This report was written by Prof Mark McCarthy for PHIRE partner Faculty of Public Health (UK) following interviews in September 2012 with informants from the National Research Council, National Institute for Health Development and PRAXIS Center for Policy Studies, a non-profit think tank in Estonia.

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PHIRE is implemented from 1 September 2010 until 28 February 2013.

PHIRE is coordinated by the European Public Health Association (EUPHA). Associated partners are: EHESP, School of Public Health (FR); Faculty of Public Health (FPH, UK); Institute of Hygiene (LIH, LT); Karolinska Institute (SE); Ministry of Health, the Elderly and Community Care (MHEC, MT); NIVEL – Institute for health services research (NL); Slovak Public Health Association (SAVEZ, SK).
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1. PHIRE Innovation Projects

Comments on the national report: impact, policy changes and lessons learned on account of the eight different innovation (tracer) projects.

Reports on Innovation projects were gained from (only) Child Safety Action Plans. See Tables 1 and 2.

In reporting on this project, the Country Informant stated that:
1. dissemination means included reports, brochures, websites, meeeings, networks and cooperation with authorities.
2. it reached government, health authorities, professional organisations, regional authoritis and research organisations.
3. 'limited impact' was achieved across fields of knowledge, policy reforms, projects and law change.
4. inhibiting factors included lack of dedicated leader, lack of infrastructure and other factors.
5. it was facilitated by established national networks and infrastructures.
6. results continue to be disseminated ‘to some extent’.

However, Estonia was involved in five of the eight original innovation projects, and follow-up impacts could be identified from reports for six of the projects:

Table 1: PHIRE Innovation Projects

<table>
<thead>
<tr>
<th>Innovation project</th>
<th>Project website</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENICE - Vaccine European New Integrated Collaboration Effort</td>
<td><a href="http://venice.cineca.org">http://venice.cineca.org</a></td>
</tr>
<tr>
<td>EURO-URHIS I - European system of urban health indicators</td>
<td><a href="http://www.urhis.eu">www.urhis.eu</a></td>
</tr>
<tr>
<td>HA - Healthy Ageing</td>
<td>n.a.</td>
</tr>
<tr>
<td>EAAD - European Alliance Against Depression</td>
<td><a href="http://www.eaad.net">www.eaad.net</a></td>
</tr>
<tr>
<td>ENHIS - Environmental and Health Information Systems in Europe</td>
<td><a href="http://www.enhis.org">www.enhis.org</a></td>
</tr>
<tr>
<td>EUCID - European Core Indicators in Diabetes Mellitus</td>
<td>n.a.</td>
</tr>
</tbody>
</table>

Does the National Public Health Association (NPHA) have additional information on national impact, policy changes and lessons learned with these eight projects? No information gained from NPHA.
Comments on other actions needed to assess impact, policy changes and lessons learned with these projects at national level.
No comments gained.

Do national research programmes cover the areas of the PHIRE Innovation Projects?
No comments gained.

