

## **Summary of Actions in 2009 under the Implementation Plan 2009-2013 for the National Health Plan 2009-2020**

### **Introduction**

2009 was a difficult year globally as well as for Estonia. General recession, decreasing incomes and increasing unemployment were the unavoidable keywords. The unemployment rate rose from 7,6 % in the final quarter of 2008 to 15,5 % by the end of 2009. Population health was not unaffected by the negative impact of recession, even though there were several positive developments in this area. The negatives include certain increase in the number of suicides and decreasing availability of health services. The wider negative impact of recession on population health also manifests in the risk of poverty, which can be expected to increase. However, despite the changes in healthcare sector, there were no changes in public satisfaction with health services. Another positive development in the past year was the general decrease in mortality and in the number of traffic-related deaths, as well as decreasing rate of alcohol consumption.

The following is an overview of the main actions under the National Health Plan (NHP) in 2009. A detailed NHP activity report for 2009 has been appended and published on the web site of the Ministry of Social Affairs at [www.sm.ee](http://www.sm.ee).

### **Section 1 – Social Cohesion and Equal Opportunities**

**Ensuring subsistence for unemployed persons** was an important keyword in 2009. The number of recipients of the unemployment allowance rose to 46,376 persons (22,878 in 2008) and the expenditure on unemployment allowance was 184,5 million kroons (66,1 million kroons in 2008). The unemployment insurance benefit was paid to 57,616 persons (15,402 persons in 2008), with a total expenditure of 1,3 billion kroons (0,2 billion kroons in 2008). The aforementioned measures are particularly important in a situation where the number of registered unemployed at the end of the year amounted to 87,282 persons, i.e., 13,3 % of the total workforce. Registered and unregistered unemployed persons together accounted for 15,5 % of the workforce at the end of 2009. All actions in this area were coordinated by the development plan 2009-2010 of the Ministry of Social Affairs for reducing unemployment and supporting the unemployed.

**Social guarantees and subsistence support** in general are closely linked to aforementioned actions. The number of recipients of the subsistence benefit grew to 38,122 persons (19,825 persons in 2008) and the state budget expenditure on subsistence benefits increased to 181 million kroons (91 million in 2008). Total expenditure on pensions increased by 1,7 billion kroons in 2009. As a result of indexation of pensions, which is linked to the economic situation, pensions only increased by 5 %, but the planned increase by 13 % will be netted within five years.

A positive development was preservation of the system of family benefits, even though the amount of school allowance was reduced and the circle of persons eligible for funeral benefit was narrowed. In addition, the Ministry of Economic Affairs and Communications, implementing the Housing Development Plan, was able to satisfy the applications of 336 families and to improve the housing conditions by 98,000 kroons per family on average, thus helping 1,471 children growing in these families.

**Increasing the selection and volume of active labour market measures** helped to alleviate the sudden increase in the demand for labour market services, caused by increasing unemployment, and enabled the Unemployment Insurance Fund to provide more efficient services that were a better match for the actual needs. The new services included, for instance, mobile counselling, job clubs and career information rooms, and a complete package for starting a business. The number of beneficiaries of active labour market measures increased three times in comparison to 2008, with 18,110 persons participating in labour market training, 23,785 persons in career counselling, and 1,718 persons in work practice, for instance. The main structural change was the transfer of the responsibilities of the Labour Market Board to the Estonian Unemployment Insurance Fund together with the increase of service areas on the premises of the Unemployment Insurance Fund in eight counties and creation of eight new career information rooms.

**Ensuring health insurance to as large part of the population as possible and continuing work of the public health networks** were the priorities of health sector in the economic situation of 2009. The number of persons, who were provided with health insurance by the state, increased from 40,477 to 85,609 during 2009. Despite this, the number of persons without health insurance rose from 56,811 persons (4,23 % of the population) at the end of 2008 to 63,655 persons (4,75 %) at the end of 2009. According to estimates, 75 % of these persons are not working, but have not registered their unemployment for various reasons (based on the data of the Health Insurance Fund and Statistics Estonia). Continuation of this trend could endanger the effectiveness of the NHP.

In addition to other population groups, health insurance was continually provided to the registered unemployed to alleviate any negative health impacts of unemployment and to create preconditions for a return to employment. Furthermore, health services were guaranteed to all persons with HIV and tuberculosis to protect the persons themselves as well as public health. The network of health promotion specialists in the counties was preserved to improve public health awareness and increase the capacity for the prevention of health problems. This latter measure was also supported by health promotion training in all counties to increase the respective capacities of the counties and local governments.

