WORLD HEALTH ORGANIZATION
EUROPE

First national seminar on strengthening public health services in Estonia

9–10 October 2006
Tallinn, Estonia

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1. Introduction

During the past decade, Estonia's Ministry of Social Affairs has intensively introduced major reforms in the health system in the framework of the national health strategy.

Estonia has a well-developed health system and a well-trained workforce. Similar to other countries in the eastern part of the WHO European Region in transition during the first years following independence, some health indicators declined, reaching a low point in 1994. In recent years, Estonia has successfully reversed the negative trends in population health outcomes. However, population health outcomes remain worse than among the 15 countries in the European Union (EU) before 1 May 2004 and other countries in central and eastern Europe.

Primary health care is an important public health achievement of Estonia's health system reform. Estonia has fully scaled up a family medicine–centred primary health care system that functions well and covers the whole country. The National Health Insurance Fund funds individual public health services related to preventing chronic noncommunicable diseases that the primary health care and hospital sectors are delivering.

Estonia has adopted several long-term policies in public health and health care in accordance with a long-term strategic vision for developing the health system. At the national level, promoting good health and preventing diseases that comprise a major health burden or threaten public health are priorities for intervention.

The state funds five national public health programmes: the National Strategy for Prevention of Cardiovascular Diseases 2005–2020; the National Strategy for HIV/AIDS Prevention 2006–2015; the National Strategy for Drug Abuse Prevention until 2012; the National Tuberculosis Control Programme 2004–2007; and the Strategy to Guarantee the Rights of the Child.

The National Strategy for Prevention of Cardiovascular Diseases 2005–2020 and the National Strategy for HIV/AIDS Prevention 2006–2015 emphasize the importance of enhancing local and third-sector capacity to execute activities at the grassroots level. The broadly based health strategy document being developed identifies shared responsibilities for the state, local governments, employers and individuals to improve population health and reduce inequity. The strategy also recognizes the need to reorient the health protection system, which now is focused on control and surveillance, to address environmental health threats through more systematic risk assessment and proactively managing these risks.

Coordination and cooperation between key stakeholders to address these priority areas – for example, by systematic risk assessment to inform health promotion activities and by early detection of public health threats to proactively manage these – can be further enhanced. The most recently adopted strategies emphasize an intersectoral approach to planning and implementing public health strategies by involving various stakeholders at the state and local levels.

However, intersectoral links between health care, public health and the social sector remain poor, although in Estonia they are functioning under the same roof: the Ministry of Social Affairs. Investment in infrastructure, information systems and human resource development is needed to create better vertical and horizontal links and support new service models that enable delivery of integrated care to improve the efficiency and effectiveness of the health system.

The current functions, services and infrastructure of the Estonian public health system need to be reviewed, assessed and redefined. The existing functions and public health services are proposed to be evaluated. The objective of the evaluation process will be to identify all gaps and to design reform interventions that will lead in the medium and long term to a streamlined and strengthened public health system. This public health system will have in place the appropriate capacity to perform the core services against each of the ten essential public health functions encompassing the three main public health domains: health protection, disease prevention and health promotion.

Based on these needs, in accordance with the signed Bilateral Collaborative Agreement for 2006–2007 between Estonia and the WHO Regional Office for Europe and following discussions with the responsible authorities of the Ministry of Social Affairs in May 2006, the First National Seminar on Strengthening Public Health Services in Estonia was organized. The Seminar provided a forum for technical discussions on how the Government of Estonia will map out, analyse, assess and make strategic decisions to improve the performance of the health system in public health by streamlining, modernizing and upgrading the individual and population-based public health services. Specialists from the Ministry of Social Affairs, National Health Insurance Fund, National Institute for Health Development, Health Protection Inspectorate and Health Care Board attended the seminar (Annex 1).

The Seminar reviewed international evidence and built common understanding of public health, including the definition, scope, boundaries, domains, areas, functions, services, actors, integrative approaches to public health and the interaction between practice, research and training. Based on relevant experience and lessons learned from other EU countries for improving public health services and systems, the Seminar launched the process of mapping out and analysing the current public health services with the objective of defining the policy options and the detailed strategy and plan for further modernizing, refining and integrating public health services at all levels of the health system.

