

Summary of the activity report of 2010 for the National Health Plan 2009–2020

Introduction

The Estonian economy started to grow again in 2010, but the low income and high unemployment levels are still ongoing problems. Many unemployed lost their unemployment insurance protection in 2010. Therefore, the role of direct social benefits in guaranteeing the coping of people has increased significantly. Subsistence benefits increased and the state pensions and substitute incomes (e.g. parental benefit) remained in the same amount. This, in conjunction with the decrease in gross wages helped to decrease the inhomogeneity of income distribution and, for example, allowed the recipients of old-age pension to leave relative poverty. If in 2009, the estimated life expectancy grew during economic crisis even faster than in previous economic growth years; the growth of estimated life expectancy in 2010 is presumed to be just as fast. This is due to continued decline in the number of premature and injury deaths. At the same time, compared to previous years, a smaller number of people who responded to the annual patient satisfaction survey said that they had improved their health behavior - first time after 2005, the number of respondents who had not improved their health behavior exceeded 60%. At the same time, people still gave a positive review to health care, although the level of satisfaction relating to the family physician system has dropped slightly and on a more general level, people are not satisfied with the prolonged waiting times and the deterioration in doctors' attitudes as compared to the last year.

A new, united agency – **the Health Board** – was launched to link the health monitoring systems and to optimize operations.

Following overview describes the main NHP activities in 2010. A detailed NHP 2010 activity report is available at the website of the Ministry of Social Affairs www.sm.ee.

Section 1 - Social Cohesion and Equal Opportunities

Preventing long-term unemployment became even more important because the unemployment rate peaked at 20% in the first quarter of the year and despite a slight decline, it remained at 17% average throughout the year. Used measures included salary support, business start-up subsidies, work experience and others. Amendments made to the Labour Market Services and Benefits Act and Unemployment Insurance Act in 2010 (entry into force in 2011) legalized the financing of labour market services from means collected from unemployment insurance premiums. Amendments to financing provide an alternative and sustainable financing for labour market services.

In order to ensure continuous social protection, the state budget funds for subsistence benefits were increased again and payments amounted to 320 million kroons (178 million in 2009), resulting from an increased number of people who needed aid (estimated to be 28 000 families and 50 000 people) and also due to the increase in average benefits (an increase of 14% compared to 2009). Likewise, the distribution of home support for families with many children continued within the framework of Ministry of Economic Affairs and Communications (MEAC) Housing Development Plan.

In order to assure the need-based and continued provision of social services, Social Services and Benefits Registry (Estonian acronym STAR) for local governments was implemented. The implementation of a central database will help to harmonize the quality of welfare processes and services and provides better opportunities for monitoring.

Pension amounts remained the same, despite the economic downturn and the fact that based on the state pension index, pensions in 2010 should have constituted 90.9% of the value of pensions in 2009. In accordance with the provisions of the State Pension Insurance Act related to a negative index, the state pensions were not reduced in real terms, hence the pensions were indexed by index 1.

To ensure the sustainability of pension insurance, the law of 07.04.2010 raised the retirement age from 63 years to 65 – the transition period is from 2017 to 2026 with an increase of 3 months per year.

The access to emergency care for persons without health insurance was financed to the necessary extent. The number of persons without health insurance increased slightly – according to the data of the Health Insurance Fund (insured persons) and the Statistical Office (population size), it was 63,761 or 4.8% of the population at the end of 2010 (4.4% of the population at the end of 2009).

The access to welfare services improved and modern technical aids were provided to more than 50,000 disabled people. Rehabilitative services were provided to 13,160 people, 5,650 of whom were disabled children, 1730 people with special mental needs and 81 juvenile offenders. Special welfare services were also used to a great extent. For example, the daily support service was used by 1530, employment support service by 368 and supported living service by 564 people, while 24-hour special care service was used by 1954.

Also, a ratification draft of UN Convention on the Rights of Persons with Disabilities was submitted for coordination, but due to non-coordination by Association of Estonian Cities, Association of Municipalities of Estonia, Ministry of Finance and Ministry of Internal Affairs, negotiations with partners continue to submit the draft to the Government of the Republic in 2011.

