing dental problems.
- Improve the capacity of pre-school childcare institutions to promote child health and to support preparation for school, incl. provision of high-quality health and social skills education according to the national curriculum.
- Improve the capacity of general medical care providers and local governments to prevent injuries to infants.
- Monitor and evaluate regularly the developmental and health indicators of infants and their impact factors through the development of the health information system, surveys, specification of the content and indicators of the collected data.

Recommended measures on the local government level (in addition to T 2-1)

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Create opportunities for pre-school education and free preparatory education for all children in pre-school age.
- Improve the availability of support services for children with developmental or educational special needs (speech therapy, psychological assistance, special needs education) in cooperation with county counselling centres if necessary.
- Identify the risks of injuries and poisoning among children and adolescents and implement adequate preventive measures.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Implement in cooperation with parents and local governments in pre-school childcare institutions principles and measures for promotion of child health and development and prevention of health disorders and injuries.

T 2-3

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Prevent school dropout.
- Improve the capacity of schools and teaching staff to promote child health by developing high-quality health education for different age groups, teaching social skills according to the national curriculum and offering high-quality extracurricular education opportunities.
- Improve the interventions for prevention of injuries and poisoning and promotion of mental health during school years.
- Improve availability of psychological support for school children; improve assistance provided to children with mental or behavioural disorders or children who have experienced family violence or crises.
- Ensure modern long-term learning, treatment and rehabilitation services provided by qualified specialists in at least one residential education institution for children and adolescents with serious mental or behavioural disorders.
- Improve the efficiency, quality and reliability of the school healthcare service to prevent health problems and risk behaviour and reduce health-related restrictions to the use of educational opportunities; improve prevention of dental problems during school years.
- Ensure regular group and individual supervision and mentorship opportunities for teachers to prevent burnouts and improve the psychosocial school environment.
- Promote the activities of counselling committees and schools in supporting the development of students with special needs and management of health problems.
- Monitor and evaluate regularly the health indicators of children in school age and their impact factors through the development of the health information system, surveys, specification of the content and indicators of the collected data.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Develop networking (movement of information) between school, parents, social pedagogues/social workers to prevent school dropout among adolescents with risk behaviour and offer appropriate individual opportunities for continuation of the education path as necessary.
- Ensure availability of the services provided by the social pedagogues/social workers, school medical staff, health teachers, speech therapists, psychologists and other specialists in local schools.
- Develop cooperation with the non-profit sector to increase the range of youth education opportunities, incl. through open youth centres.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- In cooperation with the youth and local government implement in schools, special interest centres and groups the principles and measures for the promotion of child and adolescent health, development and social skills and prevention of injuries and violence.

Recommended measures on the level of individuals

Everyone can reduce their health risks by making conscious choices in their daily lives.

- The recommendation for parents, teachers and other adults is to improve their knowledge on the specifics of child health and development and age-related needs; refine the skills of conflict resolution, negotiations and other social and parental skills.
- The recommendation for children and adolescents is to care for the health and welfare of yourself and others by improving the necessary knowledge and social skills, being an active partner in the planning and implementation of educational and special interest activities, including health promotion activities.

Living, Working and Learning Environment to Support Health

Area description

The surrounding environment influences the health status more than many people realise. For better overview of the area, living environment is defined in this chapter as the environment that surrounds us outside the working and learning environment. The living, working and learning environment may include various hazards (chemical, physical, biological), mainly from products, structures, facilities, vehicles and industrial plants. A person may have direct contact with such hazards or be influenced by them through air, water and food. Contact with hazards may also occur through other people or animals. The negative impact from the living, working and learning environment may become manifest only after several years (for example, in the form of allergies, nerve damage or tumours). Frequently, several environmental hazards can influence human health simultaneously. Therefore, environmental health impact is a complex phenomenon that depends on the nature of environmental factors and length of exposure.

The chapter on living, working and learning environment of this document does not discuss social and psychosocial environmental factors but focuses on the negative health impact of biological, chemical and physical factors of the natural and artificial environments.

Main problems in the area

- People's awareness of the health risks from the living, working and learning environment and the risk management measures is low.
- The system for evaluation, management and notification of the health risks from the living, working and learning environment and consistent development of the behaviour and environment that supports health, i.e., the system for implementation of good practices, is not efficient enough.
- National level of preparation for the prevention of the spread of infection diseases, epidemics and pandemics is insufficient.
- The number of sick leave days due to occupational accidents and occupational diseases is high and this damages the national economy.
- Compliance with occupational health and safety requirements and product and food safety and health protection requirements is insufficient and, therefore, national surveillance needs improvement.
- All members of the society, incl. persons with special needs, do not have access or are unable to use the living, working and learning environment.
- There is no systematic overview of the significance of the health impact of the hazards from the living, working and learning environment and data collection on the hazards is unsystematic.

