



# State of Health in the EU

# Estonia

# Country Health Profile 2019

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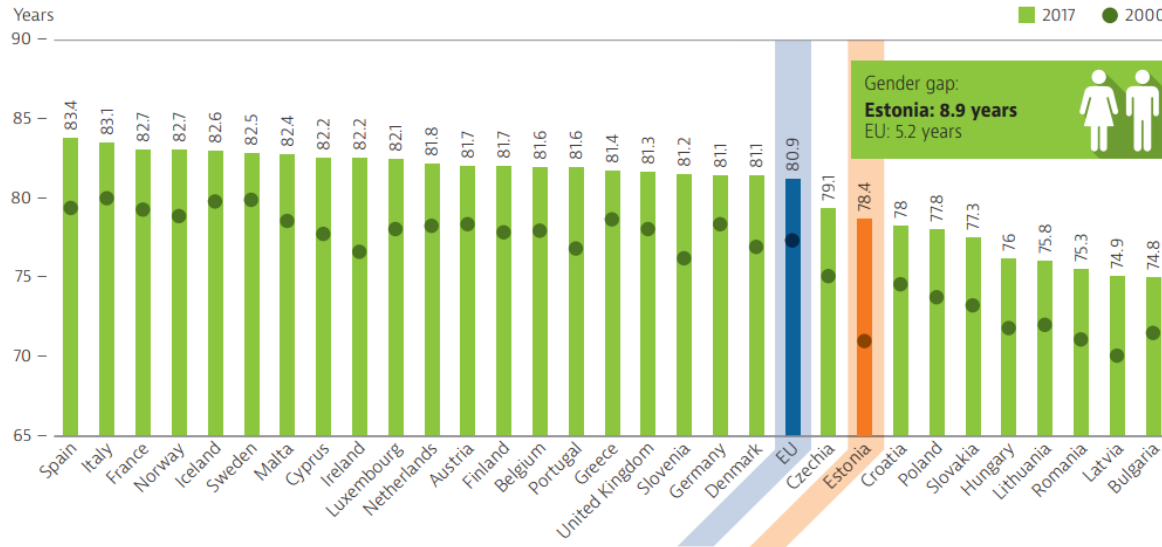
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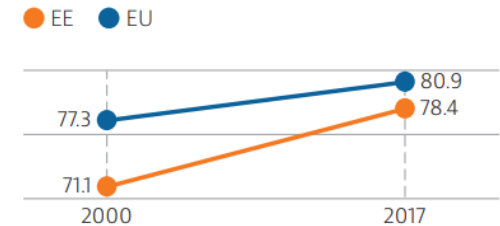


# Health in Estonia

# Life expectancy is rising, but wide gaps exist



Source: Eurostat Database.



Life expectancy at birth, years

- Women live 9 years longer than men (*EU average: 5.2 years*)
- Men with high education live 8.5 years longer than men with low education (*EU average: 7.6 years*)
- Residents in Tartu County live 4.5 years longer than residents in Ida-Vida County

# Ischaemic heart disease causes most deaths

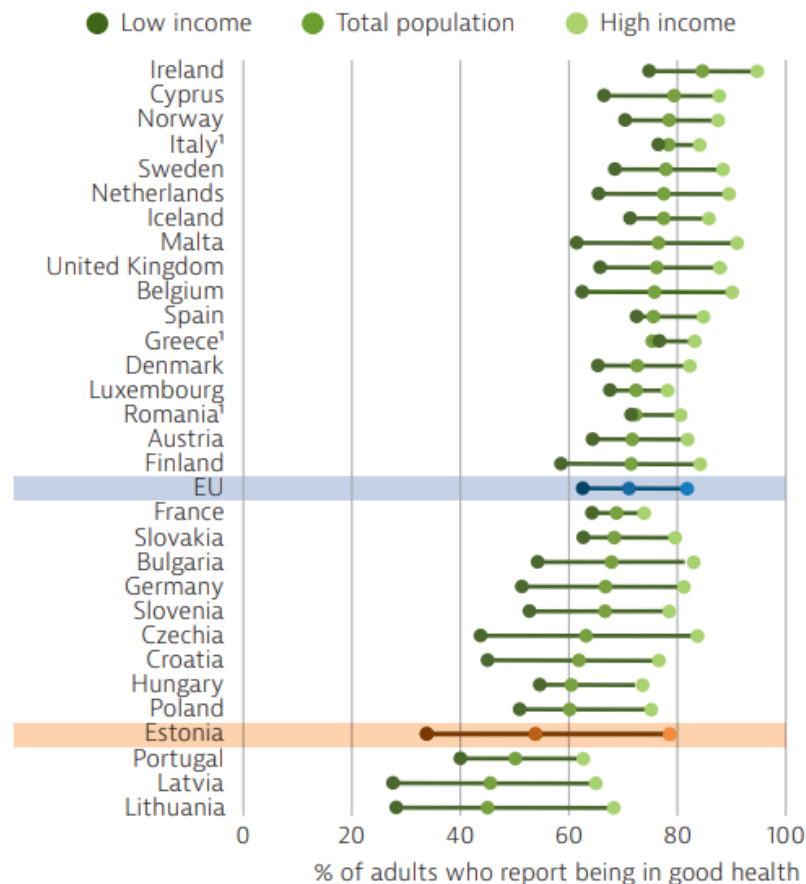


Note: The size of the bubbles is proportional to the mortality rates in 2016.

Source: Eurostat Database.

# Inequalities in self-reported health are very wide

- Slightly more than half of Estonians (53%) report being in good health (*EU average: 65%*)
  - Age 16-44: 81.5%
  - Age 65+: 17.6%
- Estonia has the widest gap in self-perceived health by income level in the EU



Note: 1. The shares for the total population and the population on low incomes are roughly the same.

Source: Eurostat Database, based on EU-SILC (data refer to 2017).