2. Discussion

2.1 Setting the stage: health systems and public health

Evidence shows that the current health challenges globally, including in Europe, greatly depend on the performance and efficiency of the national health systems in addition to overall economic development, combating poverty and introducing democratic values. Health, as a main human right and public good, not only consumes resources. Good health is an investment in national growth, wealth and well-being. Consequently, investments in health system reforms, and especially in increasing the capacity of the health system to protect and promote health and to prevent disease, is key to achieving the main goals of any health system (health gain, responsiveness, fairness and efficiency).

The WHO Regional Office for Europe is encouraging European Member States to put strengthening their health system at the core of their policies and actions by adopting clear plans

and strategies to achieve this and is committed to help them to make appropriate choices in how they accomplish this goal (content and process).[1]

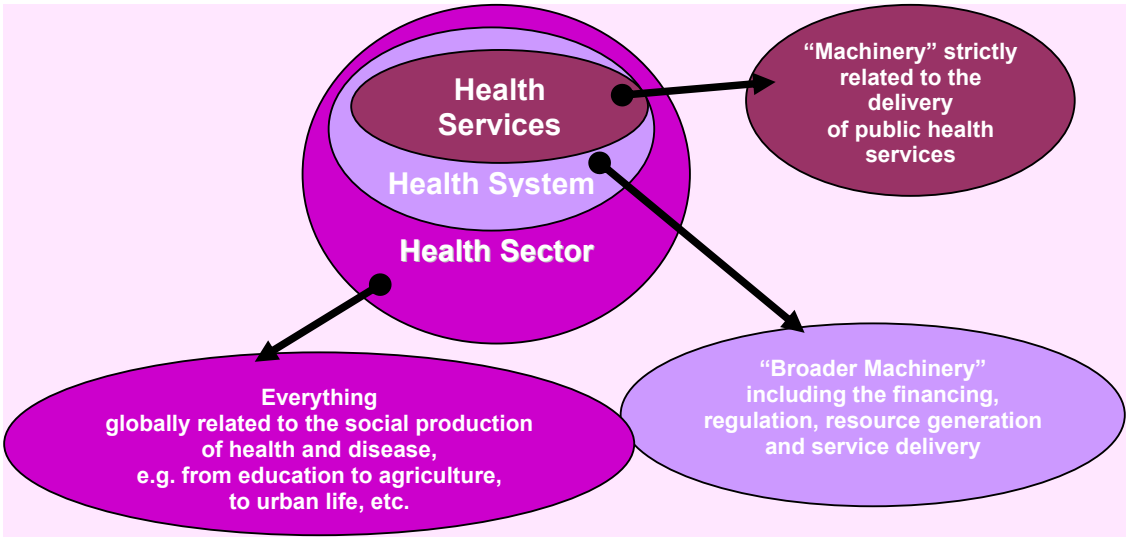
The Seminar had three key presentations (as summarized in subsections 1.1, 1.2 and 1.3) with the objective of introducing the modern vision of health systems, public health and public health services. This knowledge will serve as a foundation for building common understanding in mapping out and evaluating the public health services in Estonia. The outcomes of such a process are expected to identify the gaps and shortcomings of the current situation and to provide solid ground for defining the reform interventions to be proposed for further upgrading and strengthening public health at all levels.

Main functions of health systems: service delivery

Since the beginning of the 21st century, both public health as a discipline and the public health services in Eastern and Western Europe have faced old and new challenges.

The concept of a health system is thought of and understood differently in different places throughout the European Region. This is partly caused by the fact that there is confusion about the proper boundaries for the concepts and terms used to describe and define a health system. Terms such as health services, health care services, health system and health sector are used equivalently and distinctively, which leads to confusion. This is far more than a linguistic problem, as roles, institutional responsibilities, resources and power are at stake. Fig.1. illustrates a possible distinction between the three terms.

Fig. 1. Possible distinction between the terms health services, health system and health sector



Source: adapted from: Duran A. Health systems module, training course package. Copenhagen, WHO Regional Office for Europe, 2003.

[1] *Next phase of the WHO Regional Office for Europe's Country Strategy: strengthening health systems*. Copenhagen, WHO Regional Office for Europe, 2005 (EUR/RC55/9 Rev.1; http://www.euro.who.int/Governance/RC/RC55/20050412_1, accessed 11 December 2006).
Strengthening European health systems as a continuation of the WHO Regional Office for Europe's Country Strategy "Matching services to new needs". Copenhagen, WHO Regional Office for Europe, 2005 (EUR/RC55/R8; http://www.euro.who.int/Governance/resolutions/2005/20050920_2, accessed 11 December 2006).