Priority courses of action in the area based on the above considerations:

- Raising the awareness of different target groups on the health risks from the living, working and learning environment and the risk management measures;
- Improvement of the system for evaluation, management and notification of the health risks from the living, working and learning environment;
- Improving the level of national preparation for the prevention of the spread of infection diseases, epidemics and pandemics;
- Improving monitoring in the living, working and learning environment;

- Improving occupational health procedures and significant improvement of the quality of occupational health services, ensuring the availability of these services to all employees.

The consequent strategic objective (SO) in this area is as follows:

SO 3: Health risks from the living, working and learning environment are reduced.

Achievement of the strategic objective in this area is monitored through the following indicators:

Table 4. Indicators of progress in achieving the strategic objective of the living, working and learning environment to support health

Indicator	Baseline	Year	Year	Target level
	2006	2012	2016	2020
Respiratory disease mortality rate per 100,000 people Source: SE	36.9	34.5	33.0	31.4
Number of fatal occupational accidents per 100,000 employed persons Source: Labour Inspectorate, SE	4.5	3.6	3.0	2.4
Number of working days lost due to occupational accidents per 100 employed persons Source: EHIF, SE	20	18	17	15
Health impact of work – percentage of employed persons who believe that their work deteriorates their health Source: EWCS	59	50	40	30
Food-related infectious diseases primary morbidity rate per 100,000 people Source: Health Protection Inspectorate	303	250	200	200
Percentage of population supplied with drinking water conforming to requirements Source: Health Protection Inspectorate	73% (2006)	86%	88%	90%
Percentage of persons diagnosed with or treated for asthma among the age group 16-64 Source: NIHD, Health Behaviour Survey	2.1%	1.8%	1.7%	1.5%
Annual average concentration of fine particles (PM10) in the air in Estonian cities ($\mu\text{g}/\text{m}^3$) Source: EEIC	20.7 (2005)	18	16	14

The following measures will be used to achieve the strategic objective in this area:

Measures on the government level

The task of the government authorities is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for

implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Update and improve the legal framework required for achieving a living, working and learning environment that facilitates preservation and improvement of health.
- Improve the system for evaluation, management and notification of the health risks from the living environment (incl. climate changes) as well as the working and learning environment.
- Improve the monitoring system (at different levels) of the living, working and learning environment; develop strong and coordinated cooperation.
- Raise awareness of the health risks from the living, working and learning environment.
- Train experts on the assessment of health risks from the living, working and learning environment and improve the quality of the health risks assessment service.
- Organise training events for the county government and local government specialists on the environmental health risks and relevant risk management opportunities.
- Conduct studies to evaluate the health impact of the factors of the living, working and learning environment and publish the study results.
- Develop cooperation between family doctors, occupational health doctors and health protection specialists to ensure prevention and efficient treatment of disorders and diseases, taking into account the links between negative health impact and the living, working and learning environment.
- Increase the percentage of population covered by immunisation.
- Ensure national preparation for the prevention of the spread of infectious diseases, epidemics and pandemics, incl. improvement of the required laboratory resources.
- Include occupational health and safety topics in the curricula of general and vocational education institutions.
- Improve occupational health procedures; improve significantly the quality of occupational health services and availability of these services to all employees.
- Develop a system of insurance for occupational accidents and occupational diseases and coordinate the implementation of the system.
- Ensure that all members of the society have access to the living, working and learning environment.
- Supply relevant target groups with guidelines to create a healthier living, working and learning environment (incl. development of such guidelines if appropriate).

Recommended measures on the local government level

The local governments organise implementation of the measures within the limits of their competence (incl. creation of the necessary legal bases) in the living, working and learning environment. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Identify hazards, adapt the planning and construction initiatives accordingly and inform people of the hazards.

- Raise people's awareness of the health risks from the environment and the relevant risk management measures.
- When developing indoor and outdoor public spaces, follow the principles that make the living, working and learning environment accessible and usable for everyone.

Recommended measures on the level of organisations and businesses

Contribute to the implementation of the strategic directions in the areas, informing people of the health risks and participate actively in the development of strategic directions.

- Organise health risk assessments during the development of strategic directions and adjust actions according to the results (incl. implementation risk management measures).
- Assess health risks in the company.
- Raise people's awareness of the possibilities for prevention and reduction of health risks.
- Facilitate health promotion activities at workplace.
- Organise work in compliance with guidelines and standards to reduce health risks from the living, working and learning environment.

Recommended measures on the level of individuals

Everyone can reduce their health risks by making conscious choices in their daily lives. Everyone is responsible for the living conditions in their homes. Everyone should keep in mind potential health risks to themselves and their neighbours and, if possible, implement health risk management measures already during the planning and construction of one's home.

- Be aware of the health risks from the living, working and learning environment and use risk prevention or management measures in your daily life and at workplace.
- Inform other people of the health risks from the living, working and learning environment.

Healthy Lifestyle

Area description

This chapter provides an overview of the possibilities to increase the range of healthy choices and reduce the level of risk behaviour. The direction of facilitating healthy choices and healthy lifestyle is associated with all other chapters of the Plan, but this chapter focuses on the main health risks and development of health behaviour. Children and youth are the main target groups in the promotion of healthy choices, because investment in the health of children and youth is one of the most efficient methods to ensure good health of future adults.