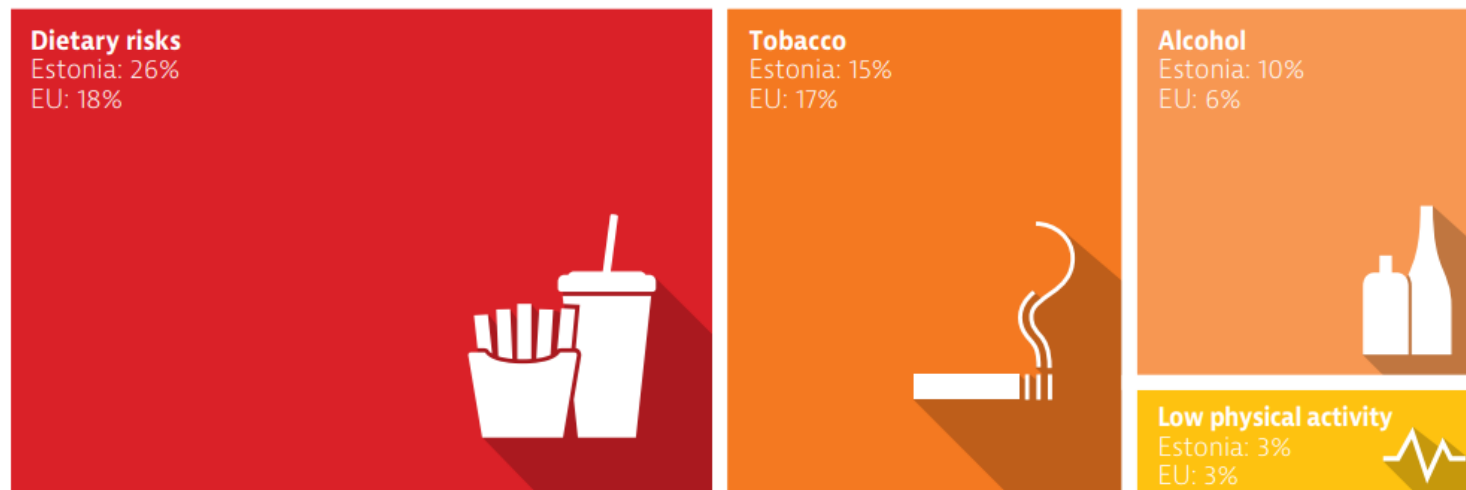


# Risk Factors



# Almost half of deaths are a result of risk factors

(EU average: 39%)



*Note: The overall number of deaths related to these risk factors (7 300) is lower than the sum of each taken individually (8 357) because the same death can be attributed to more than one factor. Dietary risks include 14 components such as low fruit and vegetable consumption and high sugar-sweetened beverage consumption.*

*Source: IHME (2018), Global Health Data Exchange (estimates refer to 2017).*

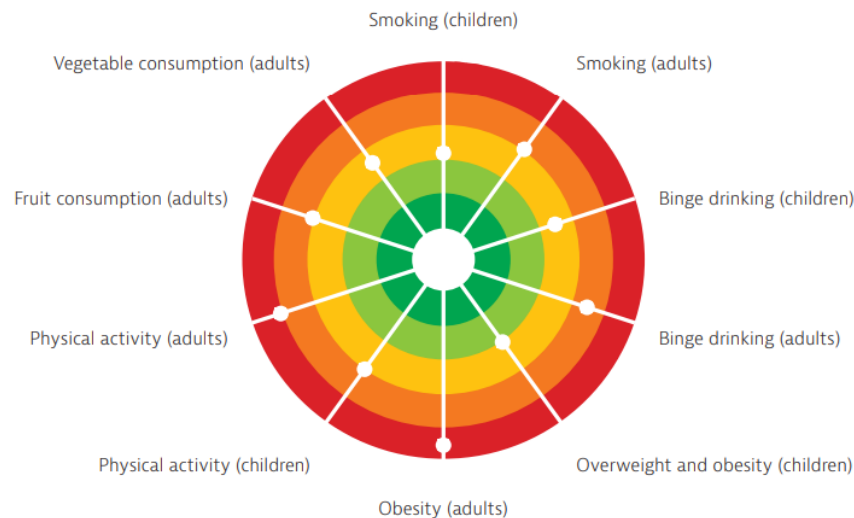
Around 7 300 deaths in Estonia can be attributed to risk factors

- Dietary risks: 4 000 deaths
- Tobacco smoking: 2 300 deaths
- Alcohol consumption: 1 500 deaths
- Low physical activity: 480 deaths



# Estonia has the third highest adult obesity rate in EU

- One in five Estonians are obese, the highest rate in the EU after Malta and Latvia, with increasing rates of childhood obesity
- One in four men smoke daily in 2018, more than twice that of women
- Tobacco and alcohol policies have contributed to declines in these risk factors



*Note: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white 'target area' as there is room for progress in all countries in all areas.*