To increase involvement, several initiatives were carried out to support the role of local governments and non-governmental organisations in improving public health. In the framework of European Year for Combating Poverty and Social Exclusion, 24 involvement projects were funded and financed by a program by the European Social Fund, "Promotion of Healthy Choices and Lifestyles", additional 20 health promotion plans by local governments were also supported. Local health promotion trainings were conducted in all of Estonia and health profiles were created for all counties, 13 towns and 28 municipalities. The number of enterprises in the Network for Promoting Health in the Workplace increased to 159 (152 in 2009).

To support civil initiatives and organizational activities in civil society, broad discussions were conducted in workshops and via the web environment www.osale.ee in 2010. Discussions resulted in "Development Plan for Civil Society for years 2011–2014", which was approved by the Government in February 2011. The development plan aims to ensure favorable conditions for civil initiatives and organizing civil society and strengthening partnerships. The development plan lists 7 priority courses of action: civic education, organization and networks of civil society and civil initiatives, charity and philanthropy, inclusion, citizens' associations providing non-profit public services as partners, government funding for citizens' associations and statistics and survey collection needed to assess the development of civil society. These courses of action are horizontally linked by contributions to the development of legal regulation, briefings and trainings.

Section 2 - Safe Development of Children and Adolescents

According to the Statistical Office, 15,825 children were born in Estonia in 2010.

In order to continue to protect the health of newborns and support the birthrate, support for 922 fertility treatments was provided and 378 children were born. Screening of newborns for phenylketonuria and hypothyreosis and hearing loss (15,648 and 14,534 corresponding studies), as well as by pre-natal diagnostics of hereditary diseases (2064 cases) continued as well. HIV-infected pregnant women were provided with prophylactic treatment both during the pregnancy and the childbirth and it will be provided for the children as well. In 2010, 194 infants received free infant formula. West Tallinn Central Hospital, Ida-Viru Central Hospital and Narva Hospital launched teams of nurses and social workers dealing with the case management of the HIV-infected, including the HIV-infected pregnant women.

In supporting safer pregnancy, young people received counselling on reproductive health and sexually transmitted diseases in relevant offices and via the Internet. Pregnancy crisis counselling continued as well. Counselling services for family schools, pre- and post-natal counselling and web counselling for families were developed.

The work to increase health promotion in nursery schools and schools continued under the coordination of the National Institute for Health Development (NIHD) on both county and local levels (300 nursery schools and 344 schools) and 8 new nursery schools and 19 new schools joined the

health-promoting networks. By the end of the year, 170 (27%) nursery schools and 169 (30%) schools had joined the health promoting network.

To support the above, an update was made to the Regulation by the Minister of Social Affairs, "Health and safety requirements for health promotion and the daily schedule in pre-school child care institutions". A requirement to prepare risk assessment and an action plan based thereon, constitutes an essential part of the aforementioned Regulation. In addition, a new Basic Schools and Upper Secondary Schools Act was adopted, improving the access to support systems (e.g. psychological, social and special educational counseling and tutoring groups) for students and making learning more flexible.

Financial support provided to county projects by the Health Insurance Fund played a large part in **injury prevention**. For example, "Protect Yourself and Help Others" safety camps were organized for sixth graders and several roundtables were conducted for young people on the topics of injury prevention. The Health Insurance Fund also organized an injury prevention campaign, which drew attention to children's and young people's injuries and called to think about health risks related to reckless behavior and to care more about their own life and health and that of their friends.

Basic training in swimming continued under the leadership of the Ministry of Culture. 12,314 second graders in Estonia passed the program and 11,241 children (91%) swam 25 meters on their own in the pool after passing a 24 lesson course.

Mental health improvement activities focused mainly on identifying and helping children at risk of suicide. In the framework of this, 37 acutely suicidal youths were sent to see a psychiatrist by the Estonian-Swedish Suicidology Institute and a reference booklet, Mental Health as Mental Well-Being, was published for detecting and preventing suicidality. .

In drug prevention, training for young people was launched concerning the topics of drug damage to a person and society, violation of norms, peer pressure and help services. Similar topics were also covered in an already completed educational movie, to which guidance and informational materials for students and teachers will be added in 2011.

As there should be much emphasis on school-based prevention activities, a new curriculum, approved in the last year, also focuses on teaching risk-free behavior. Human studies classes will also address HIV and drug issues. Educational programs shall be implemented gradually starting from autumn 2011.