The risk factors of diseases and injuries are often interlinked and, therefore, their prevention should be approached in a complex manner. The main behavioural health impact factors include limited physical activity, imbalanced nutrition and risk behaviour, for instance, use of alcohol, tobacco and illegal drugs, gambling, risky sexual behaviour and unsafe traffic behaviour (speeding, failure to use safety belts and reflectors, etc.).

Health behaviour is directly influenced by personal attitudes, beliefs, values, awareness, skills and motivation. The surrounding living environment with its environmental, socio-economic and psychosocial factors determines to a large extent the nature of personal health decisions and the manner of health behaviour with regard to oneself and others.

Facilitation of healthy lifestyle requires cooperation between the representatives of different areas to implement measures for the development of health awareness and a health-supportive environment. Availability of physical exercise opportunities and nutritious food should be increased; availability of and demand for substances that cause physical and mental addiction should be decreased; and safe behaviour patterns in traffic, daily and leisure activities should be encouraged.

Main problems in the area

- Most school children do not exercise enough for normal physical development. Physical activity is also low among the adults, particularly in older age groups and groups in poorer socio-economic conditions.
- Information on the need to increase daily physical activity levels has been insufficient. Support of exercise activities in and outside schools is insufficient. The volume and quality of medical, information and counselling services for people who exercise (incl. young athletes) do not meet the requirements. The system for preparation of specialists in the field of exercising is weak. A network of accessible physical activity facilities, based on the location of residential areas and schools, has not been developed. All settlements do not yet have sports and play grounds in the vicinity of homes or schools.
- The consumption of fruit and vegetables, rye bread and fish remains below the recommended level while the consumption of food fats, sweets, meat products and salt exceeds the recommendations.
- There is a lack of complex interventions at schools and workplaces to improve catering in diners, food selling points or lunchrooms. The level of involvement of food processors in the facilitation of healthy nutrition is limited. There is no national system of education and professional qualifications of nutrition specialists. Vulnerable groups are targeted by food adverts that promote foods with high fat, salt or sugar content and low nutritional value. The state has not conducted complex risk studies on nutrition and food safety.
- Alcohol is consumed frequently and in large quantities, particularly by minors. Intoxication plays a significant role in deaths from injuries.

- Alcoholic drinks are easily available to young people. Surveillance of the compliance with existing alcohol regulations is insufficient. Intense alcohol promotion through media and high number of popular events that encourage alcohol consumption are phenomena characteristic of the current situation. A system for early discovery of alcoholism and alcoholism counselling, as well as opportunities for treating alcohol addiction have not been developed.
- The decrease in the number of daily smokers is slower among women than among men. The percentage of smokers is higher among people with lower income levels, other nationalities and unemployed persons. People start smoking at younger age. Popularity of water pipe and smoke-free products, particularly lip tobacco, is increasing among young people. The percentage of people who live and smoke in the same room is high among people with lower level of education.
- The age when people first use illegal drugs is constantly lowering. The numbers of intravenous drug users, drug-related offences, stimulant injections and mixed consumption have increased, as well as the spread of HIV among intravenous drug users.
- Sexual transmission of HIV has become more frequent. The number of new adult infection cases has increased due to the limited use of protection.
- Problems associated with gambling, such as health problems, abuse of addictive substances, economic ruin, social isolation, violence and crime, have become more common.
- Availability of addiction counselling services is not ensured for everyone who needs these services. Availability of support services for family members of addicts is insufficient. The number of child psychiatrists, child protection specialists and social workers is insufficient and they experience high workloads.
- There are no consistent studies on the impact factors and attitudes that determine the exercise and nutrition patterns of the population and different risk groups; monitoring of child obesity trends (incl. anthropometric indicators monitoring) is insufficient; and planning of efficient interventions is complicated. There are no regular risk studies on nutrition and food safety.
- Data collection for injury prevention is insufficient.

Priority courses of action in the area based on the above considerations:

- 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 the environment that facilitates healthy choices;
- Creation of health-supportive environment for children and adolescents through the increased impact of protective factors.

The consequent strategic objective (SO) in this area is as follows:

SO 4: Physical activity of the population has increased, nutrition is more balanced and the level of risk behaviour has decreased.

Achievement of the strategic objective in this area is monitored through the following indicators:

Table 5. Indicators of progress in achieving the strategic objective of healthy lifestyle

Indicator	Baseline	Year	Year	Target
	2006	2012	2016	level 2020
Percentage of overweight persons in the age group 16-64 Source: NIHD, Health Behaviour Survey	31%	28%	26%	25%
Percentage of obese persons in the age group 16-64 Source: NIHD, Health Behaviour Survey	15%	13%	13%	12%
Percentage of overweight school students Source: School health reports of EHIF	7.8% (2006/2007)	7.0%	6.5%	6.0%
Number of new HIV infection cases per 100,000 people Source: Health Protection Inspectorate	47.2 (2007)	30	20	15
Percentage of pregnant women with HIV among all pregnancies Source: Health Protection Inspectorate	0.3%	<1%	<1%	<1%
Percentage of young people (age group 15-16) who have tried illegal drugs Source: ESPAD	33.5 (2007)	29	24	21
Number of fatal accidents, poisonings and injuries per 100,000 people Source: SE	121	95	78	61
Number of people killed in traffic accidents with participation of intoxicated drivers Source: Road Administration	53	35	25	15

The following targets (T) have been identified in this area:

T 4-1 Physical activity of the population has increased.