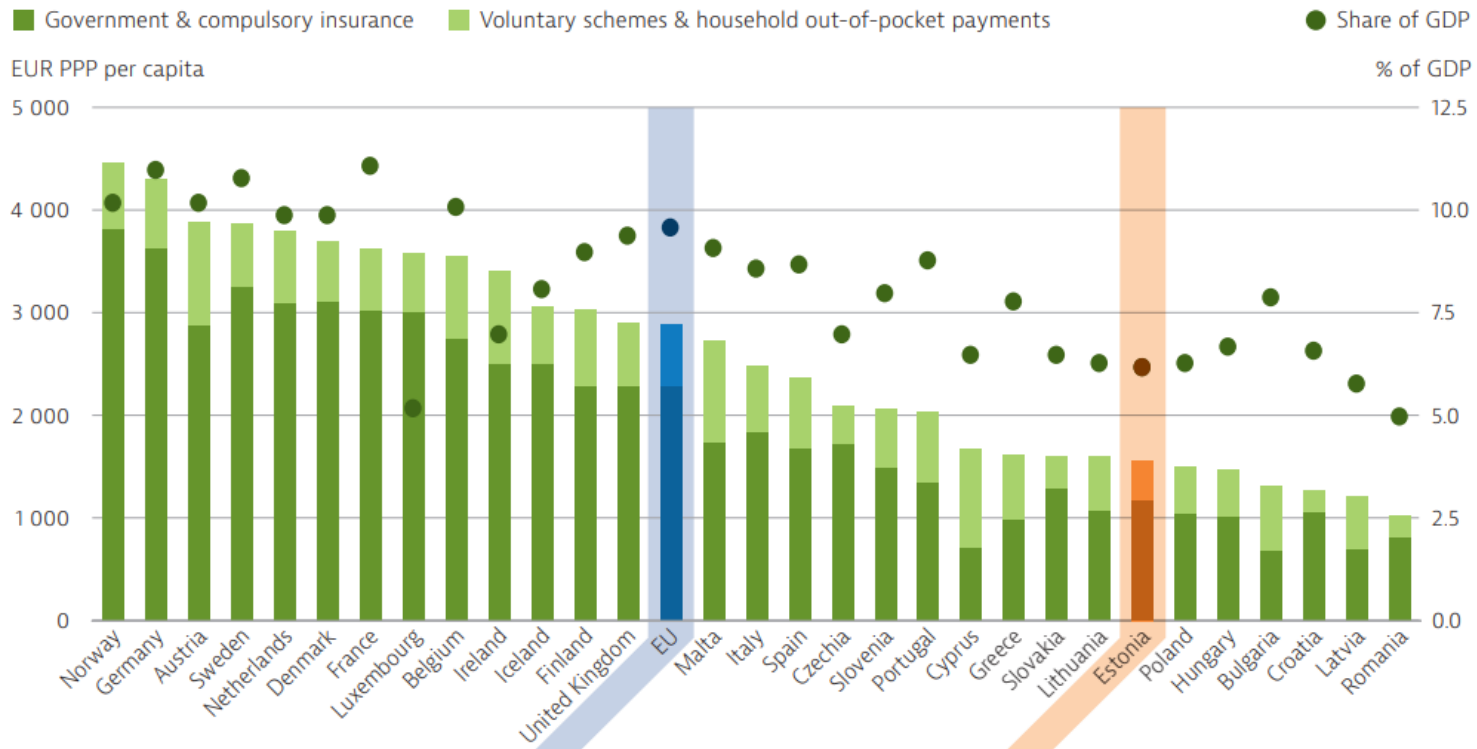
*Sources: OECD calculations based on ESPAD survey 2015 and HBSC survey 2013-14 for children indicators; and EU-SILC 2017, EHIS 2014 and OECD Health Statistics 2019 for adults indicators.*



# The Health System

# Estonia spends less on health care than EU average

- Estonia spends 1 559 EUR per person on health care (*EU average: 2 884 EUR*)
- This is 6.4% of Estonia's GDP (*EU average: 9.8%*)
- Out-of-pocket payments make up 23.6% of spending (*EU average: 15.8%*)



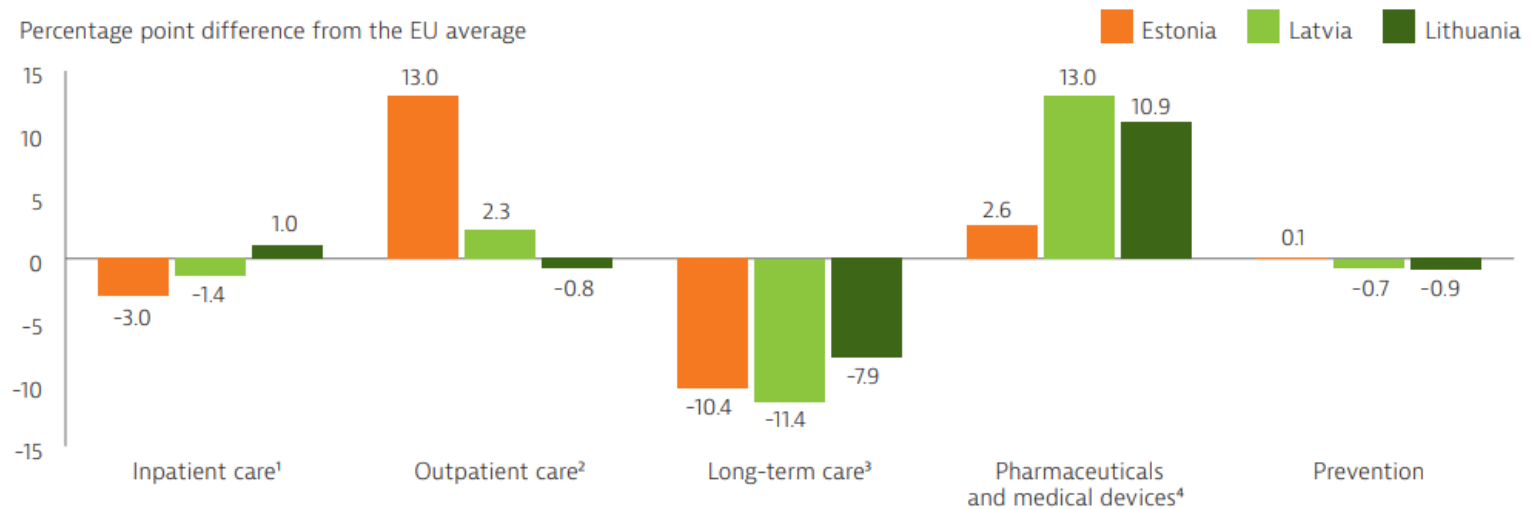
Source: OECD Health Statistics 2019 (data refer to 2017).

