



Bridging the health divide



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Estonia at a Glance

Became a **EU member state** on 1 May 2004.

From 1 January 2011 the currency is **euro**.

Area: 45 227 square km

Population: 1,3 million

The proportion of **urban population:** 68%



The proportion of **rural population:** 32%

Largest ethnic groups: Estonians (69%), Russians (25%), Ukrainians (2%), Belarussians (1%) and Finns (1%).

Administrative division: 15 counties, 33 towns and 194 rural municipalities.

The **capital** of Estonia is **Tallinn** (400 000 inhabitants or 29.8% of total population).

Outline

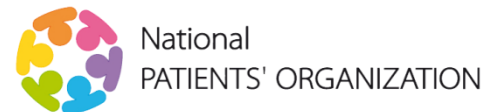
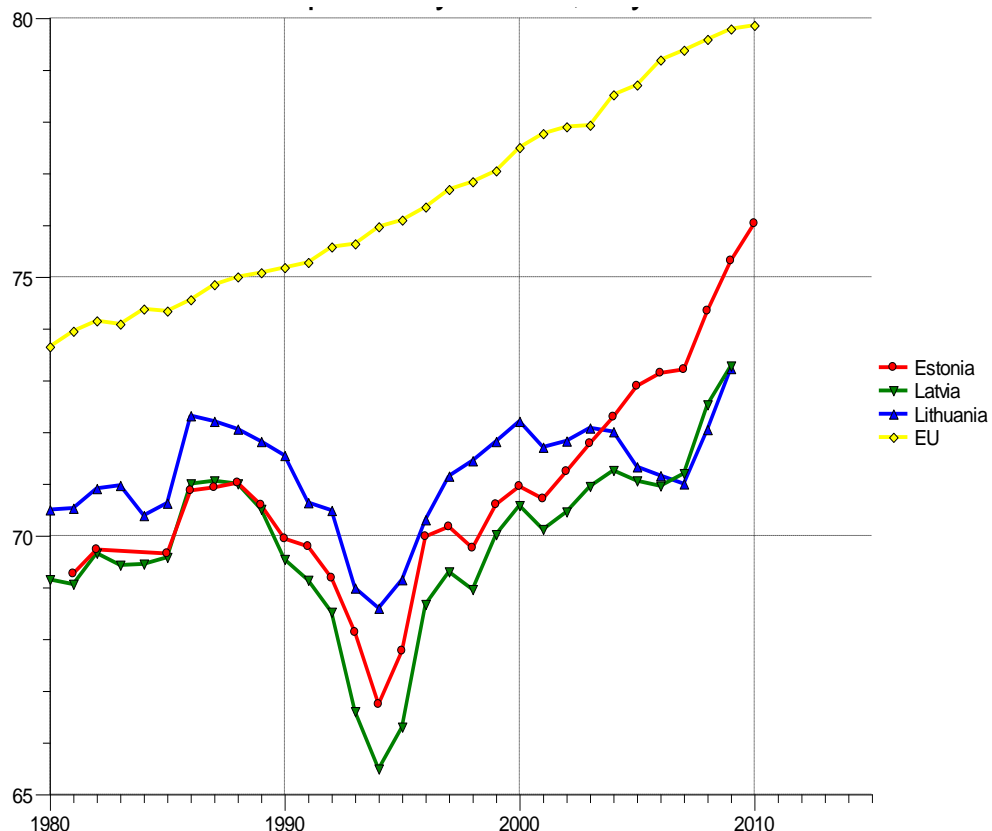
-  Health status and developments in Estonia
-  Shaping healthy environment for the future

WHO Tallinn Charter as a starting point

- Promote values through health policies: solidarity, equity and participation
- Investment in health system
- Promote transparency and accountability to achieve measurable results
- Make systems more responsive to people's needs
- Engage stakeholders in policy development
- **Foster cross-country learning and cooperation**
- Ensure that health systems are prepared to respond to crises

