The general goal of the National Health Plan 2009–2020 – by 2020, the disability-free life expectancy for both men and women is expected to increase to 60 and 65 years, respectively for men and women, while the average life expectancy will increase to 75 years for men and to 84 years for women.

In 2014, the expected life expectancy at birth was, for men and women, respectively, 72.3 and 81.5 years, which demonstrates a certain decrease, when compared to the 2013 data, for men (0.4 years) and increase (by 0.2 years) for women. In 2014, the decrease of death rate, due to accidents, injuries and poisoning (incl. drugs) did continue, however, suicides and drowning showed an increase among young men, which resulted in the decline of expected life expectancy among men.

In 2014, the disability-free life expectancy was 53.1 and 57.1 years for men and women, respectively; when compared to the previous year, the indicator shows a certain decrease among men (by 0.7 years) and increase among women (by 0.4 years), but still remains lower than the indicators for 2009–2011. The growth in the disability-free life expectancy has been hindered by the growth of the share of people with chronic illnesses.

Gender differences in the life expectancy and disability-free life expectancy have decreased in Estonia; this is more prominent in the disability-free life expectancy.

Development of “Social Security, Cohesion and Equal Opportunities Development Plan for 2016-2012” began in 2014 as an important initiative within the framework of Strategic Objective I (Social inclusion and equal opportunities); the document is expected to play a role equivalent to the NHP in health care for the social sphere purposes. Another key development was the approval of the legislation required for the implementation of the work ability reform by the Parliament; the reform will take effect on 01.07.2016. Activities also continued in mental health sphere, supported by the funding from the Norwegian financial mechanisms and the budget of the Estonian Health Insurance Fund (hereinafter the EHIF). There have been no major changes in the sphere of mental health; suicide rate among children and adolescents has not decreased and suicide mortality rate among the elderly demonstrates a growth. Therefore, more attention should be given to effective measures for suicide prevention.

Implementation of several health promotion projects continued within the framework of reproductive and infant health promotion measure of Strategic Objective II (Safe and Healthy Development of Children and Adolescents), more specifically, pregnancy crisis counselling service, reproductive health counselling at adolescents’ counselling offices, breast feeding promotion, etc.

The conference “Breast Feeding – Investment into the Future!” was held within the framework of international breast feeding week. Series of trainings, “Promotion of Breast Feeding 2013-2014” were provided for personnel of maternity wards and gynecological clinics of Estonian hospitals.

For the prevention of health disorders among pre-school and school children, the Health
Insurance Fund continued financing the activities of the health-promoting nursery school and school network. Diabetes nurses provided counselling and training for the personnel of educational institutions and parents with the purpose of supporting the integration of children who suffer from diabetes. The incidence of new cases of diabetes remains stable, yet the demand for counselling services currently exceeds the supply.

Child and adolescent death rate (age group 0-19) has remained at the same level and there are problems with decreasing child and adolescent injury death rate, mental and behavioral disorders and primary morbidity rate, while birth rates decline. As for the positive side, the percentage of children reporting very good self-perceived health is on the rise and some improvement can also be noticed in child health behavior related indicators (alcohol and tobacco consumption).

As for the Strategic Objective III (Healthy Living, Working, and Learning Environment), increasing the awareness of people handling chemicals and biocides on drafting of chemical safety data sheets and marking of chemicals was one of the most important recurring activities. Ambient air quality was studied in problematic areas, survey of emissions of fine particles from scattered sources and information dissemination against burning of trash at households was carried out.

Environmental Health Research Centre was established at the Health Board to collect and process information on environmental factors and epidemiological situation.

Draft Ambient Air Protection Act was submitted to the Government of the Republic; discussion of the draft act is in progress.

In the sphere of food safety, a study was carried out to determine the risks related to raw milk sold in vending machines and hygiene requirements; the outcomes of the study will be used to develop recommendations for manufacturers and consumers of raw milk and to plan further activities.

Within the framework of increasing awareness of a safer and healthier working environment, a working environment tool was developed, aiming to involve employees into an organization of working environment and enhance general awareness of safe conduct at work.

For proper arrangement of communicable diseases surveillance, prevention, and control, the discussions on the draft Act to Amend the Communicable Diseases Prevention and Control Act was continued in 2014. From July 1st, 2014, vaccination against children against rotavirus infection began in accordance with the national immunization schedule. Preparations to introduce e-immunization passport were continued.

As for the targets established for the sphere, progress has been made only with two indicators: the number of fatal occupational accidents and percentage of population supplied with drinking water conforming to requirements. The main challenges that require attention are: increasing respiratory disease morbidity mortality rate and the number of working days lost due to occupational accidents, but also the decreasing number of vaccinated children younger than 2 years.

In 2014, the most important activities carried out within the Strategic Objective IV (Healthy Lifestyle) included preparations for the Green Paper on nutrition for the purposes of combating
nutrition-related health problems resulting from unbalanced nutrition and insufficient physical activity. Alcohol policy and tobacco policy Green Papers were prepared and approved by the Government of the Republic, and the Ministry of the Internal Affairs initiated the development of drug use reduction policy or EHIF White Paper.

Year 2014 was entitled the year of movement (Sports for All) within the framework of a programme by the Ministry of Culture with the mission: „Making physical exercising an inseparable part of everyday activities for the population! When on the move, Estonian population will become more active, healthier, and sustainable“.

For Estonia, drug addiction and the spread of the infectious HI-virus remain a problem and a great source of threat for human health and life expectancy. Current preventive measures, adopted to slow down the prevalence of HIV, have given positive results but despite the decrease in the number of new HIV cases, Estonia’s indicator still holds the first place among the EU Member States.

Legislative proceedings of the Communicable Diseases Prevention and Control Act continued in 2014 to protect the population from tuberculosis.

In the field of injury prevention, the cross-ministerial injury prevention task force continued their activities in 2014 under the leadership of the Government Office.

Overweight and obesity of the population with onset from childhood, excessive use of alcohol, drug addiction and smoking, inability to decrease new cases of HIV, high percentage of multi-resistance cases of tuberculosis are all the most important problems of the Strategic Objective IV. Positive trends towards the achievement of goals and strategic objectives are the following: increasing the share of population that exercises regularly, number of new cases of tuberculosis shows a decline, number of fatal accidents has decreased on account of poisonings.

“Development Trends of Health Care in Estonia Until 2020” were submitted to the Government of the Republic for approval as an important effort under Strategic Objective V (Development of the Health Care System); the document lays down the main principles for the development of first contact care, hospital network and emergency health care.

Family physicians and nurses substitution system project continued to ensure the availability of high-quality general health care services.

Regulations to govern domestic midwife services entered into force to lay down rules for giving birth at home and ensure maximum safety of the service concerned.

As for the specialized health care, the first real steps were taken to ensure the networking of hospitals – SA Tartu University Hospital acquired participation in AS South Estonia Hospital and SA North Estonia Medical Centre established joint foundations with SA Rapla County Hospital and SA Läänmeeaa Hospital.

Implementation of projects within the framework of the measure Optimizing the Infrastructure of Central and Regional Hospitals resulted, by the end of 2014, in the construction/reconstruction of 88% of the targeted area for the provision of active care.
From January 1st, 2014, a new regulation entered into force, replacing the definition “care hospital” with “nursing hospital” and introduced the term of independently provided “stationary nursing care” instead of maintenance care.

The new Procurement, Handling and Transplantation of Cells, Tissues and Organs Act was passed.

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; as a consequence, services were made available to 66 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.

An option to sum social insurance for employees working within the framework of several contracts under the law of obligations was provided to ensure better coverage of health insurance and the system for using health insurance under voluntary contracts scheme was also made available for individuals working under short-term contracts.

Use of health information system services enlivened. In 2014, new services were added to the selection. Implementation of the e-documentation project involved the introduction of completion of health declarations within the state patient portal, issue of health certificates for drivers of motor vehicles within the information systems of providers of health care services and physicians’ portal, followed by automated sending of health certificate decisions to the information system of the Estonian Road Administration. Interface for the integration of health information system and Pildipank (Photo bank) for long-term storage and availability of examination images was completed within the framework of digital archive project. From 1 September 2014, the functions of a national central archive will be fulfilled by SA Eesti Tervishoiu Pildipank (Estonia Health Care Photo Bank). Cancer screening register was established within the framework of cancer screening register project; the register will be launched in 2015 and will be used to collect data from health information system; for the first time in health care system in Estonia. Analysis on “Use of Referral for the Purposes of Process of Treatment” was completed within digital registration project, intended to establish the expectations of all the parties regarding the data to be included in digital letter of reference and the process for the use of such referrals. Opportunity to view prescriptions and their history, included in the prescriptions’ register of the Estonian Health Insurance Fund, was developed as a part of patient portal and development of medical costs display functions was started. The Government of the Republic decided, at its session of 3 July 2014, to establish e-health strategy task force and give it the task to develop Estonian e-health strategic development plan for 2020. The strategy will be completed by November 2015.