# Estonia does not have universal population coverage

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- Unlike many EU countries, the health insurance system only covers about 94% of the population
- Contributions come from the employed and from the state on behalf of non-working pensioners
- The EHIF now is responsible for financing health services for the entire population
- National discussions about achieving universal health coverage have begun

# A large part of spending supports outpatient care

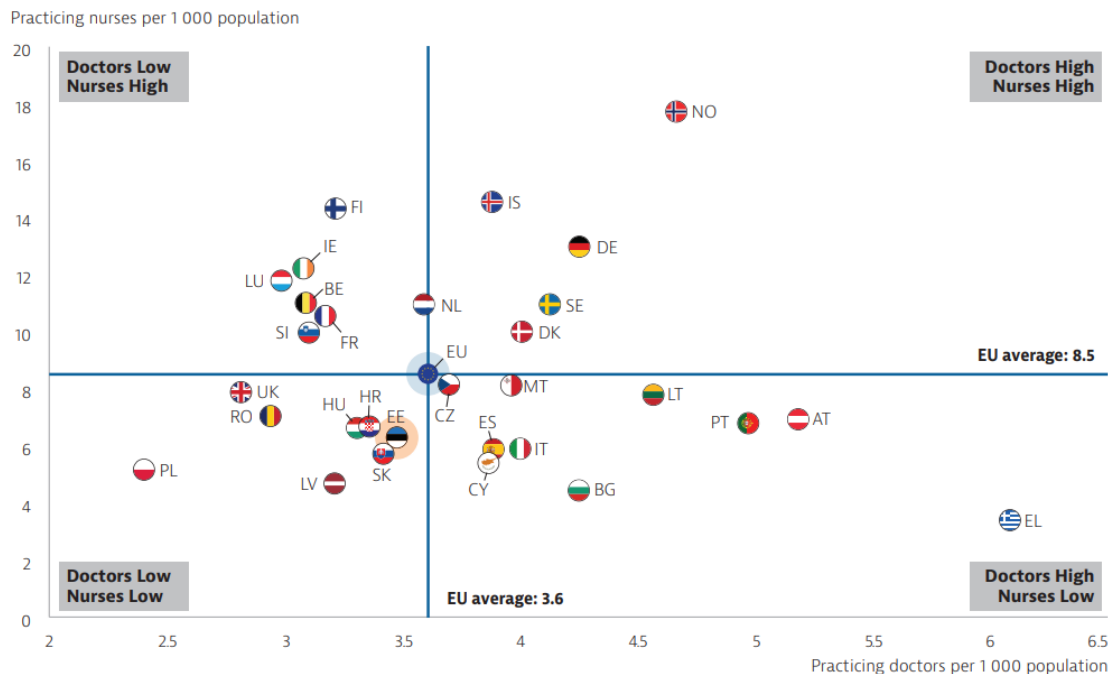


Notes: Administration costs are not included. 1. Includes curative–rehabilitative care in hospital and other settings; 2. Includes home care; 3. Includes only the health component; 4. Includes only the outpatient market.

Sources: OECD Health Statistics 2019, Eurostat database (data refer to 2017).

- Estonia has the second highest ratio of outpatient to inpatient spending of any EU country (after Portugal)
- Many health care services are provided in outpatient (ambulatory) settings
- Like Latvia and Lithuania, Estonia spends less than the EU average on long-term care

# Not enough health professionals are being trained



- Per 1 000 population, Estonia has fewer doctors (3.5) and nurses (6.2) than the EU average
- Shortages in other skilled health professions also pose challenges

*Note: In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation (e.g. of around 30 % in Portugal). In Austria and Greece, the number of nurses is underestimated as it only includes those working in hospitals.  
Source: Eurostat Database (data refer to 2017 or the nearest year).*

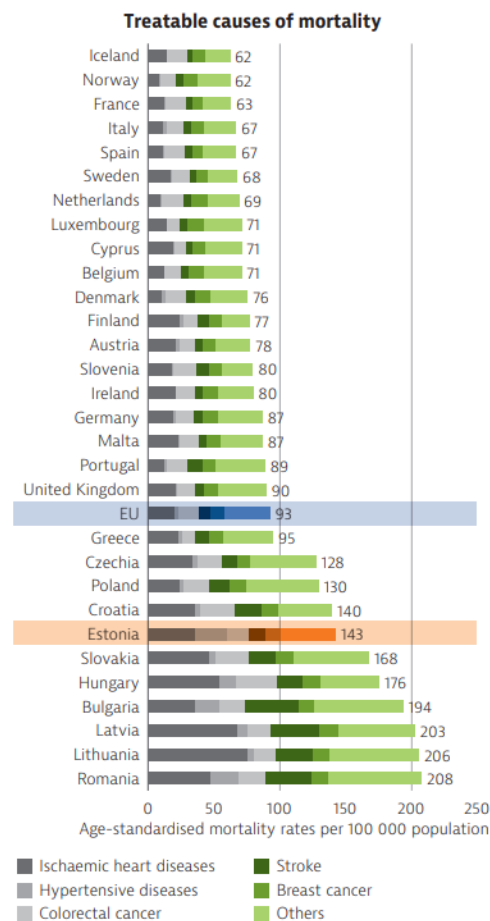
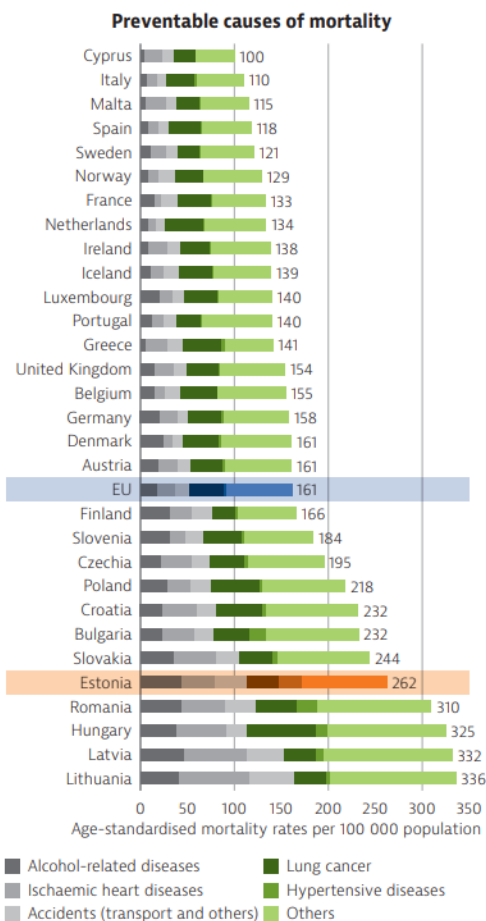
	MoSA estimates for number of graduates to cover future needs	Publicly funded training positions
Doctors	200	185 (2018)
Nurses	700-800	517 (2020)