The health system includes not only the services delivered by the health sector but also all the activities designed to promote, improve and protect the health status of populations. *The world health report 2000 – Health systems: improving performance* accepts this broad approach to a health system, defining a health system as including "all the activities whose primary purpose is to promote, restore or maintain health"[2] and a health action as "any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health".

A comprehensive overview was presented on the understanding of health systems and modern public health and public health services as an integral part of the health system.

Modern public health and public health services

Public health services, both individual and population-based, are an integral and indispensable part of the service delivery function of the health system and are interlinked and dependent on the other three: the stewardship role of the governments and other authorities at all levels, the funding in terms of amount and financial mechanisms put in place and the generation of appropriate resources for providing accessible, affordable and high-quality services.

According to the Wanless report, public health is considered to be "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private communities and individuals."

This definition includes both the basic tasks of public health (the "what") as well as a general perspective of the method of applying it (the "how"). This definition is preferable since it underpins the notion that public health is not merely the domain of government as such, but of other organizations and civic society communities. Further, by including individuals, the definition stresses that everyone can potentially either in the future or at present contribute to public health at all levels.

A comprehensive overview was presented on modern public health as an integral part of the health system, including its scope, domains, key public health areas, essential public health functions, core public health services and their links to the health system functional framework.

The role of primary health care and public health services; setting the stage for integrative approaches and human resources for upgrading public health services

Primary health care plays a key role in delivering the individual public health services for preventing disease and promoting health. Accurately diagnosing, notifying and reporting disease are important aspects of the proper monitoring and surveillance of all preventable diseases, both communicable and chronic noncommunicable diseases. The third introductory presentation focused on these essential aspects and on the need for further integrating public health services as the primary lever of care. The presentation emphasized building up the appropriate human resources.

[2] *The world health report 2000 – Health systems: improving performance*. Geneva, World Health Organization, 2000 (http://www.who.int/whr/2000/en, accessed 8 December 2006).

Summary discussion

- The three introductory presentations were followed by lively discussion on Estonia's health system reforms, practice, needs and perspectives. The following summarizes this discussion.
- Primary health services have a large contact surface with the population and are well suited for health promotion directed towards the individual and the family.
- The development of strategies in five main stages with clear responsibilities is fundamental in public health: problem analysis; setting targets and deciding about target groups; choosing evidence-based intervention; monitoring implementation, process and management; and following up and evaluating the achievement of goals.
- The targets for change must be precise, the methods of monitoring should be specified and they should be linked with the proper time frame.
- Interventions must be selected based on scientific evidence parallel to health technology assessment: that is, including assessment of effect, macroeconomics and microeconomics (especially cost-effectiveness), organizational consequences and the perspectives of the public and consumers.
- Mechanisms must be established for abandoning procedures and programmes not sustained by scientific evidence or proved ineffective.
- Scientific research activity is needed to develop disciplines within public health.
- Scientific evidence is needed in all disciplines and for achieving all types of public health goals; there are pressing documentation needs within health promotion (both mass campaigns and individual interventions, including doctor's advice), nursing science (both public health nursing and clinical nursing), midwifery, physiotherapy and screening.
- Public health practice must interact with scientific health research and training. This interaction is the core motor of the rational development of core public health services – and thus of the environments that deliver them.
- Routine monitoring of systems and surveillance of population health and exposure must be developed to form decision-supporting tools that must be able to deliver valid, reliable and yet fast results focusing on the need for decision-making.
- Scientific health research must interact with training, including basic, specialist and research training. The development of environments to sustain this is crucial: practical environments, university institutes, scientific associations and other contexts.
- Public health is highly interdisciplinary and integrative. No public health task can be undertaken without implementation using several disciplines and, consequently, without integrating public health generalists and specialists in relevant fields.
- Internationally – and in Estonia – there are special shortages of experts in communication and health promotion, health economists and general public health professionals.
- Research-intensive environments attract young professionals; other incentives are associated with career prospects and wages.
- An educational policy is required for developing public health, including: quality development and assurance of public health training programmes; international cooperation; models for career planning; targeting the international (especially European) public health job market; qualification profiles for public health workplaces, defined by

their public health functions, such as national and regional health systems planning, occupational health, health in schools and health among elderly people; all parliamentary acts should be accompanied by qualification profiles and the necessary educational budgets.