A project called "Early Childhood Intervention" was launched in the framework of **development plan to reduce violence**, and development of local crime prevention plans began as a part of that. Child protection services were established in all Police and Border Protection prefectures and the child treatment manual was updated. Additionally, the Ministry of Social Affairs started the development of a guardianship system for unaccompanied and trafficked children.

Under the leadership of Estonian Union for Child Welfare, we joined the European Commission program, "Safer Internet". This includes drawing up training and informational materials and trainings for children, parents and teachers. A web-based info line was launched to detect illegal information on the Internet.

The medical records of children aged 0–19 years were digitalized to **improve the children's health information**. This created a basis for exchanging the information between school nurses and family physicians in regards to the health of children.

Work on "**Development Plan for Children and Families**" began in parenting, child protection, child care working groups in 2010, and its final term is June 2011.

Sector 3 - Healthy Living, Working and Learning Environment

Many of **communicable disease surveillance and epidemic control activities** were related to impeding the spread of pandemic influenza (A/H1N1).

Spring of 2010 saw high levels of influenza pandemic, but the further course of the pandemic was slow. An estimated 124,000 people fell ill during the pandemic (more than 9% of the Estonian population). The disease spread mostly among children aged 0-15, who accounted for more than 50%

of all who had fallen ill. Over 65-year olds had the lowest number of ill people. Children were also the group who suffered most from severe forms of influenza. November 2009 to March 2010, 149 patients diagnosed with influenza were in need of intensive care, 125 of them were children and 24 adults. 83.9% of the patients in intensive care were children under the age of 16, and 38.8% of them were less than a year old. 21 influenza-related deaths were recorded during the influenza pandemic. 10 of them were over 65 years old, 8 were aged 28–65 and 3 were children aged 3, 13 and 14. Total of 35 119 people were vaccinated against pandemic influenza (~ 3% of the population), coverage of vulnerable groups exceeded 13%.

In general terms, influenza pandemic was handled satisfactorily. Intersectoral and international cooperation and implemented influenza surveillance systems worked well. The biggest problems and disadvantages involved communication crisis management, absence of clinical monitoring systems characterizing the severity of influenza and delayed procurement of pandemic influenza vaccine. The Health Board in cooperation with the Ministry of Social Affairs shall prepare an in-depth analysis of A/H1N1 influenza pandemic including main findings and recommendations.

The Health Board and the Ministry of Social Affairs cooperated in publishing a web page that covers vaccination (www.vaktsineeri.ee) to health care providers, businesses and ordinary citizens. The web page provides a comprehensive information on vaccines, their effect on the body, vaccinations and other related matters.

Concerning water safety, the Health Board and the Environmental Board conducted a risk evaluation of radiological properties of drinking water from bore wells of AS Tallinna Vesi (Nõmme, Maardu, Saue, Tiskre, Pillado, Pirita, Merivälja, Pärnamäe and Keila), leading to a statement saying that the potential health risks from radionuclides were low. Establishing a common water supply system and a sewerage continued as well.

Monitoring data from the whole of Estonia showed that the microbiological parameters of all water supplies met the requirements. However, 57 water supplies (5%) did not meet the requirements on chemical parameters (F, B, trihalomethanes) (8% in 2009) and non-compliances were observed in regards to iron (29%), manganese (11%), ammonia (1%) and chlorine (2%). The development of water health information system has been initiated, and this should facilitate the accessibility and use of all field related information.

In 2010, **for reduction of health risks caused by noise**, the Minister of Social Affairs proposed to the Minister of Environment to establish a requirement that the minimum distance between wind turbines and a residential building and/or residential land should be 2 km, and to improve the quality of environmental impact assessment. Regulation No. 16 or “Requirements to planning for the purpose of ambient noise reduction” by the Minister of Environment entered into force at the beginning of 2011 (04.03.2011), which give local governments the opportunity to introduce more strict regulation levels or to justify why their implementation is unnecessary and thus this regulation provides additional measures to protect human health against potential noise pollution.