# Performance of the Health System: Effectiveness

# Treatable and preventable causes of mortality are higher than EU average

- EU: 161
- Estonia: 262



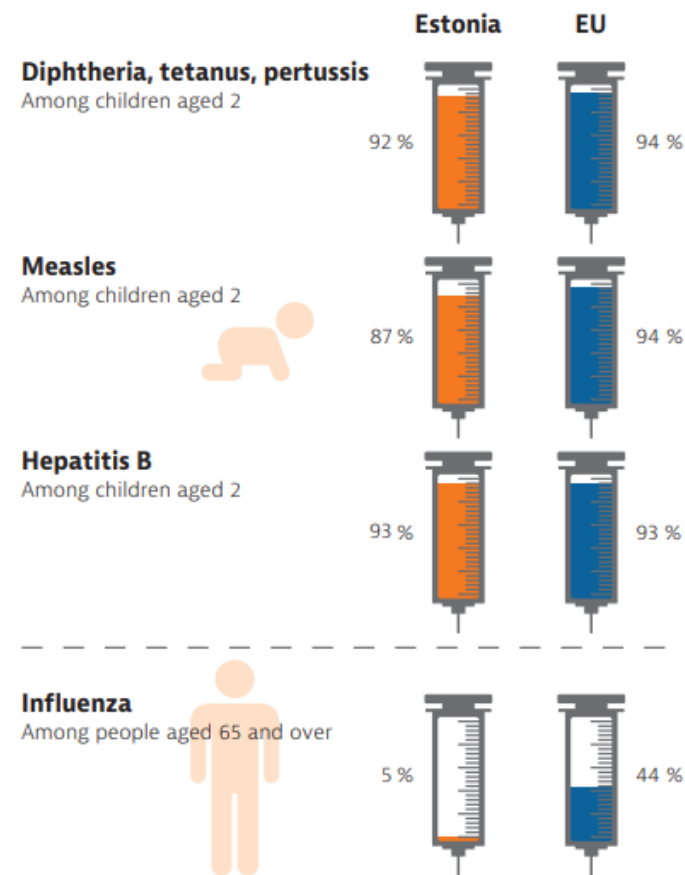
- EU: 93
- Estonia: 143

*Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary preventive interventions. Mortality from treatable (or amenable) causes is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The data are based on the revised OECD/Eurostat lists. Source: Eurostat Database (data refer to 2016).*



# Immunisation rates have started to drop

- Childhood vaccination rates do not meet the WHO targets of 95%
- Measles vaccination rates dropped six percentage points in one year
- Influenza immunisations for those 65+ are the second lowest in the EU, but new pilots aim to tackle this

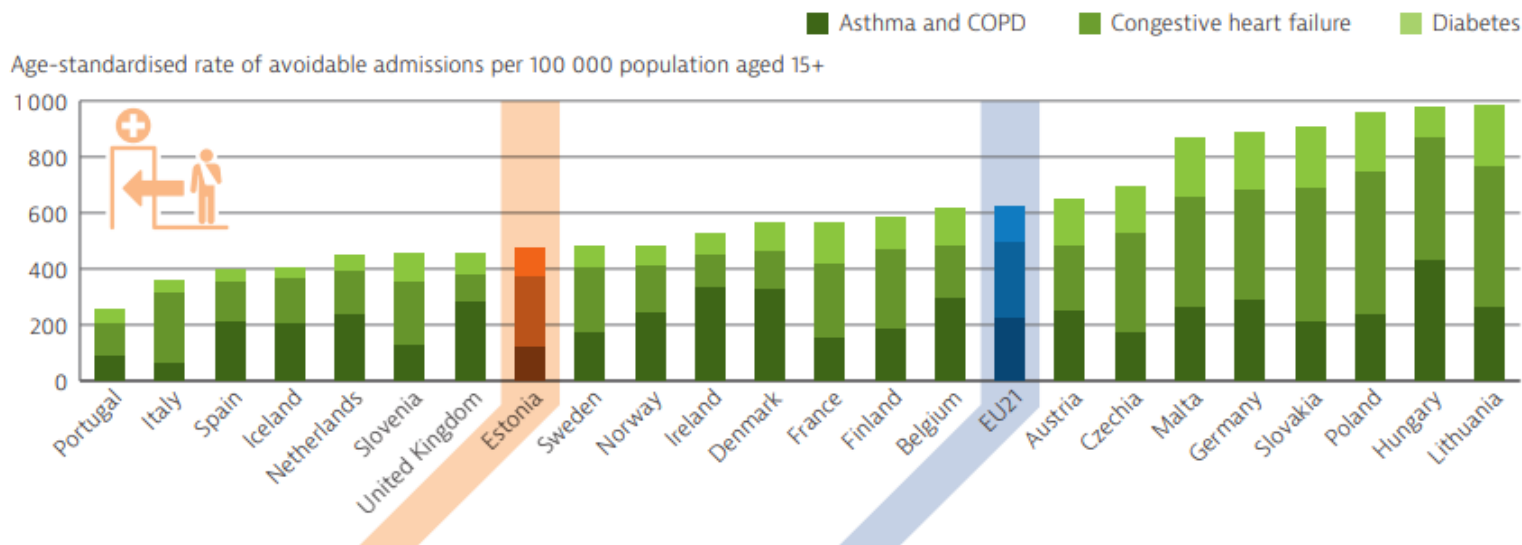


*Note: Data refer to the third dose for diphtheria, tetanus, pertussis and hepatitis B, and the first dose for measles.*