The Ministry of Social Affairs and the Estonian Research Agency commissioned research and development and innovation strategy of the Estonian research system for 2015-2020 in 2014. The main challenges of health care include limited resources of health care personnel (especially, nursing care personnel), availability of medical services, incl. dental services and declining satisfaction with the quality of medical health.

The following will include an overview of main activities by strategic objectives of the National Health Plan (hereinafter the NHP) in 2014; tables included in performance report will provide

Strategic Area I – Social Cohesion and Equal Opportunities

Major changes in strategic planning of social sphere took place in 2014 – the Government of the Republic approved a decision on 3 July 2014 to start the development of “Social Security, Cohesion and Equal Opportunities Development Plan for 2016-2012”. This is a wide-based strategic document, which covers social security sphere in general, will be developed within the framework of wide-based inclusion; the document is expected to play a role equivalent to the NHP for in health care for the purposes of social sphere. As an important modification, it was decided to include the development plan for legal protection of rights of disabled people and activities listed in active ageing strategy in this development plan. Therefore, any earlier references to active ageing and legal protection of rights of disabled people strategies and other activities in NHP documents should be treated as a reference to this development plan.

Another very important development in 2014 was the approval of the set of legislation required for the implementation of the work ability reform by the Parliament. The Incapacity for Work Act and the Act on Amendment of Social Welfare Act, Labour Market Services and Benefits Act and other related acts was passed by the Parliament on 19.11.2014. The goal of the amendments is to increase engagement of people who have lost their capacity for work and to enhance their involvement. Preparations for the implementation of the reform have shown the need for further improvement and modification of legislation that governs the sector; therefore it was decided to postpone the entry into force of the reform in 2015 by six months. The reform will become effective on 1 July 2016.

There were no major changes in the sphere of public health. Support continued to be available to local and network-based health promotion activities; traditional health promotion annual conference „Liikudes tervise heaks” (Movement Towards Health) with 276 participants took place. In 2014, anniversary conference of health promoting hospitals (HPH) with 136 participants took place under the slogan of "Integration of Health Promotion with Clinical Practice"; the event discussed new development trends within the HPH network: health promotion within mental health networks, tobacco-free health care services; health education in health care organizations etc. At the end of 2014, the HPH network included 214 member organizations with the total of 53,638 employees.

A study, conducted in 2014 within 181 organizations, shows that in organizations that belong to the network of health-promoting work places management offers more support to health of employees; employees are involved more often in shaping the working environment and individual requirements of employees are taken into consideration. 111 organizations that took part in the survey gave feedback, concerning real benefits of attaching value to health – 49% organizations noted increased employee satisfaction, 16% commented on reduced work-related stress, 22% mentioned decreased number of sick days and 10% - reduced number of occupational accidents.

Adult population health behavior survey (hereinafter APHBS) was carried out. Information on 2014 was made available in March 2015 at the website tai.ee.

For the purposes of annual recognition of health promoters, health in each and every
sphere of politics was in focus in 2014 and therefore, every county was asked to nominate the best inspirer and involver from some other sphere for his or her contribution to health policy. The following individuals were acknowledged: Veevi Hõrak (Võru County), Külli Luuk (Harju County), Solveig Edasi (Lääne County), Viivika Roostari (Lääne-Viru County), Tair Anton (Pärnu County), Triinu Õispuu (Põlva County), Kaie Tali (Tartu County), Maiu Raun (Saare County), Tiina Guutmann (Järva County), Sirje Alusalu (Jõgeva County), Marika Parkmani (Ida-Viru County), Ingrid Prikk (Hiiu County), Monika Rogenbaum (Valga County), Tarmo Peterson (Rapla County) and Krister Kallas (Viljandi County).

As for the sphere of mental health, support from Norwegian Financial Mechanisms and EHIF has contributed to fast progress of various projects. The activities of Mental Health and Wellbeing Coalition (in Estonian VATEK) were more active than planned. Apart from the scheduled meetings, the network also implemented a variety of project-based efforts. Members of VATEK were offered trainings that develop advocacy abilities, “Good and Efficient Advocacy – How to Influence decisions?” and “Development of Presentation Skills” within the framework of “Enhancing the Capabilities of Mental Health and Wellbeing Coalition as a Promoter and Policy Shaper” networking project of NGOs Foundation. Mental health information dissemination days, “How Not to Mess up Your Life?!” took place in all the counties of Estonia, participated by 656 people. On 10 October, VATEK organized mental health fair at Tallinn University, „Eluterve terve elu” (Healthy for the Entire Life), where ca 300 people, involved with the sphere, were present.

Four projects were given funding within the third application round of public health programme of the Norwegian Financial Mechanism (Terve Eesti SA (Healthy Estonia), Estonian Temperance Association, the National Institute for Health Development and Tallinn University) and efforts to prepare for the implementation of these projects were launched in 2014. NGO Peasjad, Estonian-Swedish Mental Health and Suicidology Institute and the Estonian Sexual Health Association continued to develop web environments, committed to mental and reproductive health.

Strategic Area II – Safe and Healthy Development of Children and Adolescents

13,692 children were born in 2014. As compared to the year 2013, the number of births has decreased by 139 children.

For the improvement of reproductive and infant health, infertility treatment was continually supported in 2014. Overall, 3,669 infertility treatment procedures (3,809 in 2013) were administered on 1,404 women in 2014 (1,471 women as compared to the previous year), resulting in the birth of 355 children (399 children in 2013).

As for prenatal diagnostics of pregnant women and screening of newborns, EHIF continued with phenylketonuria (FKU) and hypothyreosis (HR) screening and hearing tests on newborns. Hypothyreosis was diagnosed in two babies tested in 2014 (also two children in 2013) and phenylketonuria was diagnosed on one child (in five babies in 2013). Hearing impairment was diagnosed in 36 children (last year in 28 children), severe or very severe hearing impairment in eight children (in 2013, in 12 children). The project for prevention of prenatal diagnostics of congenital/hereditary diseases has been funded, since 2014, from the specialized health care budget of the EHIF, under obstetrical care and gynecology.

2,220 individuals attended pregnancy crisis counselling, with referrals and support from
EHIF, 4,500 times. In 2014, 337 more individuals that in 2013 attended counselling, however, the average number of contacts per customer remained the same, i.e. in average two contacts.

**Youth reproductive health counselling** and sexually transmitted disease prevention services project had established the goal of achieving 20% of first contacts and 6% contacts by young men in 2014. 22% of all contacts were first contacts. Young men contributed approximately 17% of the first-time visitors of the counselling offices (last year, 15%) and approximately 7% of the total number of visitors (last year, 6.4%). 41% of the services, offered by youth counselling offices, focused on prevention of sexually transmitted diseases, sexual counselling (incl. contraception) amounted to 39% and repeated issued of prescriptions gave 19% of the contacts.

**HIV positive pregnant women received prophylactic treatment** during pregnancy and birth, as did their children after birth. In order to prevent vertical prevalence of the infection, the National Institute for Health Development (NIHD) paid for the baby formula offered free of charge in three hospitals to 192 babies in 2014. Free baby formula was made available to all the babies of HIV-positive mothers until the age of 1 year.

**To promote the breast-feeding of infants**, the Estonian Committee for Breastfeeding Promotion organized, for the first time in Estonia, a conference focused on breast feeding in October 2014, „Breast Feeding – Investment in Future!“. Organization of the conference involved getting attention to the global breast-feeding week. Development of the **Baby-friendly Hospital Network Initiative (BFHI)** continued more actively than before, involving continuation of training courses that were launched in 2013, “Promotion of Breast Feeding 2013–2014“, for the personnel of maternity wards of hospitals and gynecological clinics, as the trainings represent the primary conditions to be observed to allow the principles of baby-friendly hospitals to reach all the employees concerned. Family physicians and nurses also took part in the training to ensure support to breast-feeding after leaving maternity wards, until children are 2 years old. BFHI evaluation documentation package was modernized to allow certification of maternity wards and establish and implement a suitable evaluation system.

**Activities of the Children’s Dental Health Project** continued, financed by the Health Insurance Fund, were continued in 2014. The project serves the main goal of shaping oral hygiene and eating habits of children to anticipate caries and enhance oral health awareness among parents and stakeholders. In 2014, trainings were organized for children and personnel of the Estonian Dental Association. Materials on oral health and hygiene were developed for children, parents and teachers. 17 articles on oral health and hygiene were published in national newspapers; interviews were made on both radio and TV. Web-based material „Suukool“ (Oral School), which is available from [www.kiku.hambaarst.ee](http://www.kiku.hambaarst.ee), was completed and published. The project target group included 1,659 children and 161 parents. In 2014, the EHIF financed dental care services (except orthodontics), which were made available to 147,000 children. The main target group for the prevention of dental diseases in children were, in 2014, children born in 2002, 2005, 2007 and 2008. The number of children, receiving dental care and dental disease prevention services, funded by the EHIF, increased in 2013 by 1,100 children; however, the coverage of prevention target groups somewhat decreased (from 28.7% in 2013 to 27.8% in 2014).