T 4-2 Nutrition habits of the population have improved.

T 4-3 Risk behaviour of the population has decreased.

The following measures will be used to achieve the targets in this area:

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Raise people's awareness of physical activity as a means to support health and exercising opportunities, and integrate exercising topics (incl. consideration of the physical abilities of students) in the basic and in-service teacher education and national curricula; ensure availability of relevant materials and training to target groups and stakeholders.
- Provide an environment and infrastructure that supports physical activity (incl. health promotion networks, school sports, exercise counselling and medical services).
- Regularly monitor and assess the exercise habits of the population, the impact factors that affect the level of exercising and the relevant interventions; update the database of sports statistics.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Adjust the local government development plans on the basis of the assessment of local physical activity facilities and recommended norms for sports facilities; invest in the creation of infrastructures to facilitate exercising.
- Increase the opportunities for the people to engage in physical activities during leisure time.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Distribute information on exercising to the staff and acknowledge physically active persons as role models.
- Promote physical activity in the organisation.
- Develop information and study centres in cooperation with national and regional sports associations and health rooms, and exercise and health tracks in cooperation with the public sector.

Recommended measures on the level of individuals

Everyone can reduce their health risks by making conscious choices in their daily lives.

- Improve your knowledge of the benefits of physical activity and use available opportunities and services for exercising.
- Support the development of healthy physical activity patterns in family members, offering a positive example and actively involving others.

T 4-2

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures.

Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Raise people's awareness of balanced and nutritious diet and integrate the nutrition and food topics in basic and in-service teacher education and national curricula; ensure availability of relevant materials and training to target groups and stakeholders.
- Provide an environment that supports healthy nutrition choices and facilitates compliance with balanced nutrition principles in institutional catering.
- Develop nutrition counselling services and ensure availability of these services to risk groups.
- Regularly monitor and assess the population nutrition patterns, overweight trends (incl. monitoring anthropometric indicators) and relevant interventions, and analyse the nutrition risk-benefit evaluation results (nutrition, food safety, etc.).

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Integrate the topic of balanced nutrition and catering in the local government development plans.
- Support institutional catering and oversee compliance with legislation on food and nutrition within the limits of competence.
- Develop and implement a concept of support activities to ensure availability of nutritious diets to vulnerable groups.
- Support organisations and projects that promote healthy nutrition.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Reduce the salt, sugar and fat content in products where possible; make nutritional information of products easily accessible to the consumers.
- Promote positive role models in the media; avoid misinformation in advertising and do not take advantage of gullibility of vulnerable groups; promote education programs on healthy nutrition in the media.
- Promote healthy nutrition in the organisation.

Recommended measures on the level of individuals

Everyone can reduce their health risks by making conscious choices in their daily lives.

- Improve your knowledge of balanced and nutritious diets and food labelling; make use of the opportunities and services of healthy nutrition.
- Support the development of healthy nutrition patterns in family members, offering a positive example and actively distributing information on healthy nutrition.

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Raise people's awareness of risk behaviour and integrate the topics of risk behaviour in basic and in-service teacher training and national curricula; teach life skills in general and vocational education institutions and among the youth exhibiting risk behaviours or belonging to vulnerable groups; ensure availability of relevant materials and training to target groups and stakeholders (incl. peer education); develop recreational opportunities in cooperation with partners.
- Restrict advertising and promotion of addictive substances and implement social marketing and counter-advertising measures.
- Improve surveillance of compliance with legislation on processing and use of addictive substances and impose immediate and effective sanctions on offenders.
- Ensure availability of reliable and high-quality damage limitation services (incl. counselling, substitute treatment), injecting equipment and condoms to various target groups.
- Carry out prevention of high-risk sexual behaviour and HIV infection in various target groups, distributing information, developing attitudes and skills, organising training events and ensuring availability of testing and means of protection.
- Ensure availability of high-quality addiction counselling, addiction treatment and rehabilitation services to persons who need them.
- Develop support networks for vulnerable groups and increase the number of competent people working in the prevention of risk behaviour, addiction treatment and rehabilitation, offering training and in-service training to specialists.
- Develop and implement principles of prevention for excessive use and abuse of alcohol, injuries and gambling addiction.
- Carry out regular monitoring of behaviour, prevalence of addictive substances and consequences of consumption; study the risk behaviour impact factors and evaluate efficiency of interventions.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Integrate the topic of prevention and reduction of risk behaviour in the local government development plans.
- Secure the required number of qualified child protection specialists and social workers to meet the local needs.
- Facilitate creation and activities of self-support and support groups.
- Provide financial support or other necessary resources to the organisations and projects that deal with prevention and resolution of risk behaviour.

