

National Health Plan 2009–2020

Summary of activity report of 2013

The objective of Estonian health policy is the extension of human life, in particular the increase in the number of healthy life years through reduction of premature mortality and morbidity rates and provision of high-quality medical and nursing assistance.

In 2012, life expectancy for men and women was 71.09 and 81.12 years, respectively. In 2012, the number of deaths increased by 1.7%, mainly among the 80+ years old population, but the number of deaths also increased among children less than 5 years old, bringing the downward trend in deaths characteristic for the recent years to a halt.

In 2013, the number of healthy life years of the male population increased by 0.7 years, amounting to 53.7 years. In case of women, the decline in healthy life expectancy continued (by 0.3 years) and the corresponding figure amounted to 56.7 years. This also means that the inequality in healthy life years between the sexes decreased by one year of life. Among the male population, downward trend was most evident in the percentage of 55+ years old men who considered their daily activities limited to a great extent, as well as in the percentage of 16-24 years old and 45-54 years old men suffering from a long-term disease.

In the field of health, the greatest tasks in 2013 consist in improvement of the availability of health services and improvement of the service quality within the framework of sustainable financing.

In addition to state budget means, investments into development of active treatment and nursing hospital infrastructure were supported from the means of the European Social Fund (ESF) and the European Regional Development Fund (ERDF). ESF funds were also used for improvement of the motivation, capacity, and opportunities of county and local governments with respect to health promotion on local level. Planning of the activities and resources for the EU budget period 2014-2020 continued, with emphasis on public health and health care development. In 2013, the public health programme based on the Norwegian Financial Mechanism was launched – within the framework of this programme, a mental health centre for children will be established in Tallinn, supported by development of risk behaviour prevention and mental health services intended primarily for children.

The key activities of 2013 included prevention of the use of addictive substances – inter alia, preparation of the Green Papers on alcohol and tobacco policies and completion of the White Paper on reduction of drug use in Estonia.

The greatest challenges in the field of public health are related to ensuring the sustainability of funding, as well as to lack of funding in case of some important subject areas. Local health promotion will be financed on account of foreign means until 2015 and by the Estonian Health Insurance Fund (injury prevention) until the end of 2014. As regards tobacco prevention-related notification, only campaigns organised by the European Commission have taken place in Estonia – alas, these do not always comply with local needs. Smoking cessation counselling, as well as HIV, drug and alcohol counselling are also financed from foreign means only. When the foreign funds run out, the aforementioned activities must be integrated under the state budget so as to ensure their sustainability. As concerns prevention of damage caused by alcohol, curbing underage drinking is important, but the related measures provided for in the Green Paper on alcohol policy are the least vigorous and only a few of the measures agreed upon have found support. Moreover, the entire monitoring and evaluation of communicable diseases and the related research depend mainly on various foreign projects, although attention has repeatedly been drawn to the fact that such activities should be incorporated under the state budget. Every year, the Ministry of Social Affairs requests additional funds for expansion of needle exchange, methadone substitution therapy and other harm reduction services, in order to meet the needs of the target group better, but no additional funds have been allocated so far. Due to lack of resources, women without health insurance have still not been included under the breast and cervical cancer screening.

The Act to Amend the Mental Health Act has been in the legislative proceeding of the Riigikogu since 2012; provision of anti-addiction rehabilitation services to minors depends on adoption of this Act.

Creation of an extrajudicial system for compensation of avoidable health damages occurring in the course of health care services provision and of a system for unexpected therapeutic outcome and adverse incident notification in the health care system will continue in 2014 and 2015. Innovations initially planned in connection with adoption of the Directive on patients' rights in cross-border healthcare were separated from the drafts on application of the Directive in order to thoroughly prepare the new system to be created and to plan the resources necessary.

Next, an overview of the main National Health Plan (NHP) activities in 2013 is provided.

The detailed NHP action plan for the year 2013 can be found at the home page of the Ministry of Social Affairs, www.sm.ee.

Strategic Area I – Social Cohesion and Equal Opportunities

Considering the 1st area goals established for the year 2016 and achievement thereof, it can be said that significant progress is required in case of all indicators. When considering the benchmarks for 2016, a positive notion is that based on the data of 2012, the relative poverty rate of children aged 0-17 in 2012 shows the same level as the relative poverty target for 2016. Another positive development is that progress has occurred in 2013 in achievement of the goals associated with long-term unemployment and suicide mortality rates. Nevertheless, it is still necessary to contribute to achievement of the goals set for 2016 and 2020.

In 2013, the labour market situation underwent stagnation. While the annual average unemployment rate in 2013 was 8.6% (i.e., lower than in 2012), further reduction of the rate is slowing down. Last year, short-term unemployed (those who had spent less than a year looking for work) constituted the majority of the unemployed. The annual average number of short-term unemployed amounted to 33,000 – approx. 2,000 more as compared to 2012. The number of long-term unemployed decreased significantly (by 11,000); note that long-term unemployment has been the main problem and target of the activities for the past two years. In 2013, there were 26,000 long-term unemployed. The long-term unemployment rate was 3.8%. This rate was higher among men, the elderly, and non-ethnic Estonians. As compared to 2012, the percentage of people who had been looking for work for a very long time, i.e., for two or more years, dropped from one-third to a quarter. In 2013, provision of the existing labour market services was continued and involvement of the target groups was enhanced, for which purpose seminars and awareness campaigns were arranged, and the ESF labour market services programme for the period 2014-2020 was drawn up.

The **relative poverty rate** for 2013 will be disclosed at the end of the year 2014. According to the Statistical Office, in 2012, 18.7% of the Estonian population (247,700 people) lived in relative poverty, while 7.3% of the population (97,500 people) lived in absolute poverty. The net income serving as the basis for relative and absolute poverty calculation has increased – in 2012, the monthly equivalent net income of a person living in relative poverty was less than €329 (as compared to €299 in 2011), and the monthly equivalent net income of a person living in absolute poverty was less than €196 (as compared to €186 in 2011). To some extent, the increase in relative poverty is linked to the general increase of income level – while economic recovery offered post-crisis relief and recovery or increase of earnings for a part of the society, the divide between that part and the part of the society secluded from the positive effects of the recovery increased.

After July 2013, the income of families with children living in relative poverty increased, since in addition to family benefits, such families with children living below the relative poverty line are also entitled to **need-based family benefits** in the sum of €9.59 per month (families with a single child) or €19.18 per month (families with two or more children). In 2013, **paid paternity leave was restored**. A law amendment became effective in 2013, linking the compensation paid for child leave days to minimum wages. In 2013, the per diem for child leave was €13.76 instead of the former €4.25.

For improved targeting of family benefits, several important analyses were completed in 2013: the expert study on family policy and birth rate *Eesti vanemapuhkuste süsteemi analüüs* (Analysis of the Estonian Parental Leave System) and *Peredele mõeldud toetuste ning alushariduse ja lapsehoiu rahastamise mõjude analüüs* (Analysis of the Impacts of Family Benefits and Financing of Pre-school Education and Childcare). The resulting document is scheduled for submission to the Government of the Republic by the end of the second quarter of 2014.