2.2 Reform of the health system in Estonia

An overview was presented of the main institutions and actors (including their mandates, functions and tasks) within Estonia's health system who are currently in charge of various aspects and delivering a range of public health services.

2.3 Mapping the current public health services of Estonia

The current functions, services and infrastructure of Estonia's public health system need to be reviewed, assessed and redefined. It is proposed that the existing functions and public health services be evaluated. The evaluation process will aim to identify all gaps and to design reform interventions that will lead in the medium to long term to a streamlined and strengthened public health system that will have the appropriate capacity to perform the basic services corresponding to each of the 10 essential public health functions in the three main public health domains (health protection, disease prevention and health promotion). The functions, services and cost-effectiveness of the public health system infrastructure need to be reviewed at the national, regional and local levels. Many questions need to be carefully addressed in designing appropriate reform interventions. Checking the current functions is essential, especially in health protection (occupational health, environmental health, food safety, etc.), against the functions and role of the other existing parallel sectors and control systems with the objective of eliminating their duplication and securing clear lines of authority and relations.

Public health and core public health services

Participants discussed the proposed essential public health functions as listed below:

Essential public health functions

1. Conducting surveillance and assessing the population's health and well-being
2. Identifying, predicting, investigating and mitigating health problems and health hazards in the community
3. Health protection: enforcing laws and regulations that protect health and ensure safety
4. Disease prevention: applying interventions for primary and secondary prevention
5. Health promotion and health education
6. Evaluating the quality and effectiveness of personal and community health services
7. Initiating, supporting and carrying out health-related research
8. Initiating, developing and planning public health policy
9. Preparing for and managing public health emergencies
10. Assuring a competent workforce in public health and personal health care

Summary discussion

1. The participants discussed the definition of public health in Estonia's legislation versus the definition in the draft discussion paper. The participants agreed to deal with broader aspects of public health as defined in the discussion paper.
2. Participants discussed the essential public health functions late on 9 October 2006 and early on 10 October 2006. There was lively discussion, which ended in agreement on the essential public health functions without adding or omitting any one, and the definitions were not changed.

The following two specific remarks were made.

- Essential public health function 1: the definition implies the social determinants of health, but this is not explicit. In general indicators are needed for putting some functions into operation. The public health system has enough data, but produces less information. The health system needs to map which stakeholder is doing what in surveillance, data collection and information dissemination. The potential of Estonia for developing e-health services is also reflected in this field.
- Essential public health function 2: the participants discussed the community approach, including the extreme difference in the size of municipalities, from less than 100 inhabitants to the capital Tallinn, which has one third of the population, and the implications this has for health care staffing in these municipalities. The participants discussed who is going to give the public information, who is responsible for paying attention to the influence of many environmental risk factors on the health of the people, collaboration and exchange of information inside the Ministry of Social Affairs and with various sectors and other ministries.

Delivering services: core public health services

Four interlinked functions determine how input is transformed to outcome that people value in a health system: generating resources, funding, providing services and stewardship.

The service delivery function of a health system deals with transferring input into a service production process that leads to the delivery of health interventions to individuals or to the community.

The list of basic core public health services should be developed based on the essential public health functions. This list must be reviewed in local settings and the necessary additions and omissions made to adapt it to Estonia's situation and needs.

Summary discussion
Organizational set-up of public health services and the actors involved

- What exactly are public health services? When services are defined as public health services, the following questions need to be addressed.
  - What is the purpose or aim of the services?
  - What is the target group of the services?
  - Is the service aimed at health protection, health promotion or disease prevention or some combination?