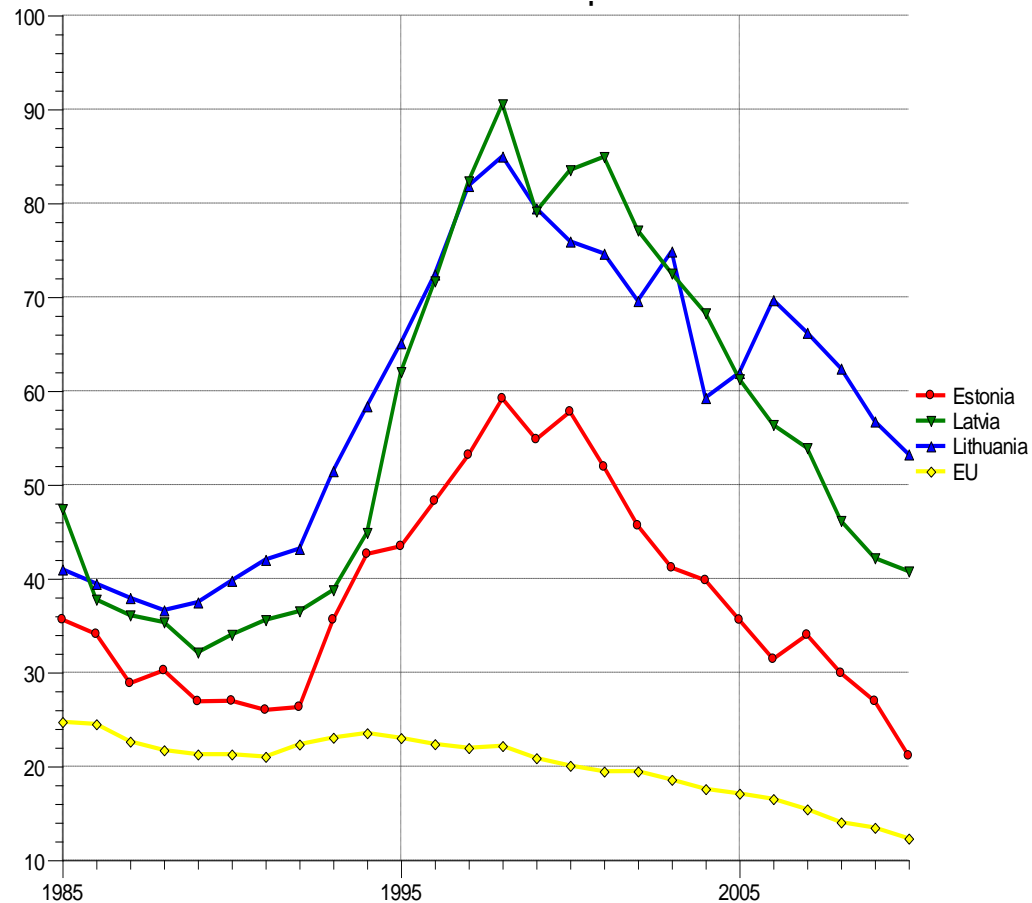
Life expectancy in the Baltic states

- Health status was at its worst in mid-90ies in all Baltic countries
- No other current EU member state saw such health decline as Baltic countries after the collapse of Soviet Union
- Improvements have been tremendous - Estonian LE gap with EU average has decreased to 5 years compared to initial 9



Incidence of TB in the Baltic states

- The cause of reduced impact on population health is prevention and treatment
- By 2010 the incidence gap had declined from about three-fold in 1999 to two-fold in 2010



Risk factors of TB

- The link between different risk factors, socio-economic determinants and tuberculosis incidence is evident
- A 2002 study identified following risk factors:
 - Being single
 - Low education level and low income
 - Having been in prison
 - Homelessness
 - Unemployment
 - Smoking and alcohol consumption
 - Malnutrition

Policy response to health divide

- Estonia adopted comprehensive national health policy couple of years ago
 - „National Health Plan 2009-2020“ sets goals and targets for the whole Estonian health system, outlines priority areas of actions and specifies accountabilities for health system development
- Reduction of health differences between population groups and increase of social cohesion is one of the five key areas of the strategy
- Two other more relevant areas in this particular case are the ones on health behaviour and high quality healthcare

Health system performance assessment and financial sustainability

- New priorities and activities for the national health strategies are planned using evidence-based policy processes
- Indicator frameworks of strategies are further supported by health system performance assessment which provides health intelligence for longterm planning of evidence-based health policy
- Options to assure longterm sustainability of health system financing are continuously assessed in collaboration with international partners like WHO

Conclusions

- 🌍 Estonia and other Baltic countries have come out of the most difficult health situation seen in the EU for the last 20 years
- 🌍 Fast health improvements are continuing while health differences among population groups are increasingly important
- 🌍 Health policy responses need to be evidence-based and take into account population changes and wider context

Thank you for your attention!



THANK YOU