- Promote lifestyles without addictive substances and create alternative recreational opportunities.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Create positive role models in the media with the assistance of media organisations and offer entertaining educational programs in the media to reduce risk behaviour.
- Consider the principles of prevention of risk behaviour in product development and marketing, avoiding products and adverts that could attract minors; retail sellers should eliminate the possibility of selling alcohol to minors.
- Civic associations and NGOs should develop their cooperation; they should initiate, plan, develop and implement preventive actions in cooperation with public organisations; ensure compliance of their activities with international standards.

Recommended measures on the level of individuals

Everyone can reduce their health risks by making conscious choices in their daily lives.

- Improve your knowledge and skills, making use of the opportunities, services and resources to prevent and reduce risk behaviour, and support healthy behaviour in your family members.
- Avoid alcohol and tobacco use in public places and use protective equipment (safety belts, condoms, etc.).

Development of Healthcare System

Area description

According to the latest studies, the healthcare system can influence up to 30 % of the public health. Social development creates new challenges that require balancing and compromises between different interest groups in the society.

Every health policy decision affects population welfare and health. Management of the healthcare system means balancing the needs and resources, ensuring availability of high-quality healthcare services that meet the needs of the people through optimal use of resources.

The Estonian healthcare system experienced major changes after regaining of independence. Healthcare reforms started in 1992 with the transition to healthcare financing through health insurance on the basis of the solidarity principle, which led to the separation of healthcare service providers from the financier of healthcare and creation of contractual relations between the Health Insurance Fund and healthcare service providers. The second important change in Estonian healthcare system was reorganisation of the service provider network by establishing a primary level of family doctors and an optimised network of hospitals.

The public sector plays a significant role in Estonian healthcare system, organising the provision of healthcare and ensuring availability of healthcare services. However, several principles from the private sector have been applied to improve efficiency and flexibility of the healthcare system. Thus, all providers of healthcare services operate under private law. Most family doctors are self-employed persons or business owners and salaried workers while hospitals are registered as foundations or public limited companies. To ensure compliance of the hospital operations with public interests, the owner of an hospital could be the state, local government or some other public organisation that directs the daily work of the executive management team through the supervisory board.

The healthcare system must be focused on the patient to ensure consistent treatment. This requires cooperation and coordination between primary, specialised and nursing/welfare care. Another aspect is provision of information to the patient, which means both the skill to use the healthcare system and awareness of one's health problems and treatment options.

Main problems in the area

Funding

- The limited income base of health insurance could endanger sustainability of healthcare funding when the needs of the people grow and services become more expensive.
- Increasing patient cost-sharing in payments for healthcare and medication, which endangers particularly people with chronic diseases and lower income levels.

Resources

- The human resources and infrastructure capacity of healthcare service providers are limited.
- Competency assessment of healthcare workers is not sufficiently coordinated.
- There is no system to assess the actual need for expensive medical equipment.
- There are disparities in the availability of medication.

- The hospital network is inefficient; for example, the level of occupancy of some treatment beds is low in the hospitals, which indicates a need for continued restructuring of the services.

Services

- Ageing of population increases the need for nursing/welfare care.
- Long waiting lists for specialised medical care.
- Low percentage of day care services in specialised medical care.
- Disparities in the availability of primary healthcare services.

Management

- People lack knowledge of where to go to protect their rights when they are not satisfied with the provided healthcare service.
- Different management, organisation and funding of nursing care and welfare services.
- Insufficient information exchange between different healthcare service providers.
- Lacking system of operational indicators of healthcare service providers.

Priority courses of action in the area based on the above considerations:

- The healthcare system must be fair, ensuring availability of high-quality healthcare services through optimal use of resources;
- The healthcare system that employs qualified and motivated medical workers must focus on the patient;
- Healthcare is funded according to the health insurance solidarity principle, ensuring equal access to and quality of healthcare services to all persons with health insurance;
- Healthcare funding system must be sustainable in the long term to ensure availability of high-quality healthcare services and protect people from financial risks.

The consequent strategic objective (SO) and targets (T) in this area are as follows:

SO 5: All people have access to high-quality healthcare services through optimal use of resources.

Achievement of the strategic objective in this area is monitored through the following indicators:

Table 6. Indicators of progress in achieving the strategic objective of healthcare system development

Indicator	Baseline	Year	Year	Target level
	2006	2012	2016	2020

Number of doctors per 100,000 people Source: MoSA, NIHD	327	320	320	320
Number of nurses per 100,000 people Source: MoSA, NIHD	656	761	830	900
Percentage of people who are fairly or very satisfied with the quality of medical care Source: MoSA, survey 'Satisfaction of Residents with Healthcare Services'	69% (2007)	70%	71%	72%
Percentage of people who believe that accessibility of medical care is good or very good Source: MoSA, survey 'Satisfaction of Residents with Healthcare Services'	60% (2007)	62%	65%	68%
Percentage of household expenditures on the total healthcare expenditures Source: MoSA, NIHD	24%	<25%	<25%	<25%

The consequent targets (T) in this area are as follows:

- T 5-1** Development of patient-centred healthcare system through better information of people and better coordination between the different levels of medical care.
- T 5-2** Ensuring availability of high-quality healthcare services through development of primary medical services, optimisation of the active care hospital network and development of nursing/welfare care.
- T 5-3** Ensuring long-term sustainability of healthcare funding while protecting people from financial risks in case of health problems.

