



ESTONIA



Overview

Government

Estonia has a directly elected unicameral assembly (Riigikogu) with 101 members. The executive power is exercised by Government including Ministers. The last regular elections of Riigikogu took place in March 2011. The Estonian President Toomas Hendrik Ilves gave the mandate to form the government to the former Prime Minister Andrus Ansip and in April 2011 the president appointed the two party coalition cabinet (Gov) that was formed on the basis of the Estonian Reform Party and the Pro Patria and Res Publica Union who continued their ruling. The current coalition tackles with economic downfall. In the 1st of January 2011 EURO was introduced as official currency. Foreign policy and collaboration with international organisations will continue largely unchanged where the EU, NATO and OECD are priorities but the representation in UN is increasing where Estonia holds position in ECOSOC and other bodies.

The GDP real growth rate in 2011 was 7,6%⁴. In 2010 the Estonian GDP per capita made 64% of EU-27 GDP per capita in PPS⁴.

Country administration

Estonia surface area is 45 227 km². There are 15 counties, which include 193 rural municipalities and 33 towns.

Economic indicators	Estonia	EU-27	Demographic indicators	Estonia	EU-27
Total health expenditure (% GDP)	6.3 (2010) ⁶	9,76 (2009) ²	Total population as of 1 January 2011 ⁴	1.34 million	502.48 million
GDP per capita (\$) (2010) ⁵	6238.5	19366,2	Rural/urban population ratio (2010) ⁵	0.44	0.35
Real GDP ppp \$ - (2010) ⁵	16561.4	27617.8	Rate of natural increase, per 1000 population, 2010 ⁴	0.03	1.03
Annual average rate of inflation (2011) ⁴	5.1	3.1	Age distribution (%), 0-14, 15-24, 25-49, 50-64, 65-79, 80+	15.3, 13.4, 35.0, 19.2, 12.7, 4.3 (2011) ⁴	15.6, 12.1, 35.8, 19.1, 12.7, 4.7 (2010) ⁴

Health status

Indicators	Estonia	EU-27
Life expectancy at birth, in years (2010): total/male/female	76.03/70.7//80.84 ²	79.86/76.85/82.79 ²
Human development index (HDI) (2010) ²	0.832	
Number of live births per 1000 women aged 15-49 (2011) ¹	48.97	
Number of live births per 1000 population	11.8 (2011) ¹	10.9 (2008) ⁴
Total fertility rate (TFR), (average number of children per woman) (2010) ²	1.64	1.56
Maternal mortality rate, per 100 000 live births (MMR) (2007) ²	0	7.0
Infant mortality rate, per 1000 live births (IMR) (2010) ²	3.29	4.18
Under-five mortality rate, per 1000 live births (UFMR) (2005) ²	7.3	9.9
Standard death rate (SDR), per 100 000 population (2010) ²	799.67	608.25
Acute poliomyelitis incidence per 100 000 population (2010) ²	0.00	0.00
Viral hepatitis per 100 000 population	30.5 (2011) ⁸	19.8 (2003) ²
Tuberculosis incidence per 100 000 population, all forms (2010) ²	21.12	12.3
Syphilis incidence per 100 000 population (2008) ²	5.3	3.7
HIV incidence / diagnosed AIDS cases per 100 000 population (2009) ²	30.7 / 2.84	4.98 / 0.95
DPT3 immunization (%) (2010) ²	93.7	97.9
Percent of regular daily smokers age 15+ years	26.2 (2010) ²	25.6 (2009) ²
General practitioners per 100 000 (2009) ²	82.15	87.35
Number of total / acute care hospital beds, per 100 000 (2009) ²	543.850/ 361.42	528.55/ 372.28
ALOS (2010) ²	7.66	8.14
No of doctors / nurses per 100 000 (2009) ²	326.65 / 613.16	330.3 / 823.64
Coverage with health insurance (%) (2011) ⁷	92,9	
Funding sources (%): state health insurance; state budget; local government; private sector (households OOP)	68.2; 9.5; 1.2; 20.3 (18.6) (2010) ⁶	-, -, -, 21.9 (15.6) (2009) ²

¹ Statistics Estonia, 2012; ² European health for all database, WHO 2012; ³ UNDP Human Development Report 2007/8; ⁴ Statistical Office of the European Communities, 2012; ⁵ World Development Indicators database, World Bank 2012; ⁶ National Health Accounts, 2010; ⁷ Estonian Health Insurance Fund Annual Report 2011; ⁸ Health Board, 2011