In 2013, several activities improving **the quality and accessibility of social services** were launched or continued: framing of the substitute and continued childcare concept was commenced; development of the social welfare institution quality system EQUASS was continued; a list of minimum social services to be provided by local governments was prepared and a draft Act stipulating that local governments are required to provide at least the minimum services was drawn up; legislative amendments linking the rehabilitation services to the ongoing capacity for work-related reform were worked out. 28 houses for provision of specialised welfare services to 280 customers and 3 home family houses for provision of substitute home service for children were completed.

For implementation of the **UN Convention on the Rights of People with Disabilities**, inclusion events took place for planning of activities in four subject areas (education, employment, social welfare and health care services, inclusion), and establishment of a monitoring mechanism was commenced.

Within the framework of the European year for active aging and solidarity between generations, **the Active Aging Strategy 2013-2020 was approved and preparation of an operational programme for the Strategy commenced**.

For the purposes of increasing **public health-related responsibility and capability**, the concept of the new Public Health Act was drawn up, as well as a plan for development of the draft Act. Health promotion activities on the county level were continually ensured and respective activities of local governments supported. Community-based health promotion networks (health-promoting schools, nursery schools, hospitals, and workplaces) were also supported; training courses were arranged for public health specialists and other representatives of the sector. For the first time, the best health promoter in each county was awarded by the state.

Health promoters awarded in 2013:

Harju County: Sirje Saulep

Hiiu County: Margit Kagadze

Ida-Viru County: Svetlana Podtsepajeva

Jõgeva County: Maiu Veltbach

Järva County: Annika Aava

Lääne County: Hele Leek-Ambur

Lääne-Viru County: Olga Boitsov

Põlva County: Ene Mattus

Pärnu County: Eha Vellend

Rapla County: Aivo Sildvee
Saare County: Imbi Jäe
Tartu County: Lea Saul
Valga County: Lelil Saluveer
Viljandi County: Anu Johani
Võru County: Marianne Hermann

In the field of **mental health**, promotion of the previous years' initiatives (the Mental Health and Well-being Coalition (VATEK) and programmes under the Norwegian Financial Mechanism) continued. As concerns the mental health situation, there are no major changes; the number of suicides amounted to 218 (171 males and 47 females). For facilitation of VATEK's daily work, a contract of partnership was signed on 11 November 2013 by 26 partners. A project application was submitted to the NGO Fund for developing VATEK into a capable advocate for the field of mental health, through shaping of common opinions of NGOs and other organisations engaged in the field on mental health-related activities and development of mutual co-operation. Another objective is analysis of the mental health policy and development of a baseline document. The Coalition's website can be found at www.vatek.ee.

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

13,531 children were born in 2013. As compared to the year 2012, the number of births has decreased by 523 (14,054).

In 2013, application of the **Development Plan for Children and Families 2012-2020** and implementation of the Action Plan 2012-2015 continued in order to improve the quality of life for children and families and ensure children's rights. An analysis was conducted regarding the arrangement of existing child welfare, in order to develop a system for national child welfare administration. To improve the efficiency of the system for protection of children, the plan for Child Protection Act elaboration and a draft Act were developed, which focuses on ensuring children's rights, improvement of monitoring performance on different levels of administration, and promotion of co-operation between domains working with children. With support from the Norwegian and EEA Financial Mechanisms, development of the parenthood programme, risk prevention services for children and young people, and an early intervention concept was launched.

For the improvement of reproductive and infant health, infertility treatment was continually supported in 2013. Overall, 3,809 infertility treatment procedures were administered on 1,471 women in 2013 (+29 women as compared to the previous year), resulting in the birth of 398 children. As regards the women receiving infertility treatment, it can be noted that both the age of the women and the number of procedures per woman have increased. Owing to efficient preliminary screening, **prenatal diagnostics** of hereditary diseases was carried out less often than planned. Invasive procedures were required in 879 cases. 65 cases of foetal chromosome anomalies were discovered, of which 27 were due to the Down syndrome. Hearing screening was conducted on 13,764 infants. 13,692 newborn babies participated in phenylketonuria (FKU) and hypothyreosis (HR) screening, which is less than in 2012 (14,039). **Pregnancy crisis counselling services** were provided to 1,419 different persons on 2,978 occasions. The service was used less often than in 2012, when socio-psychological support was offered on 3,692 occasions. **Youth reproductive health counselling** and sexually transmitted disease prevention services were provided in all Estonian counties. In 2013, 31,907 young people used the services. Approx. one-fifth (22%)

of the young people received counselling from a youth centre for the first time. Sexually transmitted diseases were discovered in 613 cases, of which five related to the HIV virus.

HIV positive pregnant women received prophylactic treatment during pregnancy and birth, as did their children after birth.

In order to prevent vertical spread of the infection, the National Institute for Health Development (TAI) paid for the baby formula offered free of charge in three hospitals; in 2013, the formula was made available to 187 nursing babies, which is less than in 2012 (199).

To promote the breast-feeding of infants, a Breastfeeding Week was organised by the Estonian Committee for Breastfeeding Promotion to raise the public awareness, involving lectures and information days. A dedicated information brochure and poster were issued to celebrate the Breastfeeding Week. A separate section of the Estonian Committee for Breastfeeding Promotion was added to the website of the Ministry of Social Affairs for displaying of the Committee's documents and description of its activities.

Development of the Baby-friendly Hospital Network Initiative (BFHI) continued more actively than before. Nationwide training for health care professionals was arranged to promote breastfeeding. 333 participants were issued the training certificate.

19% of the children who received preventive dental care services in 2013 suffered from caries (as shown by concurrent diagnosis). Activities of the **Children's Dental Health Project** continued, financed by the Health Insurance Fund. Within the framework of the project, information days for stakeholders (family nurses, teachers, health promoters, etc.) were arranged in all of the counties. 188 family nurses and/or health promoters and 360 education professionals participated in the trainings. The website www.kiku.hambaarst.ee intended for younger schoolchildren was enhanced. The guidelines *Suutervis koolis* (Oral Health at School) were issued for schoolteachers.

For **prevention of health disorders among pre-school children**, the Health Insurance Fund continued financing of the activities of the health-promoting nursery school network; TAI implemented the activities. The network consists of 230 pre-school childcare institutions throughout Estonia. TAI prepared guidelines for supporting children's mental health in nursery school and arranged the 6th Summer School for health-promoting nursery schools dedicated to the subject "Mental Health and Well-being".

Based on agreements concluded by TAI, in order to support **integration of children with special needs** to the nursery school environment, eight diabetes/school nurses provided training and counselling services to 31 institutions (2 childcare providers, 8 pre-school childcare institutions, 21 general education schools). Educational institutions from nine counties and four largest local governments participated in the training. Services were provided to 32 children aged from 1 year 11 months to 11 years, as well as to a young female (aged 18) and a young male (aged 14). Training and counselling services were provided to 314 employees/parents and 54 students.