The following measures will be used to achieve the targets in this area:

T 5-1

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Protect the rights of patients and raise their awareness of their rights in the healthcare system.
- Update and rearrange the legal framework for the organisation of emergency medical care training.
- Promote teaching of healthcare knowledge at schools.
- Conduct patient and staff satisfaction surveys, analyse results and provide feedback.
- Develop and implement a system of service quality indicators.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Improve cooperation with family doctors in the implementation of information distribution initiatives and prevention programmes.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Conduct patient satisfaction surveys, analyse results, provide feedback and make necessary adjustments.
- Conduct staff satisfaction surveys, analyse results, publish the results and make necessary adjustments.
- Develop quality management systems; ensure that patients and employees are familiar with these systems.
- Develop and implement customer service standards.
- Organise counselling and training on coping and disease management for patients and family members and distribute information materials.
- Organise first aid trainings.

Recommended measures on the level of individuals

Everyone can reduce their health risks by making conscious choices in their daily lives.

- Observe a healthy lifestyle.
- Participate in first aid training.
- Improve your knowledge of healthcare through lifelong learning.

T 5-2

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Ensure availability of optimal standardised emergency medical care service to all who need it.
- Promote cooperation of emergency medical care and other service providers with operational services to ensure preparation for efficient action in emergency situations (training and exercises, required resources).
- Develop the home nursing service and other primary healthcare services.

- Ensure availability of general medical care during the non-working hours of the family doctor.
- Centralise the planning and organisation of primary healthcare services.
- Improve availability of specialised medical care services by reducing the waiting lists.
- Refer persons who need nursing care to the correct level of treatment and/or welfare system; increase the percentage of day and home care services.
- Ensure an optimal number of motivated employees.
- Motivate health promotion and disease prevention.
- Build a modern healthcare infrastructure in accordance with the development of medicine and the requirements for medical care.
- Improve cooperation and information exchange between different service providers and their cooperation with other fields (education, social welfare, etc.).
- Apply the principles of e-Government and innovative solutions.
- Improve monitoring efforts; increase the number of clinical audits.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases). Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Participate in the construction and maintenance of the infrastructure for primary healthcare services.
- Develop integrated nursing care service.

Recommended measures on the level of organisations

Support the achievement of the strategic objective in the area by creating a health-supportive physical and social environment.

- Analyse the satisfaction of healthcare workers and increase satisfaction through a motivation system.
- Organise, evaluate and support in-service training for healthcare workers.
- Prioritise health promotion and disease prevention.
- Organise regular competency assessments.
- Improve cooperation with the University of Tartu and higher medical schools for the purposes of staff planning, training and recruitment.
- Build a modern infrastructure in accordance with the development of medicine and the requirements for medical care.
- Use modern information technology and communication tools (incl. remote medicine).

T 5-3

Measures on the government level

The task of the government level is to develop the strategic development directions for the areas, design the required measures for the implementation of these directions (in cooperation with local governments if necessary), update the legal framework required for implementation and allocate the required resources for the implementation of measures. Ensure sufficient distribution of information, enabling conscious choices to reduce health risks.

- Cover the entire Estonian population with health insurance.
- Draft predictions of the future need for medical care, taking into account the regional aspects of disease burden.
- Ensure safety, quality and availability of medication, blood products and medical equipment.
- Ensure financial sustainability of the health insurance system.

Recommended measures on the local government level

The local governments implement the measures within the limits of their competence (incl. creation of the necessary legal bases).

- Ensure medical care beyond emergency care to persons without health insurance.

11. System of NHP Management

The National Health Plan 2009-2020 integrates groups of measures for diverse areas and a system of indicators to monitor progress towards the goals of the strategy. Many of these indicators are associated with various biennial population surveys and, therefore, the whole of the indicators can be updated only biannually.

Efficient implementation of the measures of the National Health Plan requires: an overview of previous actions, evaluation of the achievement of interim objectives as a result of these actions, updating of priorities and actions, and implementation of planned changes. However, there are disparities in the regularity of the listed actions. For example, plans for the implementation of measures and the associated financial resources are drawn up annually, but changes in population health are relatively slow and it would be more practical to monitor them with longer intervals. Therefore there are three management cycles for the National Health Plan:

- Annual cycle, which includes an overview of the actions of the Plan and operative management decisions on the funding and implementation of actions;
- Biannual cycle, which includes, in addition to operative management decisions, updates to the Plan indicators, compilation of a performance report and a government decision on the previous actions and potential new directions. The reason for biennial updating of indicators is the fact that the population surveys used for that purpose are carried out with such intervals;
- Four-year cycle, which includes the work of the research council in addition to the above.