Key public health issues

- During last years **life expectancy** has increased and is now higher than in other Baltic states, but still ranks amongst one of the lowest of EU Member States. There is a big gap between men and women (9.9 years in 2010). The life expectancy both for males and females was the lowest in 1994 (61.1 versus 73.1); In 2010 the life expectancy for females reached the highest level ever observed (80.5) and the life expectancy for males has started to increase over the last years also (70.6 in 2010).
- **Births** - the decrease of birth rate have stopped on the level 8.78 (1998); birth rate per 1000 in 2011 was already 11.8. The **abortion rate** per 1000 women in fertile age is still high, though the number of abortions between 1990-2010 has declined more than twice (77.3 to 23.4). In 2010 there were 57.5 abortions per 100 live births and 44.7 induced abortions per 100 live births.
- **Infant mortality rate** has significantly decreased since early 1990ies and has remained very low in the last years (from 15.7 in 1992 to 3.3 in 2010). **Death rate per 1000** both for males and females was the highest in 1994 (accordingly 16.9 and 13.7); after rapid decline in 1996 the death rate remained relatively same in the last years for both males and females (accordingly 12.6 and 11.1 in 2010). **Natural increase** per 1000 population is improving since 1998 and was positive 0.03 in 2011. There is strong trend of aging of the population where age dependency ratio in 2008 was 0.48.
- The **leading cause of death** as in many other developed countries in 2010 is the diseases of the circulatory system (55.5%), followed by malignant neoplasm (22.9%) and external causes of death (7.1%). There is gender difference in mortality where due to external causes are relatively higher for men (in 2010 standardized death rate 133.0 versus 28.2) and circulatory diseases (566.7 versus 310.7 for females). **Premature death** – this has been a problem since mid of 1990ies as more than one third of persons died before age 65. But during last years the trend has been declining for men (56% in 1994 to 36.0% in 2010) and for women (23% in 1994 to 165% in 2008).
- In 2000 the incidence of **HIV/AIDS** started considerably increase, but currently the incidence trend is declining and is stabilised. In 2001 there were 1474 new HIV cases and it was evaluated that according to the WHO definition the HIV/AIDS situation in Estonia corresponds to the status of concentrated epidemic (WHO/CHS/HIS/99.2). The total number of cases at the end of 2011 was 8062. It is remarkable that the number of newly infected men has decreased almost by half of the level of year 2002 (629) to 370 in 2011, which proves the impact of national prevention programs. Total number of diagnosed AIDS cases was 354 in 2011. The main risk group is still IDU. The disease is concentrated to northeast part of Estonia and capital area. The Government has approved the updated national strategy for 2006-2015 and since 2008 is financing fully the activities implemented during 2003-2007 under the funding of Global Fund (10 million \$ for all period).
- **Tuberculosis** incidence was rapidly increased during late 1990ies, but since 2001 (51.9) the incidence is declining. In 2011 the incidence (19.7) was continuously lower than in 1991/2, even the 2007 incidence rate of increased up to 29.8 per 100 000. Over 10% of isolated strains are resistant to multi-drug treatments. Estonia has introduced DOTS and DOTS+. Cases of combined **TB and HIV** are observed increasingly as 29 new TB cases were found on HIV-positive people in 2011.
- The latest estimate of **daily smoking** prevalence in the adult population is 26.2% in 2010, slightly above the EU-27 average. Concerning issues is increasing daily smoking prevalence in the young population in age under 15 and especially among girls, where increase has been sixfold from 2% in 1994 to **12% in 2006**.
- The **alcohol consumption** is currently as high as 12.52 litres of pure alcohol per person in 2010, which is almost 2 litres more than in EU-27 average. The amount of pure alcohol consumed after age 15+ has doubled since 1997. The alcohol consumption contributes 6.7% of the total health burden in Estonia (men 12.0%, women 1%) and one third of healthy life years loss is accounted by alcohol related external causes.

Main issues in health development and health system reform

- **National public health programmes** - The National Health Plan 2009-2020 was approved by the Gov in July 2008. There are programmes on Tuberculosis Prevention (2008-2012), Prevention of Drug Use (until 2012), HIV/AIDS Prevention (2006-2015), and Prevention of Cancer (2007-2015). Children and adolescents national health programme was active until 2005 and the Cardiovascular Disease Strategy (2005-2020) until 2012 but now the interventions and policies are integrated to NHP 2009-2020.
- The **primary health care** system is family medicine centred and there is considered few modifications in coming years to broaden the scope of primary health care system and to centralise the some of the functions of primary care system.
- According to the **Hospital Master plan** approved by Gov in early 21st century the hospital sector is moving towards concentration of high technology services. The aim is to provide high quality and effective health services in conditions of scarcity of human resources and need for investments in infrastructure and medical technology. The development of long-term and nursing care system is in process to support the hospital sector in Estonia.

Input from other health key players

- Estonian health system is currently benefiting from EU structural funds for the periods 2004-2006 and 2007-2013. The most of investments (in total more than 169 million Euros) are made into hospital sector, but also the public health, primary health care and nursing care development will be supported as well.

WHO Head of Country Office in Estonia

Marge Reinap

UN Convention on the Privileges and Immunities of the Special Agencies: Signed 1997

Basic Agreement with WHO: Signed 1993