To reduce health problems in school-age children and improve the health assessments, supporting and extension of the health-promoting school network continued, and TAI arranged several training courses within the framework of the related activities: *Seksuaalkasvatuse inimeseõpetuse ainekavas. II–III kooliaste* (Sexual Education under Human Studies Curriculum. 2nd and 3rd Stage of Study), *Räägime noortega tervisest* (Let's Talk about Health with Young People), *Õpilaste kaasamine* (Student Involvement), and *Koolilaste vaimse tervise hindamiseks kooliõdedele* (Evaluation of Schoolchildren's Mental Health by School Nurses). The network of health-promoting schools consists of 201 schools all over Estonia.

On 30 May 2013, the regulation *Tervisekaitse nõuded koolidele* (Health Protection Requirements to Schools) was adopted. Compliance with the new health protection

requirements in schools ensures better conditions for health protection for the students in the school environment.

The Health Board monitored the hygiene conditions and catering arrangement in 593 schools (of which 64% were inspected), 725 pre-school childcare institutions (of which 90% were inspected), and in all youth camps.

In 2013, school health services-related expenses made up the majority of the disease prevention budget of the Estonian Health Insurance Fund; the services were provided to 147,297 students. In schools for students with special needs, services were provided to 3,200 students. According to data acquired through preventive student examinations, the most significant problems during the school age include vision disorders (31%) and posture problems (21%), while obesity (11%) is on the rise.

In 2013, 277 students dropped out from basic school and 234 from upper secondary school. As compared to 2012, the number of basic school dropouts has somewhat increased (213 in 2012), but the number of upper secondary school dropouts has decreased significantly (359 in 2012). For the purposes of preventing risk behaviour and the related health hazards, the Ministry of Education and Research continued to **support hobby schools and youth information and counselling centres**. In 2013, young people received counselling at the youth information and counselling centres on 86,859 occasions. There were 8,723 cases of counselling at **study counselling centres**. As compared to 2012, the number of cases has increased with respect to all services provided (psychological, special needs, speech therapy, and social pedagogy counselling). Since the year 2014, the study counselling and career services will be merged with the *Rajaleidja* (Pathfinder) centres. Within the framework of project contest *Varaait* (Treasury), hobby schools were supported to modernise hobby education and diversify performance of the hobby schools curricula. Another important objective of the project consisted in supporting participation of less privileged young people in youth work, in order to prevent inequality caused by the poverty risk and the associated negative health impacts. Within the framework of the project *Varaait*, 109 projects were supported.

Through arrangement of permanent and project camps for the youth and organisation of student sport, the Ministry of Education and Research ensured accessibility of health and exercise-promoting leisure during the school holidays. In 2013, 29,060 (incl. 2,250 less privileged) young people participated in the camps, which is more than in 2012 (28,801).

To promote physical activity among children and young people, in co-operation with the Estonian School Sport Union, the Ministry of Culture arranged events promoting physical exercise for children (*Tähelepanu, start!* (Ready, Steady, Go!), competitions between schools, summer games *Meri ja päike* (Sea and Sun), *Talvevõlud* (Winter Magic), *Looduse kilomeetrid* (Kilometres of Nature), *Reipalt koolipinki* (Cheerily Back to School), etc.). Overall, 2,364 teams and 40,875 students from different schools participated. The Ministry of Culture continued to support basic swimming training. As compared to 2012 (12,371 children participated), in 2013, 12,712 children from all over Estonia took part in the programme, 90% of whom were able to swim 25 metres unassisted in a pool after the training. Health examinations were arranged for 9,198 young athletes aged 9-19 throughout Estonia (less than in 2012: 9,750); the examinations were financed by the Health Insurance Fund and conducted in six medical institutions. In 2013, the number of young people who exercised more than eight hours per week exceeded the expectations.

A major concern is the great extent of obesity and overweight among adolescents. From 2004 to 2012, the percentage of overweight schoolchildren increased by 1.7 times, and the trend continues in 2013 as well. **To ensure healthy nutrition**, within the framework of the school milk and school fruits and vegetables scheme supported by the Ministry of Agriculture, milk, milk products, fruits and vegetables were continually provided to children in schools and nursery schools. 100% of basic school students (112,883) enjoyed the school lunch support provided by the Ministry of Education and Research. TAI arranged the healthy nutrition campaign *Fiidi karu mesitaru* (Fiidi Bear's Beehive) and developed the websites www.toitumine.ee and www.lastekas.ee to improve nutrition-related awareness among the

youth. According to a survey commissioned by the Ministry of Agriculture and conducted by TAI in 2013 for examination of the market position and consumption of energy drinks, 14% of students in grades 1-6 consume energy drinks at least a few times a month. TAI issued energy drinks-related information brochures for the notification of nutrition risk factors.

TAI organised the competition *Parim koolisöökla 2013* (The Best School Canteen of 2013). Twenty-one schools registered for the competition, seven schools qualified to the finals, and the Laagna Upper Secondary School in Tallinn was chosen as the winner.

To **prevent alcohol consumption** among the youth, TAI proceeded with the programme *Efekt* (Effect) aimed at postponing the age of first alcohol use. The Ministry of the Interior launched the website TarkVanem.ee, which is part of the information campaign *Lapsevanem, ära maga maha õiget aega!* (Parents, do not miss the right time!). Supported by other notification measures, this Internet environment offering recommendations and instruction videos assists parents in early prevention of drug, tobacco, and alcohol consumption among children. The parents are provided with the possibility of learning the smart ways of prevention, complete with delivery of the message that prevention needs to start several years before the child's puberty.

To prevent and reduce **tobacco consumption**, TAI organised the contest *Suitsuprii klass* (Smoke Free Class), which is an anti-smoking prevention programme for students in grades 4-12 that involved 14,162 schoolchildren all over Estonia. Last year, 82% of the classes successfully completed the contest (i.e., none of the students smoked for six months).

In 2012, TAI published the results of the ESPAD questionnaire, presenting that the spread of drug consumption among schoolchildren has slowed down. Nevertheless, the 2013 target level for reduction of the share of 15-16-year-olds who had tried drugs during their life has not been met. As compared to 2007, the share of 15-16-year-olds who had tried drugs has indeed decreased from 33.5% to 32%, but at the same time, the number of young females who had tried drugs has increased by 4%. Among young males, experimenting with drugs was more common. As compared to the average level of nations that participated in the survey, the indicators of Estonian boys and girls are 1.5 and 1.3 times higher, respectively. For **drug use prevention**, TAI organised a successful campaign aimed at increasing the attendance of the website www.narko.ee. In order to improve drug-related awareness and support defying of social pressure, training courses were arranged for 6th grade students.

In order to improve **HIV infection awareness** among the youth, the Ministry of Education and Research arranged training courses and prevention events utilising peer-to-peer methods in co-operation with several non-profit associations. In all, trained young people carried out 59 prevention programmes reaching about 800 peers and 70 teachers/youth workers. Upon the implementation of preventive training courses and projects, the associations paid special attention on children and their parents with special education needs.

