

## **Action Plan of the National Health Plan (NHP) for 2011**

### **Introduction**

After two years of economic recession forecasts predict an economic recovery in 2011. One still cannot plan a significant resource increase for public health and healthcare activities, but at the same time budget cuts are in the past and both development of new and expansion of existing activities can continue for support of population health.

In 2011 more than ever attention has to be paid to the prevention of long-term unemployment and the health risks it causes. Other important challenges include the need to further reduce socioeconomic inequalities and especially poverty risk of children; improvement of occupational health; promotion of healthy diet and physical exercise; reduction of alcohol related harm; support to local injury prevention projects; and improvement of access to medical care.

An overview of the main NHP activities planned in 2011 follows below whilst the emphasis is on the new activities planned. The detailed action plan of the NHP for 2011 is available on the website of the Ministry of Social Affairs at [www.sm.ee](http://www.sm.ee).

### **Strategic Area I – Social Cohesion and Equal Opportunities**

**Prevention and reduction of unemployment and attention to the mental health problems of the unemployed** remain a priority in area I of the NHP. The main emphasis is on measures that prevent long-term unemployment (training, re-training). Psychological counselling is also offered as an labour market service to support the mental health of the unemployed. Finances of the Unemployment Insurance Fund are used to safeguard the sustainability of active labour market services.

Planned **expenditures of social insurance** will increase in 2011 primarily on account of the increase in the number of people in need of assistance, the amount of subsistence benefit, the number of pension recipients and the increased duration of service provision. Levels of the subsistence allowances will be increased to 1,200 kroons per the first member of a household and to 960 for every next member. There will also be one new benefit in 2011: contributions to the second pension pillar on behalf of parents on parental leave.

Reorganisation of special care institutions in social care system to **improve access to services** includes construction of sheltered accommodation in a village type community setting for people with special needs and replacement homes for children.

**Update process of the Public Health Act will start in 2011** to modernise public health services provided as well as service provision and to increase the motivation of local authorities and organisations to improve population health. The concept development workgroup formed will put together a proposition package for amendment of the Act and other related legislation. The workgroup will consist of representatives of county governments, local authorities, citizens' associations, various authorities and health experts.

The public health programme and open calls funded by the **European Social Fund (ESF)** will continue contributing to the improvement of social cohesion and equal opportunities. The activities include training of health promotion specialists of local authorities, support to the preparation of local health profiles and action plans; and support to development of the county expert network. The projects of local authorities concerning healthy diet, physical activity, health information, mental health, health promotion at workplaces, services for HIV-positive people and illicit drug users will be able to apply for funding from the ESF open

calls in "Promotion of Healthy Choices and Lifestyles" programme. Publication of informational and training materials, organisation of information dissemination events and training about stroke, diabetes and musculo-skeletal diseases are supported in order to empower general public, patient associations and other NGOs in the area of health.

**Civil society actions are supported** by the new "Development Plan for the Promotion of Civil Society 2011-2014" which expands current measures in the area. Preparation of good practice guidelines on public service delegation to non-profit sector and clarification of regulatory framework for all aspects of voluntary donations can be given as examples of the activities started in 2011.

## **Strategic Area II – Safe and Healthy Development of Children and Young People**

Supporting infertility treatment and pre- and postnatal diagnostics will continue in 2011 in order to **improve reproductive and infant health**, and pregnancy crisis counselling. The activities of the network of sexual health counselling centres for young people and counselling in amor.ee will also continue to the same extent as before.

Implementation of the "Development Plan of Children and Families 2011-2020" will start. The topics of the development plan are supporting parents, preschool education and childcare, protection of children's rights and organisation of child protection for the purpose of dealing with issues of child and family policies more comprehensively than before.

It will be possible to collect the data of all health checks and vaccinations of children aged 0-19 with the Health Information System from the next year onwards. All health service providers must have the IT capacity to send data to the central database by the end of 2011. The collected information will be used to plan intervention activities for the promotion of the health of children of different ages.

The development and distribution of information and guidelines to parents will continue in order to **reduce the health disorders of preschool children**. Guidelines on how to avoid injuries will be prepared for family nurses to help them and parents in identification of the various threats to children at home and to emphasise the need to supervise children. Injury risk assessments will be conducted in all nursery schools and action plans for reducing these risks will be prepared as a result of the amendments to the health protection requirements for preschool children's institutions agreed in 2010.

The activities of the children's dental health project funded by the Estonian Health Insurance Fund (EHIF) will expand in 2011. The project includes practical training in how to look after the teeth of children aged 3. The goal is to include at least 40 nursery schools from all counties and parents in the activities of the project.

It is particularly important to pay attention to the increased poverty risk of children and the resulting negative impact on health in order to **reduce health disorders among school-age children**. The work of information and counselling centres for young people in counties will continue their work in the prevention of mental health issues in 2011. The centres offer children the help of special education teachers, social pedagogues, speech therapists and psychologists.

