Estonia

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Estonia reports implementing 74% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

The country feedback was positive on some of the key areas identified, such as national policy development, injury surveillance, multisectoral collaboration and evidence-based emergency care.

National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing poisoning, drowning, falls and child maltreatment. Both alcohol and socioeconomic inequalities have been identified as risk factors for violence and injuries in national policies.

Implementation of effective interventions

- Estonia reported overall implementation of 68% of selected effective interventions for injury prevention and 81% for violence prevention. This is slightly lower than the median regional scores of 72% for unintentional injury but the same for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for the interventions on poisoning, drowning and intimate partner violence.
- The consumption of illegal home- or informally-produced alcoholic beverages is a problem as is the use of alcohol which is not intended for human consumption. Estonia reported overall implementation of 59% of selected effective interventions to control alcohol misuse, versus a median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions on alcohol access for which 64% of interventions have been implemented (versus a median regional score of 71%). No health system-based programmes to reduce alcohol-related harm have been implemented (Table 2).

Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Estonia acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health: priority has been given to the prevention of violence and unintentional injury by developing a special section in the national health plan. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in national policy development, injury surveillance, multisectoral collaboration and evidence-based emergency care although the process has been put on standby because of the economic crisis,. All the elements of resolution EUR/RC55/R9 were successfully achieved.

Next steps

- Greater attention needs to be given to national policy development, capacity-building and implementing evidence–based interventions for preventing poisoning, drowning, intimate partner violence and alcohol misuse. Interventions to reduce socioeconomic inequalities were only partially implemented. Several interventions (for example on falls, youth violence and suicides) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Estonia has a population of 1.3 million. The percentage of children 0–14 years old is lower than the European Region average, and the percentage of people 65+ years old is higher than the regional average.
- Life expectancy at birth is lower than the European Region average, both for males and for females. There is a large discrepancy in life expectancy between males and females.

Indicator (last available year)	Estonia	WHO European Region	European Union (EU27)
Mid-year population	1.3 million	890.9 million	493.8 million
% of population aged 0–14 years	15.4	17.5	15.7
% of population aged 65+ years	16.8	14.0	16.8
Males, life expectancy at birth, in years	67.3	71.4	76.0
Females, life expectancy at birth, in years	78.2	79.1	82.2

- Injuries are the third leading cause of death. The rates for all the unintentional injuries combined are 3 times higher than the European Union (EU) average and higher than regional figures. All the rates for intentional injuries are higher than the regional averages.
- Injury mortality rates rose steeply and peaked in the late 1990s due to the political and socioeconomic transition, and the trend is now downward (Fig. 1).
- The leading causes of unintentional injury-related death are poisoning (nine times higher than EU average), followed by road traffic injuries, fires (10 times), falls and drowning. Great progress has been made to reduce road traffic injuries and rates are lower than the regional average.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The homicide rate is almost nine times higher than EU value; among youth (15–29 years old) is almost six times higher.
- The alcohol-related poisoning rate is 5 times higher than the regional average; the rates for road traffic injuries involving alcohol and for alcoholic liver diseases are higher than the EU average.
- The WHO Regional Office for Europe has been supporting focal persons. Estonia participated in the advocacy events of the First United Nations Global Road Safety Week, took part in the project on a global status report on road safety and in subregional workshops for Nordic and Baltic countries dealing with violence and injury prevention. There is collaboration with WHO for surveillance, policy development and capacity building.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Estonia, the WHO European Region and the European Union, 1980–2008