**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; NIHD implemented the activities. In 2014, seven schools joined the network that now consists of 245
pre-school childcare institutions throughout Estonia.

Funded by the EHIF, NIHD implemented in 2014 a project, aimed at health development in children, "Health Promotion in Nursery Schools and Schools". General goal of the project is to develop health-supporting environment in nursery schools and schools and increase the capabilities for the implementation of activities, aimed at healthy development of children. Project included in-service trainings to allow intensification of health promoting ways of thinking and implementation of health information in practice. In total, 240 employees from 120 educational institutions took part in the training.

NIHD prepared guidelines for supporting children’s mental health in nursery school and offered training for the personnel of nursery schools.

Based on agreements concluded by NIHD and funded by the EHIF, in order to support integration of children with special needs to the nursery school environment, diabetes/school nurses provided training and counselling services to personnel of educational institutions (428) and parents. Seven diabetes/school nurses offered in 2014 their respective services in 29 nursery schools and schools, during 68 visits, to 33 children (10 girls and 23 boys) aged 1.8–13 years, all over Estonia. In recent years, in average, 150 children, aged 1-14 years, are first diagnosed with diabetes. This demonstrates that the demand for diabetes counselling services is much bigger. Guidelines on diabetes were distributed within the framework of the project in co-operation with the Estonian Diabetes Association of Children and the Young. "Diabetes in Children and the Adolescents" was reprinted among other printed materials of children’s health.

To reduce health problems in school-age children and improve the health assessments, supporting and extension of the health-promoting school network continued, and NIHD arranged several training courses within the framework of the related activities. In 2014, seven schools joined the NIHD network that now consists of 204 schools. Co-ordination and counselling of school network took place in 18 locations: in all counties and in three larger local governments. School coordinators advised 236 educational institutions, incl. 172 members of the TEK network on health and well-being assessment issues, planning and implementation of activities and coordinated the work of co-operation network of educational institutions.

NIHD prepared the draft of teachers’ manual for drug prevention, which is aimed at improving social coping skills at school levels I–III; a training package, aimed at using teachers’ manual, was also completed. Web-based drug use prevention guidelines for schools, in Estonian and Russian language, complete with introductory flyer, were completed and tested in two schools. Two information dissemination days were organized in co-operation with the Police and Border Guard Board (drug prevention and handling drug-related incidents in schools) for personnel of educational institutions.

Web-based teachers’ manual on nutrition and exercising was printed and published. Guidelines on supporting mental health of children was translated into Russian language to support specialists who work with children in noticing the needs or problems of children and EHIF-funded training events were organized; in addition, the NIHD organized trainings on „Involvement of Students”.

The Ministry of Internal Affairs (hereinafter the MoIA) funded the localization of a NIHD game Good Behavior Game EHIF VEPA for Estonian conditions and training of trainers and teachers was organized within the framework of the event. Behavioral skills game is an intervention programme, which can be implemented in classroom and is supposed to anticipate incurrence and aggravation of behavioral problems. The game will be implemented by first grade teachers
In 2014, school health care services were available from 320 service providers in 600 educational institutions. The role of a school nurse continues to be important; this is demonstrated, apart the provision of preventive health care services, by the number of school students, addressing school nurses. In different regions, 40%–65% of the total number of students addressed school nurses; in total, school nursing services were made available to 150,499 students (in 2013, 147,297 students). According to the information, available from the prophylactic examination of school students in 2014, impaired vision was identified in 19%, posture problems in 15% and overweight in 11.3% of the students.

In schools for students with special educational needs, school nurse services were made available in 2014 to 2,300 students. In most cases, counselling services were used, both in direct contact and over the phone, and assistance was offer for administration of medications.

The number of dropouts from secondary school has somewhat decreased (earlier, 277 students) – in 2013/2014, 230 students (the percentage is 0.2% of basic school students). However, the number of upper secondary school dropouts has somewhat increased – 244 (the percentage is 1.1% of upper secondary school students; in 2013 the respective indicator was 234 students). Dropping out from school represents risk behavior and the related health hazards in children.

For the purposes of preventing risk behavior and the related health hazards, the Ministry of Education and Research continued to support hobby schools and youth information and counselling centers. In 2014, study counselling and career services provision system was reorganized. Since 1 September 2014, the Rajaleidja (Pathfinder) centers will be functional in all counties for the purposes of integrated provision of the following counselling services: special needs education, speech therapy, social education and psychological counselling, but also career counselling and exchange of career information.

As for the youth sphere, the number of hobby schools went up from 562 to 591 in 2014 and the number of hobby school students grew by 3,501 students (aged 7–26) or up to 83,942. The total number of all the hobby school students grew by approximately 4%. Within the framework of project contest „Varaait vol. 10“ (Treasury) support was made available to 95 applicants to modernize hobby education infrastructure and teaching aids and diversify performance of the hobby schools curricula and support participation of less privileged adolescents in youth work. MoER continued to support permanent and project camps. In 2014, 25 youth and 62 project camps were supported within the framework of consolidated „Salubrious and Developing Recreation for Youth“ project. This project represents a youth work sphere that will offer adolescents opportunities for salubrious and developing activities within the framework of youth programmes and projects to gain independent life, communication and coping experiences.

To promote physical activity among children and adolescents and prevent injuries the Ministry of Culture (hereinafter the MoC) continued to support basic swimming training; more than 13,000 children took part in the trainings. The MoC conducted a survey at the end of 2014, in co-operation with Spordikoolituse ja -Teabe SA and the Estonian Swimming Association, to determine the need for organizing basic swimming classes at local governments, offer recommendations to trainers-supervisors and offer proposals for the development of basic swimming courses and funding. The survey showed that the conditions for the organization of swimming classes are rather good and children feel positive about the
classes. Often, trainers who offer basic swimming training, miss the options for self-improvement and teaching materials.

Health examinations were arranged for young athletes aged 9-19 throughout Estonia who exercise at least six hours per week, on regular bases, apart the standard physical education classes at schools. In 2014, 8,984 young athletes passed the health examination. Compared to 2013, this number has dropped by 2.5% (214 young athletes less); however, the total number of children has also decreased over the period.

The Ministry of Culture named year 2014 the year of movement within the framework of an appropriate project. The implementation of the project was delegated by the Ministry of Culture to the EOC. The year of movement promoted the following objectives: increasing the share of people who exercise among the population, make people pay attention to sports and increase exercising and sports related awareness of people. In conclusion, the year of movement can be described as a success and the goals, established for the year, were mostly fulfilled. Estonian people move, by the end of the year of movement, more than ever before. Long-term effects of the year of movement could be expressed, in the next periods, in improved health of population, better work performance, decrease in health-deteriorating risk behaviors (alcohol, tobacco, drugs), etc.

A major concern is the great extent of obesity and overweight among adolescents. From 2004 to 2012, the percentage of overweight schoolchildren increased by 1.9 times, and in 2014 the respective percentage was 11.3%. To ensure healthy nutrition, the NIHD continued to provide training to enhance the awareness and skills of nursery school and school caterers. In 2014, 161 of the total of 509 school caterers (32%) took part in the trainings. The NIHD also organized nutrition campaigns, aimed at children and adolescents. From May 2014 until the end of the year, healthy nutrition campaign „Fiidi karu“ (Feed the Bear) to place via channels like Facebook and Instagram; it was used to share healthy nutrition messages, organize games and share prizes. The purpose of the campaign was to get adolescents think about foods with high sugar, fat and salt content, which are unhealthy, and suggest ideas to replace these with more valuable and healthier choices. The Ministry of Agriculture (hereinafter the MoA) continued to offer milk and dairy products at schools and nursery schools within the framework of school milk subsidy scheme. In the beginning of academic year 2014/2015, the potential number of school students who consume school milk via educational institutions that participate in school milk subsidy scheme was 213,000 students, which total, in approximate, to 97% of the target group. Fruits and vegetables were continually provided to children in schools and nursery schools by the MoA within the framework of school fruit and vegetable scheme. From academic year 2014/2015, 807 educational institutions with 110,535 students have joined the scheme. The MoER will continue to support school lunch, offered to basic school students; the offer was available to all stationary basic school students.