159 registration documents and 1 distribution permit were issued under the Biocides Act as a result of activities related to **ensuring chemical safety**. At the same time, the Health Board detected 15 new dangerous products on the Estonian market and a total of 2,953 products were removed from the market. The public was also informed of these activities and a good example of created support materials are the magnetized newsletters on the classification and labeling of products, which can be fixed on washing machines or fridges or other places at home where chemicals are used.

In the development of home environment, the Ministry of Economic Affairs and Communications contributed to informing residents about energy efficiency in homes, a nationwide campaign was conducted on the importance of healthy indoor environment and approximately 400 apartment associations received counselling on these topics.

Financial support was provided through the Ministry of Economic Affairs and Communications for families with many children to improve housing conditions — 275 families with a total of 1,346 children received assistance. In 2009, the support was paid to 336 families with a total of 1,471 children.

On the topic of food, the Ministry of Agriculture carried out a study on dietary habits among coastal fishers — the types of fish consumed and the amount of consumption in this group was studied. A risk assessment will be performed, using the survey data and monitoring results, to determine, whether the

subjects are at greater risk to absorb heavy metals and other heavy pollutants found in fish of the Baltic Sea.

Food safety monitoring was carried out in a slightly smaller scale than in previous years. In conclusion, the results of monitoring show a very small number of non-compliant samples. For example, monitoring of pollutants found the amount of samples exceeding the pesticide residue limits was 2.1%, as for other pollutants, 1 sample exceeded the benzo(a)pyrene limit and 3 the nitrate limit (number of samples 157), live animals and animal food contaminants monitoring detected 4 non-compliant samples (out of 3062), analysis for mycotoxins and dioxins did not find any non-compliant samples. The zoonosis monitoring (1697 samples) showed 36 cases of Salmonella bacteria and 4 cases of Campylobacter.

As for occupational health and safety, the Ministry of Social Affairs conducted relevant policy analysis to assess the effects of legislation on employers. The Labour Inspectorate continued training the working environment specialists and the vocational school teachers. However, as for absolute numbers, a working environment indicator, the number of work-related accidents, has grown by 9,3%, that is approximately by 300 accidents, compared to 2009. The accident rate per 100 00 employees has also grown by 14 %, (563 in 2010 and 491 in 2009). However, compared to previous years, the number of work-related accidents has not increased to the level of pre-crisis years. Due to the aim of the Labour Inspectorate to ensure a more efficient and effective monitoring, the number of violations identified during enterprise site visits has increased slightly compared to previous years. There have been more penalty payment warnings made to employers in order to ensure the elimination of violations, when a violation is detected; also work suspensions and prohibitions to use dangerous tools have been implemented more often. Although the surveillance on enterprises has become more efficient and violations are more often eliminated without sanctions, the inspectors estimate that compared to previous years, there are now also more companies having problems meeting the occupational health and safety regulations.

The most important **change in legislation** is the amendment to the Water Act by the Ministry of the Environment, in order to adopt the provisions and the requirements of the Environmental Quality Standards Directive and the Floods Directive proceeding from the legislation of European Union. The Ministry of Economic Affairs and Communications cooperated with the Ministry of Social Affairs to prepare an amendment to the Chemicals Act, to re-organize the regulation to providing activity licenses for hazardous enterprises and enterprises with major accident risk.

The initiative of the Ministry of Education and Science led to the adoption of the Basic Schools and Upper Secondary Schools Act which, in conjunction with the national curriculum standards, also establishes the requirements for physical environment to ensure the student safety at school.

In 2010, a public discussion was held about indoor air quality standards for nursery schools. The discussion contrasted health requirements and nursery school vacancies and, due to public pressure, the indoor air quality standards will not be implemented in nursery schools which are already operating. However, these standards must be taken into account when building new nursery school buildings.

Sector 4 – Healthy Lifestyle

In order to continue supporting physical activities as lifestyle, a new development plan for 2011-2014 was adopted under the leadership of the Ministry of Culture. The continued support to previous initiatives and the launch of new ones is expected to raise the proportion of the population involved in physical activities as lifestyle up to 45% (36.3% in 2010). This includes support for the campaign "Estonia is moving", various running and walking event series, training of physical activity instructors, creation of training materials, and so on. The development of the web environments <http://www.sportkoigile.ee> and <http://www.trimmm.ee> continues as a part of this, and due to the support from the Regional Sports Centers' program 2007-2011, several sports centers have been launched and 5 312 young athletes have underwent medical examinations.