**Development of civil society** was supported through actions for increasing the capacity of NGOs, using a programme of advocacy, support and innovative ideas. Indicators for evaluating the development of civil society were developed as well.

## **Section 2 – Secure Development of Children and Adolescents**

**Protection of the health of newborns and support for maternity** was provided in Estonia by continuing screening of the newborns for phenylketonuria and hypothyreosis (15,559 cases of screening), loss of hearing (13,905), as well as by pre-natal diagnostics of hereditary diseases (1,776).

486 of the total 15,807 children, born in 2009, were born with the support of infertility treatment (359 of 16,233 live births in 2008). The network of youth counselling offices continued its work, providing counselling on sexual and reproductive health to over 33,000 young people.

**Improvement of the quality and availability of midwifery care** was facilitated by the introduction of a legal provision, which enabled midwives to provide care without the supervision of a doctor. This created, for the first time, the opportunity of independent monitoring of healthy pregnancies by midwives alone. In addition, midwives now have the right to counsel women of different ages and young families on matters of reproductive health.

**Awareness-raising among parents** was supported by publication and distribution of various publications on prevention of injuries and poisoning in case of infants and pre-school children, general safety, and many other topics. At the same time, teachers and other employees of nursery schools and schools in Estonian counties received training on prevention of injuries. Further contribution towards raising the awareness among parents was made through pregnancy crisis counselling, with 1,887 cases of counselling in 2009 in addition to provision of information and advice on the Internet at the web site [www.rasedus.ee](http://www.rasedus.ee).

**Introduction of the draft of the School Health Concept to the legislative proceeding of the Riigikogu** (22 January 2009) and **approval of a schedule of preventive health examinations for children** can be expected, in combination with other actions, to ensure early detection of health problems in children and to provide additional options for prevention and implementation of health promotion measures. The school health service was provided to 160,000 students.

**Increasing the safety of schools and prevention of injuries** were again priority areas in 2009. An important document, which is being implemented, is the Safe School programme for 2009-2011, developed by the Ministry of Education and Research. The Ministry of Social Affairs supervised actions to prevent the use of addictive substances and other substances that facilitate risk behaviours, to advance sexual education among adolescents, and to provide training and organise events on HIV prevention and health education, using the methodology of peer education.

Prevention of injuries was also supported by initiatives in the counties, such as first-aid and survival trainings for young people, training camps, health and sports events, and demonstrative performances on how to ensure safety in various situations. In addition to the above, 24 hours of free basic swimming training were provided to all children of the 2<sup>nd</sup> grade (or 3<sup>rd</sup> grade in case of Tallinn), with 12,000 children in total participating.

**Prevention of dropout in general education** was facilitated in 2009 by improving the monitoring of students with special educational needs and the respective support systems, such as flexible study opportunities. In addition to the above, counselling committees in the counties provide counselling to students with special educational needs, and a programme has been launched to improve the quality of psychological support and rehabilitation provided to children who have lost a parent. Even though the number of dropouts from school was lower in the school year 2008/2009 than in the previous school year, 423 basic school students and 373 upper secondary school students still dropped out. In particular, it was worrying that more than twice as many boys than girls dropped out of basic school.

To some extent, this thematic section also includes provision of **lunch and milk in schools** (coverage of the target group from nursery schools to vocational schools is nearly 87 %) and provision of **fruit** (coverage of the target group, grades 1–4, is nearly 73 %) to basic school students, as well as provision of **learning aids and textbooks** within the system of school allowances. In addition, the Estonian Agricultural Museum offers an educational programme on butter and rye bread to schoolchildren. However, it is possible that the availability of hobby education decreased in 2009 due to an increase in participation fees.

**Development of the new subject syllabi of personal, social and health education** (approved by the Government of the Republic on 28 January 2010) was a very important step towards introduction of young people to healthy behaviour patterns. The need for this development is illustrated by the fact that the share of overweight schoolchildren has risen to 10 % in recent years as a result of changes in nutrition, sports and other behaviours. The updated syllabus of personal, social and health education enables to discuss all key topics – health, nutrition, safety, risk behaviours and prevention of such behaviours – in the classroom at each school level in an age-appropriate manner, relying on the knowledge and skills acquired by the students at previous levels.