To **prevent injuries**, the Ministry of the Interior proceeded with county-level injury prevention projects for children and young people. Fire safety-related training was organised as well: *Nublu aitab* (Nublu Helps) for pre-school children, *Tean tulest* (I Know about Fire) for primary school, and *Erinevad hädaolukorrad* (Various Emergencies) for basic school. The Ministry of Social Affairs continued to support the activity of children's helpline 116111.

As an activity for prevention of **mental health problems**, implementation of the programme *Rahvatervis* (Public Health) was commenced with Norwegian support. Within the framework of the programme, a call for proposals was arranged for establishment of children's mental health centres in Southern Estonia, Pärnu region, Viljandi region, and Ida-Viru region. The projects are implemented by the Tartu University Hospital in Southern Estonia, the Pärnu Hospital in co-operation with the Viljandi Hospital in the Pärnu and Viljandi Counties, and the

Tartu University Hospital in co-operation with the Ida-Viru Central Hospital, the Narva Hospital, and the North Estonia Medical Centre in the Ida-Viru County.

Development of rehabilitation services for children with severe and permanent mental disorders was commenced; in this connection, service description was prepared in co-operation with an expert group. A call for proposals was arranged for development of web-based mental and reproductive health services, and the projects to be financed were selected. The projects will be implemented by the non-profit association Peaasjad, Estonian-Swedish Mental Health and Suicidology Institute, and Estonian Sexual Health Association.

Within the framework of the aforementioned programme, preparation of the concept of children's mental health was also commenced, with mapping of the existing services and needs and submission of proposals for development of the field.

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

Of the eight objectives established for the year 2016 in strategic area III, two have been achieved (share of population provided with compliant drinking water and average annual fine particles concentration), and two more indicators are shifting in the desired direction (number of fatal accidents at work and foodborne infectious diseases). However, respiratory system diseases-related mortality and the number of work days lost due to accidents at work move in the opposite direction, i.e., farther away from the objective established.

For achievement of a living, working, and learning environment promoting health retention and development, several important activities were carried out. The Environmental Health Research Centre of the Health Board was established; the Centre's tasks include collection and processing of data on environmental factors and epidemiological situation and execution and/or arrangement of risk assessment, conduct of health impact analyses, and drawing up of evidence-based proposals for shaping of the environmental health policy.

For conduct of an **oil shale sector health impact survey**, the Health Board received a grant from the Environmental Investment Centre. The survey will be completed in 2015.

For the purposes of ensuring air quality and noise level mapping, the ambient air quality and noise level were studied in 28 cities and towns, based on which relevant proposals were submitted to the local governments for improvement of the air quality and reduction of noise pollution. The Estonian Air Quality Management System was enhanced; results of constant pollutant and pollen monitoring are freely available at <http://airviro.klab.ee/seire/airviro/>.

In the **field of water safety**, the Ministry of the Environment in co-operation with the Ministry of Social Affairs developed the principles for qualification of (drinking) water samplers, which identifies the main problems of the valid framework and offers solutions for creation of a common system. By solutions suggested in the principles, administrative burden of the ministries is reduced, legal clarity is improved and qualification of the trainer and availability of the means necessary for arrangement of proper training is ensured, which also improves the competence of the trainee (sampler). Risk analysis and continuous operation plan of the critical service *Joogivee kontrolli toimimine* (Functionality of Drinking Water Control) were updated. As at the end of the year 2013, 85.9% of the Estonian population are connected to public water supply (the rest use dug wells or private bore wells for water supply). The share of public water supply consumers enjoying compliant drinking water: microbiological indicators – 100%; chemical indicators – 99.46%; indicator parameters – 91.71%. In all, 91.4% of Estonian consumers connected to public water supply are supplied with compliant drinking water.

In the **field of product and chemical safety**, the draft Act to Amend the Biocides Act and the State Fees Act was prepared. By the draft Act, the conditions for providing access to, and use of, biocides intended for professional use are specified and supervision over compliance

with the requirements established by the Biocides Act and Biocides Regulation stipulated. An important amendment as compared to the valid Biocides Act is establishment of fees (in addition to the state fees) for processing of the documents (files) submitted in connection with approval of active substances and application for biocide permits. The Health Board launched a national biocide helpdesk accessible through the Health Board's home page. Within the framework of the Community Rolling Action Plan, the Health Board evaluated the information submitted in registration files regarding the chemical and toxicological characteristics of, and exposure to, 4,4'-methylene diphenyl diisocyanate (a substance used in polyurethane foams as a gelling agent). In 2013, evaluation of the additional information submitted pursuant to the Directive 67/548/EEC regarding oil shale pitch and bitumen continued, which lead to the conclusion that the information presented in the oil shale bitumen file requires more rigorous assessment within the framework of the REACH regulation. 22 permits were issued to wood preservatives and rodenticides.

Proceeding from the monitoring results in the **field of food safety** it can be said that the situation in 2013 remained the same as in 2012. The percentage of non-compliant samples among samples taken in the course of monitoring has increased a little (2013: 3.3%; 2012: approx. 2%). Also, food safety monitoring results indicate that in general, the number of non-compliant samples is very small. Thus, of the 270 monitoring samples taken for examination of pesticide residues, the established limit value was exceeded in case of two samples (0.7%). In connection with food monitoring, impact analysis of food and veterinary monitoring fees was started (completed in May 2014). Of important surveys, completion of the 1st stage of a survey dealing with the risks of, and hygiene requirements to, crude milk marketed from vending machines, as well as the survey aimed at examination of various pollutants in fish originating from the Baltic Sea should be mentioned.

In the field of **occupational health and safety**, in 2013, translating of the *Tööelu* (Work Life) portal (www.tooelu.ee), the largest web environment in Estonia dedicated to employment relations and working environments issues, into Russian was commenced. By the end of the year, the entire content related to employment news, events information, topic pages, problem solutions, etc. was successfully translated. In early 2014, the portal in Russian was made available to the public. The free web-based tool *Töökik* (www.toobik.ee) intended for Estonian companies was also developed – it is of use in administration of working environment, occupational health and safety-related issues and conduct of corporate risk analysis. In 2013, several occupational health and safety-related information materials were published. 36 field of activity-specific guidelines were commissioned by the Ministry of Social Affairs (available through the *Tööelu* portal, e.g. http://tooelu.ee/UserFiles/Tookeskkonnajuhendid/Juuksurid_ja_muud_iluteenusused.pdf), manuals *Lapseootel ja rinnaga toitvate naiste töökeskkond* (Working Environment of Pregnant and Breastfeeding Women), and *Nanomaterjalide ohutu kasutamine tööl* (Safe Use of Nanomaterials at Work). For the second year in a row, the National Ergonomics Month was celebrated in October; the highlight of the Ergonomics Month was arrangement of the ergonomics conference *Aitab, tööta ja liiguta õigesti!* (That's Enough – Work and Exercise in the Right Way). In 2013, development of a working environment-related tool was commenced; this tool helps to improve the working environment-related knowledge of employees, inviting them to resolve various situations encountered in the working environment in a game-like manner. Three in-service training courses were arranged for occupational health specialists in the following areas: radiation in working environment – artificial optical radiation, ionizing radiation, radon; working environment indoor climate – definition of indoor climate (legislation, standards), physical components of indoor climate (health impact, optimal parameters). In-service training helps to improve and harmonise the quality of occupational health services. In the field of legislation, the Directive 2010/32/EU on prevention from sharp injuries in the hospital and healthcare sector was adopted. In 2013, the survey *Töötingimuste kohaldamine renditööl* (Application of Working Conditions upon Temporary Agency Work) was ordered from the Centre for Applied Social Sciences of the