To prevent alcohol consumption among the adolescents, NIHD proceeded with the programme Efekt (Effect) aimed at increasing the ability of parents to talk about alcohol with their children and establish some rules. Meetings for parents of 6th and 7th grade students took place within the framework of the programme. The programme lasted for three years and was wound up in spring 2015. In addition, parents were sent a newsletter that contains information required to prevent and anticipate risk behavior in children. The NIHD carried out another questionnaire within the framework of “Behavior and Attitudes of Children and Parents”. 121 classes from 66 TEK schools took part in the survey. The third questionnaire was completed in spring 2015 and analysis on efficiency of the programme will be completed in 2016.
The Police and Border Guard Board focused, in 2014, on detection of misdemeanor on behalf of retail sellers and adults by making alcohol available to minors within the framework of supervision over restrictions imposed to limit alcohol consumption among minors. 33 police operations were carried out from July to December, 2014, serving the preventive goal of detecting violation of law among minors.

NIHD supported the preparation of a publication, „Lastevanematele uimastitest“ (On Drugs to Parents) to prevent drug consumption. The Police and Border Guard Board continued to implement project „Kaitse end ja aita teist“ (Protect Yourself and Help Others). This is a project, aimed at 6th grade students, which focuses on prevention of injuries (incl. addictive substances) among basic school students. Various addiction-related measures, implemented by the Police and Border Guard Board, incl. projects, reached 14,561 minors and 6,534 grown-ups.

In 2012, NIHD 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. In 2014, preparations were made for another ESPAD questionnaire that will be launched in 2015.

Increasing the awareness of adolescents about HIV infection is a part of „Youth Health Risk Prevention“ project. In 2014, a contract was concluded for the implementation of the project with SA Archimedes and the project itself will be implemented in 2015.

**To prevent injuries,** the EHIF implemented injury prevention project, which included safety camps for 6th to 8th grade students and required training was also offered to teachers. The Ministry of Social Affairs (hereinafter the MoSA) continued to support the activities of child help line 116111. In 2014, the total of 2,040 calls were made to the line; in 113 occasions the message about a child in distress was forwarded to a specialist, local authority official, police or school personnel. Despite the implemented activities and consistent decline of the injury death coefficient among children and adolescents, the indicator still remains more than twice as high in Estonia as the respective EU indicator.

**As an activity for prevention of mental health problems,** implementation of the programme Rahvatervis (Public Health) was commenced with Norwegian support. A contract was concluded to build a children’s mental health center in Tallinn. Provision of children’s psychiatry services was started at all the regional children’s mental health centers – Tallinn, South Estonia, Ida-Viru (Ida-Viru Central Hospital) and Pärnu. In addition, provision of children’s psychiatry services was started at mental health offices, which were launched by Tartu University Hospital and North Estonia Medical Centre at Põlva, Valga, South Estonia and Narva hospitals. Such a regional coverage is intended to ensure faster and more sustainable availability of mental health services to children and co-operation network, depending on the living place of the child, will be involved at much better level. Several trainings and supervision were organized for the personnel, employed by the centers. Long-term rehabilitation services to children with severe mental disorders are provided by Imastu school/care establishment (special welfare services) and H. Masing School. Contracts with two service providers in North Estonia (NGO Nirk and AS Aarika) were terminated as conflicts were identified between two parties; also the service provision quality had some deficiencies.

AS PriceWaterhouseCoopers started to carry out feasibility analysis that is needed to develop a concept for integrated children’s mental health services within the framework of public health programme project, “Development of an Integrated Services Concept for the Improvement of Mental Health of Children”. A report, which identifies main bottlenecks in
the system and suggests the initial trends for the development of integrated services, was submitted. In addition, a report “Mapping Child Welfare and Mental Development Evaluation Tools. Implementing Programme for the Adjustment of Standardized Evaluation Tools to Estonian Conditions”, was prepared by OÜ Kognitiivse ja Käitumisteraapia Keskus. Testing of a parenting programme, Incredible Years, will be continued within the framework of pre-defined European Economic Area programme, “Children and Youth at Risk”. The programme supports promotion of parenting skills and therefore, prevention and reduction of children’s mental health problems, including prevention of child abuse.

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

The Environmental Inspectorate carried out targeted ambient air studies in problematic areas – in the area of Sillamäe and Muuga harbors. The obtained results can be used to implement measures that improve the quality of ambient air. Ambient air quality management system is working; constant pollutant information and pollen monitoring results are available to the public via online-system at [http://airviro.klab.ee/seire/airviro/index.html](http://airviro.klab.ee/seire/airviro/index.html). Survey of emissions of fine particles from diffuse sources (road pavement, quarries, fields, forest fires, private houses, distant emission) was carried out; new special emissions will be implemented to take stock of pollutants at national level. Information dissemination was also launched to prevent burning of waste at households. Campaign against burning waste in domestic furnaces is being prepared and will be launched in 2015, as the heating period starts. In 2014, a campaign on threats resulting from burning waste in fires was carried out; follow-up campaign took place in spring 2015: [http://www.loke.ee/](http://www.loke.ee/).

The Ministry of Economic Affairs and Communication was in charge of development of a regulation „Requirements to Interior Climate of Buildings”; the task force will consist of the experts of both the MoSA and the Health Board. The goal is to establish clear and unanimous minimum interior climate requirements to buildings, incl. children’s institutions, to avoid the situations like the one encountered at Lähte Joint Gymnasium in the future.

Environmental Health Research Centre was established at the Health Board to collect and process information on environmental factors and epidemiological situation, organize risk assessment and health impact surveys. Studies were conducted in 2014 and the reports are expected to be completed in 2015. Information materials were published and training events organized within the risk assessment sphere. Development of environmental health database (ENHIS) was started; for that purpose, indicators were identified and technical database solutions developed.

"Health Impact of Oil Shale”, a project funded by the Environmental Investments Centre, was launched and completed in spring 2015. The goal of the study was to determine the impacts that result on public health from oil shale mining and use. The study was completed in co-operation with Health Care Institute of University of Tartu, children’s clinic and Estonian Centre for Environmental Research; WHO experts were also involved. An overview of earlier surveys was prepared in 2014 in co-operation with University of Tartu: mapping of sources of pollution for oil shale sector, accumulation of monitoring information and research projects conducted in the past; the information was analyzed to obtain morbidity and mortality analysis for the population. Surveys and questionnaires were organized for school children; questionnaire was mailed to grown-ups. As the result of the project, the population, experts and decision-makers will have a deeper insight into the health impacts of oil shale sector in Estonia and a solid foundation for solving problems that influence environment and human health and planning
follow-up activities for the project.

Increasing the awareness of handlers of chemicals and biocides on drafting of chemical safety data sheets and marking of chemicals was one of the important recurring activities of the area. Information dissemination day on beauty products and information dissemination campaign „Märka ohtu” (Notice the Danger) was launched to point attention to the importance of marking on chemicals. Assessment of oil shale bitumen was carried out within the framework of the European Communities assessment plan (CoRAP), followed by preparation of a draft decision, which was sent to the European Chemical Agency. The purpose of assessment of a substance is to determine whether the substance poses a risk for human health and/or environment. For employees, the most common type of exposure involves inhalation, for example, elevated temperatures will be used for asphalting and workers may be exposed to oil shale bitumen vapors. When ingested, oil shale bitumen is toxic on liver and resulting from its intended purpose, remains permanently in the environment. In course of assessment it is important to determine whether the substance also bio-accumulates in the environment. The substance was not identified well enough, based on the data available, therefore a request for additional information was submitted to the registering entity to allow for more specific identification of the substance and its vapors.

A project, “Opportunities for Ensuring Required Chemicals Safety Competence to Meet the Requirements, Laid Down in the European Union Legislation”, was implemented. As the result of the project it was determined that there is no sufficient market to establish a center of competence and development of a network of experts would be the most optimum choice. The results were presented to all the interested stakeholders. As the outcome of the project, a proposal was made to establish a network of experts and further training of required experts. The required activities will be continued in 2015.

The first laboratory in Estonia (toxicology work group of the Department of Pharmacology of Biological and Transplant Medicine of University of Tartu) that complies with the good laboratory practice requirements was appraised in co-operation with a Swedish accreditation agency, SWEDAC.

Due to the assumption of the Council Directive 2013/51/Euratom (radioactive substances in drinking water) amendments were prepared for regulation no. 82 of the Minister of Social Affairs of 31.07.2001. Analysis was conducted on the assumption of the directive to national law; for that purpose, radiological information on municipal water was collected; a KOM questionnaire was completed on the assumption of the directive and the consolidated information and analysis was sent to KOM to apply for a decision on exemptions from drinking water monitoring specificities, laid down in the directive. COM did not answer in 2014. Preparations for introducing the required amendments to the legislation that regulates joint training and attesting of individuals, taking samples of drinking water and water samples in general, were made in co-operation with the Ministry of Environment. New requirements will be introduced within the framework of environmental law codification with the special division of the Water Act in 2015.