### **Section 3 – Healthy Living, Working and Learning Environment**

**The actions in this thematic section included preparations for the important structural change, establishment of the Health Board** through the merger of the Health Care Board, the Health Protection Inspectorate, and the Chemicals Notification Centre, which can be expected to raise the implementation of the environmental health policy to a new level of quality. The new institution will be guided in its activities by the generally accepted principle of care, assessment of health risk, and notification of health risks.

A new influenza strain, A/H1N1, was discovered in Mexico in April 2009. On 11 June 2009, WHO announced the pandemic, caused by the new influenza virus A/H1N1. A wider spread of influenza started in Estonia in November 2009 and the peak period of morbidity lasted from the end of November to the beginning of December. An estimated 9,2 % of the population were infected with pandemic influenza during the 2009/2010 season, with a total of 21 registered fatal cases, caused by the virus A/H1N1. The extent and severity of the influenza pandemic did not reach the predicted levels. Guidelines for **managing the influenza pandemic** were developed for health care providers (family physicians, hospitals, emergency medical staff) and the population. The Health Board organised a major information campaign on the influenza and a special hotline was opened. Vaccinations according to the national vaccination strategy started in Estonia on 14 December 2009. A part of the national reserve of antiviral medicinal products was distributed to hospitals and emergency medical services. Monitoring of absences from school, monitoring of influenza-related intensive care and deaths, and extra-seasonal monitoring of acute respiratory infections were used for the first time in Estonia during this influenza pandemic.

**Prevention of poisoning** was facilitated by the hotline of the Poison Information Centre, which was active throughout the year on business days, responding to 330 calls in total. In addition, an antidote manual for health care professionals was issued to improve the treatment of poisonings.

**Improvement of the quality of ambient air** was facilitated in 2009 by the preparation of amendments to the Ambient Air Protection Act by the Ministry of the Environment, which should create better regulation for restricting the release of pollutants into ambient air. It is an important subject, because ambient air is part of the living environment, where any reduction in quality has a major direct and indirect negative impact on human health. The main sources of air pollution in Estonian cities include traffic, heating of private houses in areas where wood stoves are used, large central heating plants, various industrial plants, street dust, etc. A noise map of Tallinn and an action plan for noise reduction have been prepared to improve the quality of life of the people.

**Food safety monitoring** continued in 2009, conducted by the Veterinary and Food Board and the Plant Production Inspectorate (as of 1 January 2010, Agricultural Board) in the administrative area of the Ministry of Agriculture. The monitoring included taking 3,400 samples of foodstuffs of animal origin and of farm animals, and monitoring of the content of dioxins and dioxin-like polychlorinated biphenyls and residues of plant protection products in food.

**Occupational health development** was facilitated in 2009 by compilation and adoption of the Occupational Health and Safety Strategy 2010-2013, as well as by research required for developing amendments to the Occupational Health and Safety Act. In addition, the Labour Inspectorate organised training courses for working environment specialists, and development of the professional standard of occupational hygienist was initiated. A negative development was stalling of preparations for the regulation of insurance against accidents at work and against occupational diseases due to a lack of political agreement.

**Interior conditions of housing** were examined by the Ministry of Economic Affairs and Communications under the Housing Development Plan for 2008-2013 through a survey of public awareness of the issues of energy conservation and through mapping the current

condition of the housing pool. According to the survey, extensive use of plastic windows in preceding years has led to a deterioration of interior conditions in buildings and has increased the occurrence of mould in panel buildings – a situation that will require actions for improvement in the coming years.

## **Section 4 – Healthy Lifestyle**

**Support for recreational sports activities** is important, considering the increasing problem of excessive weight and the link between low level of physical activity and a number of diseases. The budget cuts of 2009 mainly affected investments in the development of sporting opportunities and in supporting recreational sports projects. For instance, the implementation period of the Regional Recreational Sports Centres 2006-2010 programme was extended to 2011 due to shortage of resources. Even though the programme has helped to create or improve outdoor sporting opportunities in several county centres, many facilities are still at various levels of completion. The only completed projects are the centres of Holstre-Polli and Jõulumäe.

Despite the reduced budget, support for recreational sports events was allocated to all counties, with more than 200 spots events being organised with this support all over Estonia. The popularity of recreational sport is on the rise in Estonia.

**Support for healthy nutrition** was provided in 2009 through several campaigns, information materials, and improvement of opportunities for healthy eating for young people in particular. The best examples of the campaigns and information materials were the initiative “Choose health – select five different fruits and vegetables”, upgrades to the information portal [www.toitumine.ee](http://www.toitumine.ee), and compilation of “Nutritional and food recommendations for adolescents” in the portal [www.terviseinfo.ee](http://www.terviseinfo.ee).