- Public health services are delivered by a variety of providers, some of which are outside the health system. The services under the jurisdiction of ministries other than the Ministry of Social Affairs should therefore be considered.
- An explicit list of public health services (mapping) is to be defined for Estonia. This requires assessing the public health situation in the whole country and addressing all agencies participating in services oriented towards improving the population's health and well-being.
  - Who is providing what services and to whom? At the national level? At the local level?
  - Who is responsible for which services?
  - What are the mandates of various actors?
  - What are the levels of authority of the various actors?
  - What are the lines of accountability?
- Which public health services should be centralized and which decentralized?
  - It is natural for individual and community health services to be decentralized?
  - Should population health services be centralized or decentralized? To what extent?
- Regularly assessing existing public health services and their providers is important.
- Quality assurance is very importance in providing public health services. Mechanisms must be elaborated that would allow assurance that the services provided (including services provided through subcontractors) are of high quality and that the subcontractors are chosen appropriately and are proficient at their work.
- The Ministry cannot delegate responsibility for public health services and their quality to third parties by subcontracting them. The subcontractor is not and cannot be responsible legally for providing services. The Ministry of Social Affairs has the overall responsibility.
- Public health specialists should not be mere implementers; they should be trained to be leaders who not only implement concrete tasks but guide other partners. The capacity of the Ministry of Social Affairs as a leader on health issues must be reinforced and its position strengthened.
- A public health competency map is very important. This will serve as basis for generating human resources for public health.
  - Are there enough public health specialists? How many public health specialists are needed? For what tasks?
  - Is the proficiency of current public health specialists sufficient?
  - What mechanisms or processes are available to increase the level of competency of current public health specialists?
- The capacity of the Ministry of Social Affairs and other actors for (public) health advocacy must be increased.
- A strategic plan for public health research activities is essential, emphasizing applied research. This area can be developed in Estonia based on the capacity of the National Institute for Health Development and universities (the University of Tartu).

The stewardship role of the government

A broader concept than regulation, stewardship, may be defined as the careful and responsible management of something entrusted to one's care. It involves influencing policies and actions in all the sectors that may affect population health. The stewardship function therefore implies the ability to formulate strategic policy direction, to ensure good regulation and the tools for implementing it and to provide the necessary intelligence on health system performance to ensure accountability and transparency.[3]

Stewardship is also defined as a "function of a government responsible for the welfare of the population and concerned with the trust and legitimacy with which its activities are viewed by the citizenry". Stewardship is what the government is doing for the people. It has a different philosophy than governance: it is the philosophy of the welfare state. A steward is merely the leader to ensure that the people are getting all the services they should get.

The discussions were conducted around the following key roles of the steward:

- developing public health policies and plans that promote and protect the population's health;
- protecting health: promoting legislation, control and enforcement of laws and regulations in public health, but also ensuring accountability in the system;
- supervising the provision of public health services: exercise governance, but row less and steer more;
- creating partnership (coalitions) for promoting public health knowledge and practice, synchronization and efficient resource allocation; and
- promoting research in public health, such as creating intelligence.

Summary discussion

- Stewardship as a health system function is related to all the essential public health functions, and it was discussed during the previous discussions on the surveillance and assessment of population health, quality assurance systems etc.
- Are the stewards in the Ministry skilled enough to meet the demand and to take on this role? Define the skills needed in policy. What are the gaps?
- The policy-making and development processes have changed from a top-down approach, and they are more bottom-up processes than previously. The trend has turned to a more participatory process but it still needs to be enhanced. There are also success stories on how the strategies have been elaborated involving the stakeholders, service providers and other partners.
- However, running the participatory process with extensive consultations and coinciding interests requires time, resource and skills that constrain fulfilling the role of stewardship. The process has perhaps been too target-oriented, but the process of elaborating policy is also valuable and should be regarded more. Nevertheless, in some areas the same small circle of people always participates in the policy-making process.
- Putting together good case studies and success stories for the sake of learning is important.

[3] *Strengthened health systems save more lives: an insight into WHO's European health systems' strategy*. Copenhagen, WHO Regional Office for Europe, 2005 (http://www.euro.who.int/eprise/main/who/progs/hsm/Home, accessed 8 December 2006).

- The proper public health legislation is partly in place. However, it needs to be revised, especially in the current context with general trends towards a more regulation-based system. One of the main issues is how to find the right balance between legislation and regulation and how to ensure the implementation of high-quality services.
- The question is how to collaborate with other partners. What are the mechanisms of collaboration and of other sectors integrating health aspects into their policy-making processes? What are the mechanisms and legislation for health impact assessment? The ongoing development of multisectoral strategies helps to build coalitions with partners more easily.
- One of the main roles of stewardship is supervising services: putting the system in place and operating it to provide services for the population. What are the mechanisms for finding the need for services? How can the system be regulated accordingly? Another role of the steward is to look at the resources needed in the system.
- The steward has to guide the target and the scope of research, to ensure mechanisms to use it for policy-making and to indicate the needs for studies to the researchers.

