

# Estonia

## Immunisation and PHC Workshop

Tbilisi, July 26–27, 2022



### Key Measures

	2018	2019	2020	2021
Coverage with the third DPT dose under 12 m. (%)	95.2	95.8	94.3	93.3
Rota- full coverage (%)	87.1	83.1	83.8	82
MCV-1 coverage timely (as per schedule) (%)	94.7	94.4	93.9	93
HPV full coverage (as per schedule) %	49.2	60.6	61.9	66.9

source: national administrative data

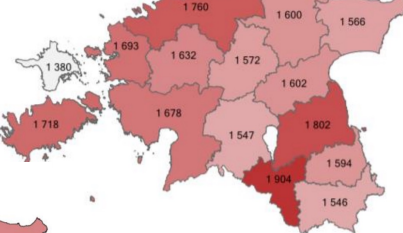
Pre-school children are vaccinated in family doctors; The school-aged children and adolescents receive vaccinations at school by the school nurse.

### Primary Care

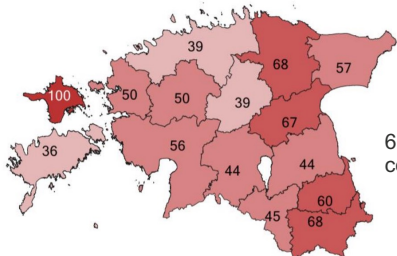
800 GP's with practice lists (coverage population)

List size	Number of lists
≤ 1200	78
1201-2000	569
2001-2400	126
Over 2400	13

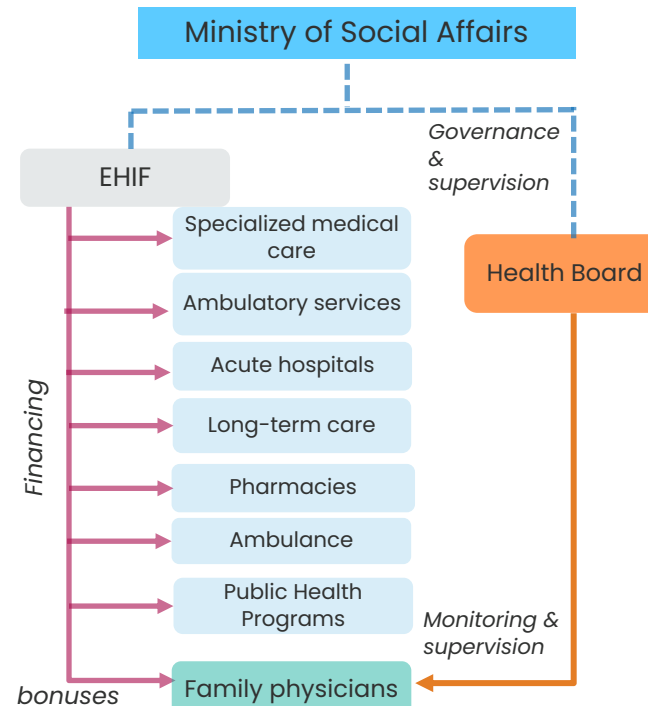
Average lists size



60 years and older GP's by counties, %, 2020



### Immunisation Delivery Organogram



**EHIF (Estonia Health Insurance Fund)**: covers 95% of population. How it works: [Health insurance \(haigekassa.ee\)](http://haigekassa.ee)

Financing of Family physicians practices: monthly prepayments for capitation, allowances and fees, which are recalculated four times a year to reflect changes in the patient list (as patients can change family physicians).

**Health Board** functions: Surveillance, prevention, and control of communicable diseases; Immunisation related: monitoring of immunisation coverage, statistical overview 4-times a year, storage and logistics of vaccines, supervision of health workers training status, supervision of health workers immunisation performance); other functions: risk analysis in epidemiology; Recognition of medical qualification; Regulation of medical devices; Chemical safety; Environmental health.