Is there a connection between national research and the European projects, in general?
No comments gained.
<table>
<thead>
<tr>
<th>Innovation project</th>
<th>Action</th>
<th>EU countries involved</th>
<th>Involvement Estonia (EE)</th>
<th>EU countries replied</th>
<th>EE replied</th>
<th>Impact in Estonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOB - Children and Obesity and Associated Avoidable Chronic Diseases</td>
<td>Access to low-cost high-quality food; regulation marketing unhealthy food to children; shift nutritional criteria for foods promoted to, or served to children.</td>
<td>24</td>
<td>Yes Through Estonian Heart Network; Stakeholders included Estonian Consumer Protection Board; Estonian Consumers Union; Union of Kindergarten Teachers of South Estonia; Estonian Association of Family Physicians; Ministry of Agriculture, Food and Veterinary Department; Parliament of Estonia, Social Affairs Committee.</td>
<td>20</td>
<td>No</td>
<td>Report: Estonia Health Network, October 2007 Policy options to prevent child obesity</td>
</tr>
<tr>
<td>CSAP - Child Safety Action Plans</td>
<td>Development of child safety action plans</td>
<td>27</td>
<td>Yes Liis Rooväli, Ministry of Social Affairs of Estonia</td>
<td>18</td>
<td>Yes</td>
<td>Reached – government, health authorities, professional organisations, universities, regional authorities No impact for Knowledge/awareness, Policy/reforms; Projects initiated; Regulation/law changed Hindered by: lack of enthusiastic person, lack of infrastructure. Main helpful factor was presence of network. Results still being communicated – yes, to some extent.</td>
</tr>
<tr>
<td>HA - Healthy Ageing</td>
<td>Summarised and recommended exchange of knowledge and experience of healthy-ageing interventions.</td>
<td>11</td>
<td>No</td>
<td>9</td>
<td>No</td>
<td>[Policy Action Group on Healthy Ageing was set up to take forward, by the Stockholm Centre for Public Health until 2009, and since by EuroHealthNet. Healthy Ageing has become a main policy agenda for DG SANCO.]</td>
</tr>
<tr>
<td>Initiative</td>
<td>Description</td>
<td>Yes/No</td>
<td>NO.</td>
<td>Remarks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>EAAD - European Alliance Against Depression</td>
<td>Community-based system for recognition and management of depression.</td>
<td>Yes</td>
<td>14</td>
<td>National coordinator: Prof Dr Airi Värmik, Project manager: Merike Sisask</td>
<td>13</td>
<td>No</td>
</tr>
<tr>
<td>ENHIS - Environmental and Health Information Systems in Europe</td>
<td>30 indicators agreed (by 2007), and Health Action Plan for Europe (CEHAPE)</td>
<td>No</td>
<td>11</td>
<td>11</td>
<td>No</td>
<td>Estonia one of four EU countries with “Environment and health performance review” and “Implementation of the Conclusions and Recommendations”.</td>
</tr>
<tr>
<td>EUCID - European Core Indicators in Diabetes Mellitus</td>
<td>Comparable indicators from national health services datasets.</td>
<td>No</td>
<td>19</td>
<td>15</td>
<td>No</td>
<td>No participation</td>
</tr>
<tr>
<td>URHIS - European System of Urban Health Indicators</td>
<td>Defining, comparability and presentation of around 40 indicators.</td>
<td>Yes</td>
<td>26</td>
<td>13</td>
<td>No</td>
<td>Final Report Tallinn has 27 indicators where the URHIS definition is used, No Estonian city in EURHIS-2</td>
</tr>
<tr>
<td>VENICE - Vaccine European New Integrated Collaboration Effort</td>
<td>Comparing national immunisation programmes, including HPV and rotavirus.</td>
<td>Yes</td>
<td>29</td>
<td>10</td>
<td>No</td>
<td>Participation in VENICE-2</td>
</tr>
</tbody>
</table>
2. Public Health Research System in Estonia

Are there clear roles, responsibilities and collaboration between Ministry of Science, Ministry of Health and other funders - regions, universities, independent foundation?
The Ministry of Social Affairs is the primary funder of the National Institute of Health Development (www.tai.ee), which undertakes research across areas including biostatistics, epidemiology, cancer, virology, infectious diseases, drug addiction, and risk behaviour.

The Ministry of Science and Education has a primary relation to research in the only medical school (Tartu) and social / psychological sciences in Tartu and Tallinn universities. Tallinn University of Technology (e.g. for informatics) and Tartu University of Agriculture (e.g. for food) overlap with some health issues.

Estonia R&D was 1.4% GNP in 2009 having had the highest increase of public and private (together) R&D spending for any EU country from 2000-2008, at 30% per annum (UK was lowest at 3% per annum) (Research and Development in Estonia, Tallinn, 2011). Estonian Research Council (http://www2.archimedes.ee/teadus/index.php?lng=2), created in March 2012, joins together the former Estonian Science Foundation and the Research Cooperation Centre of the Archimedes Foundation. It has become the main funding organization of R&D.

The Estonian Research Information system that is the information channel for applications and project reports. Access for researchers is through the Estonian Research Portal (https://www.etis.ee/index.aspx?lang=en).

The Grants and Programmes Department is responsible for the distribution of institutional and personal grants for national programmes for research – including Health R&D programme, Environmental R&D Programmes and Estonian Research Infrastructures Roadmap.

There have been two 'Centres of Excellence' programmes, totalling about €10m a year. In the first, there were ten centres, one of which was on psychology and health behaviour. In the second programme (2007-2012) this was not continued, but there are Centres respectively for genomics and for translational medicine.

In August 2012, as a result of consultation between the Ministry of Health and the Ministry of Education and Science, the Ministry of Health has appointed a (junior) staff representative directly for research – working also with social partners. Equally, Ministry of Education and Science is developing a clearer link with Ministry of Health.

International Research Cooperation Department is concerned with European funds - FP7 and Horizon 2020, COST, EURAXESS mobility network, BONUS, ERA-NET, EUROCORES.