Tartu University. Temporary agency work is a relatively new form of employment relations characterised by a three-way relationship: a company (temporary work agency) enters into an employment contract with an employee (temporary agency worker) who is temporarily assigned to work in another company (user undertaking) (the survey is available at: http://www.sm.ee/fileadmin/meedia/Dokumendid/Toovaldkond/uuringud/Renditöö_raport.pdf)

For arrangement of communicable diseases surveillance, prevention, and control, the draft Act to Amend the Communicable Diseases Prevention and Control Act was prepared in 2013, the legislative proceeding of which will continue in 2014. The draft Act deals with immunisation requirements and financing, communicable diseases-related health control, and organisation of reference laboratory operation. In 2013, the risk analysis of epidemic emergencies was updated. The official immunisation-related website www.vaktsineeri.ee was made available in Russian. Preparations for implementation of the e-immunisation passport project were launched. In 2013, amendments to the national immunisation schedule were prepared, according to which the immunisation schedule is supplemented from 1 July 2014 by vaccination against rotavirus infection.

Strategic Area IV – Healthy Lifestyle

Of the eight objectives established for the year 2016 in strategic area IV, three have been achieved (the share of HIV-infected pregnant women among all pregnant women, number of fatal accidents, number of persons killed in accidents involving drunk drivers). The number of new HIV infections per 100,000 inhabitants has decreased as well. However, indicators related to overweight and obesity can be considered problematic, since they are moving in the direction opposite to that desired.

Under the leadership of the Ministry of Culture, in 2013, various **physical activity projects were continually supported**: the campaign *Eestimaa liigub* (Estonia Is Moving), development of public sports events' calendar, development of the portal TRIMM.ee, arrangement of running, walking, and cycling competitions and other events oriented at participation and joy of exercise all over Estonia, training for coaches and practitioners of physical activities and publishing of training and information materials. During the year, the concept for arrangement of *Liikumisaasta* (Sports for All) in 2014 was developed.

In 2012, slightly over one-half of 16-64 years old inhabitants engaged in physical activities for at least half an hour twice a week. The physical activity level among women was higher than among men. Approx. 34% of adult males and 37% of adult females engage in physical exercise at least twice a week (for 30 minutes).

Among children (11, 13, and 15 years old), the percentage of those physically active on 5-7 days per week has decreased (girls: by 1.4%; boys: by 7.0%), while the percentage of those physically active on 1-4 days per week has increased. 38.3% of boys and 32.5% of girls engage in physical activities on 5-7 days per week.

For the purposes of combatting **nutrition**-related health problems, preparations for the Green Paper on nutrition took place. To improve nutrition awareness among the population, under the leadership of the National Institute for Health Development (TAI), arrangement of media and information campaigns continued, as well as development of the nutrition website www.toitumine.ee and of the food ingredients database www.nutridata.ee. Under the leadership of the Ministry of Agriculture, communication of food, food production and preparation-related information was continued. A survey commissioned by the Ministry of Agriculture was conducted by TAI in 2013 for examination of the market position and consumption of energy drinks, aimed at determination of the energy drinks-related drinking habits of 7-45 years old inhabitants. In co-operation with the Ministry of Agriculture, TAI launched a factual nutrition survey to be continued in 2014. The objective of the survey is

acquisition of factual data on the diet of the population. Randomly chosen inhabitants of Estonia aged from 4 months to 74 years participate in the survey.

A health behaviour study conducted among Estonian adult population suggests that **overweight** continues to be a serious problem. In 2012, 36% of adult males and 26% of adult females were overweight (body mass index between 25 and 29.9). The share of obese (body mass index 30 or more) amounted to 19% among men and women alike. This indicator has steadily grown since 1994; among men, the growth has been faster. About one-fourth of adult population would welcome **advice on weight loss from a nutrition specialist**. A health behaviour study conducted among schoolchildren and data collected by school nurses indicate **the growth of obesity among schoolchildren as well**.

Almost one-half (49%) of the adults do not consume the recommended daily amount of **fruit and berries**, and this percentage is growing steadily. The **situation is particularly bad in case of vegetables** – almost three-fourths of adults eat less vegetable than the recommended daily amount. **At least five servings** (i.e., 500 grams) of fruits and vegetables should be consumed daily, of which three servings should consist of vegetables and two of fruits. The percentage of those who do not eat fish has decreased year by year.

To prevent **alcohol**-related health hazards, additional consultations regarding the measures of the Green Paper on alcohol policy were arranged with the Estonian Traders Association and media undertakings.

About 25% of 16-64 years old inhabitants of Estonia (43% of men, 12% of women) consume alcohol in a health-hazardous manner once a month or more often (according to the survey Health Behaviour among Estonian Adult Population, 2010). Alcohol consumption is directly or indirectly related to occurrence of approx. 60 different medical conditions and health disorders, of which alcoholic liver disease and alcohol addiction are the most common. Excessive alcohol consumption can also be linked to many accidents and incidents of violence. A well-proven and efficient method for reduction and prevention of alcohol-induced risks and health disorders is implementation of the early detection of alcohol abuse and brief counselling service in primary care. Recommendations regarding implementation of the early detection of alcohol abuse and brief counselling for the purpose of promoting public health and achieving health costs savings have been provided by the WHO in various guidelines on alcohol policy, international networks, and in the WHO European action plan to reduce the harmful use of alcohol 2012-2020.

TAI continued to offer the early detection of alcohol abuse and brief counselling service in primary care (in 2013, the service funded by the ESF programme was provided to 183 people) and began drafting of a manual for treatment of alcohol addiction.

In the field of **injury prevention**, the most important event of 2013 was deployment of the injury prevention task force under the leadership of the Government Office. The task group consists of representatives of different sectors; the group examines the causes of injuries and possibilities for prevention thereof. The task group's work ends with proposals to all participating sectors. With support from the Police and Border Guard Board, traffic safety campaigns and information activities arranged by the Road Administration continued. The Police and Border Guard Board commissioned a survey on risk behaviour awareness, and the Rescue Board conducted six prevention-related surveys.