The NIHD supported the publishing of a book titled "Liikumise ja spordi ABC" ("ABC of sports and physical activities"), which was distributed to general education schools for free, while the Ministry of

Education and Science improved opportunities for health activities in youth and project camps and supported youth sports.

Several campaigns were organized, informational materials prepared with co-financing from the European Social Fund (ESF) to **support healthy diet**. The most important nutrition topics were the reduction of salt intake and the increase in fruit and vegetable consumption.

Additionally, a nutrition database (www.nutridata.ee) was published and a food composition database was developed (now includes information on 58 nutrients and 2155 foods). The Ministry of Agriculture used an annual survey to map the dietary habits and food preferences of the population, continued promoting rye bread and foods to students and held a Milk Day and a Bread Day. The milk and fruit programs in schools also continued and all primary school students were provided with free school meals.

NIHD organized a conference on **alcohol abuse and associated health risks**, where alcohol policy options were discussed and alcohol-related advertising became the centre of attention.

On the positive side, there is a decline in alcohol consumption (in 2009, it was 10.1 l and in 2010 9.7 l of pure alcohol per person).

The Ministry of Justice organized a series of events on alcohol and crime prevention in schools, where police officers spoke on the subject for 3273 times. In addition, a development plan for reducing violence for 2010–2014 was prepared under the leadership of the Ministry of Justice.

The Tax and Customs Board, the Consumer Protection Board and the Health Board contributed to **reduction in smoking** by cooperating to find smuggled cigarettes (and alcohol). Young people competed again in the smoke-free class competition, where 222 schools and 14 952 students participated in the school year of 2009/2010 and 659 classes (78%) of 840 participants remained smoke free. 1613 people used counseling to stop smoking and 88 counselors received training (38 of them newcomers) to improve the service.

According to the health behavior survey of the Estonian adult population, the proportion of male regular smokers has slightly decreased (in 2008, it was 38.6%, and in 2010 36.8%) and the corresponding proportion of women has slightly increased (17.1% in 2008 and 18.7% in 2010). The overall proportion of regular smokers has remained the same compared to 2008 and was 26.2% in 2010. Compared to 2006, smoking has decreased among 15 year old boys by 4.6% in 2010, and increased among girls by 2.1% and among 13 year old boys it has increased by 1.4% and decreased among girls by 1.2%. The water pipe (hookah) is gaining popularity among girls and the level remains almost unchanged among boys (down by 0.4%).

In injury prevention, the number of traffic deaths dropped to 78 (1714 injured), which was significantly influenced by the reduction in alcohol related accidents and the improved knowledge and skills.

Despite the fire and water safety campaigns by the Rescue Board, the number of fire deaths and drownings increased (respectively 69 and 91 in 2010 compared to 58 and 61 in 2009) and in most cases, alcohol was also involved. The budget for these prevention measures was reduced as well.

Cancer prevention is closely linked to a healthy diet, quitting smoking and limiting one's alcohol intake, and these were also the focus of cancer prevention campaigns, while the central theme of the cancer week was preventing lung cancer and reducing smoking habits.

Screening tests for early detection of cervical cancer and breast cancer continued as well. In the first case, unfortunately, the participation rate declined - in 2009, the turnout was 47% and in 2010 it was 44%. Decrease in participation is partially related to the relatively high number of women in the screening target group, who do not have health insurance. The participation rate for breast cancer was 62% in 2010 (53% in 2009). The check revealed 142 cases of cancer, 80% of them at an early stage.

A round-the-clock rehabilitation service provided as a part of **the drug addiction strategy** was open to 46 people at once (men), which, with the support of ESF funding expanded at the end of the year by another 15 places (women). Minors were provided with 18 places in the round-the-clock rehabilitation and 6 places in drug-addiction treatment.

Regarding long-term activities, the Ministry of Social Affairs started developing the concept and requirements for rehabilitation services for juveniles, the legislative regulations for these services and the unification of respective strategies and activities.