The Estonian Academy of Sciences has 72 Estonian and 16 overseas members from abroad (June 2012). The Academy gave up direct research in the early 1990s, and this was transferred to the
universities. It now provides high-level expertise and science policy advice, disseminates knowledge and promotes scientific cooperation at national and international levels.

Estonia has a relatively transparent system of research, and it would be possible to map funding of agreed competitive projects. However, institutional funding is less clear. An estimate by the National Institute for Health Development (NIHD) suggested that Public Health receives around 17% of all medical research, or about €40m (without overheads) per annum.

**Is commissioning included within a national strategy for health / public health research?**

There is a broad national science strategy (‘Knowledge-based Estonia 2007-2013’), with key technologies – ICT, biotechnology, materials technology – but no strategy for health research or public health research. All proposals for competitive project grants go to a single committee of the Estonian Research Council, and successful applicants’ projects are reported on the Estonian Research Portal.


Estonian Research Infrastructures Roadmap (2010) has 20 research infrastructures of ‘national importance’, includes five linked with ESFRI-3: CLARIN, BBMRI, INSTRUCT, European Spallation Source, European Social Survey.

**Was a full range of public health research fields (including health promotion, health services epidemiology, surveillance, management, wider determinants) commissioned in 2010?**

There are no thematic calls for public health research. Funding is by institutional grants (longer-term) or project grants (to individuals).

A search of Estonian Research Portal showed 698 names for ‘health’ research (1,390 for biosciences and environment, 2,095 for natural sciences and engineering)

Estonia has spent €10m over ten years on the Estonian Genome Project at Tartu University (http://www.geenivaramu.ee/en/). It has accumulated 50,000 gene donors (about 4% of the population). It was initiated by the private sector in 2002-2004, but has only received public funds – state, European and Baltic – since then. The individual questionnaire includes survey information on health-related behaviours, and the Genome project has made estimates of ‘genetic’ determinants of these.

A comparative research study of hospital quality in Estonia and Bulgaria was made by PRAXIS in 2007, http://www.who.int/management/facility/hospital/Bulgaria&EstoniaHospitalAutonomy.pdf - and health services research is undertaken at University of Tartu.

**Is public health research open to wide range of researchers, and including civil society as stakeholders?**

The Estonian Research Portal lists ‘institutions’ including ‘societies’ – there are six listed, of which one is the Estonian Union for Health Promotion.

The 2012 annual Estonian Health Promotion Conference focused on injury prevention. It was organized by the National Institute of Health Development, the WHO Country Office in Estonia, the
Estonian Insurance Fund, Ministry of Social Affairs, Estonian Health Promotion Union, Ministry of Justice, Police and Road Administration.

The 9th European IUHPE Health Promotion Conference on was held 27 - 29 September 2012 in Tallinn as a collaboration between the International Union for Health Promotion and Education (IUPHE), the Estonian Health Foundation, the Estonian Medical Association and the Estonian Union for Health Promotion.

Was the information provided (both the information on programs and calls in Public health research and the STEPS country profile) agreed or revised?
Not discussed with informants.
3. National and European Research

Does the Ministry of Health have a position on the content of the European Union’s Horizon 2020 (2014-2020) Research Programme?
National Institute for Health Development (NIHD) has interests in innovation in services, beyond technologies for behaviours, concerned with determinants. Thus, for example, their work with drug users shows the challenges of ‘technical’ solutions – direct care is needed for many patient groups, very different from a family with diabetes.

How does the Ministry of Health discuss this with the Ministry of Science?
No information available.

Does the Ministry of Health have a position on the use of the European Union’s Structural (Regional and Social) Funds programme for public health research in 2014-2020?
The Structural Funds have been used in Estonia for research since 2010. There are current ‘hot topics’ in the National Programme, managed by the ERC. These include biotechnology – and ‘health’. First call was in 2011 (prepared in 2010) and a second is expected.

The Structural Funds have their own ‘public health’ programme covering infrastructures, research and interventions. Council negotiated intensively with ministry of social affairs. Six research projects were approved out of 12 and are multi-disciplinary. Some of these were presented at the 9th European IUHPE Health Promotion Conference on Health and Quality of Life which was held in Tallinn, Estonia, in September 2012.

How does the Ministry of Health discuss this with the Ministry of Finance and/or other Ministries?
No information available.

Please provide details on Ministry of Health engagement in research priorities and funding both at national and European level.
Through the National Institute for Health Development (NIHD).