*Sources: WHO/UNICEF Global Health Observatory Data Repository for children (data refer to 2018); OECD Health Statistics 2019 and Eurostat Database for people aged 65 and over (data refer to 2017 or nearest year).*

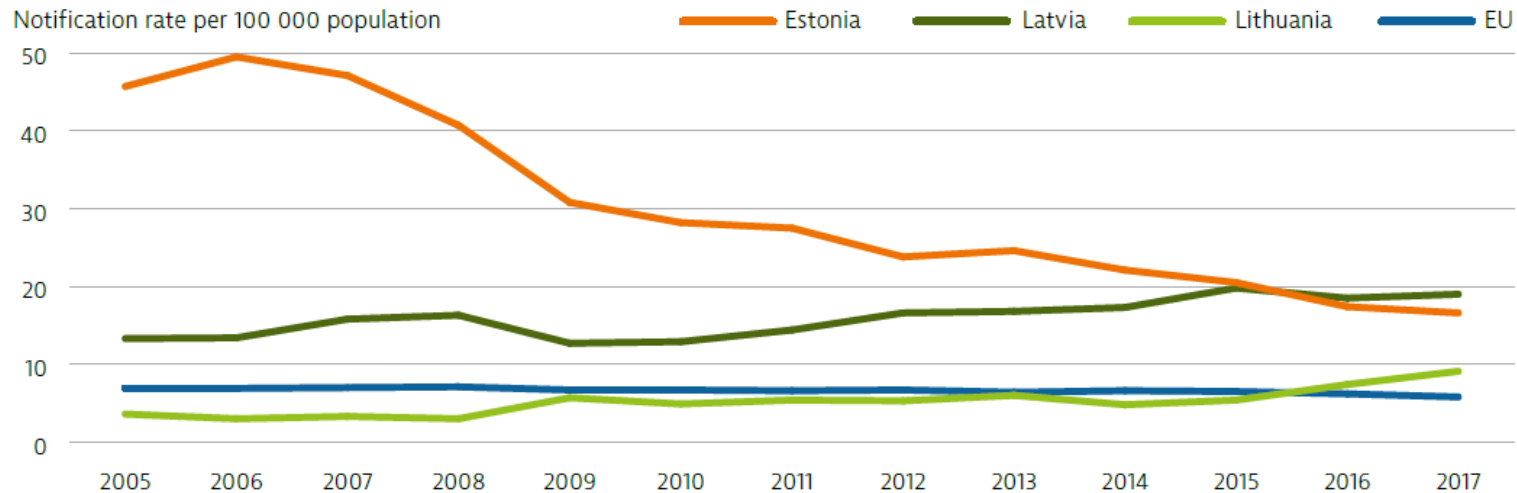
# Estonia has relatively low avoidable hospital admissions

- Focus on primary health care—including a quality bonus system focusing on diabetes and congestive heart failure—may contribute to low avoidable hospital admissions



Source: OECD Health Statistics 2019 (data refer to 2017 or nearest year).

# Newly reported HIV cases have dropped dramatically



Source: ECDC & WHO Regional Office for Europe, HIV/AIDS Surveillance in Europe 2017.

- For many years, Estonia had the highest rate of newly reported HIV cases in the EU
- In December 2017, the National HIV Action Plan for 2017-2025 was introduced, aiming to halve the number of new HIV infections by 2025

# Cancer survival rates have improved

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- Estonians are seeing progressively higher survival rates for cancer
- Cancer screening rates are improving, yet remain low by EU standards
  - 56% of women aged 50-69 screened for breast cancer
  - 50% of women aged 20-69 screened for cervical cancer
  - EU average: >60% screening rate for both cancers