**Decrease in alcohol consumption** continued in 2009 as in preceding years. The preventive actions of 2009 included increase of alcohol prices due to increased excise duty and reduction of availability of alcohol during the night as a result of the national ban on the sale of alcohol during the night, which entered into force in 2008. In addition to the aforementioned measures, the decrease in alcohol consumption was also facilitated by the amendment to the Advertising Act, which imposed restrictions on the content of alcohol advertising (addition of a health warning) and on the broadcasting period of such advertising (permitted from 21:00 to 9:00). The National Institute for Health Development organised an effective campaign for raising the awareness of risk limits and of the volumes of alcohol consumed by each individual. A new level was also achieved in the development of alcohol policy, when the Government of the Republic discussed a memorandum on alcohol policy, prepared in cooperation by several ministries.

**In order to continue the reduction of smoking in Estonia**, the Tax and Customs Board, the Consumer Protection Board and the Health Board improved their cooperation in the fight against counterfeit cigarettes (and alcohol), and additional restrictions were imposed on the quantity of tobacco products that can be brought from outside the EU. However, there are at the moment no regulations for e-cigarettes and other alternative nicotine-containing products, which are gaining popularity among young people. Consequently, the measures for young people included, for instance, a competition “Smoke-free class” in general education schools (with 173 schools, 570 classes and 10,606 students participating) and information workshops for teachers on “Opportunities of schools for prevention of tobacco consumption”.

**In the field of injury prevention**, the year 2009 was significant for a noticeable reduction in the number of injury deaths, especially traffic-related deaths. The main contribution to this came from the National Traffic Safety Programme, implemented by the Ministry of the Interior and the Road Administration. All actions, planned under the programme for 2009, were carried out (except for railway safety campaigns) and, as a result, the number of traffic-related deaths in Estonia dropped to 100 in the past year. It is probable that recession also

had a certain positive effect on the number of traffic-related deaths, even though the opposite side of the same coin could be an increase in the number of suicides. However, with the decrease in the number of traffic-related injuries, systematic prevention of other types of injuries is gradually gaining more and more attention, but there were no important developments in this field during 2009.

The data on **HIV infections and use of narcotic drugs** indicate continuing decrease in the number of new HIV cases (411 in 2009, 545 in 2008). However, the share of persons, who have used narcotic drugs at any time during their life, has increased in the population in recent years. The number of deaths from narcotic intoxication has increased as well. While there is sufficient financial cover for the prevention and treatment of HIV, further developments are needed in the field of prevention, treatment and rehabilitation of addictions.

**Cancer screenings** for early detection of cervical cancer and breast cancer continued as planned. The Cancer Week of the past year focused on raising the awareness of the risk of skin cancer. Budget cuts caused a delay in the development of the information technological basis of the cancer register and in the creation of a screening register.

## **Section 5 – Development of Healthcare System**

Recession caused a drop in the revenue from social tax and the 2009 tax income of the health insurance budget was 1,3 billion kroons lower than in 2008. A part of the shortfall was made up by taking 640 million kroons from the reserves of the Health Insurance Fund, but for the remaining part, the Health Insurance Fund reduced its payments for health services and benefits.

The payment of dental care benefits to persons of employment age was stopped from the beginning of 2009. The impact of this decision did not manifest itself in an increase of payments of the Health Insurance Fund for emergency care cases and an increase in expenditure at the end of the year.

The number of care cases in the contracts for financing specialised medical care was reduced by up to 5 %. As a result, the maximum waiting period of outpatient care was extended from four weeks to six weeks, and the actual waiting periods in inpatient care increased as well, but did not exceed the permitted maximum. The Health Insurance Fund was forced to reduce the price of all health services by 6 % as of 1 November.

The procedure for the payment of the sickness benefit was amended in July: no benefit is paid for sickness days 1-3, the employer pays for days 4-8, and the Health Insurance Fund pays the benefit from the 9<sup>th</sup> day. In addition, the rate of sickness benefits was reduced from 80 % to 70 % of the wages of the employee, the rate of care allowance was reduced from 100 % to 80 %, and the maximum length of maternity leave was reduced from 154 to 140 days. The impact of these changes on general health behaviour can be assessed in the coming years.