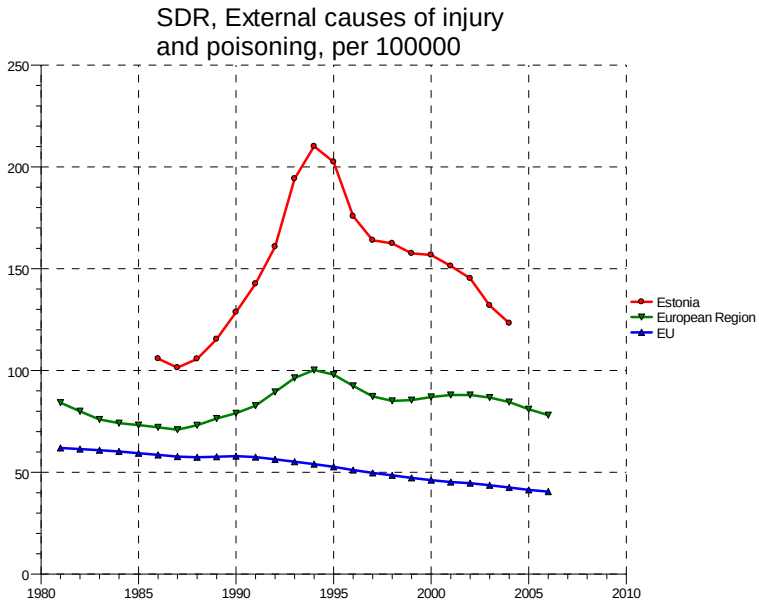

Table 2. Injury burden, policy response and effective prevention measures in place

Legend: ✓ Yes ✘ No ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality[a] (SDR per 100 000 population, all ages, last available year)[b]			National policy?	Intervention effectiveness (%)	
	Estonia	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**116.1**	**75.8**	**40.0**	**NA**	**74**	**73**
Unintentional injury[f]	**77.7**	**45.9**	**25.9**	✘	**68**	**72**
Road traffic injuries	12.7	13.3	9.3	✓	88	81
Fires and burns	9.2	2.4	0.7	✘	70	60
Poisoning	18.9	10.7	2.3	✓	60	80
Drowning or submersion	4.3	3.4	1.3	✓	25	63
Falls	8.1	5.6	5.5	✓	75	75
Intentional injury	**NA**	**NA**	**NA**	✘	**81**	**81**
Interpersonal violence[g]	8.8	5.2	1.0	✘	NA	NA
Youth violence[h]	5.7	5.3	1.0	✘	100	86
Child maltreatment[i]	1.0	0.6	0.3	✓	100	100
Intimate partner violence	-	-	-	✘	50	75
Elder abuse and neglect	-	-	-	✘	67	67
Self-directed violence	18.7	14.0	10.2	✘	88	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**59**	**76**
Alcohol-related poisoning	13.4	2.8	0.9	NA	NA	NA
Alcoholic liver diseases[k]	12.8	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	42.2	18.0	19.2	NA	NA	NA
Fiscal and legal measures[l]	NA	NA	NA	NA	64	71
Health system-based programmes[m]	NA	NA	NA	NA	0	67

a Unless otherwise specified.

b Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/hfadb, accessed 15 January 2010).

c The 27 European Union countries.

d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.

e Median of the proportion of effective interventions in place in countries in the WHO European Region.

f Standardized death rates (SDR) from accidents.

g Proxy for mortality: mortality from homicide and assault, all ages.

h Proxy for mortality: mortality from homicide and assault, 15–29 years.

i Proxy for mortality: mortality from homicide and assault 0–14 years.

j This score was calculated from 17 alcohol-related interventions.

k The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 15 January 2010).

l This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).

m This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violence

Legend: ✓ Yes ✘ No ? Not specified or no response

National policies	
• Overall national policy on injury prevention	✘
• Overall national policy on violence prevention	✘
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✓
• Policies targeted to reduce socioeconomic differences in violence and injuries	✓
• National policies highlight socioeconomic inequality as a priority	✓
Political support for the agenda for injury and violence prevention	✓
Easy access to surveillance data	✓
Intersectoral collaboration	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✓
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✓
Capacity-building	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓
Emergency care	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	✓
EUR/RC55/R9 influenced the agenda for injury and violence prevention	✓
Recent developments in injury and violence prevention (during the past 12 months)	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity-building	✘
• Evidence-based emergency care	✓