## **Prostate cancer**

Estonia: 86 %

EU26: 87 %



## **Breast cancer**

Estonia: 77 %

EU26: 83 %



## **Colon cancer**

Estonia: 58 %

EU26: 60 %



## **Lung cancer**

Estonia: 17 %

EU26: 15 %

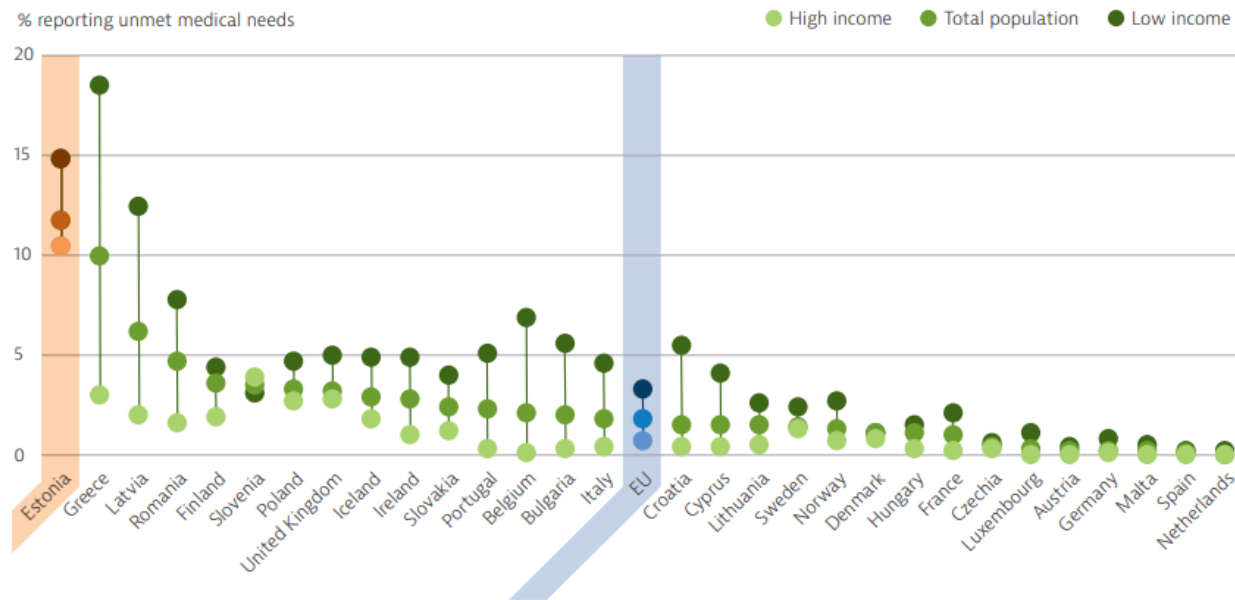
*Note: Data refer to survival five years after diagnosis for people diagnosed between 2010 and 2014.*

*Source: CONCORD programme, London School of Hygiene and Tropical Medicine.*



# Performance of the Health System: Accessibility

# Estonians report highest level of unmet medical need

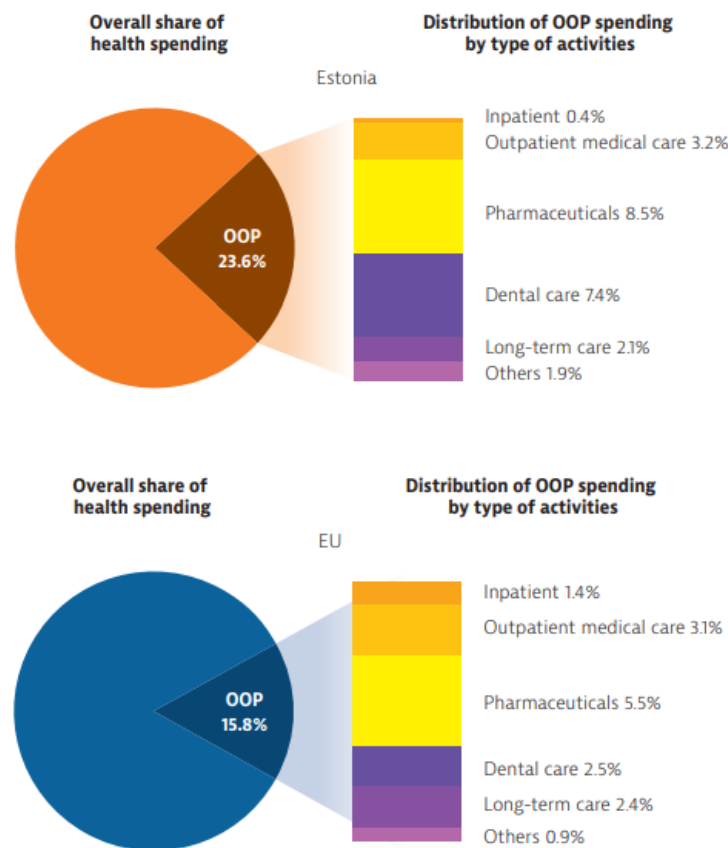


Note: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.  
Source: Eurostat Database, based on EU-SILC (data refer to 2017).

- 11.8% Estonians report unmet needs for a medical examination or treatment (*EU average: 1.7%*)
- 10.5% is due to waiting lists (*EU average: 0.7%*)
- Many patients are unable to obtain appointments within EHIF-set waiting times, with the exception of primary care

# OOP spending reforms may improve financial protection

- Out-of-pocket (OOP) spending is higher than EU average but close to the National Health Plan target of 25%
- Pharmaceuticals and dental care account for most of OOP spending
- Recent reforms in both pharmaceuticals and dental care show promise in improving financial protection



Source: OECD Health Statistics 2019 (data refer to 2017).