Draft Ambient Air Protection Act was submitted to the Government of the Republic and the Parliament; however, the proceedings were not completed as the consequence of elections of the Parliament. The Ambient Air Protection Act lays down the following aspects: requirements to chemical and physical influencing of ambient air; requirements to maintaining and improving the quality of ambient air: requirements to protection of ozone layer; measures to mitigate
climate changes and reduce emissions of greenhouse gases.

Special radiation component act of the environmental law package includes radiation protection of patients, among other things.

**As for the food safety** and official monitoring, the percentage of non-compliant samples among samples taken in the course of monitoring was 2.6%. The share of non-compliant samples had somewhat reduced, compared to 2013 (in 2013, the respective percentage was 3.4%). Five different non-compliant items were identified upon 39 samples that were taken from items that are in contact with food (i.e. 12.8%). In the sphere of food safety, a study was carried out to determine the risks relating to raw milk, sold from vending machines and hygiene requirements; the outcomes of the study will be used to develop recommendations for manufacturers and consumers of raw milk and plan further activities. Study report is available at: http://www.agri.ee/et/uudised-pressiinfo/uuringud/valdkondlikud-uuringud/toiduohutus.

Two large-scale studies on the evaluation of content of pollutants and parasites in Baltic Sea fish, funded by the European Fisheries Foundation, were continued. In addition to the activities, planned for 2014, a good practice for marketing energy drinks was developed and re-print and posters of materials, aimed for children and adolescents who use energy drinks, published.

The goal of the activities of the MoSA and the Labour inspectorate (hereinafter the LI) in 2014 was **increasing awareness of safer and healthier working environment**. A working environment tool was developed, which is aimed at involving employees into organization of working environment and enhancing general awareness of safe conduct at work (http://www.tooelu.ee/et/Tookeskkond/tookeskkonna_korraldus/toovahend). The tool was introduced at a number of events all over Estonia. Conference on ergonomics was also organized to introduce the benefits of occupational safety for employers. Lectors were specialists of the sphere from both Estonia and abroad. Two in-service trainings were organized for occupational health specialists to ensure uniform competence (on personal protection equipment and nano-particles). Occupational health and safety network continued to operate, discussing the bottlenecks related to sustainable capacity for work in employees, incl. prevention of damage to health, compensation mechanisms and maintenance of job.

The LI issued several brochures in 2014 to increase the awareness of employers and employees („Alustava ettevõtja ABC“ (ABC for a Starting Employer), „Töö- ja puhkeaj“ (Working and Rest Time), „Töölähetus ja töötajate lähetamine“ (Work-related Travel and Employees) and „Tööohutus ehitusplatsilt“ (Occupational Safety at Construction Site)), and also a number of leaflets and posters („Soovitus raskuste käsitse teisaldamiseks“ (Recommendations for Manual Relocation of Heavy Objects) and „Võimlemisharjutused töökohal ja puhkehetkel“ (Exercises at Work Place and During Rest). All these brochures can be downloaded from the LI website and Tööelu (Work Life) portal. The LI also published three commercials in formula textbooks, aimed at school students, to increase the awareness of young target group. In 2014, the LI organized 16 lectures on employment relationships in gymnasiums, 35 information dissemination days and three seminars „Vähem stressi“ (Less Stress). Lots of attention was given to communicating working environment information in Internet – issue of a newsletter (which has 3,011 subscribers) and newsletter for a starting company (was sent to 19,324 enterprises). In addition, occupational safety, occupational health and employment relationship information was communicated by means of social media and Tööelu (Work Life) portal. Both the MoSA and LI information dissemination campaigns were supported by the European Social Fund.
Within the framework of monitoring activities, the LI visited 2,970 enterprises in 2014 to carry out occupational health and safety monitoring (2,665 enterprises were visited in 2013). Violations of various legislation were identified in 2014 during monitoring in 13,822 times (11,810 times in 2013), 65% resulted in a precept. Compared to 2013 the number of identified violations did increase, however, the number of inspected enterprises also went up. Violations were identified in 84% of the visited enterprises, just like in 2013. No violations were identified in 490 enterprises of the 2,970 enterprises that were visited during the year. 604 enterprises were visited to conduct supervision over employment relationships (623 visits in 2013). In total, 1,967 employment relationship related violations were identified during the inspections and employers were issued precepts for the elimination of 944 violations. Compared to 2013 the number of identified violations did increase, however, the number of omissions that required the issue of precepts remained the same. 349 visits were made to enterprises to investigate occupational diseases or accidents. Compared to 2013, the number of diagnosed cases of occupational diseases remained the same; however, this is not due to improved working environment. The reasons are mostly behind problems with diagnosing occupational diseases. National level targeted inspections were carried out in timber and furniture enterprises, public sector institutions to reduce risk factors, identified during previous periods, and also night work, health examinations and investigation of occupational accidents by employer and to cut down the number of occupational accidents resulting from slipping and tripping.

**For preparing a communicable diseases’ surveillance, prevention, and control,** the discussions on the draft Act to Amend the Communicable Diseases Prevention and Control Act was continued in 2015. The draft act covers the requirements for organization and funding of immunization, health control regarding communicable diseases and organization of reference laboratories. Process for the harmonization of the draft act has revealed the need to amend also the Food Act and the Infections Animal Disease Control Act.

The outbreak of Ebola virus that started in December 2013 in Guinea developed into epidemics that ravaged three West-African countries in 2014, being the biggest of the known Ebola epidemics in the world. WHO treated the situation as a public health emergency of global importance. The outbreak of Ebola virus in West-Africa resulted in additional work load for the communicable diseases sector (the Health Board and the MoSA) that involved communication, development of guidelines and recommendations, planning the readiness for the introduction of the disease and also international information exchange and co-ordination. From 1 July 2014, immunization of children against rotavirus infection began in accordance with national immunization schedule. During 2014, 23,310 doses of vaccine were issued to family physicians and vaccination was completed on 5,174 children (all 3 doses of vaccine were administered). Preparations to introduce e-immunization passport were continued in 2014.

**Strategic Area IV – Healthy Lifestyle**

Under the leadership of the Ministry of Culture, in 2014, 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. Year 2014 was named the year of movement (Sports for All) within the framework of a programme of the Ministry of Culture and the mission of the programme was the following: „Making physical exercising an inseparable part of
everyday activities for the population! When on move, Estonian population will become more active, healthier, and sustainable\*.

**For the purposes of combating nutrition-related health problems, preparations for the Green Paper on nutrition and physical activity took place.**

To improve nutrition awareness among the population, under the leadership of the National Institute for Health Development (NIHD), arrangement of media and information campaigns continued, as well as development of the nutrition website [www.toltumine.ee](http://www.toltumine.ee) and of the food ingredients database [www.nutridata.ee](http://www.nutridata.ee). Both websites have, in average, 1,500 visitors per week. In 2014, a campaign aimed at men, „Mees peab olema viljakas“ (A Man has to be Fruitful), was organised to promote consumption of fruits and vegetables among the population, and a campaign inviting to less use salt, „Soola pane kahvliga“ (Use Fork to Add Salt), which focused on population in general. In co-operation with the Ministry of Agriculture, NIHD launched an information dissemination campaign to enhance awareness on the nature of energy drinks, „Energiajook ei küta“ (Energy Drink Does Not Give Heat). Good practice for marketing energy drinks was developed in co-operation with the MoA, Veterinary and Food Board, NIHD and TA.

Provision of information on food, food production and processing to consumers and food handlers was continued under the control of the MoA to facilitate healthy nutrition choices. The MoA paid lots of attention to enhancing food labelling awareness. Presentations were given at several information dissemination days to inform handlers of food; various media channels (printed materials, radio, TV) were used to improve the awareness of consumers. A website on food marking, aimed at consumers, was created at [http://www.agri.ee/et/toidumargistusest-tarbijale](http://www.agri.ee/et/toidumargistusest-tarbijale) and published in 2015. A survey was conducted to determine how much attention consumers pay to food marking and labelling, which type of information gets most of their attention and what is considered important and how do they understand the provided information.

In co-operation with the Ministry of Agriculture, NIHD continued the nutrition survey to be completed in 2015. The survey aims to acquire factual data on the diet of the population. Randomly chosen inhabitants of Estonia aged from 4 months to 74 years participate in the survey. The initial outcomes of the study will be published in November 2015. Updating of nutrition and food recommendations was continued under the co-ordination of NIHD; the results will be published in 2015.

Professional standards for a nutrition adviser and nutrition therapist to develop nutrition advisory services were developed in co-operation with SA Kutsekoda.

A health behavior study conducted among Estonian adult population suggests that overweight continues to be a serious problem. Survey on health habits of adult population shows that more than a half (52%) of adult population has problems with excessive body weight. Survey on health behavior of school students and information collected by school nurses also demonstrate that overweight is on growth trend among school students. Almost one fourth of adults would like to get some recommendations from a nutrition specialist to deal with their body weight.