The continuation of the trend of low social tax receipts could endanger the effectiveness of the NHP.

An analysis is being prepared in cooperation by the Health Insurance Fund and WHO to forecast potential scenarios of sustainable financing of health care until 2030.

**Development of patient-centred healthcare system** and patient satisfaction were assessed in the annual survey, which indicated a general increase in the satisfaction with the healthcare system. For the first time, the survey also examined the issue of corruption and it was found that 12 % of the population have made gifts or provided services to medical staff in return for healthcare.

In order to raise public awareness, the Estonian Health Insurance Fund continued to publish dedicated pages on healthcare in daily newspapers and specialty newspapers in addition to making the information on the main health services available on its web page in Estonian, Russian and English languages. The health pages were published throughout 2009, once a month, in major Estonian- and Russian-language newspapers. The requirements for first aid training of motor vehicle drivers were upgraded to improve the general level of awareness of first aid methods.

**Efficient protection of patients' rights** was facilitated by allocating support to the Estonian Patient Advocacy Association, and the Committee of Experts on the Quality of Health Services was provided funds for free expert assessments on patient complaints.

**Objective assessment of the quality of care** was supported by the development of two indicators in the field of general surgery – duration of care and rate of re-hospitalisation in case of appendectomy. Five clinical audits to assess the quality of health services were carried out: 1. Treatment of gynaecological tumours in the North Estonian Medical Centre and in the Tartu University Hospital; 2. Management of patients with myocardial infarction in Estonian hospitals; 3. Quality of referrals; 4. Audit of the family physicians' fund of examinations and analyses; 5. Audit of the quality of stroke treatment.

The quality of life questionnaires were used to survey any changes in the quality of life after application of knee or hip prostheses. Options for improving oncological care were considered in an analysis of different treatment plans. The work of the Estonian Genome Centre and the Estonian e-Health Foundation was financed to support the use of innovative methods in healthcare.

**Ensuring availability of high-quality health services** at the primary level and optimal use of staff resources was supported by the development of amendments to the job description of nurses working with a family physician. As of 2010, family nurses working with a family physician have their own reception hours and have more opportunities for consulting people. This change should improve access of the people to health advice.

The availability of the emergency medical care to the population was ensured in the same extent as in previous years. The preparedness of the Estonian healthcare system for emergency situations was supported by financing the maintenance, renewal and supplementation of the national operational reserve. The level of preparedness for providing support as a host country was tested through participation in the NATO exercise "Baltic Host 2009".

General principles were developed for continuing the reform to optimise the network of hospitals. A decision on grant of support was made on the projects of the Tartu University Hospital and the North Estonian Medical centre and an extension to the North Estonian Medical Centre, built for the support funds, was opened in the framework of the measure "Optimisation of infrastructure of central and regional hospitals" of the European Regional Development Fund (ERDF) programme period 2006-2013.

An investment plan, comprising 20 projects to ensure investments in long-term care in all counties, was submitted for approval to the Government of the Republic to implement the measure "Development of infrastructure of nursing and long-term care" of the ERDF period 2007-2013.

**New IT solutions were implemented in the e-Health system** by introduction of synopses of outpatient and inpatient medical files together with referrals and responses to referrals, links to digital images, and online forms for patients' declarations of will. A prescription centre was developed and tested in cooperation with healthcare providers and pharmacies and, as a result, the pharmacies are able to sell medicinal products on the basis of digital prescriptions as of 1 January 2010.

An important development in the **policy on medicinal products** was the increase of value-added tax on medicinal products from 5 % to 9 %. As a result of the increased prices of

medicinal products and the general decrease in income, the number of issued prescriptions decreased by 3 % and the average cost of prescription increased by 11 %. The budget of the Health Insurance Fund for the benefits for medicinal products increased by 8 %. The patients' own contribution in payments for prescription medicines, supported by the Health Insurance Fund, remained at the level of 2008.

In order to improve availability of medicinal products, the Riigikogu adopted amendments to the Medicinal Products Act and the Health Insurance Act, updating (reducing) the requirements for pharmacies and establishing legal prerequisites for the conclusion of price agreements and establishment of reference prices for medicinal products with a 50 % discount. The Health Insurance Fund launched a public awareness campaign on reasonable use of medicinal products to help patients understand their rights in making decisions about their treatment in terms of the timeframe. The responsibility of supervision over safety of medical devices was transferred from the State Agency of Medicines to the Health Board, established on 1 January 2010.