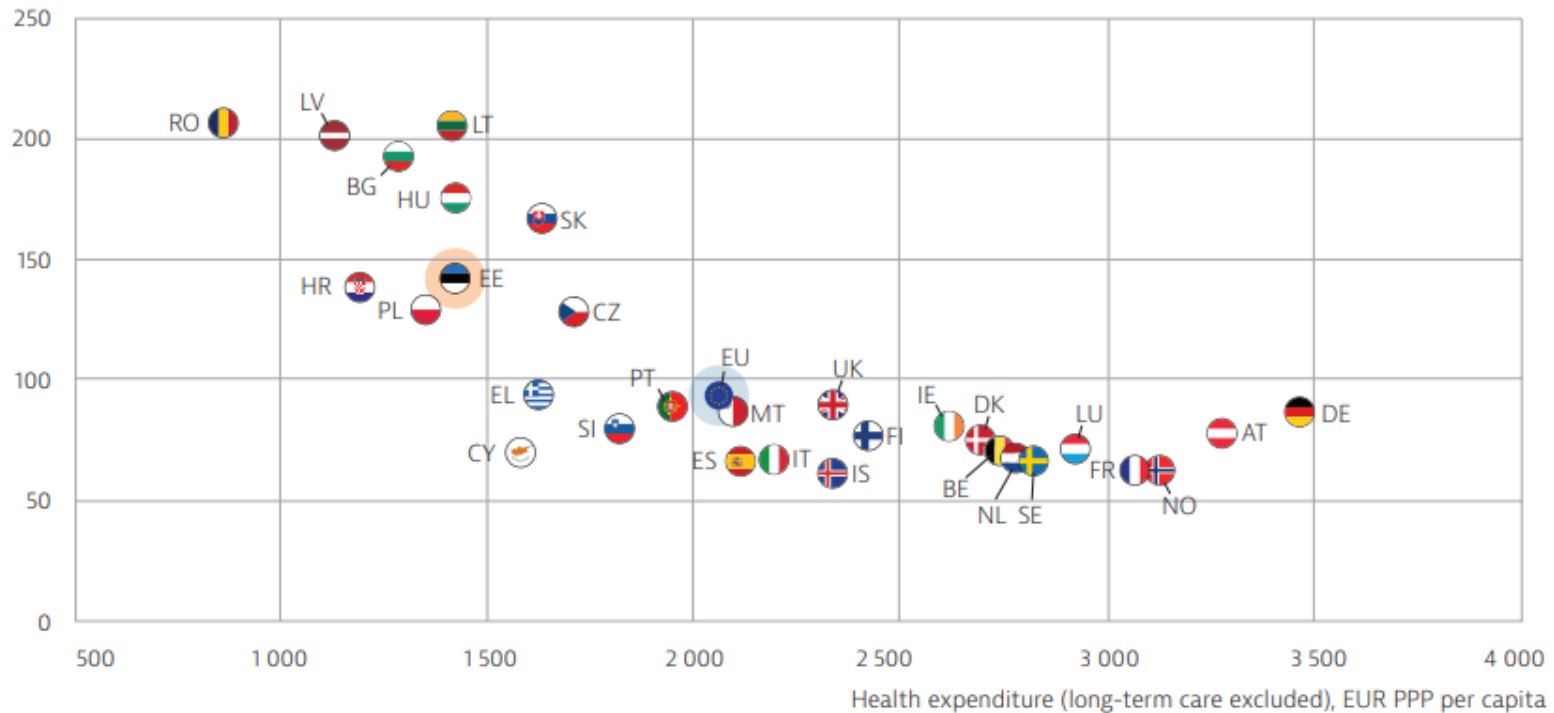


# Performance of the Health System: Resilience



# Most countries that have lower treatable mortality have a higher per person health expenditure

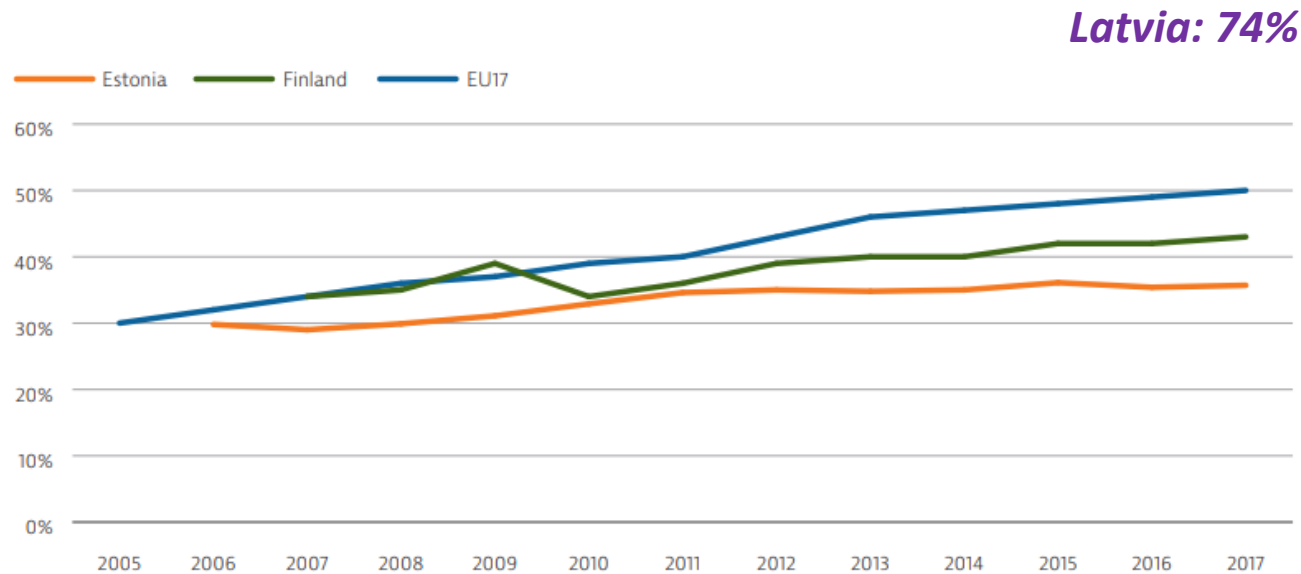
Treatable mortality per 100 000 population



Sources: Eurostat Database; OECD Health Statistics 2019.

# Estonia uses fewer generics than other EU countries

- Generics account for 36% of total pharmaceutical volume (*EU average: 50%*)
- Estonia spends 16% of its total pharmaceutical spending on generics (*EU average: 23%*)



*Note: Data refer to the share of generics in volume.  
Source: OECD Health Statistics 2019.*

# Financial sustainability of the health system

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- Due to the 2017 health financing reform, the Estonian health system has become less vulnerable to an ageing population
- The reform pools resources under the EHIF and strengthens the purchasers' role in the health system
- The reform did not predict a significant increase in health spending, which is low by EU standards
- Structural changes, as well as increased funding, may be required to ensure the long-term financial sustainability of the health system



# Key Findings

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- **Life expectancy continues to rise**, and rapidly approaches the EU average
- Different gender, regional, income and education groups experience **wide inequalities in health status**
- **Risk factors** – including smoking, binge drinking, lack of physical activity and especially poor diet – can be **attributed to nearly half of all deaths**
- Estonians self-report the **highest level of unmet need** in the EU, mostly due to waiting times
- Health spending per person is approximately half the EU average, **out-of-pocket spending** accounts for nearly a quarter of health care financing and about **6% of the population is uninsured**

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