Funding of public health services including investment

The funding function, including its three sub functions, was presented and discussed in relation to securing appropriate funding and financial mechanisms for delivering the core public health services and along the lines presented below.

- revenue collection
  - regulation and legislation
  - differential funding for public health services according to its cost
- pooling of resources
  - accumulation and management of revenue (questions of solidarity and equity, contribution rates, universal coverage and level of fragmentation)
- strategic purchasing
  - improving resource allocation and realizing sufficient funding for public health
  - improving efficiency in allocation, distribution and timely use
  - incentives to providers to provide prevention and promotion services

Summary discussion

- The funding of the system is fragmented. There are various sources of revenue – state budget, insurance fund, foreign donors, charity organizations etc. The issue is whether and how to accumulate the funding or pooling all the resources – in real terms or virtually. Having many funding sources is not always negative – it ensures security for funding.
- The funding schemes differ for different types of public health services – the funding schemes need to be mapped accordingly.
- One goal for private donors is to gain visibility; they want to link their money with some specific objectives and activities. A policy on how to have effective public–private partnerships to promote public health is needed.

- The right incentives for service providers have to be in place to ensure that the objectives are being met and the right services provided.

Generating resources, including human resources, laboratories, modern technologies, communication and transport

Although public health and public health services mainly require human labour and less sophisticated technology, both need to be developed. The role of public health laboratories has been gaining momentum in the past decade, not only for emerging and re-emerging diseases but also the chemical and/or toxicological aspects. One technology-intensified well-equipped laboratory is needed for a country the size of Estonia or, alternatively, while this laboratory is being prepared, to use the services of a reference laboratory in Europe or other countries.

Summary discussion

- The Master of Public Health training programme at Tartu University is based on relatively general principles.
- A master of health promotion programme is being prepared. Developing training opportunities within health promotion is relevant, but it remains a question whether it should be included in a broader public health training programme with possibilities for specialization.
- The Ministry of Social Affairs and the Ministry of Education collaborate about training programmes in health, and there is an intersectoral committee on standards and qualifications.
- Need and demand are not included in the planning process and need to be mapped.
- There are two nursing schools in Estonia.
- There is no public health career system that will be able to attract professionals and to keep them in the country after graduation. Headhunting is needed for individual public health training and career planning.
- In-service training is important for strengthening and upgrading the present workforce.
- Laboratories under the Health Protection Inspectorate are needed that are capable of covering the whole range of public health tasks – one in microbiology, one in chemical substances and one for health services in general.
- Vaccination programmes need to be updated and are being updated, including emergency vaccines.
- There are plans to develop the capacity of the laboratories.
- Health insurance: all children are insured.
- E-health project, a tuberculosis registry, HIV registries and other registries: the interaction between decision-supportive documentation, concrete intervention and management and training and scientific research should be considered and possibly developed, perhaps supported by international networks in public health research and, more specifically, public health research.

3. Conclusions and recommendations

1. The Seminar agreed that a vision of public health services as part of Estonia's health system will be developed based on the modern definition of public health: "The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private communities and individuals". This vision will underpin the future strategy for upgrading and strengthening the delivery of the individual and population-based public health services in the country.
2. The Seminar agreed that the following essential public health functions, although they currently exist, need to be strengthened further:
    - conducting surveillance and assessing the population's health and well-being;
    - identifying, predicting, investigating and mitigating health problems and health hazards in the community;
    - health protection: enforcing laws and regulations that protect health and ensure safety;
    - disease prevention: applying interventions for primary and secondary prevention;
    - health promotion and health education;
    - evaluating the quality and effectiveness of personal and community health services;
    - initiating, supporting and carrying out health-related research;
    - initiating, developing and planning public health policy;
    - preparing for and management of public health emergencies; and
    - assuring a competent workforce in public health and personal health care.
3. In accordance with the signed Biennial Collaborative Agreement with the WHO Regional Office for Europe for Estonia for 2006–2007, the discussions of the Seminar and the follow-up planning with the Director of the Public Health Department of Estonia's Ministry of Social Affairs, the process (activities, milestones and timetable) for mapping out and evaluating the public health services delivery function was agreed.

