



General data

POPULATION, 2023
1,370,286

PHYSICIANS / 1,000 INH, 2021
3.43

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
30,133

HEALTH EXPENDITURE (% GDP), 2021
7.49

UNIVERSAL HEALTH COVERAGE, 2021
79



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



Consultants: Kadri Suija.
National Association: -
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Report validated by consultants: Yes
Endorsed by National PC Association: -
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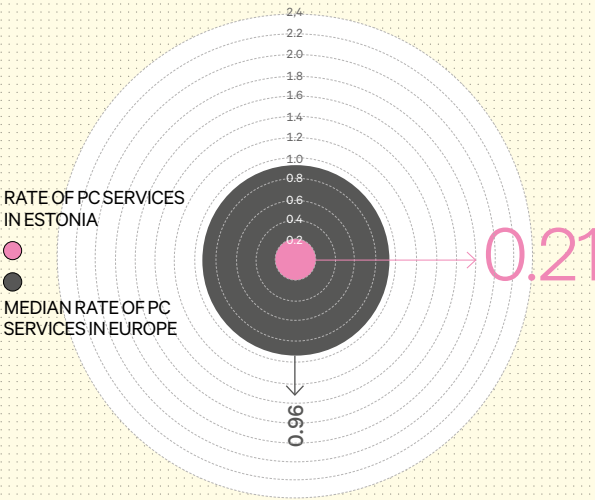
Estonia

F Provision of PC (Specialised Services)

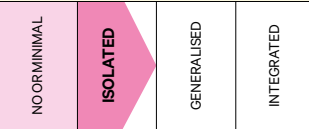
Total number of Specialised PC services
3

Rate of PC services per 100,000 inhabitants
0.21

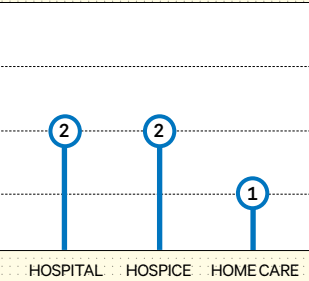
Estonia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
0

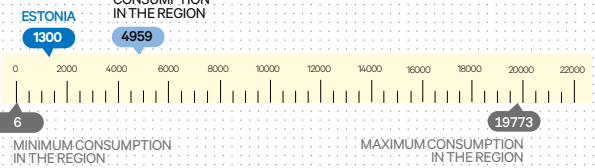


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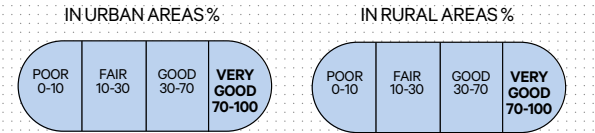
D Use of essential medicines

Opioids consumption (excluding methadone)
1,300
S-DDD/MILL INHABITANTS/DAY

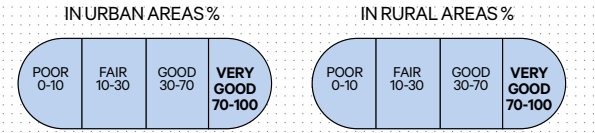
Estonia in the context of European region



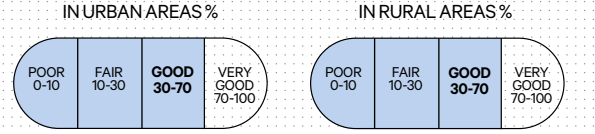
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
2

Existence of PC congresses or scientific meetings
2

Inclusion of PC topics in National Research Calls
3

E Education & Training

Medical schools with mandatory PC teaching
1/1

Nursing schools with mandatory PC teaching
0/2

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
2





Inclusion of PC in the basic health package at the primary care level
1

A Empowerment of people and communities





Groups promoting the rights of PC patients
2

Advanced care planning-related policies
3




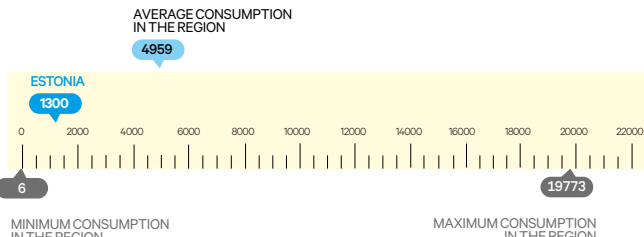
EU Estonia

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted.	There are some patient organisations (e.g. for cancer patients, for multiple sclerosis, parents of children suffering from cancer) which also include some palliative care activities.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on living wills and/or on advanced directives.	Living wills are legally available in Estonia through the palliative care guideline for health care professionals, which includes also end-of life care; and the living wills document.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Not known or does not exist.  A national palliative care plan is in preparation.	<p>The Estonian Ministry of Social Affairs is currently in the process of developing a comprehensive national palliative care programme. While a standalone programme is not yet in place, palliative care is addressed within other national health strategies, notably the National Cancer Plan. This plan emphasises the importance of palliative care accessibility for cancer patients and advocates for healthcare providers to be equipped with palliative care knowledge and skills. The integration of palliative care into the National Cancer Plan 2021-2030 underscores its growing recognition as an essential component of comprehensive healthcare in Estonia. For more detailed information on how palliative care is incorporated into the national cancer strategy, interested parties can refer to the official document available.</p>







EU Estonia

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Not at all.	Palliative care is provided in health care but it is not mentioned in the law, neither there is a special service code for it and sickness fund does not cover it. The Z51.5 is not well documented in medical care.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  There are concrete functions and staff, but do not have a budget.	There is no special unit of palliative care in the ministry but in the mental health development unit, one person also deals with palliative care (mostly pastoral care).