**To fight alcohol-related hazards**, the Green Paper on alcohol policy was approved by the Government of the Republic on 20 February 2014; the document determines the goal of national alcohol policy of the Republic of Estonia – reducing alcohol-related health and social damages and establishing a safe growth environment for children and adolescents – and the measures to be adopted to reach these goals. The Green Paper measures are intended to reduce consumption of absolute alcohol per capita per annum below the limit of 8 liters. Inter-
ministerial committee was established to implement the measures.

Based on the Green Paper, in 2014 a number of wide-based development efforts to treat alcohol addiction were prepared. First of all, NIHD developed a programme „Kainem ja tervem Eesti“ (More Sober and Healthier Estonia) (approved in January 2015), which will bring 10 million additional euros to the development of addiction treatment and early identification of abuse and development and implementation of short counselling over the next 6 years; the funding will be made available by the European Social Fund. Second, development of treatment guidelines for patients with alcohol consumption disturbances was launched under the leadership of NIHD; the document is assumed to be finished during the II half of 2015.

Within the framework of projects, aimed at prevention of alcohol use among adolescents, „Efekt“ (Effect) (implemented by NIHD) and „TarkVanem“ (Smart Parent) (implemented by the Ministry of the Interior), activities aimed at developing the knowledge and skills of parents were continued. The Estonian Road Administration launched a campaign against drunk driving and the Rescue Board – a campaign to prevent drunken accidents in water.

MoSA funded the creation of stage play by theatre NO99 to prevent alcohol use among children, staging and presentation of the play in schools. In total, the play was staged 60 times for 7th grade students in schools over Estonia.

As for the sphere of tobacco policy, the most important achievement is the Green Paper on tobacco policy, which was approved by the Government of the Republic in January 2014. A monitoring programme was developed to implement the measures, specified in the Paper on tobacco policy and to follow the progress of the implementation. Tobacco policy work group was established to observe the implementation of the Green Paper in its respective sphere of responsibility. The work group met twice in 2014. In October, a draft act for the amendment of the Tobacco Act and related acts was submitted to the Government of the Republic; the document deals with ban on sales of tobacco-free products, ban on advertising of products, related to tobacco products and ban on sale of products, related to tobacco products, to minors; limits on quantities of handled tobacco products and penalties for the handling of such tobacco products were established. In essence, Measure 6, specified in the Green Paper on tobacco policy was implemented and assumption of the new tobacco products directive to the Estonian legislation was started.

„Suitsuprii klass“ (Smoke Free Class) competition, organized by NIHD, was one of the many preventive measures. 85% (in 2013, 82%) of the participants completed the competition successfully; all the students of the given classes remained smoke free. Compared to the last academic year, both the number of the participants of the competition and successful performers has increased. In addition, target group was given an overview of evidence-based intervention measures; this represented one of the activities undertaken to make preparations for the launching of anti-tobacco campaigns of 2015.

NIHD initiated development of guidelines to limit contact with tobacco smoke for health-promoting (hereinafter HP) work places, „Tubakavaba töökoht – abiks tööandjale“ (Tobacco Free Work Place – a Tool for Employer). The guidelines were presented at HP conference, „Tubakaennetus töökohal“ (Tobacco Prevention at Work Place) and conference of health-promoting hospitals, „Tervisedenduse lõimimine kliinilisse praktikasse“ (Integration of Health Promotion with Clinical Practice).
NIHD reprinted some counselling materials on quitting smoking and updated quitting advice cards for counsellor and patient, both in Estonian and Russian language. Two trainings were held for counsellors on quitting smoking (hereinafter the CQS). In 2014, motivating interview was added to the training programme. In total, CQS advised 1,953 during 3,270 visits in 2014. The service is funded from ESF programme. From 2016 onwards, the service should receive funding from the state budget.

To fight the contraband market of cigarettes, the Tax and Customs Board intercepted 20,562,826 illegal cigarettes (9.4 million or 84% more than in 2013) and 10,519 kg of various tobacco products (in 2013, 80 kg), divided between hookah tobacco and snus as 9,158 kg and 1,351 kg.

For Estonia, the prevalence 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. Current preventive measures, adopted to slow down the prevalence of HIV, have given positive results but despite the decreased number of new HIV cases, Estonia’s indicator still holds the first place among EU Member States. The percentage of people who contract the infection by means of (hetereo)sexual relations, women and older age groups demonstrates a growth. The majority of new HIV infections are still registered in the Ida-Viru County and in Tallinn. 38% of the new HIV patients are female. New cases were most often diagnosed in the age groups 25-29 and 30-34. In age groups 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 (4 new HIV cases among males and 6 cases among females.

Over the years, the share of injecting drug users among new HIV patients has gradually decreased. While in 2012 35% of new HIV cases were known to be related to injection of drugs, the respective indicator had dropped to 28.3% in 2014. As sexually transmitted infections are on the rise, we can assume that heterosexual transmission is increasing, especially among young women having sexual intercourse with injecting drug users. In 2014, the share of sexually transmitted infections in all new HIV cases already amounted to approx. 43%.

In 2014, 11 institutions in ten cities offered anonymous and voluntary HIV counselling and testing services. 63 new HIV cases were identified in course of the anonymous service; this amounts to 22% of all the new HIV cases, diagnosed in 2014 in Estonia.

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 in 2014 in Estonia was 8,993 HIV positive persons and 434 AIDS patients; 2,998 individuals received antiretroviral treatment (ARV) in 2014.

In spring 2014, WHO experts paid a visit to Estonia to assess the situation with HIV/AIDS treatment and related services; a substantial report, complete with recommendations, was filed as the result of the visit.

For reduction of harm associated with intravenous drug use, NIHD 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 behavior, 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 2014,
there were approx. 6,305 visitors with assigned customer code and service was provided in 133,583 occasions. In all, approx. 2.1 million syringes were issued. According to the estimates, needle exchange service extends to 60% injecting drug addicts. As compared to previous years, the volume of the service has not changed. According to international recommendations, at least 60% of the target group needs to be covered to ensure efficiency of the service. According to WHO recommendations, the state should issue at least 200 clean needles per every drug-injecting person (DIP) per year. Today, we’ve acquired the recommended scope of the target group, but the number of offered syringes/needles remains below the recommended level. Assuming that we have ~10,000 drug injecting individuals in Estonia and in average, they inject once a day, we should increase the volume of the service to ~3.5 million. According to the White Paper of drug use reducing policy, apart needles other supplies should be provided: filter, liquid, container for heating, disinfectant. Due to lack of funding, additional supplies were not acquired and distributed to the target group in 2014.

In 2013, seven service providers at nine different locations offered opioid addiction substitution treatment services; 919 persons were treated during the year and in total, 685 opioid addiction substitution treatment spots were funded. According to WHO recommendations, the respective service should extend to at least 40% opioid addicts. Assuming that we have ~10,000 drug injecting individuals in Estonia, it can be said that today the service is not fully covered. The demand for such services is different in different regions; the service is only available in Tallinn, Ida-Viru and Tartu. Therefore, the service needs to be extended, both by volume and regionally (Maardu, Pärnu etc.). In addition, integrated treatment programmes should be opened, at least in Kohtla-Järve and Narva, and consider involvement of family physicians and pharmacist in provision of substitution treatment services in locations of residence, including smaller towns (e.g. Haapsalu etc).

**In the field of drug addiction**, under the leadership of different ministries, preventive activities and/or provision of treatment and rehabilitation services by NIHD 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 summarizes 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 2014, work groups specialized 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 and 2013, the number of drug overdose-induced deaths has decreased significantly in 2014. Whereas 170 people died because of a drug overdose in 2012, the respective figure for 2013 was 111 and in 2014 – 98; 86 were men and 12 – women. Such a decrease is mainly attributable to successful police work upon elimination of phentanyl (as the main cause of overdoses) from circulation, but also launching of a naloxone programme on behalf of NIHD.
In order to provide treatment, rehabilitation, and counselling services to adults and minors, NIHD concluded contracts with health care and social welfare institutions in different regions of Estonia. 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 2014, social, experiential, and psychological counselling and psychotherapy services were provided to 464 people.

NIHD financed the total of 16 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 2014, implementation of the programme Naloksooni kasutamine narkootikumide üledoosist tingitud surmade ennetamiseks (Use of Naloxone for Prevention of Drug Overdose-induced Deaths) was continued. In addition to the two service providers who started in 2013, three more joined in 2014; trainings on the use of naloxone were organized in seven locations. In total, 131 trainings were offered in 2014; 729 individuals who passed the training successfully were issued pre-filled naloxone syringes. There were 169 cases of naloxone re-issues.

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 continued 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. Related to work ability reforms the meetings were used to explain the need to link payment of compensation to supervised treatment to motivate certain contingent to complete their tuberculosis treatment.

