

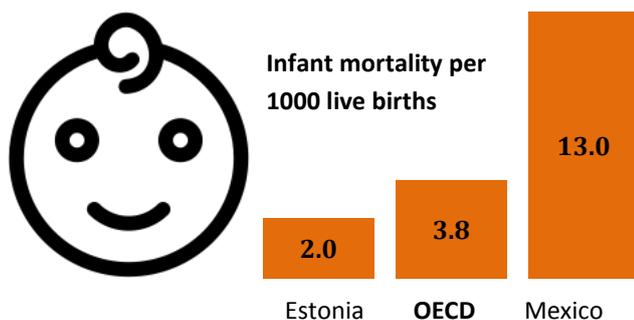
The Estonian health system has relatively high numbers of doctors, hospital beds and medical services, in spite of modest levels of financial resources for health (6% of GDP in 2014). The outcomes are however mixed compared to other OECD countries. While Estonia performs well on maternal and infant health by OECD standards, life expectancy is low. Estonia displays large inequalities in both public health and service quality, by gender and socio-economic groups.

Health indicators have improved, but inequalities are severe

► Health outcomes are improving

In Estonia, life expectancy has improved considerably since the 1990s but with 77.3 years at birth it is still falling behind most OECD countries.

Child health indicators however, are among the best in the OECD. The infant mortality rate is 2.0 per 1000 live births, which is the fourth lowest in the OECD. Estonia also has the third lowest rate of infants with low birth weight, with 4.3% of new-borns weighing less than 2500 grams.

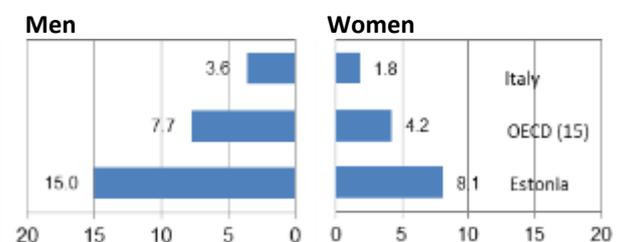


► Estonia must tackle large inequalities in health outcomes

Estonia has large differences in main health outcomes across various population groups. The difference between men and woman in life expectancy at birth (8.9 years) is the largest among all OECD countries, which on average is 5.3 years.



Gap in life expectancy at age 30 between adults with tertiary and less than upper secondary education



There are also severe socio-economic inequalities. The education gap in life expectancy at the age of 30 is 8.1 years for woman and 15 years for men. This means the expected remaining number of years for men with a tertiary education is 15 years longer than for men with less than upper secondary education. Also health differences by income levels are considerably higher than in most other comparable countries.

» What can be done?

- Improve health literacy to increase awareness and responsibly for a healthy life-style
- Target preventive health services to disadvantaged groups in society
- Remove access barriers to health services to make sure population groups with the highest needs can receive adequate help

To read more about our work: [Health at a Glance: Europe 2016](#)

Estonia makes relatively good use of its financial resources

► Estonia is one of the lowest health spending countries in OECD

Estonia spends 6.0% of GDP on health and is among the lowest health spending countries in OECD. Estonia experienced high growth in spending prior to the financial crises, but very moderate growth since then. Despite low health spending, Estonia is well supplied with human and physical resources, with 3.3 practicing doctors (same as the OECD average) and 5.0 hospital beds (4.8 in the OECD) per 1000 population. Indicators of service activity such as number of discharges are also in line with the majority of other OECD countries.

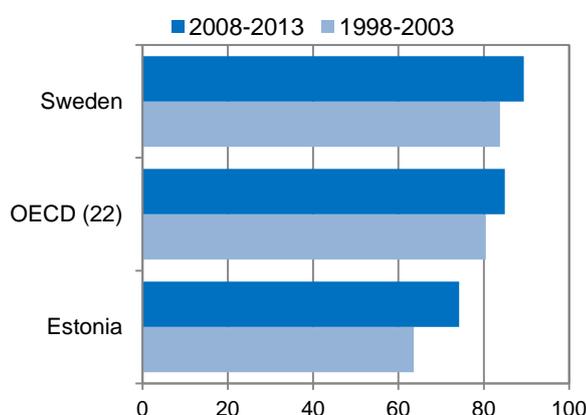
Estonia needs to improve cancer care

► The quality of cancer diagnostics and treatment should improve

Although Estonia shows modest general cancer incidence numbers, below the OECD average, the mortality rates are relatively high among the major cancer diagnoses, notably breast and colorectal cancer. Screening rates are low compared to other OECD countries.

The five year mortality rate, an indicator of quality in cancer care, shows Estonia performing among the worst countries in the OECD. The breast cancer survival rate is 74.2% compared to Sweden's 89.4%. For colorectal cancer the survival rate is 52.5% compared to above 70% for the highest performing countries.

Breast cancer five-year relative survival



► Inequalities in cancer outcomes

For cancer outcomes, the difference between men and women in Estonia is the highest in OECD countries. For example, for colorectal cancer, the average survival rate among men is 7.5 years lower than women, which is also the largest difference of all OECD countries.

» What can be done?

- Improve primary prevention
- Review the quality of both diagnostics and treatment to improve poor performing parts of the care pathways for cancer patients
- Increase early detection through screening programs
- Increase awareness about early signs of cancer in primary health care facilities and in the population, especially among men

To read more about our work:

[Health at a Glance 2015](#)

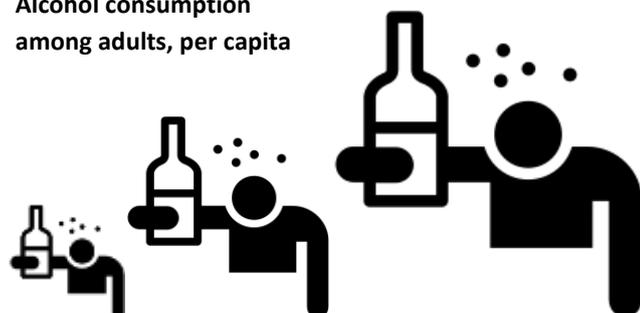
[Cancer Care: Assuring Quality to Improve Survival](#)

A shift towards a healthier life style is needed

► The prevalence of drinking is persistently high

Together with its neighboring Baltic countries, the Estonian population consumes large quantities of alcohol and tobacco. Estonia has the third largest alcohol consumption among OECD countries, measured as litres per person above the age of 15. Unlike most other countries, the consumption has decreased only marginally over the last 15 years.

Alcohol consumption among adults, per capita



Italy 6.1

OECD 8.8

Estonia 11.8

► Smoking is slowly decreasing from high levels

Smoking is common in Estonia but the share of daily smokers is declining. 36% of males and 18% of women are smoking, both higher than the OECD averages. Smoking has been dropping in most OECD countries since 2000. In Estonia there are now four percentage points fewer daily smokers compared to 2000, while the decline has been six percentage points in the OECD.

» What can be done?

- Raise awareness in high-risk groups about the harm of unhealthy lifestyle
- Implement fiscal and pricing policies aimed at reducing the consumption of alcoholic beverages and tobacco products
- Consider restricting sales of alcoholic beverages (e.g. prohibiting sales in petrol stations) and prohibit point of sale display of tobacco products
- Encourage primary care physicians to counsel at risk patients about making healthy lifestyle choices

To read more about our work:

[Health at a Glance 2015](#)

[Tackling Harmful Alcohol Use: Economics and Public Health Policy](#)
www.oecd.org/health/economics-of-prevention.htm