Drug use among high school students shows a persistent upward trend - the results of the ESPAD survey ("European School Survey Project on Alcohol and Other Drugs") on 15–16-year old students shows that drug use among high school students has increased. The proportion of students aged 15–16 who had tried a narcotic substance during their lifetime was 7% in 1995, 15% in 1999, 24% in 2003 and 30% in 2007. As to the nature of the narcotic substances, 26% of the 15-16-year old students had tried cannabis, 5.7% ecstasy and 3.8% amphetamine. In the ESPAD study comparing the consumption of illicit drugs among 15-16-year old students in 35 European states, Estonia was in the 10th place for both the overall drug use per lifetime (28% vs. the European average of 20%) as well as in terms of cannabis use (26% vs. the European average of 19%). According to this study, Estonia is among the five countries, where the use of ecstasy is the highest in Europe (6% vs. the European average of 3%).

The population survey of 2008 shows that compared to 2003, the use of illicit drugs has steadily increased among adults as well. The use of drugs per lifetime, even if just once, increased in both younger and older age groups, but was significantly larger in younger age groups. The age group 25–34 has undergone a particularly significant increase; already 35% of them claim to have tried an illicit drug at least once in their lifetime (16.7% in 2003).

Regarding HIV/AIDS, 2010 saw the continuance in providing harm reduction services, which included distribution of syringes to drug addicts and condoms and information leaflets in centers. Strategy includes the provision of methadone maintenance treatment. Counseling services and HIV testing also have an important role. Estonia continues to provide free ARV (antiretroviral) treatment to everyone who needs it, and psychosocial support services are offered as well. An important activity in 2010 was developing the case management system that helps us to include HIV positive people in the health care system. The harm reduction services, treatment and rehabilitation all play an essential role in the terms of HIV prevention. The number of new HIV cases registered in the last three years continues to show a downward trend. However, a prognosis made based on 4 months of 2011, showed that in the worst case there will be a low rise in 2011, and at best we shall remain on the level of 2010.

Sector 5 – Development of the Healthcare System

Due to the general economic downfall, the social tax revenues in health care budget decreased in 2010 as well. Compared to 2009, the amount of social tax revenue was 500 million kroons less (-4.4%). Although 90 million kroons of reserves were used, the funding for health care decreased by 3%.

It is positive that compared to the planned budget, specialized medical care budgeted funded 1% more cases and, compared to 2009, 3% more cases, as more emphasis was placed on outpatient care and day care availability. However, the consequences of cost-cutting were still obvious — the outpatient waiting lists were prolonged from 20 days to 45 days on average, and inpatient waiting lists from 30 to 60 days. The access standard to primary care for non-acute problems increased the waiting period for seeing a family physician from 3 days to 5.

The costs of temporary disability benefits in 2009 were 1.3 billion kroons, which is more than billion kroons less than in the previous year. Costs for sickness benefits and care allowances decreased the most. Cost reduction was the result of the average cost reduction of sick leave for one day, due to overall decrease in salary in 2010 by 22% compared to 2009 and 45% reduction in the number of sheets issued to the insured. Looking at the average period of sick leaves and not just sick leaves paid for by the health insurance fund, the average length of a sick leave in 2010 was approximately 15 days, and has increased by 1.1 days in the period of 2008–2010.

The availability of emergency medical service increased slightly in comparison to 2009. In 2010, there were 1.5% more visits than in 2009 (the total number of visits in 2009 was 254 778 and in 2010 258 814). Funding also increased from 403 million kroons in 2009 to 404 million kroons in 2010. The ambulance service providers completed their transition to the common communications system (Estonian acronym ORS) of rescue services.

An annual patient satisfaction survey was conducted to develop a **patient-centered healthcare system**, and it showed that 74% of Estonian people consider the quality of medical care in Estonia to be good. Compared to previous years, it was found that while 2005–2008, the proportion of positive ratings increased slowly, in recent years it has remained stable.

The Health Insurance Fund continued their social awareness campaigns to increase the awareness of the population. The campaign on the use of medication, “The Only Difference is the Price of the Product!”, begun at the end of September, and by October 2010 an average of 39% of people had noticed this campaign and among people aged 40–59 the proportion was 41%. Several patient guidelines were developed (for sufferers of chronic kidney disease, chronic obstructive pulmonary disease, juvenile idiopathic arthritis).