Three projects are planned for 2011 that aim to prevent children dropping out of school and to promote the mental health of students and school staff. The guidelines for mental health assessment for school nurses will be prepared in 2011. Its purpose is to help school and family nurses to identify children with mental health problems and refer them to specialists in time. The project of safe Internet use by children, which increases the awareness of children

and parents of the threats associated with Internet use and how to avoid them, will also continue.

There are plans to prepare new study materials in association with the National Institute for Health Development (NIHD) and the Ministry of Education and Research (MER) and organise training for teachers within the scope of the implementation of the new study programme of preschool and primary education.

Discussions of changing the content of basic training in swimming are planned for the next year. The Ministry of Culture proposed a follow-up training programme in swimming in the sixth form.

Efficiency improvements of interventions combating increasing overweight among children and adolescents are needed in coming years. It is necessary to implement systematic and targeted activities for the development of the health of the schoolchildren in the risk groups and improve synergy between different activities in the target groups..

### **Strategic Area III – Healthy Living, Working and Learning Environment**

More attention will be paid to the assessment of the health risks arising from the living, working and learning environment. Also informing the population of these risks, within the areas of responsibility of the Health Board (environmental health, chemical safety, monitoring of infectious diseases and epidemic control) will gain priority in 2011. A **risk assessment bureau**, whose main tasks are to analyse the health threats and risks of the living environment, to prepare guidelines for the assessment of the impact of environmental risks on health and to inform the general public of health risks in the living environment and the opportunities of avoiding them, will be created for this purpose. Repetition of the "Against Flu" campaign is planned as well.

Health days that introduce the principles of healthy diet and prevention of poisoning and infectious diseases **will be organised to enhance the health safety of children**. The Health Board will conduct the research programmes "Environment That Prevents Allergies" and "Living Environment in Replacement Homes" in order to raise awareness of the risks to children's health. The Ministry of Economic Affairs and Communications will continue implementing the measure "Home Support for Families with Many Children" in order to improve the living conditions of families.

One of the highest priorities in chemical safety is to conduct a mapping study on the use and handling of hazardous chemicals in Estonia.

The development of an occupational accident and disease insurance system will be initiated again in the **field of occupational health and safety**. A **legal analysis of the Occupational Health and Safety Act**, will be conducted within the scope of the "Occupational Health and Safety Strategy for 2010-2013", which includes an analysis of the legal space and comparing it with the best international practice.

In order to improve food safety, the Ministry of Agriculture will conduct a study to measure the dietary habits of the Estonian population, including an assessment of the consumption and quantities of different foods in order to estimate analysing the risk arising from food. The study is a part of the pan-European study of dietary habits planned by the European Food Safety Authority (EFSA) for 2012.

Construction of the public water supply and sewerage system that meets all health safety requirements will continue in the **field of drinking water and wastewater**. The goal is to

increase the proportion of population connected to public water supply system and receiving high quality drinking water to 85% in 2011 (72% in 2009). The resources of the Environmental Programme and the ERF will be used to support these construction activities. The funds available from the first source depend on the environmental fees collected, the funds planned by the second source for 2007-2013 amount to 6.4 billion kroons.

#### **Strategic Area IV – Healthy Lifestyle**

The work aimed at **supporting physical activities** will continue within the scope of the new “Estonian Strategic Development *Sports for All* Programme 2011-2014”, which should result in 45% of the population exercising regularly by 2014. Financial support will continue for the campaign "Estonia Moves", various sporting events, sports days aimed at participation and the joy of being active, and other events. Instruction and training of activity planners, leaders of local governments, town planners and others plays an important role in supporting physical activity habits. The NIHD also organises instruction about physical activities and exercise habits for family doctors and nurses to ensure better patient instruction on healthy and active lifestyles. Similar training for parents is also planned. Information about physical activities and exercise options will be available on the website [www.trimm.ee](http://www.trimm.ee).

Establishment of regional recreational sports centres and a network of exercise sites will also continue in addition to the above.

Increasing awareness of **healthy diet** and reducing barriers to healthy diet remains a priority of public health, because the share of overweight schoolchildren has reached approximately 10% in the last five years and almost a half of adults are overweight. A workgroup will be created that prepares a best practice package of proven measures aimed at reducing overweight and obesity in the population. Training sessions about healthy diet and physical exercise for family doctors, nurses and school caterers is in planning as well. A training programme for nutritionists will be developed and specific curricula items are planned to be commissioned from educational institutions. National information campaigns; the free milk, fruit and lunch programmes in schools; the study programme for popularising rye bread; and the organisation of the Milk Day and Bread Day will continue. The process of updating the nutrition and food recommendations for various target groups will also start.

**The continuing reduction of smoking and hazardous alcohol consumption** is important due to the high impact these behavioural risks have on the emergence of many diseases. Family doctors, nurses and health counsellors will be provided with training on early identification of hazardous alcohol consumption. All these specialists as well as leaders of local governments, health promotion specialists in counties and other officials will be provided with information regarding methods, importance and potential benefits of creating a alcohol counselling system. A discussion for imposing further restrictions on alcohol advertising (governed by the Advertising Act) has started and will continue in 2011.

