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Republic of Estonia
Ministry of Social Affairs

Refugee and migrant health system review

challenges and opportunities for long-term health system strengthening in Estonia

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Refugee and migrant health system review: challenges and opportunities for long-term health system strengthening in Estonia

(Report on refugee and migrant health)

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Contents

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Leadership and coordination

The joint mission to review health system capacity to identify opportunities and challenges in Estonia was conducted under the leadership of World Health Organization (WHO) Health and Migration (WHO headquarters, Geneva); the WHO Regional Office for Europe, Copenhagen; and the WHO Country Office in Estonia, in close collaboration with the Ministry of Social Affairs in Estonia.

This mission would not have been possible without leadership, collaboration and support from several WHO teams:

- **WHO Health and Migration:** Dr Santino Severoni, Director; Dr Saverio Bellizzi, Technical Officer; Dr Mohammad Darwish, Technical Officer; Dr Shatha Elnakib, Consultant; and Ms Camila Polinori Castro, Technical Officer.
- **WHO Regional Office for Europe:** Dr Gundo Weiler, Director of Country Support and Partnerships; Mr Jozef Bartovic, Technical Officer; Mr Marc Gallego Garcia, Project Officer; Dr Palmira Immordino, Consultant; and Mrs Kristina Mauer-Stender, Team Leader.
- **WHO Country Office in Estonia:** Kristina Köhler, Liaison Officer.

Review and documentation

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This review contains the views of the Joint Review Team and does not necessarily represent the decisions or the stated policy of the World Health Organization.

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Abbreviations

COVID-19	coronavirus disease
EHB	Estonian Health Board
EHIF	Estonian Health Insurance Fund
ENHIS	Estonian National Health Information System
EU	European Union
IOM	International Organization for Migration
NGO	nongovernmental organization
PHC	primary health care
RCCE	risk communication and community engagement
UNHCR	United Nations High Commissioner for Refugees

Executive summary

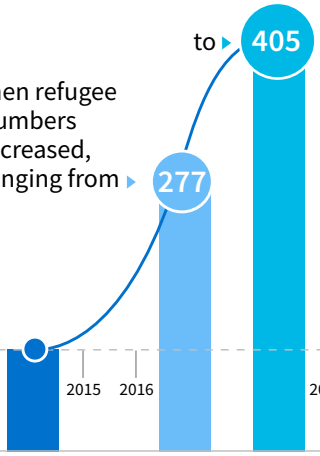
In 2023
Estonia's population
was about:

1.3 MILLION

Refugee and asylum seeker numbers

were **below 100 annually** until 2015,

then refugee numbers increased, ranging from 277 to 405 but asylum seeker numbers remained below 100 from 2016 to 2021.



IN 2022 MIGRATION SURGED TO OVER 40 000 REFUGEES AND OVER 600 ASYLUM SEEKERS,

with total number of migrants being just over **42 400.**

BY 14 MARCH 2024,

38 020 Ukrainian refugees were recorded, significantly impacting Estonia's migration patterns.

Ukrainian nationals made up **57% (11 529)** of all migrants in 2023.

Other nationals also seek refuge in Estonia; between 24 February 2022 and 5 April 2024, 52 221 people had requested temporary protection and 7396 sought international protection, including 6837 Ukrainians. Ukrainians mainly reside in Harju County, Järva County, Pärnu, Tallinn and Tartu. Estonia's management of refugee, migrant and asylum seeker health is supported by national, regional and global legal instruments. These facilitate cooperation and the implementation of health policies for refugees and migrants. Nationally, the Health Services Organization Act and the Health Insurance Act ensure equal health care access for refugees and migrants. Key provisions include §8(3), which allows insured individuals to register with and change family physicians and §6(1) and §9(1), which guarantee emergency care for everyone in Estonia. Key institutions involved are the Ministry of Social Affairs, which develops social and health care policies; the Ministry of the Interior, which manages migration and asylum policies; the Estonian Police and Border Guard Board, which facilitates health care access; the Estonian Health Board (EHB), which oversees public health for refugees and migrants; and the Estonian Health Insurance Fund (EHIF), which ensures health care access for all insured, including non-citizens. Regionally and globally, Estonia engages with various frameworks such as the Temporary Protection Directive 2001/55/EC, activated in response to the war in Ukraine, granting Ukrainian citizens temporary protection and health care access. Estonia also participates in the European Union (EU) Health Security Committee, the EU4Health Programme 2021–2027 and the Action Plan for Refugee and Migrant Health in the WHO European Region 2023–2030.

Scope and objectives: a joint review of Estonia's refugee and migrant health system was conducted by WHO, in partnership with Estonia's Ministry of Social Affairs and key partners including the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR) and other relevant stakeholders. The review aimed to identify health challenges for refugees and migrants and enhance the capacity of Estonia's health system. Specific objectives included assessing health system capacity, integrating services for refugees and migrants, enhancing international support in line with Estonia's policies and strengthening partnerships and coordination within the country.

Methodology: the review utilized qualitative methods, starting with a comprehensive desk review followed by field visits to key locations in Harju County, Paide, Tallinn and Tartu. Insights were gathered through interviews and discussions with health service providers and stakeholders.