30 October 2006

- drafting and consultation of report on the First National Seminar
- setting up a multi-profile national working group

November 2006

- report of the First National Seminar and provision of templates and mapping tool

10 November 2006 – 25 January 2007

- collecting national information and data and mobilizing partners
- mapping out public health services by a national working group with the support of a consultant (Annex 2)

10 January – 10 February 2007

- strengths, weaknesses, opportunities and threats (SWOT) analysis of public health services in Estonia performed by a national team
- SWOT analysis of public health services in Estonia performed by international consultants
- second seminar on SWOT analysis and brainstorming on policy options for the reform interventions

March 2007

- first draft of the report on evaluation of Estonian public health services with recommendations

March–December 2007

- developing first draft public health law, pending outcome of the SWOT analysis and future policies of the Ministry of Social Affairs following the 2007 parliamentary elections

Annex 1

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Annex 2

MAPPING TEMPLATES

Table A1. Provision of public health services (individual- or population-based) as described in Chapter 4 of the draft discussion paper (from 4.1 page 16 to 4.1.10 page 22)

Filled in by: ……

Date: ……

Public health areas	Stakeholders							
	Health ministry	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Nongovernmental organizations	Others (outside the health system)
Strategy development[4]								
Workforce development[5]								
Legal advice[6]								
Quality assessment[7]								
Health information[8]								
Health promotion								
Communicable diseases								

[4] Whether the organization deals with strategy for providing public health services.
[5] The organization deals with training human resources for providing public health services.
[6] The organization has legal advice concerning providing public health services.
[7] The organization is performing quality assessment concerning providing public health services.
[8] The organization has a unit gathering data and/or information.

Public health areas	Stakeholders							
	Health ministry	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Nongovernmental organizations	Others (outside the health system)
Noncommunicable disease prevention								
Public health dentistry								
Environmental health								
Occupational safety and health								
Injury prevention								
Food safety								
Nutrition								
Maternal and child health[9]								
Mental health[10]								
Community genetics[11]								
Global health[12]								
Public health laboratories								

[9] The organization provides preventive services and/or screening for maternal and/or child health.
[10] The organization provides preventive services and/or screening for mental health.
[11] The organization provides preventive services and/or screening for genetics for individuals or families.
[12] The organization has a unit monitoring health issues from other countries that have implications for Estonia.

Guidance for filling out the template:

1. If the respective organization or structure provides such public health services, please mark the designated box as "+" and fill in the service name.
2. If such public health services are not provided, please mark the designated box as "–".
3. If your organization only provides part of the public health area, please write this clearly.
4. If there are public health areas that were not mentioned in your opinion, please write them in the empty boxes.
5. If a stakeholder that provides public health services was not mentioned, write it on the "Other" box on the second row.

Table A2. Laws, by-laws, regulations, circulars, norms, standards and guidance that are relevant for provision of public health services

Filled in by: ……

Date: ……

Public health areas	Stakeholders							
	Health ministry	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Nongovernmental organizations	Others (outside the health system)
Strategy development[13]								
Workforce development[14]								
Legal advice[15]								
Quality assessment[16]								
Health information[17]								
Health promotion								
Communicable diseases								
Noncommunicable disease prevention								
Public health dentistry								
Environmental health								

[13] Whether the organization deals with strategy for providing public health services.
[14] The organization deals with training human resources for providing public health services.
[15] The organization has legal advice concerning providing public health services.
[16] The organization is performing quality assessment concerning providing public health services.
[17] The organization has a unit gathering data and/or information.

Public health areas	Stakeholders							
	Health ministry	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Nongovernmental organizations	Others (outside the health system)
Occupational safety and health								
Injury prevention								
Food safety								
Nutrition								
Maternal and child health[18]								
Mental health[19]								
Community genetics[20]								
Global health[21]								
Public health laboratories								

Guidance for filling out the template:

1. When a law is mentioned in the designated box, please fill in the relevant section from this law.
2. The legal advice boxes are not relevant in this table.
3. When there is no relevant legal background, just mark "–".