### Quality Bonus Scheme

**Purpose:** Increase quality and effectiveness of preventive & improve monitoring of chronic conditions. Obligaotry since 2015

#### Indicators:

##### Prevention:

- Children's vaccination (full by age of 3 year)
- Examinations of children aged 1-, 3-, 12-months, 2-years and 3 years
- Pre-school examination (children aged 6–8 years)
- School examination (11a-12a)

##### 2nd part: Monitoring chronically ill patients

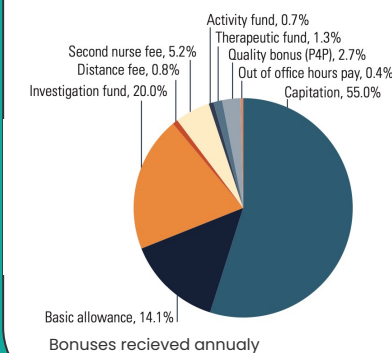
- Target groups patients with (Diabetes, Hypertension, MI, Atrial fibrillation)
- Monitoring (depending on target group): Glycosylated haemoglobin, Creatinine, Cholesterol values, Counselling, ECG
- Medication prescribed (depending on the target group)
- HIV testing rate in patients with HIV
- GP to the e-consultation referral rate (following-up indicator)

##### 3rd part: Additional professional competence

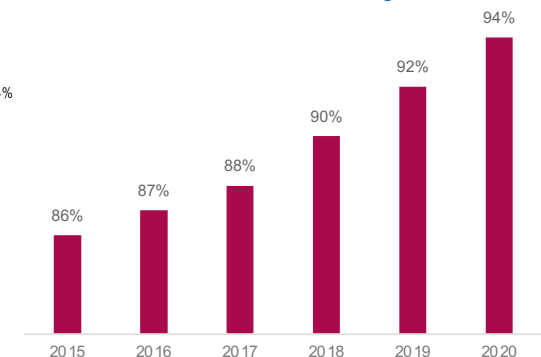
- Recertification (for FP and nurse)
- Pregnancy monitoring
- Gynaecological examinations
- Small surgery

Age	Vaccine
2 months old	RV 1
3 months old	DTaP-IPV-Hib-HepB 1 + RV 2
4,5 months old	DTaP-IPV-Hib-HepB 2 + RV 3
6 months old	DTaP-IPV-Hib-HepB 3
1 year old	MMR 1
2 years old	DTaP-IPV-Hib-HepB 4

#### Family physicians budget by type of remuneration



#### Vaccination Indicator coverage in QBS



### IV. Key Challenges and Solutions

Challenges	Explaining Factors	Solutions / Next steps
Shortage of family doctors and nurses	Professional migration, aging workforce	Health workforce planning strategy is under development
Increasing vaccine hesitancy (primarily in large urban areas), resulting in declining trends	Health workers are trusted, however not sufficient time is spent in reassuring and influencing parents in their decision-making about vaccination	Developing the technical and vaccination communication skills amongst health workers <ul style="list-style-type: none"> <li>Deliver technical and communication skills training for health workers (E.g., WHO 3-hour WHO training package on interpersonal communication with patients)</li> <li>Continually update the Health Board Vaccination webpages for health workers and signpost health workers to this information.</li> </ul> Remove the time pressure for vaccination conversations <ul style="list-style-type: none"> <li>Encourage primary health care facilities to include a small number of extended appointments within their booking system to allow time for discussion.</li> <li>Train a nominated "vaccination advisor" (not the doctor) within the primary health care facility who can have extended vaccination conversation with parents.</li> </ul>
	Parent have concerns about side effects. Mis-information in social media (e.g., about side effects) affects parents decision-making about vaccination	Ensure that health workers routinely provide written information about childhood vaccination to parents: <ul style="list-style-type: none"> <li>Produce or adapt existing high quality, credible, written information for parents and agree a national strategy for its dissemination via primary care health facilities.</li> <li>Continually update the Health Board vaccination webpages for parents and signpost parents to this information.</li> </ul>