In the **field of tobacco policy**, an important activity was shaping of Estonia's opinions regarding the new draft Tobacco Products Directive and participation in the related consultation process. The draft Act to Amend the Tobacco Act, Advertising Act and Alcohol, Tobacco, Fuel, and Electricity Excise Duty Act was prepared. By the draft Act, the Tobacco Act is supplemented with the prohibition to sell products intended for tobacco products consumption and products used in a manner similar to tobacco products (e-cigarettes and other substitute products in general) to minors, and the minors are prohibited to use, acquire, own, and possess products used in a manner similar to tobacco products. For prevention of

alternative tobacco products consumption, TAI published snus-related information materials and information regarding snus and e-cigarettes was posted at the website www.terviseinfo.ee. TAI modernised the service description of tobacco use cessation counselling (TLN), concentrating on treatment of nicotine addiction regardless of the relevant tobacco product or product used in a manner similar to tobacco products. The services offered to working-age population are funded by TAI through the ESF programme. In all, TLN services were provided to 1,996 working-age people in the course of 6,245 visits. On account of the state budget, 161 young people were counselled in the course of 337 visits. Training programmes were updated for application of motivational interview counselling upon service provision, and in-service service provider training was arranged for primary care professionals. To combat contraband cigarettes, the Tax and Customs Board arranged the campaign *Ostad salasigarette, toetad kuritegevust* (Buying Contraband Cigarettes Supports Crime). The restrictions of tax exemptions granted to excise goods imported by travellers that entered into force in December significantly limited the influx of contraband cigarettes over the Estonia-Russia border. According to an empty pack survey, the share of contraband cigarettes has decreased to 20.7% (as compared to 25% in autumn 2012).

Of the adult Estonian population, 26% smoke daily; thus, the number of smokers slightly exceeds 231,000 people, which amounts to 37% of the male and 18% of female population (2012). Whereas a downward trend can be seen in the number of male smokers, the number of female smokers remains at approximately the same level, even though smoking is on the rise among young women. According to a survey conducted in 2012, a significant positive shift can be noted in the reduction of differences in the proportions of daily smokers by level of education. Whereas 42% of adults with elementary and basic education smoked daily in 2010, the respective number for 2012 was 37% (i.e., 5% less). The number of daily smokers with higher education has also dropped by 1%. Whereas 11% of the adult population spend less than one hour a day in an environment polluted by tobacco smoke while at work, the respective figure for home environment is approx. 22.6 (1% less as compared to 2010). Indirect smoking primarily endangers children, people suffering from allergies, pregnant women, and chronically ill persons.

For Estonia, the **spread of drug addiction and HIV virus** continues to be a problem and a major threat to public health and life expectancy. By its nature, HIV infection has so far constituted a concentrated epidemic mainly spreading among injecting drug users and their sexual partners.

The preventive measures taken so far to battle the spread of HIV have shown positive results. As compared to 2007, by 2013, new HIV infections have decreased by almost one-half (from 47.2 to 24.6 new cases per 100,000 inhabitants). At the same time, a minor increase in the number of new cases has taken place as compared to 2012, when there were 23.5 new cases per 100,000 inhabitants. The decline in the spread of the infection has been the greatest in the younger age groups. The majority of new HIV infections are still registered in the Ida-Viru County and in Tallinn (in 2013, 81 and 46 cases per 100,000 inhabitants, respectively). 38.5% of the new HIV patients were women. New cases were most often diagnosed in the age groups 25-29 and 30-34. In age groups from 25-29 years and older, the number of HIV infections diagnosed among males exceeds the respective number among females, with the exception of the age group 50-54 (10 new HIV cases among males and 9 cases among females).

Over the years, the share of injecting drug users among new HIV patients has gradually decreased. This share is the highest in Narva – 24% of the cases discovered. Since sexually transmitted infections are on the rise, there is reason to believe that heterosexual transmission is increasing, especially among young women having sexual intercourse with injecting drug users. In 2013, the share of sexually transmitted infections in all new HIV cases already amounted to approx. 45%.

In order to maintain the decline in HIV infection, prevention and treatment activities must be continued, as well as ongoing testing. The total number of HIV infected persons inevitably increased (at the end of 2013, there were 8,702 HIV positive persons and 414 AIDS patients

registered in Estonia). Within the next 10 years, HIV will become one of the most important causes of disease burden. In all, 2,691 people received antiretroviral treatment (ARV) in 2013.

According to data provided by the HIV treatment council, there were 131 HIV positive pregnant women in Estonia in 2013, the total number of births being 13,510. Therefore, in 2013, 1% of the pregnant women were HIV infected. As a positive development, modern medicine allows efficient prevention of HIV transmission from mother to child and the share of vertical HIV infections in all new cases remains under 2%.

For reduction of harm associated with intravenous drug use, TAI arranges needle exchange in Estonia, and substitution treatment for opioid addiction is available. At needle exchange points, sterile needles and syringes are offered to customers, used products are recovered, customers are advised regarding possibilities for help, safe injecting and sexual behaviour, are motivated to give up injecting and apply for substitution or addiction treatment, if possible. Social counselling and other social services (if possible) are offered as well. In 2013, there were approx. 6,700 visitors with assigned customer code. In all, approx. 2.2 million syringes were issued (245 syringes per injecting addict). As compared to 2012, the volume of the service has not changed.

In 2013, seven service providers at nine different locations offered opioid addiction substitution treatment services; 1,073 persons were treated during the year. A clinical audit of the opioid addiction substitution treatment was arranged in 2013 for independent analysis of the clinical activity of substitution treatment service providers, to analyse the compliance of diagnostics and treatment procedures with the requirements established.

In the field of drug addiction, under the leadership of different ministries, preventive activities and/or provision of treatment and rehabilitation services by TAI continued. Under the leadership of the Ministry of the Interior and on order of the drug prevention commission of the Government of the Republic, preparation of the drug use reduction policy (the White Paper) started in 2013. The Government of the Republic approved the White Paper in early 2014. This document serves as the basis for determination of the course of action upon curbing the availability of drugs, prevention of use, and treatment of addicts. The White Paper was compiled as a result of extensive consultations, through co-operation between experts of different fields and other parties interested; it summarises the policy recommendations of the drug prevention commission of the Government of the Republic that should be considered in the action plans of the NHP and other relevant sectorial development plans. In parallel with compilation of the White Paper, thematic work groups under the Government commission discussed field-specific subjects with participation of experts in the field and representatives of institutions. In 2013, work groups specialised in supply reduction, addiction treatment and rehabilitation, re-socialization and primary prevention convened, and the results were presented at a meeting of the Government commission.

As compared to 2012, the number of drug overdose-induced deaths has decreased significantly. Whereas 170 people died because of a drug overdose in 2012, the respective figure for 2013 was 120. Such a decrease is mainly attributable to successful police work upon elimination of phentanyl (as the main cause of overdoses) from circulation.