In order to prepare the Plan performance reports and the final report, the ministries submit to the Ministry of Social Affairs summaries of the implementation of measures and actions in their government area. The Ministry of Social Affairs prepares the report, which is subject to endorsement by the ministries, and submits it by 30 July at the latest (by 30 June 2021 in case of the final report) to the Government of the Republic for approval.

Management bodies

As indicated above, a more thorough evaluation and review of objectives of the National Health Plan is organised every four years. This review comprises four main stages, with a specific management body being responsible for each stage. These four stages are based on the different activities of Plan management and have been depicted on Figure 4B, reflecting their approximate positioning within a year.

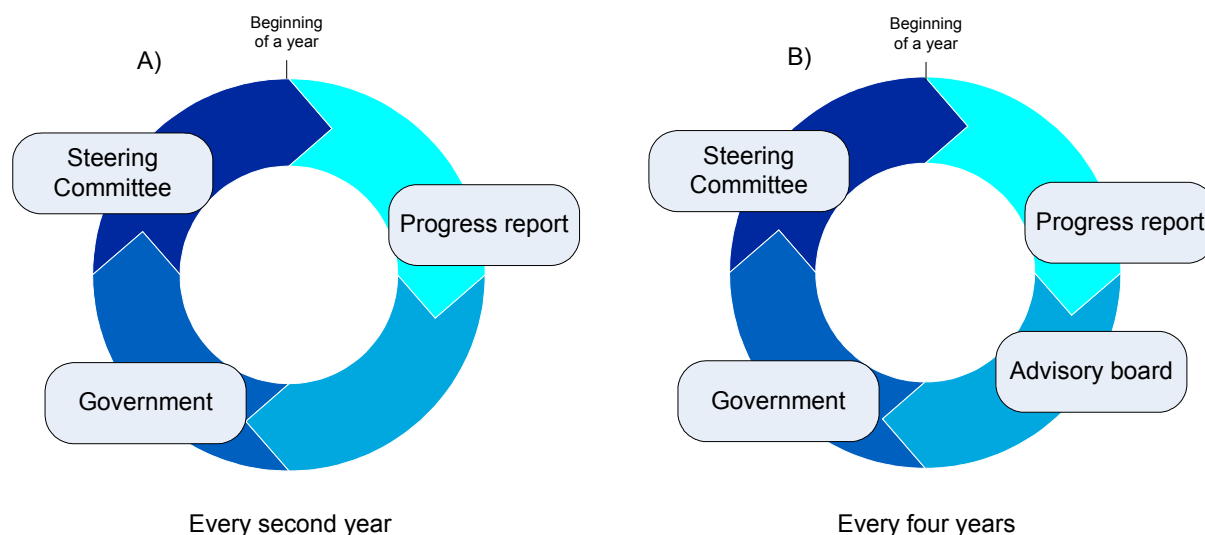


Figure 4. The annual management cycle of the National Health Plan with different management bodies

The following is a more detailed description of the responsibilities of the management bodies of the National Health Plan:

1. Area specific expert groups and performance/action report

The Ministry of Social Affairs collects information on the NHP indicators, actions carried out in the last year and progress made in achieving the strategic objectives of NHP. The area specific expert groups that participated in the development of the National Health Plan constitute the basis for subsequent expert groups for the assessment of Plan performance. The Ministry of Social Affairs compiles an overview of actions and indicators, which is assessed by the expert groups and is then used by the Ministry of Social Affairs to prepare a summary of the preceding period. This in turn constitutes the input for the work of the next management body.

2. Advisory panel

The advisory panel includes leading researchers of various special fields from Estonia and abroad as well as representatives of different organisations, such as WHO and DG SANCO. Selection of researchers for the panel is based on the principle that specialists in the following thematic fields should be represented: health systems, healthcare, population health, prevention, health behaviour, environmental health, epidemiology and social cohesion. The task of this management body is to provide an impartial assessment of the efficiency of previous actions of the Plan for the achievement of established objectives, using the summary of the previous management cycle as one of the bases for assessment. In addition, the advisory panel should make recommendations for activities in the next period, based on its assessment of previous activities and its expert knowledge of the development of health systems and health research in the world.

3. Government of the Republic

The Government of the Republic receives for discussion the report on the last period of NHP and recommendations of the advisory panel, if available. Desirably, they should be previously endorsed by the steering committee. The purpose of discussion is to ensure compliance of the plan of future actions under NHP with other envisaged development directions and actions in the country. The results of the Government of the Republic session are used to establish the priorities and interim targets for the next period of NHP implementation, which then become the responsibility of the steering committee.

The report on the last period of NHP and recommendations of the advisory panel are also submitted to the Finance Committee of the Riigikogu for information.

4. Steering committee

The steering committee of the National Health Plan is comprised of the representatives of different ministries whose job description should preferably include tasks related to planning and implementation of the State Budget Strategy (SBS). In addition, the steering committee should include one representative of local governments and one representative of non-governmental organisations. The steering committee may involve specialists and representatives of different fields in its work as necessary.