Development of the website [www.alkoinfo.ee](http://www.alkoinfo.ee) and public information campaigns on health threats of alcohol use will also continue. Amendments of the Tobacco Act and associated legislative documents are planned to cover non-traditional tobacco products like waterpipe (hookah) and e-cigarette.

The main focus in the **prevention of injuries** in 2011 is on the activities of the local injury prevention projects funded by the Estonian Health Insurance Fund. Work in municipalities focuses on improving functioning of cooperation networks for injury prevention; need and ability-based strategic planning including raising the awareness of parents. Young people will

be engaged in finding better awareness raising solutions among young people in the area of alcohol risks injury prevention. Elderly people will gain from activities to reduce home-related injury risks. Traffic injuries will be targeted by further education, training, dissemination of information materials and awareness studies carried out by the Road Administration in preschool children's institutions and schools. A system of refresher training in traffic safety for motorists will be created and national traffic safety campaigns will continue. The Rescue Board is planning to inform the population about fire and water safety and organise fire safety counselling for its partner institutions to guarantee their ability to make developments in these areas of safety and to keep existing collaboration networks functioning.

Various activities will continue in the **prevention of illicit drug use and HIV/AIDS**, where the most important activities are damage reduction services, treatment and rehabilitation and increasing the awareness of people. Two drug-counselling centres for young people will start working in the area of preventing drug abuse. Preparations to launch the centres started in 2010. Service quality improvement is an important focal point both for illicit drug use and HIV/AIDS prevention activities. The issues related to the treatment of HIV-positive people are becoming increasingly important in the field of HIV/AIDS prevention, as many of the people infected with HIV are getting to the stage where they develop AIDS. Future developments also include expansion of activities aimed at non-injecting illicit drug users and women involved in prostitution as services aimed at these target groups were downsized during global economic downturn. However, financial support from the ESF framework programme "Measures to Support Healthy Choices 2010-2013" has enabled higher levels of counselling, rehabilitation and support services to illicit drug users and additional training of the specialists working with the target groups.

## **Strategic Area V – Development of the Healthcare System**

**Improving access to medical care** after the cuts made in the previous year is one of the most important goals in Strategic Area V of the NHP. According to the social tax forecast, access to medical care can be improved by 2% while outpatient care is prioritised as the more cost-effective form of treatment. Out of the 6% cut of healthcare service prices made during the global economic downturn, 1% will be restituted while here primary healthcare (3% restitution) and nursing care are prioritised.

**Financial sustainability of the health insurance system** is crucial for continued population health improvement. Ministry of Social Affairs with Ministry of Finance and other partners will propose the package of measures for guaranteeing financial sustainability of healthcare financing.

**Development of a patient-centred health system** is supported by continuity of the annual population survey for assessment of patient satisfaction with healthcare system and the services provided.

It is important to inform general public about the health system and health factors in media and guarantee cooperation between various partners and projects. Issuing patient guidelines supports informed decisions and coping with illness, which may improve a person's quality of life and support their active participation in the treatment process. Rational use of medicines, healthy diet and physical activity, and early detection of cancer are the focus of the campaigns aimed at enhancing patient awareness. The current pattern of health problems suggests that the majority of activities should be aimed at promoting men's health and their awareness of risk factors. Voluntary contracts between family doctors and patients, where

patients undertake to take the doctors' recommendations about giving up harmful habits and ways of living.

Legislation will be updated to increase the responsibility of healthcare professionals and the efficiency of supervision and achieve better protection of the rights of patients.

The quality requirements and indicators of health services will be specified for **increasing the quality of treatment** and assessing it objectively. The process will include the preparation of guidelines for medical staff on the treatment of cancer patients, implementation of quality indicators in the treatment of cancer and specification of requirements for the providers of ambulance services.

Developments of ambulance services will be based on analysis of current organisational structure followed by regulation of the provision of non-emergency transport services and medical personal protection services by ambulance service providers. This is supported by specification of the legislation that regulates the professional competence and additional competencies of the specialists working in the health sector.

The selection of nursing services will be expanded in order for **improved resource allocation** in healthcare and meet the needs of the aging population. Additionally, the content of physiotherapy services provided in primary healthcare will be specified, the need for such services will be assessed while also increasing the role of nurses in primary healthcare. Evening and weekend access to primary health care will be improved in county centres through application of relevant legislation changes in order to reduce the workload of active treatment hospitals and emergency care departments.

Moreover, update of the hospital network development plan and further specification of the hospital requirements (e.g. requirements for transplanting organs, tissue and cells at the level required in the EU) are planned. Investment support is provided for the improvement of the active treatment and nursing care infrastructure.

Measures to reduce patient cost-sharing and out-of-pocket payments for reduction of service and medication access barriers will be developed. Latter is further supported by regulation of the e-pharmacy which will make it possible to buy and sell medicines on the Internet.

Introduction of the e-lab, statistics module in the e-health system and complete the e-ambulance system are planned as the **new IT solutions** for improving access to healthcare services even further. Development of health technology assessment (HTA) competence centre in collaboration with the University of Tartu will be launched in order to support the faster and broader implementation of efficient and cost-effective technologies in healthcare.