In order to provide treatment, rehabilitation, and counselling services to adults and minors, TAI concluded contracts with health care and social welfare institutions in different regions of Estonia. In all, 667 opioid addiction substitution treatment, 46 inpatient rehabilitation, and 5 inpatient addiction treatment places for adults were financed. Provision of outpatient counselling services for persons with addiction problems and their close ones was continued with support of ESF programme funds in different regions of Estonia (Ida-Viru, Lääne-Viru, Harju, Tartu). In 2013, social, experiential, and psychological counselling and psychotherapy services were provided to 1,228 people.

Since 1st November 2013, day centre services for psychiatric patients with addiction problems are provided by the psychiatric centre of SA North Estonia Medical Centre.

TAI financed 24 inpatient rehabilitation places for minors and supported education and training work with adolescents in inpatient care at the Tallinn Children's Hospital. In addition, provision of counselling services for adolescents and parents based on SA Tallinn Children's Hospital and OÜ Corrigo was financed.

In 2013, the programme *Naloksooni kasutamine narkootikumide üledoosidest tingitud surmade ennetamiseks* (Use of Naloxone for Prevention of Drug Overdose-induced Deaths) was developed and launched. Arrangement of training on use of naloxone for prevention of fatal drug overdoses in the target group started in September 2013.

Major data collection surveys conducted by TAI in 2013 and reports published:

- HIV distribution and risk behaviour survey among injecting drug users in Tallinn.
- Health behaviour survey among HIV infected persons in Tallinn and the Ida-Viru County.
- Nationwide web-based survey of men who have sex with men (MSM).
- Qualitative survey for evaluation of mother-to-child HIV transmission-related health care and social welfare services.
- Qualitative survey of HIV and STD risk behaviour and health care services among MSM.
- Report of the cross-sectional study *Seksuaalsel teel levivate infektsioonide levimus ning nendega seotud teadmised, hoiakud, käitumine ja ettekujutused kaadrikaitseväelaste hulgas* (Distribution of Sexually Transmitted Infections and the Related Knowledge, Attitudes, Behaviour, and Perceptions among Active Servicemen).

To protect the population against tuberculosis infection, the draft Act to Amend the Communicable Diseases Prevention and Control Act was prepared, the legislative proceeding of which will continue in 2014. The draft Act specifies co-operation between the Police and health care service provider upon execution of involuntary treatment with respect to a person suffering from an extremely dangerous communicable disease (incl. tuberculosis) if the whereabouts of the infectious person are unknown. A meeting was arranged with the Social Insurance Board for implementation of the agreement that as a rule, tuberculosis patients will not be granted incapacity benefit for a period exceeding six months, in order to motivate the patients to follow the treatment regimen. In 2013, contraction of tuberculosis (TB) remained under control and the number of new TB cases decreased as compared to 2012.

According to preliminary data, the TB incidence rate per 100,000 inhabitants was 17.2. In 2013, 289 TB cases were registered in the TB register, of which 227 were new, 38 relapses, and 24 other TB recurrence treatment cases.

Both the total number of MDR-TB cases and of TB/HIV double diagnosis cases decreased. A sub-goal of the measure was to achieve decline of the share of MDR-TB cases among new BK+ pulmonary tuberculosis cases, which dropped to 17% in 2013 (amounted to 23.4% in 2011).

Another sub-goal of the measure was to keep the TB epidemic among people living with HIV under control. Whereas in 2012 the share of HIV positive TB patients amounted to 15.7, in 2013, this indicator dropped to 12.1% (96.2% of TB patients were tested).

Strategic Area V – Health Care

Of the five objectives established for the year 2016 in strategic area V, three have been achieved (the number of physicians per 100,000 inhabitants, satisfaction with the quality of medical care, the share of household expenditure in total health expenditure). At the same time, the following indicators are far from compliance with the objective established: the number of nurses per 100,000 inhabitants and satisfaction with availability of medical care. In

this connection, the decrease in the number of nurses per 100,000 inhabitants in 2012 and 2013 is particularly alarming.

Receipt of social tax to **health insurance** budget for ensuring insurance cover to the population, which showed a decrease in 2009 and 2010 as the consequence of general recession, increased by 6% in 2011, by 6.5% in 2012, and by 7% in 2013, as compared to the previous year. Therefore, it was possible to increase the budget of health care services by 7% as well.

In order to ensure better **health insurance cover** to those working based on contracts under the law of obligations, the waiting period for health insurance was shortened from three months to 14 days, and the duration of fixed-term contracts required for health insurance cover was shortened from over three months to over one month.

Changes in the number of insured persons in 2013 are characterised by increase in the number of working insured persons due to improved employment situation (similarly to the year before) and decrease in the number of individuals insured by the state as the consequence of the unemployed returning to the labour market. The main reasons for decrease in the general number of insured persons are emigration and the fact that the number of deaths exceeded the number of births in 2013.

Specialised medical care expenses increased by 7%; the number of inpatient bed-days and average treatment case duration decreased by 2%. The number of persons who used specialised medical care services increased as compared to 2012. Although the general number of treatment cases increased by 20,000 as compared to the previous year, 1% of the treatment cases budget was not implemented. In order to ensure availability of health care services, outpatient care was additionally financed in the sum of €3.8 million.

The expenses on general medical care increased by 8%; the new budget items include the second family nurse, e-consultation, and operational fund.

By the end of 2012, there were 801 practice lists of family physicians instead of the 800 in the previous year. 98% of the general medical care budget was implemented. The under-implementation was mainly due to underspending of the research funds, but the capitation fee paid to practice lists of family physicians was also smaller than planned, since the number of insured persons in the lists decreased.

The number of participants in the family physicians' quality system has consistently increased since 2007. Last year, the share of participants remained at the same level as in 2012 (97%). People listed in practice lists of family physicians who have joined the quality system are better involved in preventive efforts and their chronic diseases are observed more systematically. From 2008 to 2013, the total number of family nurse visits has increased 3.6 times. This serves to prove that the role of family nurses in patient counselling has increased.

Nationwide Family Physician's Helpline 1220 service is continually available around the clock to ensure quick help to people in case of health problems. Information about the organisation of medical care is also available. The helpline usage rate was better than expected and increased by 15% as compared to the year before.

The availability of **nursing care** improved considerably – the number of cases increased, incl. by 11.6% in case of outpatient care. The main reason for the increase was increase in the number of home nursing care cases. The number of inpatient nursing care cases increased by 10.6%.

Updated nursing care services regulation was drawn up for improvement of the service quality and ensuring compliance between the title and the contents of the service. Since 1 January 2014, nursing hospitals in Estonia provide independent inpatient nursing care services.

Availability of emergency medical care services to the population was ensured. The total number of emergency medical care visits amounted to 269,235, i.e., 2% less than in 2012 (273,353 visits). Emergency medical care logistics for ensuring availability of the service on small islands (incl. the use of helicopter in high-priority cases) and on-site training of first aid providers have yielded good results. The number of emergency medical care visits to small islands has increased (268 in 2013, 236 in 2012, and 157 in 2011). Helicopter transport was used in 34 cases (2012: 46; 2011: 14). A first aid provision system is employed on the islands of Kihnu and Vormsi; if necessary, the first aid providers communicate with the North Estonia Medical Centre over telemedicine equipment acquired for that purpose.