The task of the steering committee is to plan specific actions and the required financial resources for the next period of NHP. In doing this, the committee should be guided by the results of the analysis of the previous period, recommendations of the advisory panel and goals identified by the government. Each member of the steering committee is held accountable by the committee for the organisation of actions by the respective ministry or group of stakeholders, achievement of objectives in the respective government area and submission of the information required for reporting to the Ministry of Social Affairs and expert groups.

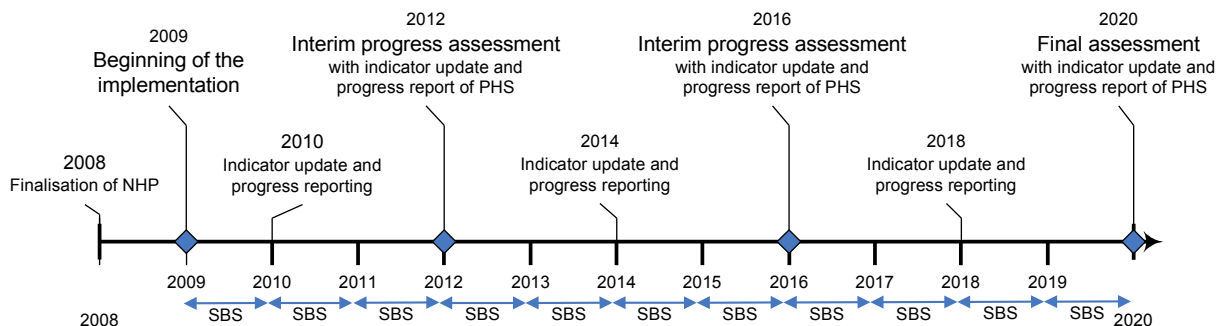


Figure 5. Timeline of management cycles, progress reports and indicator updates in relation to planning cycle of State Budget Strategy (SBS)

An integrated picture of the different management cycles of NHP is shown on Figure 4 where annual update of the overview of actions (which is the basis for the work of the steering committee) is supplemented by updates to the Plan indicators and a thorough review of the current actions.

Additionally, Figure 5 depicts NHP management cycles and progress reports in relation to planning cycle of SBS.

Implementation of the National Health Plan is coordinated by the Ministry of Social Affairs. Other participants in the implementation of the Plan in addition to the bodies in the government area of the Ministry of Social Affairs include the Office of the Minister Urve Palo, Ministry of Defence, Ministry of the Environment, Ministry of the Interior, Ministry of Education and Research, Ministry of Agriculture, Ministry of Culture, Ministry of Justice, Ministry of Economic Affairs and Communications, local governments and citizens' associations.

12. NHP Implementation Plan and Predicted Cost

The National Health Plan is a framework document, which is implemented mainly through existing or future specific area development plans of the Ministry of Social Affairs and other ministries, and, therefore, any requirements for additional financial resources will be established in the course of development and updating of these specific area development plans and drafting of the State Budget Strategy and the State Budget Act. The National Health Plan will be implemented mainly through funding from the state budget allocations for the government area of the Ministry of Social Affairs and other ministries. Additional financial resources will be planned in the course of state budget drafting.

Abbreviations

AIDS	– Acquired Immune Deficiency Syndrome
DG	– European Commission General Directorate for Health and Consumers
SANCO	(<i>Direction Générale de la santé et des consommateurs</i>)
EC	– European Commission
EEIC	– Estonian Environment Information Centre
EHCI	– <i>Euro Health Consumer Index</i>
EHIF	– Estonian Health Insurance Fund
EHS	– Estonian Health Survey
ESPAD	– European School Survey Project on Alcohol and Other Drugs
EU	– European Union
EWCS	– European Working Conditions Survey
GDP	– Gross Domestic Product
GO	– General objective of this strategy
GR	– Government of the Republic of Estonia
HBEAP	– Survey Health Behaviour among Estonian Adult Population
HBS	– Household Budget Survey
HBSC	– Health Behaviour in School-aged Children
HIA	– Health Information and Analysis
HIV	– Human Immunodeficiency Virus
HPI	– Health Protection Inspectorate
LI	– Labour Inspectorate
MoA	– Ministry of Agriculture
MoC	– Ministry of Culture
MoD	– Ministry of Defence
MoE	– Ministry of the Environment
MoEAC	– Ministry of Economic Affairs and Communications
MoER	– Ministry of Education and Research
MoF	– Ministry of Finance
Mol	– Ministry of the Interior
MoJ	– Ministry of Justice
MoSA	– Ministry of Social Affairs
NGO	– Non-governmental organisation
NIHD	– National Institute for Health Development
NHP	– National Health Plan

SBS	– State Budget Strategy
SE	– Statistics Estonia
SE21	– Sustainable Estonia 21 (development plan)
SO	– A strategic objective of this Plan (1...5)
T	– Target arising from a strategic objective of this Plan (there can be up to four targets under one strategic objective)
UN	– United Nations
WHO	– World Health Organisation

References