

ESTONIA

DEMOGRAPHIC & SOCIO-ECONOMIC INDICATORS		2012	2013	2014
A1	<u>Mid-year population</u>	1,322,696	1,317,997	1,316,203
A2	<u>Area (square km)</u>	45,230	45,230	45,230
A3	<u>Average population density per square km</u>	29	29	29
A4	<u>Live births per 1,000 population</u>	10.6	10.3	10.3
A5	<u>Crude death rate per 1,000 population</u>	11.6	11.7	11.8
A6	<u>Estimated life expectancy</u>	76.3	76.9	77.3
A6a	<u>Estimated life expectancy, female</u>	81.0	81.5	81.8
A6b	<u>Estimated life expectancy, males</u>	71.2	71.9	72.3
A7	<u>Gross domestic product (GDP) US\$ per capita</u>	17,491.0	19,155.0	20,148.0

HEALTHCARE SYSTEM		2012	2013	2014
B1	Healthcare coverage of population			
<p>Estonian healthcare system is built on the principle of compulsory solidarity-based insurance and the general availability of services provided by the private providers, covering about 94% of the population. People without health insurance are entitled to emergency care, the Ministry of Social Affairs covers these expenditures. The State also funds the emergency ambulance service and the intensive healthcare of persons who are not insured. A very small percentage of population have private insurance.</p>				
B2	Gate keeping system			
<p>The role of the family doctor has been introduced in 1997. For most specialised care a referral from the family doctor is needed, except for gynecological and psychiatric care, trauma, tuberculosis care, ophthalmology, dermatology and to treat infectious diseases.</p>				
B3	<u>Total health expenditure, PPP\$ per capita, WHO estimates</u>	1,556.0	1,660.0	1,668.0
B4	<u>Public sector health expenditure as % of total health expenditure</u>	80.4	79.3	78.8
B5	<u>Total health expenditure as % of GDP, WHO estimates</u>	6.4	6.5	6.4
B5a	<u>Public-sector expenditure on health as % of GDP, WHO estimates</u>	5.1	5.1	5.0
B5b	<u>Private-sector expenditure on health as % of GDP, WHO estimates</u>	1.3	1.3	1.4
B6	<u>Expenditure on inpatient care, PPP\$ per capita</u>	430.0	413.0	420.0
B7	<u>Public inpatient expenditure as % of total inpatient expenditure</u>	98.5	97.8	98.4
B8	<u>Total inpatient expenditure as % of total health expenditure</u>	26.8	26.3	25.8
B9	Public funding			
<p>Public funding is composed of healthcare insurance (social tax) for 68.1%. Central Government contribution represents the 9.2% of total funding.</p>				

HOSPITAL GOVERNANCE		2012	2013	2014
C1	Administration and management			
<p>All hospitals in Estonia are private by law but often owned by the state or local authorities. There are totally private hospitals, co-owned by the State and local government; owned by State; owned by local government.</p>				
C2	Surveillance authority			
<p>The Ministry of Social Affairs determines the health policies and the general planning of hospital care (in line with a National Health Plan). The municipalities participate also in the planning of secondary healthcare services in their own territories. State supervision over compliance with the requirements established for healthcare providers is exercised by the Health Board.</p>				

HOSPITAL FINANCING		2012	2013	2014
D1	Hospital financiers			
<p>Health insurance in Estonia is organised by the Estonian Health Insurance Fund. The contract partners of the Health Insurance Fund are hospitals, outpatient specialist care providers, family doctors, dentists and other healthcare providers with whom contracts for financing medical treatment are signed for the provision of healthcare services to insured people. Health insurances and hospitals negotiate annual contracts to define the extent of provided services, capacities and the price for each healthcare service. These contracts include ceilings for the total expenses based on the services provided the year before.</p>				
D2	Modes of payment			
<p>Since the 2002-2003 reform: pathology-oriented payment, based on the DRGsystem of the Scandinavian countries. Co-payment has been introduced in hospitals in 2002. With regard to primary care, age-adjusted capitation, fee-for-service payments for selected areas and basic allowances have been complemented by a quality bonus system, implemented in 2006, which aims to foster disease prevention and management of selected chronic conditions.</p>				
D3	Use of DRGs			
<p>Since the 2002-2003 reform: pathology-oriented payment, based on the DRG system of the Scandinavian countries. Co-payment has been introduced in hospitals in 2002. With regard to primary care, age-adjusted capitation, fee-for-service payments for selected areas and basic allowances have been complemented by a quality bonus system, implemented in 2006, which aims to foster disease prevention and management of selected chronic conditions.</p>				
D4	Hospital investments			
<p>The hospitals are responsible for their investment decisions. The investment is funded by the hospital owners.</p>				

TOTAL HOSPITAL CARE PROVISION		2012	2013	2014
E1	Public/private ownership	Coexistence of public and private hospitals (by ownership). All hospitals are either foundations (63%) or public limited companies (37%) by legal status and they act under private law, but they are often owned by the State or local governments.		
E1a	% of hospitals private for profit	33.0%	33.0%	33.0%
E1b	% of hospitals private not for profit	66.0%	66.0%	66.0%
E2	Categories	There are different types of hospitals in Estonia, such as regional hospitals, central hospitals, general hospitals and other kind of settings (long-term care, rehabilitation, psychiatry, etc.). There are nineteen active care hospitals in the Hospital Network Development Plan.		
E3	Total number of hospitals	55	56	31
E4	Hospitals per 100,000	4.2	2.4	2.3
E5	Total number of hospital beds	7,309	6,597	6,584
E5a	Number of public inpatient hospital beds	6,432	6,036	6,110
	Public inpatient hospital beds as % of all hospital beds	88.0	91.5	92.8
E5b	Number of private inpatient hospital beds	880	560	477
	Private inpatient hospital beds as % of all beds	12.0	8.5	7.2
E6	Hospital beds per 100,000	553.0	501.0	501.0
E7	Number of all hospital discharges	236,951	233,560	230,439
E8	Inpatient care discharges per 100	17.9	17.7	17.5
E9	Average length of stay, all hospitals	7.9	7.5	7.6
ACUTE CARE HOSPITAL PROVISION		2012	2013	2014
F1	Number of acute (short-stay) hospitals	22	22	21
F2	Acute (short-stay) hospitals per 100,000	1.7	1.7	1.6
F3	Number of acute care hospital beds	5,093	4,835	4,824
F3a	Acute care hospital beds as % of all hospital beds	69.7	73.3	73.3
F4	Acute care hospital beds per 100,000	385	367	367
F5	Number of acute care hospital discharges	205,752	207,186	203,333
F6	Acute care hospital discharges per 100	15.6	15.7	15.5
F7	Average length of stay, acute care hospitals only	5.6	5.5	5.4
F8	Bed occupancy rate (%), acute care hospitals only	69.0	69.0	69.0
HEALTHCARE WORKFORCE		2012	2013	2014
G1	Number of general practitioners	985	927	945
G1a	General practitioners per 100,000	74.0	70.0	72.0
G1b	Population per one GP	1,342.8	1,421.8	1,392.8
G2	Number of physicians	4,343	4,326	4,364
G2a	Physicians per 100,000	328.0	328.0	332.0
G3	% of physicians working in hospitals	68.1	64.8	64.5
G4	Number of nurses	8,545	7,749	7,859
G4a	Nurses per 100,000	646.0	588.0	598.0
G5	% of nurses working in hospitals	73.9	73.1	n.a.
G6	Number of nurses per physician	2.0	1.8	1.8

* Quantitative information has been extracted in January 2018

** Last updated qualitative information has been provided by HOPE LO in 2018