General overview

Estonia, known as “the most advanced digital society in the world” (1) is the smallest of the three Baltic States. In 2018, 1,318,705 people (2) were living in Estonia, the territory of which covers an area of 45,227 km². In 2016, life expectancy at birth was 73.2 years and 81.9 years for men and women, respectively (3).

Estonia is a democratic parliamentary republic. Administratively, the country is divided into 15 counties. Until January 2018, each county was run by a county government led by a governor. An administrative reform removed this level of government and the responsibilities were divided among county-level associations of municipalities and county development centres, or were moved to the Regional Administration Department in the Ministry of Finance (4). The second political tier in Estonia consists of 64 municipalities, which have budgetary autonomy and local tax-raising powers. The largest municipality is the capital city, Tallinn.

The Estonian health system is based on compulsory, solidarity-based insurance and almost universal access to the health services is provided by entities that operate under private law. Stewardship and supervision, as well as health-policy development, are the duties of the Ministry of Social Affairs and its agencies. The financing of health care is mainly organized through the independent Estonian Health Insurance Fund (EHIF). Local municipalities play a minor, rather voluntary role in organizing and financing the health services.

The health system is mainly publicly financed. The largest share is funded through social health-insurance contributions in the form of an earmarked social payroll tax. Other public sources of health-care financing include the state and municipal budgets. Private expenditure constitutes approximately a quarter of all health expenditure, mostly in the form of copayments for medicines and dental care. Voluntary health insurance, as well as external sources and revenues from private companies, play a minor role.

In 2017, 84.9% of the 20–59 year-old population and 94.1% of the whole population were covered by mandatory health insurance offered by the EHIF (5). In 2016, Estonia spent 6.7% of its gross domestic product on health (6). The main policy document, the National Health Plan, sets out the goal for a significant rise in life expectancy and healthy life years in the Estonian population. For men, it aims to raise life expectancy from 67.7
The strengths of the health system in Estonia are:
- almost universal health coverage;
- high level of vaccination coverage;
- strong primary-health-care system;
- prevention programmes (screenings, education);
- e-health services (e-prescription, electronic health record, e-consultation, patient control over their data).

The aims of the health system in Estonia are to:
- further strengthen the role of primary health care;
- introduce medical liability insurance (move from a fault-based to non-fault-based system);
- develop transparent, quality monitoring systems;
- introduce further innovations in the field of IT;
- further develop the national personalized medicine programme (to include the use of genotyping for prevention).

The challenges of the health system in Estonia are:
- an ageing workforce;
- ensuring continuity of insurance coverage;
- integrating health and social care;
- adaption of health-care providers to need to provide care-delivery models of higher quality at lower cost;
- further development of e-health services (popularize them among health-care workers).

Estonia
Potential areas of collaboration

Estonia is interested in collaborating with other regions on:

- increasing health literacy;
- integrating health and social care;
- sharing know-how on patient-centredness.

Working groups

Estonia is interested in participating in working groups on:

- health systems/primary health care;
- the all-of-government approach/intersectoral action.

People active in the Regions for Health Network (RHN)

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Estonia
References