In order to protect the patients' rights more effectively, the activities of the Estonian Patients' Advocacy Association were funded as well as the activities of the expert committee on the quality of health care services in order to provide free peer reviews on patient complaints.. The committee processed 125 complaints, which was 20 more than in 2009. More errors in treatment were found as well — there were 35 errors, that is 11 more than in 2009. 20 of those were assessed as errors in treatment, in 15 cases experts found that there were shortcomings in communications, recording, administration, etc.

Under objective assessment of the quality of care, the health insurance fund and specialty experts collaborated in developing two indicators to assess the quality of appendectomy - the duration of the treatment and re-hospitalization. In order to implement the indicators, the principles for coding of complications were agreed upon and are being implemented since 01.01.2010. Development of stroke treatment indicators in collaboration with neurologists to assess the quality of the treatment of stroke victims was initiated as well. Work will continue in 2011.

5 clinical audits were conducted to assess the substantive quality of health care: “The quality of treatment for colorectal cancer”, “Diagnosis and treatment quality for acute abdomen”, “Quality of inpatient psychiatric treatment”, “Audit of use of family physician's research fund, Part 2”.

In 2010, more than 90% of family physicians had joined the quality system implemented in order to increase the quality of primary care and prevention of illnesses and their complications. The proportion of participating family physicians in Harju region was 90% (83% in 2009), 88% in Tartu region (81%), 94% in Pärnu region (93%) and 87% in Viru region (86). The financing for quality system increased 26 % compared to 2009, i.e. from 12.3 million to 15.5 million kroons.

In order to ensure access to quality health services on primary level and the optimum use of staff resources, an amendment prioritizing the role of family nurse was made to the work instructions of family physicians. Principles for school health as independent nursing care were established and the duties of school nurse were specified. Preventive health checks for children were introduced. Independent midwifery was first successfully implemented in hospitals in particular.

The work of medical students on their future field was regulated on legislative level.

Related principles were specified in more detail, to continue with the hospital network optimization reform in collaboration with various specialties. Development of hospital infrastructure continued with the investments made from the ERF 2006-2013 measure Optimization of the Infrastructure of Central and Regional Hospitals, with an investment of 1.7 billion kroons to support the implementation of SA TÜK and SA PERH projects and it was decided to approve the grant application for SA Ida-Viru Keskhaigla. The project construction activities for SA TÜK project 2 were halted in 2010, due to litigation relating to design agreement, but in December 17, 2010, the Supreme Court decided not to proceed with cassation related to SA TÜK project.

The development of the infrastructure of nursing and care services for ERF period 2007-2013 continued, it was decided to grant the contribution for additional 21st project. In 2010, 20 applicants submitted investment plan list and the first applicant of additional list submitted a grant application to the Ministry of Social Affairs, and the requested amount for structural support is 431.2 million kroons.

In order to **support the implementation of innovative approaches** in health care, the activities of the Estonian Genome Center were funded and the objective of 50,000 gene donor samples was achieved in 2010.

E-health system was developed **to create new information technology solutions**. Patient portal was launched and it is possible to examine one's medical records through the portal. **As for** new electronic documents, the growing notifications for 0-19 year old child have been realized, including immunization notification. Digital prescription system was implemented - ca 70% of all prescriptions were processed digitally by the end of the year.

In collaboration with the Health Insurance Fund and the World Health Organization, we have completed the financial sustainability analysis on Estonian healthcare which is used to predict possible health care funding scenarios up to year 2030.

Despite the difficult economic situation, 2010 was characterized by overall growth in consumption of discount medicines (2.6%). If in 2009 the cost of average insured medicinal product compensated to a person was 1,084 kroons, then in 2010 it reached 1,130 kroons. Compared to 2009, the average sum per prescription paid by the health insurance fund has decreased by 2.7 kroons and **first time in years there is also 5 kroons co-payment by patients**. The list of diagnoses was expanded to ensure the increased availability of discount medicines. Many medical products for congenital and acquired immune deficiency related fungal infections, activity and attention disorders and metabolic diseases are now partially compensated.

The Medical Device Act and its implementation legislation were brought into compliance with the EU requirements, including specifying the conformity assessment procedures, equipment design, manufacturing and labeling procedures and equipment classification. Placing of measuring devices containing mercury (e.g. thermometers) on the market was prohibited.