In 2014, contraction of tuberculosis (TB) remained under control and the number of new TB cases decreased as compared to 2013. According to preliminary data, the TB incidence rate per 100,000 inhabitants was 15.6. In 2014, 246 TB cases were registered in the TB register, of which 205 were new, 31 relapses and 10 TB recurrence treatment cases. For the first time, TB morbidity rate (all cases) remained below 20, i.e. 18.7 TB cases per 100,000 inhabitants. 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 19.4% in 2014. Another sub-goal of the measure was to keep the TB epidemic among people living with HIV under control. While in 2013 12.1%, it was 9.2% in 2014 (96.6% of TB patients were tested). Preparations were made to develop new guidelines for diagnosing and treatment of TB, with the involvement of the Estonian Respiratory Society, NIHD and EHIF.

Although we can say that tuberculosis epidemic is under control, for further reduction of new TB cases and treatment of accompanying addiction patients, medical institutions that do not provide treatment for addictions should refer such patients to another medical facility that treats addictions.

In the field of injury prevention, the cross-ministerial injury prevention task force continued their activities in 2014 under the leadership of the Government Office. The efforts of the committee
resulted in a report that explains the current situation and problems and future tasks of various parties involved. The report was approved in January 2015 and is available from: https://riigikantselei.ee/sites/default/files/content-editors/uuringud/vigastuste_ennetamise_rakkeruhma_aruanne.pdf. Annual water and fire safety campaigns were also organized and the EHIF supported local injury prevention projects in all counties.

Strategic Area V – Development of the Healthcare System

“Development Trends of Health Care in Estonia Until 2020” was finally completed with involvement from stakeholders and was submitted to the Government of the Republic for approval; the document lays down the main principles for the development of first contact care, hospital network and emergency health care.

In co-operation with the Health Board, the Ministry of Social Affairs, the Estonian Health Insurance Fund, the Ministry of the Interior, the Estonian Family Physicians Association and other stakeholders, first contact health care sustainability work group was started. At the meetings of the group, various issues that represent a priority for the area were discussed. The most important issues concerned the preparation of first contact health care centers project. Issues related to obtaining support from the European Regional Development Fund for the first contact health care centers were discussed, including the terms and definitions used in the regulation, draft health center development plan guidelines and other issues. The other important topics that were discussed included the preparation of first contact component of “Development Trends of Health Care in Estonia Until 2020”, people without health insurance coverage in the lists of family physicians, future family physicians’ opinion poll on human resource policy at first contact care level, etc. The work group is still operable.

Family physicians and nurses substitution system project was continued to ensure availability of high-quality general health care services. In 2014, substitution service agreements were concluded with 38 substitution service providers. Substitution of physicians was organized in 35 occasions within the project (in 2013, in 46 occasions), in three occasions, substitution of nurses was used (last year, in six occasions). Payment of start-up subsidies to young physicians was continued; six physicians received subsidies within the framework of the scheme in 2014 (three more than in 2013).

Regulations to govern domestic midwife services entered into force to lay down rules for giving birth at home and ensure maximum safety of the service concerned.

A campaign „Terviseküsimuste lahendus algab oma perearstist ja pereõest“ (The process for solving your health problems starts from family physician and family nurse) was launched in 2014 to increase the awareness of individuals about the options offered by first contact health care system. The goal was to acknowledge the substance of family physician and family nurse services to the population – family physicians are all medical specialists and can diagnose and treat majority of diseases. The campaign reached 84% of the population.

The expenses on general health care increased by 5%, the new budget items include the second family nurse and increase of operational fund and capitation fees. Additional payment for patients received outside the regular hours was the biggest change in the scheme for funding family physicians; a support fund was introduced and a number of specialties referred for e-consultations. By the end of 2014, there were 804 practice lists of family physicians instead of the 801 in the previous year.
The number of participants in the family physicians’ quality system has remained the same over the recent years (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. Year after year, there are also more family physicians who achieve positive results in the quality system; last year, as many as 55% of the users of the system.

From 2008 to 2014, the total number of family nurse visits has increased approximately three times. This is due to the adding of the second family nurse 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 organization of health care is also available. The helpline usage rate was better than expected and increased by 4% as compared to the year before. The growth was due to awareness increasing campaign that focused on introducing the options available under first contact care system, including the Family Physician’s Helpline.

As for specialized health care, the first real steps were taken to ensure networking of hospitals – SA Tartu University Hospital acquired participation in AS South Estonia Hospital and SA North Estonia Medical Centre established joint foundations with SA Rapla County Hospital and SA Läänemaa Hospital.

New Procurement, Handling and Transplantation of Cells, Tissues and Organs Act was passed; the act will establish new basics for the transplant regulate Estonia’s subscription to international organ exchange organizations to ensure better availability and quality of the services.

Implementation of projects within the framework of measure Optimizing of the Infrastructure of Central and Regional Hospitals resulted, by the end of 2014, in construction/reconstruction of 88% of the targeted area or 57,009 m² for the provision of active care.

In 2014, the first stage of C Block of SA North Estonia Medical Centre was finished. The new block holds modern premises for the outpatient clinic, high-level cardiology center (the largest in North Estonia) and the only fully automated laboratory with a line of clinical chemistry and immunology automated analyzers in the Baltic States.

Within the framework of the measure, in 2015 activities of projects „II Construction State of Maarjamõisa Medical Campus of Hospital of University of Tartu“ and „Expansion/Reconstruction of SA North Estonia Medical Centre“ will be continued.

Specialized health care expenses increased by 9.8%. The number of cases that required specialized health care increased approximately by 3%, expenses also grew as the consequence of more expensive treatment – for outpatient treatment 2.5%, day treatment – 2.6% and inpatient treatment – 2.4%.

From 1 January 2014, a new regulation entered into force, which abolished the definitions of nursing and care hospital and replaced the definition of “care hospital” for “nursing hospital” and the term of independently provided “stationary nursing care” instead of nursing care. In addition, nursing homes can now, regardless of their form of ownership, nursing hospitals in Estonia provide independent inpatient nursing care services. Exact definition and requirements for independent nursing care services that can be provided were also established.
Since 1 July 2014, a new system of referral will be used to refer patients to home-based nursing care services and independent nursing care services. The need for a separate referral was caused by the fact that a general form of referral was earlier used, which did not include sufficient information required to offer the services. The referral will be now drawn up by the referring physician (who will define the treatment) in co-operation with nurse who will determine the need for nursing care services.

Within the framework of 2007–2013 programme period measure, „Development of Nursing and Care-taking Services’ Infrastructures“*, by the end of 2014 (on cumulative bases) 19 construction/reconstruction projects were completed (90.5% of projects). By the end of 2014, in total, 54,367 m² with 1,201 beds had been constructed/reconstructed; 2,016 m² and 50 beds were added in 2014. It should be mentioned, as a positive aspect, that within the framework of measure 2.6.3, the quality and availability of nursing and care-taking services had been improved by the end of 2014 in all counties.

**Work done to improve the availability and quality of nursing services continued** – updating of price limits for independent inpatient nursing care services and home-provided nursing care services was a very important achievement in 2014. It was agreed what kind of services patients need; this was followed by description of substance of the service, required personnel, medicinal products and materials; requirements established for premises, apparatus and equipment in regulations were taken into consideration. In 2014, funding available to both inpatient and outpatient nursing care increased, compared to 2013, by 19%. Expenses showed increase as the consequence of increase in price limits and number of cases treated. The availability of home-based nursing care services showed the largest increase (number of treated cases grew by 8%), the availability of inpatient nursing care showed less increase (number of treated cases grew by 2%). Number of treated geriatric evaluation cases decreased by 3%.

Availability of **emergency health care services** to the population was ensured. In 2014, the total number of emergency health care visits showed 1.2% decrease, compared to 2013 (total number of emergency health care visits in 2014 and 2013, respectively, 256,910 and 269,235). Number of hospitalizations remained at the level of 2013 (36% of the visits). Resuscitation services were provided in 2014 in 675 occasions, which is more than 2013 by 14% (587 resuscitation cases). Emergency health care logistics is well established to ensure the availability of services on small islands (incl. the use of helicopter in critical high-priority cases) and training of first aid providers on the spot.

According to the annual survey conducted for **evaluating patient satisfaction**, the satisfaction of Estonian population with the quality and availability of health care has not changed much. Currently, 70% of the population, aged 15-74, are of opinion that the quality of current health care is good (last year, 73%) and poor 26% (last year, 25%). 43% of the population are of opinion that availability of current health care is good in Estonia while 54% of the population thinks the opposite (last year, respectively, 47% and 51% of the population).

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. Based on the directive, services were made available to 66 patients, mostly in Germany (22 patients), Finland (19 patients) and Latvia and Lithuania (7 patients in both cases). 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 2014,
the Quality Commission of Health Care analyzed 119 expert assessment applications (in 2013, 137 applications) and identified shortcomings in 30 cases; these mostly included deficiencies in medical practice or communication.