According to the results of an annual survey conducted for **evaluation of patient satisfaction**, 74% of the population are of opinion that the quality of current medical care is good (2012: 78%), and 24% of the population consider the quality poor. 47% of the population are of opinion that availability of current medical care is good (2012: 55%), while 51% think the opposite. Therefore, availability of medical care is rated significantly lower than the quality of medical care, even though the expenses related to ensuring availability have increased.

To improve the awareness of the population, in co-operation with the Estonian Cancer Society, cervical and breast cancer-related notification was supported. During the year, health pages dealing with health and health care system-related subjects were published in six daily and weekly newspapers. An information campaign on reasonable use of medicines was repeated in autumn; the visibility of the campaign was 90%. In addition, a campaign was developed for the year 2014 regarding the role of primary health care and making of informed choices when using health care services.

In co-operation with the Estonian Cancer Society, outreach activities to prevent melanoma and skin cancer were conducted in May (the Breast Cancer Awareness Month) and on 15 October (the Breast Health Day); in all, 12 articles from different authors were published and nine media interviews given.

When sending out invitations to screening, TAI co-operated with the Estonian Health Insurance Fund; in all, 109,217 invitations to breast and cervical cancer screening were sent. In case of cervical and breast cancer screening, the coverage rate amounted to 49% and 53%, respectively. In co-operation with the Association of Estonian Biomedical Laboratory Scientists, the guideline *Emakakaelavähi sõeluuringuid hindavate meditsiinilaborite auditeerimisjuhised* (Guideline for Auditing Medical Laboratories Evaluating Cervical Cancer Screenings) was drawn up, based on which auditing of medical laboratories is to take place in 2014. With consideration of the activities of 2013, it must be noted that participation in screenings is growing slowly. In case of breast cancer screening, the service is brought closer to the target group by mammography busses – this has increased participation in screenings in rural areas as well. Four hundred cancer patients from all over Estonia have participated in the cancer patient self-help and coping courses supported by TAI. These courses offer additional help to cancer patients, in addition to the helpline and internet forum services.

For more efficient protection of patients' rights, the principles of the Directive on patients' rights in cross-border healthcare were introduced to the Estonian legal system. A contact point was established to distribute information among the patients. The activities of the Estonian Patient Advocacy Association were continually supported and the operation of the Quality Commission of Health Care financed for submission of free expert opinions. In 2013, the Quality Commission of Health Care analysed 137 expert assessment applications (2012: 132; 2011; 128) and identified shortcomings in 30 cases, 25 of which related to direct medical errors and the remaining five to work arrangement, documentation, or communication with the patient and his or her close ones.

For objective evaluation of treatment quality, five clinical audits were conducted in 2013: quality of independent antenatal midwifery, justification and quality of stroke treatment, bariatric patient treatment, treatment of melanoma patients, and activity of family nurses upon monitoring and counselling of hypertension patients.

To ensure the availability of high-quality medical services at the primary level and unify the organisation of general medical help, on 1 January 2013, an amendment by which the organisational function of County Governors was transferred to the Health Board entered into force. Implementation of the system for start-up grants to young physicians continued; six young physicians were supported in this connection. The test project for substitution of family physicians and nurses continued. Substitution of physicians was arranged via the project in 46 cases and substitution of nurses in six cases.

For the development of health care system infrastructure, implementation of the measures of the ERF period 2007-2013 were continued. By the end of 2013, within the framework of the measure Development of the Infrastructure of Nursing and Care Services, construction or reconstruction works under 18 projects (i.e., 86% of the projects) were completed. During the accounting year, activities under four projects were completed: SA Viljandi Hospital, AS Rakvere Hospital, SA Narva Hospital, and SA Jõgeva Hospital. Three more projects are pending implementation: the SA Ida-Viru Central Hospital project is in the construction phase and will be completed in 2014; in case of the SA Tartu University Hospital project, the construction procurement has been completed and the actual construction works will be commenced in 2014 and completed in 2015; the SA PJV Hooldusravi Keila project is in the design and construction stage.

Completion of the SA Ida-Viru Central Hospital project and continuation of the construction works of SA Tartu University Hospital under the measure Optimizing of the Infrastructure of Central and Regional Hospitals can be regarded a success. Construction works of the SA North Estonia Medical Centre project mostly continue as planned, except for reconstruction of the D block, where works have been postponed.

The e-health system was updated by **creation of new IT solutions**. Besides enhancing of the usage of the Health Information System, the priorities included ensuring sustainable operation of the existing functions. Usability of the Health Information System has significantly improved. Based on statistics, both inquiries for, and transmission of, data available in the Health Information System have increased. User traffic at the patient portal has nearly tripled during the year 2013 (from the former average of 50,000 inquiries to 140,000 inquiries per month), and the rise continues. Since 2013, family physicians can use the digital stamp service. Whereas in January 2012 42% of the family physicians did not submit documents to the Health Information System, by August 2013, the share of such family physicians had dropped to 8.4%. More than 97% of inpatient epicrisis are submitted to the Health Information System. In 2013, the percentage of Estonian population whose treatment data have been submitted to the Health Information System reached 82% (1.1 million).

Some new services were also created in 2013: the Physician Portal completed in 2013 allows all health care service providers to send data into the Health Information System and retrieve data therefrom regardless of whether there is a local information system. The Patient Portal was also completed; it was given a new and user-friendly form. Another novelty is the statistics module allowing analysis of data submitted to the Health Information System and use thereof for statistics purposes. Based on the completed authentication and authorisation module, a new, common user and user group administration environment was created. As concerns international projects, epSOS (Smart Open Services for European Patients), was implemented, thereby creating an opportunity for testing the service epSOS Patient Summary – i.e., exchanging health-related data with other states participating in the project.

In the field of medicinal products, the Falsified Medicines Directive and the Pharmacovigilance Directive were introduced to the Estonian legal system.

As for medicinal products distributed at a discount, the self-contribution of patients continued to drop in 2013. In a year, the insured person's self-contribution when purchasing prescription medicines has dropped from 33% to 32.1%. The main cause for the decrease is cancellation of the upper limit when compensating 50% discount medicinal products. As a result, the patients' self-contribution dropped by approx. €1.5 million per year. The share of discount prescriptions has increased by 3%; this reflects increase in use of medicines, which is most evident in case of 50% and expensive 100% compensated discount medicinal products. For the Health Insurance Fund, the average cost of a discount prescription has increased by 2%. The cost of 75%, 90%, and 100% compensated medicines has increased by 1% only, which refers to efficient price control (favourable price arrangements, limit prices, etc.). During the year 2013, five new active substances were included under the compensation scheme, which extended the range of medicinal products available for several target groups.

Blood donation was supported by purchasing of donor tents, purchasing of airtime for blood donation popularisation videos, and supporting the arrangement of donor tent campaign days in summer. Development of the national **blood information system** continued.