EU Estonia


Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	 Only sporadic or non-periodical conferences or meetings related to palliative care take place.	Each year there are several seminars/lectures about various palliative care topics, some only for physicians, others multidisciplinary. However, there are no scientific congresses specifically related to palliative care.
Ind7.1 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	 Reflects a limited number of articles published.	
Ind7.2 Inclusion of PC topics in national research calls.	 They do exist national research calls that do include palliative care topics (either scarce or more frequent).	There is one national research call about mental health targeting palliative care patients; the last call related to palliative care was in 2023. However, once a year the Estonian National Research Council launches general research calls that may include palliative care topics, either scarce or more frequent.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div> <div>1,300</div> <div>S-DDD PER MILLION INHAB / DAY</div> </div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>ESTONIA 1300</p> <p>AVERAGE CONSUMPTION IN THE REGION 4959</p> <p>MINIMUM CONSUMPTION IN THE REGION 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION 19773</p>	

EU Estonia

Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	 	The availability of pain and PC medications are generally available, according to the report Statistical Yearbook of the State Agency of Medicines 2023 and the scientific article: Uuskula A, Raag M, Kurvits K, Laius O, Uuskula M, Oselin K. Trends in opioid prescribing in Estonia (2011-2017). Pharmacol Res Perspect. 2020 Apr;8(2):e00577.
Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	 	In Estonia, immediate-release morphine is available in the form of Sevredol tablets, offered in 10 mg and 20 mg strengths. The accessibility and affordability of this medication vary depending on the patient's diagnosis. For cancer patients (with diagnoses falling within the ICD-10 codes C00-D48), the medication is fully subsidised, with a 100% discount applied. This ensures that cancer patients can access this essential pain management medication without financial burden. The prescription of immediate-release morphine is not restricted to specialists; all licensed physicians are authorised to prescribe it, facilitating broader access to pain management. However, for patients with non-cancer diagnoses, the subsidy is reduced to 50%.
Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	 	Estonia provides a comprehensive range of opioid medications for pain management. Morphine is available in immediate release (Sevredol 10, 20mg) and prolonged release (Vendal 30, 60mg) formulations, with a 100% discount for cancer patients and 50% for others. Fentanyl is offered as transdermal patches (12, 25, 50mcg/h) with full coverage for cancer patients only if morphine is unsuitable or insufficient, while non-cancer patients receive a 50% discount. Fentanyl buccal tablets (100, 200mcg) are fully covered for cancer patients when initiated by an oncologist, hematologist, or pain specialist, with others receiving a 50% discount. Oxycodone tablets (5, 10, 20, 40mg) are available with 100% coverage for cancer patients experiencing morphine side effects, and 50% coverage in all other cases.

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Estonia

<div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</div><div>1/1</div><div></div><div>There is only one medical faculty at the University of Tartu and it is responsible for palliative care education for undergraduate and postgraduate students (medical doctors). In two nursing schools, one in Tallinn and the other in Tartu there is some teaching in palliative care but not a special palliative care department at the university level; palliative care is rather taught in various disciplines.</div></div> <div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>1/1</div><div></div><div></div></div> <div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>0/2</div><div></div><div></div></div> <div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div><div>2/2</div><div></div><div></div></div> <div><div>11.5. PC Full Professors</div><div>0</div><div></div><div></div></div> <div><div>11.6. Legislation/regulations concerning PC education</div><div>No</div><div></div><div></div></div>		
<div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>There is no process on specialisation for palliative care physicians.</div><div>Palliative medicine is not in the official list of specialised specialties and specialties with additional competences.</div></div>		

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<div>Ind13</div> <div><div>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</div><div><div>2</div><div></div><div></div><div></div><div></div></div><div>Isolated provision: Exists but only in some geographic areas.</div></div> <div><div>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</div><div><div>2</div><div></div><div></div><div></div><div></div></div><div>Ad hoc/ in some parts of the country.</div></div> <div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div><div>2</div><div></div><div></div><div></div><div></div></div><div>Ad hoc/ in some parts of the country.</div></div> <div><div>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div> <div><div>13.5. Total number of specialised PC services or teams in the country.</div><div></div><div></div></div>		<div>There are a few palliative care teams in oncology clinics: one at the university hospital in Tartu and two in the two regional hospitals in Tallinn: in PERH and in ITK. In total, three services per a population of 1.3 million people. There are no specialised home palliative care teams.</div> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div></div><div><div>0.21</div><div>0.96</div><div>3.68</div></div><div><div>MINIMUM RATE IN THE REGION</div><div>MEDIAN RATE IN THE REGION</div><div>MAXIMUM RATE IN THE REGION</div></div></div></div> <div><div>3</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div>
<div>Ind14</div> <div><div>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>No or minimal provision of palliative care specialised services or teams for children exists in country.</div></div> <div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div><div>0</div><div>PPC TEAMS</div></div>		<div>Children hospitals offer palliative care if needed, however they do not exist specialised units or teams for paediatric palliative care in Estonia.</div>