An option to sum social insurance for employees working within the framework of several contracts under the law of obligations was provided to ensure better coverage of health insurance and the system for using health insurance under voluntary contracts scheme was also made available for individuals, working under short-term contracts. Voluntary health insurance is also available to individuals who have paid social insurance for themselves or it has been paid, on their behalf, during the calendar year preceding the conclusion of the contract at the rate applicable to twelve times the minimum monthly rate, established for the year concerned by the state budget, regardless of the length of the contract.

**Collection of social insurance** increased, in 2014, by 7.5%, compared to the year before. The state budget receipts were 900,209,000 euros and in total, 908,213,000 euros were spent on health care services, health promotion activities, refunding medications to the insured persons, incapacity for work and other benefits.

In 2014, the number of employed insured persons increased among the population covered by health insurance and this is attributable to improved employment situation – compared to 2013, the increase is approximately 3% (in 2014, the total number of insured employed persons was 600,998). Due to return to labor market, the number of those insured by the state changed, compared to the last year, by approximately 2% (in 2014, the number of people insured by the state was 583,101).

Compensations for incapacity for work increased, in 2014, compared to 2013, by approximately 10%. This was due to higher average wages, number of employed insured persons and certificates for maternity leave. Sickness benefits still had the largest percentage, 45% of total compensations for incapacity for work.

The Health Insurance Act amendment was introduced, which provides that persons insured under the certificate for care leave, will be entitled to care benefit for nursing a child up to 12 years of age for the maximum period of 60 calendar days when sickness is caused by a malignant tumor and treatment of a child starts in a hospital. The amendment enters into force on 1 July 2015.

**The Health Board received**, in 2014, more complaints regarding the provision of general health care than during the years before. 16 precepts were issued on the bases of such complaints; one to a provider of emergency health care services, two to family physicians, six to providers of specialized health care services and seven for the violation of the Medical Equipment Act. Occasions of provision of health care services without an activity permit were identified on bases of complaints. The activity permit of one institution was cancelled. The Health Board and the Estonian Data Protection Inspectorate made three inspection visits to places of activity of specific family physicians in 2014 to check the practice for communication and safekeeping of personal data (electronic records and health records on paper etc.). The inspection showed that providers of health care services have interfaces to the e-health information system and have the required options for data exchange available.

**For objective evaluation of treatment quality**, the EHIF planned to conduct five clinical audits in 2014: onco-gynecological treatment, sepsis treatment, treatment of fibrillation
arrhythmia and follow-up audits on acute abdomen diagnostics and prostate carcinoma audits. These clinical audits will be completed during the 1st half of 2015. To promote treatment quality, the EHIF started in 2014, in co-operation with the Medical Faculty of University of Tartu, development of the first specialty-based clinical indicators at the treatment quality indicators council. The treatment guidelines council approved the treatment guidelines for generalized anxiety disorder and asthma in adults, which both are aimed at first contact level.

In 2014, 60,692 women were included in cervical cancer screening sample; in the beginning of the year there were also 10.6%, of individuals with no insurance who did not receive the invitation. Invitations were also not sent to women living abroad and those who already suffer from cancer (in total, 3,872 women). Breast cancer screening sample included 65,534 women in 2014, 9% were not covered by health insurance. Invitations were sent to 55,253 women; invitations were not sent to those who had recently attended examination, women living abroad and those who were already treated for breast cancer. Compared to 2013, participation in screening somewhat increased – in 2014, the involvement in cervical cancer screening totaled to 50.3% and in breast cancer screening – 57.6%. The respective indicators of 2013 were 49% and 53%. In addition, two mammography buses were used in rural areas and this resulted in 66.1% coverage. In rural areas, the participation in breast cancer screenings remains higher than in larger centers.

In co-operation with the Association of Estonian Biomedical Laboratory Scientists and Estonian Society of Pathologists, laboratories that participate in cervical cancer screening were audited. Audit covered eight laboratories. Compared to 2006 audit results, the quality of laboratories, taking part in cervical cancer screening, has improved. While in 2006 the average difference in re-screening of preparations was 25%, the differences in 2013 re-screening of preparations only showed 6.9% difference.

New information technology solutions were created to develop the e-health system. In addition to the more active use of the health information system (hereinafter the HIS), priorities included sustainable operation of the existing functions. On 31 December 2014, the HIS included treatment records of 1.35 million individuals. Services, offered by the HIS, have been used about five times more often over the last three years, both by health care workers and patients. The percentage of family physicians forwarding the records went from 77% to 98% in 2014. The average monthly number of data inquiries, made by health care workers, went from 260,000 inquiries to 500,000 inquiries. The average monthly number of data inquiries, made via patient portal, went from 140,000 inquiries to 300,000 inquiries. The maximum volume of documents, sent per day, increased by four times – from 10,000 documents to 40,000 documents. 97% of inpatient medical records reach the HIS, plus 50% outpatient medical records.

New services were also created in 2014. The goal of the e-certificates project is to transfer, step by step, from health certificates on paper to digital documents. Digital certificates are prepared in the central HIS system; health certificate decisions will be automatically communicated to recipients (institutions) by means of the central HIS system. Issue of health certificate will be based on digital health declaration, which will be completed and signed by the patient in national patient portal and that can be viewed by issuer of health certificate on his/her desktop. In 2014, implementation of e-documentation project involved introduction of completion of health declarations within state patient portal, issue of health certificates for drivers of motor vehicles within the information systems of providers of health care services and physicians’ portal, followed by automated sending of health certificate decisions to the information system of the Estonian Road Administration.
Interface for the integration of health information system and Pildipank (Photo Bank) for long-term storage and availability of examination images was completed within the framework of digital archive project. From 1 September 2014, the functions of a national central archive will be fulfilled by SA Eesti Tervishoiu Pildipank (Estonia Health Care Photo Bank). Providers of health care services are required to communicate images, which match the technical requirements, laid down with the appropriate regulation, immediately to the central archive.

Cancer screening register (hereinafter the CSR) was established within the framework of cancer screening register project; the register will be launched in 2015 and will be used to collect data from health information system; for the first time in health care system in Estonia. The CRS will start to collect information on the results of cervical and breast cancer screening program results and treatment and also on the fact of participation/non-participation in the screening programs. The CRS will receive its data from the population register, cancer register, cause of death register and the HIS.

Analysis on “Use of Referral for the Purposes of Process of Treatment” was completed within digital registration project, intended to establish the expectations of all the parties regarding the data to be included in digital letter of reference and the process for the use of such referrals. Opportunity to view prescriptions and their history, included in the prescriptions’ register of the Estonian Health Insurance Fund, was developed as a part of patient portal and development of medical costs display functions was started.

The final goal of the e-emergency care service project is to introduce a full emergency care package, including the alarm center, emergency care establishment, accident and emergency medicine department, family physicians and special health care specialists and patient. Emergency care records will be communicated from mobile work station of emergency care service providers to the central HIS system where these can be retrieved by emergency medicine department, family physicians and special health care specialists. Patients can view their emergency care records via the patient portal. E-emergency care record test project was launched within the framework of the project on 2014.

The Government of the Republic decided, at its session of 3 July 2014, to establish e-health strategy task force and give it the task to develop Estonian e-health strategic development plan for 2020, incl. Estonian e-health development vision until 2025, based on strategic goals of Estonian health care system, social welfare, information society and other spheres and considering predictable foreign trends. The strategy will be completed by November 2015.

As for medicinal products, amendments to the Medicinal Products Act (400SE, 615SE, 782SE) were discussed, problems relating to the medicinal products’ mark-up regulation and draft act were introduced to the Government of the Republic and a memo prepared for the Government of the Republic on packaging information leaflets in foreign languages.

The discount rate of medicinal products sold at a discount increased by 6.2%, compared to 2013. This was influenced by the purchase of discounted prescription medicines and the average price of discount prescription medicines. 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 3%. The average price per prescription showed the biggest rise in 90% compensated discount medicinal products and this is due to the fact that compensation is now paid on new medicinal products.
that are more expensive. Although more innovative and expensive medicinal products are introduced, the contribution of insured persons remained basically the same for prescription medicines (in 2013 and 2014, respectively, 32.1% and 31.7%) and the average price to be paid by patients is 6.46 euros per prescription. In 2014, physicians issued 86% of all prescriptions on the bases of active substance. Therefore, further decrease of patients’ contribution can only result from more informed purchase decisions which are taken in cooperation with pharmacists. In 2014, 19 new active substances were included under the compensation scheme.

The Ministry of Social Affairs and the Estonian Research Agency commissioned research and development and innovation strategy of the Estonian research system for 2015-2020 in 2014, which was completed in the end of January 2015. The strategy implementation plan shall be created during 2015.