[18] The organization provides preventive services and/or screening for maternal and/or child health.
[19] The organization provides preventive services and/or screening for mental health.
[20] The organization provides preventive services and/or screening for genetics for individuals or families.
[21] The organization has a unit monitoring health issues from other countries that have implications for Estonia.

Table A3. Data collection

Filled in by: ……

Date: ……

Public health areas	Stakeholders							
	Health ministry	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Nongovernmental organizations	Others (outside the health system)
Strategy development[22]								
Workforce development[23]								
Legal advice[24]								
Quality assessment[25]								
Health information[26]								
Health promotion								
Communicable diseases								
Noncommunicable disease prevention								
Public health dentistry								
Environmental health								

[22] Whether the organization deals with strategy for providing public health services.
[23] The organization deals with training human resources for providing public health services.
[24] The organization has legal advice concerning providing public health services.
[25] The organization is performing quality assessment concerning providing public health services.
[26] The organization has a unit gathering data and/or information.

Public health areas	Stakeholders							
	Health ministry	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Nongovernmental organizations	Others (outside the health system)
Occupational safety and health								
Injury prevention								
Food safety								
Nutrition								
Maternal and child health[27]								
Mental health[28]								
Community genetics[29]								
Global health[30]								
Public health laboratories								

Guidance for filling out the template:

1. If data are collected, mark "+" in the designated box and fill in the kind of data collected for a disease or injury etc.
2. If data are not collected, mark "–" in the designated box
3. If data are collected but not by one of the stakeholders mentioned, please write it in the "others" box of the stakeholders line.
4. If there are other data different than those indicated that are being collected in various public health areas, fill in the name of the area in the empty boxes in the first column and write it in the designated "stakeholder" box.

[27] The organization provides preventive services and/or screening for maternal and/or child health.
[28] The organization provides preventive services and/or screening for mental health.
[29] The organization provides preventive services and/or screening for genetics for individuals or families.
[30] The organization has a unit monitoring health issues from other countries that have implications for Estonia.

Table A4. Information and dissemination of data

Filled in by: ……

Date: ……

Public health areas	Stakeholders					
	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Others
Strategy development[31]						
Workforce development[32]						
Legal advice[33]						
Quality assessment[34]						
Health information[35]						
Health promotion						
Communicable diseases						
Noncommunicable disease prevention						
Public health dentistry						
Environmental health						
Occupational						

31 Whether the organization deals with strategy for providing public health services.
32 The organization deals with training human resources for providing public health services.
33 The organization has legal advice concerning providing public health services.
34 The organization is performing quality assessment concerning providing public health services.
35 The organization has a unit gathering data and/or information.

Public health areas	Stakeholders					
	National Health Protection Inspectorate	National Institute of Health Development	Estonian Health Insurance Fund	Primary health care (family physicians)	Hospitals	Others
safety and health						
Injury prevention						
Food safety						
Nutrition						
Maternal and child health[36]						
Mental health[37]						
Community genetics[38]						
Global health[39]						
Public health laboratories						

Guidance for filling out the template:

1. If information is produced, mark "+" in the designated box and fill in the kind of data produced for a disease or injury etc.
2. If information is not produced, mark "–" in the designated box.
3. If other stakeholders produce information different than that mentioned in the columns, please write it in the "others" box of the stakeholders line.
4. If data or information is produced in public health areas different than the ones in column 1, fill in the name or the new areas in the empty boxes in column 1 and write it in the designated "stakeholder" box.

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36 The organization provides preventive services and/or screening for maternal and/or child health.
37 The organization provides preventive services and/or screening for mental health.
38 The organization provides preventive services and/or screening for genetics for individuals or families.
39 The organization has a unit monitoring health issues from other countries that have implications for Estonia.

Table A5. SWOT analysis of the public health services

Name of the stakeholder: ……

Public health area: ……

Filled in by: ……

Date: ……

Strengths	1. 2. 3. 4.
Weaknesses	1. 2. 3. 4.
Opportunities	1. 2. 3. 4.
Threats	1. 2. 3. 4.

Guidance for filling out the template:

1. Please try to perform short SWOT analysis on the public health services (individual or population based) that your organization is providing in each of the public health areas listed in the table.
2. If there are less than four items in the designated box, feel free to fill in less.