Results

Health system governance and leadership. Estonia's health system is centralized, with local municipalities delivering some social and health services, while financing organization and coordination functions are situated at the central level. The social health insurance programme, under the Ministry of Social Affairs and administered by the EHIF, is a solidarity-based compulsory scheme. It includes contracts with a network of family physicians, privately regulated hospitals and some private health care centres, selectively contracted to provide services for Ukrainians under temporary protection. Refugees or individuals under temporary protection must obtain a residence permit and

an Estonian personal identification number to access health care. Care is organized through family physicians providing primary health care (PHC) and referrals for specialized care. Refugees and migrants with a residence permit and an Estonian personal identification number can access health insurance on the same basis as Estonian nationals. Upon entry, refugees can stay in reception or accommodation centres, which register refugees and asylum seekers. High-level coordination of the health response for refugees involves the Ministry of Culture and Integration, Ministry of Education and Research, Ministry of the Interior, Ministry of Social Affairs, the Police and Border Guard Board, and social and health insurance boards, although these meetings are ad hoc. Sector-specific coordination mechanisms ensure structured and timely coordination, also on an ad hoc basis. Regular United Nations-convened meetings bring together nongovernmental organizations (NGOs), and government agencies involved in refugee response, with topics on occasion including health provision.

Health service delivery and access to essential medical products. Refugees and migrants in Estonia must have residence permits and an Estonian personal identification number to access health care. Ukrainian refugees apply for temporary protection from the Estonian Police and Border Guard Board and register their address. They can then apply for health insurance through the EHIF. Other refugees and migrants also qualify for health insurance providing they can provide a valid reason to reside in the country. People working under an employment contract, registered with the Unemployment Insurance Fund, children, pregnant women, dependant spouses, people with partial or absent working capacity, pensioners and students are all eligible for insurance. Everyone in Estonia has the right to emergency medical care regardless of insurance status. Uninsured Ukrainians have access to cancer screening, HIV treatment, tuberculosis treatment, cessation and substitution therapy services, diagnostic tests for coronavirus disease (COVID-19) and related treatments. Refugees can stay in reception or accommodation centres, which provide health examinations and COVID-19 testing. Newly arriving refugees receive a free health check within 2 weeks, including a general medical and infectious disease examination and necessary vaccinations. After registering for health insurance, refugees enlist on the patient lists of family physicians, who deliver PHC and are the first point of contact in the health system. PHC visits are free for insured individuals, with home visits costing €5. In 2023 the Ministry of Social Affairs provided a special support measure providing mental health services to Ukrainian refugees. These services were delivered in the recipients' native language or a language they understood. New outreach avenues include round-the-clock mental health support helplines in English and Russian. Public and private health care providers deliver secondary care through hospitals and outpatient clinics, with co-payments for users. Challenges include a shortage of family health providers, long waiting times for specialists and language barriers. Refugees report difficulties navigating the health system and a lack of trust in nurses and midwives due to differences in health care organization and overreliance on medical doctors in their home countries.

Health financing. According to the EHIF, as of April 2024, 31 321 war refugees (nearly 90%) have health insurance in Estonia. The system covers refugees and Estonian nationals equally, so providers are paid the same for both groups. However, the scarcity of family physicians means providers can choose who gets on their list. While there is no financial incentive to prefer Estonians over Ukrainians, providers face challenges with Ukrainian patients due to language barriers and unfamiliarity with the Estonian health system, making it easier to serve Estonian patients. The Estonian Family Medicine

Association previously provided motivational packages to encourage family physicians to take refugees as patients, but these were discontinued due to lack of funding. New financial incentives might encourage providers to accept refugees, enhancing their inclusion in the health system. Patients pay small user fees for hospital and outpatient visits, while PHC is free, with nominal payments for home visits. However, co-payments for all services, lack of exemptions for low-income individuals and no cap on user charges are barriers to health care utilization. In 2023 19% of Ukrainian refugees identified financial constraints as a main barrier to using health care services.

Health information systems and health information management. The Estonian National Health Information System (ENHIS) connects all providers and allows data exchange between sources such as registries, electronic health records, e-prescriptions, e-consultations, e-bookings, e-referral letters, picture archiving, e-ambulances and nationwide communication systems. The system includes non-nationals and prompts providers to enter each patient's nationality, allowing data disaggregation by nationality. However, migration status is not collected, making it impossible to distinguish between refugees, migrants and asylum seekers. The system is robust and widely used by providers, although there are concerns about refugee usability since the default language is Estonian. The National Institute for Health Development manages national medical registries, including those for causes of deaths, tuberculosis, drug addiction treatment, cancer screenings, abortions and births. Separate registries for HIV and myocardial infarction are managed by the Infectious Disease Society and Tartu University Hospital, respectively. Statistics Estonia collects data on life expectancy and conducts health surveys. The EHIF collects information from health insurance claims, assesses service quality, analyses prescription drug reimbursements and sick leave benefits and conducts annual patient surveys on health care access, affordability and satisfaction. Data on Ukrainian refugees are included. The EHB collects communicable disease data and maintains the Health care Providers' Information System and the Medical Devices and Appliances Database. The State Agency of Medicines collects data on medicine consumption, adverse reactions and pharmacy statistics.

Health workforce. There is a shortage of health workers in Estonia, with a particular need for 50 newly trained family physicians annually. Family physicians are unwilling to work outside Tallinn or Tartu, worsening scarcity in other areas. The arrival of Ukrainian refugees has increased the demand for family physicians, creating challenges for refugees to join the registers of family health doctors. In response, the EHIF has contracted private physicians to provide services to refugees, but these do not offer the same continuity of care as by family physicians. Additionally, there is a growing shortage of nurses, speech therapists and psychologists, hindering the greater capacity of mental health services now required for Ukrainian refugees. Pre-service education in cultural competence varies and is often part of broader communication training. In-service training opportunities are ad hoc and not common. Translators, health system navigators and intercultural mediators are not readily available. Many providers speak Russian, but some Ukrainian refugees prefer not to use Russian, and many physicians only speak Estonian. Patients often bring Estonian-speaking friends or relatives to PHC centres, and hospitals rely on Russian-speaking staff or translation software. Refugees and migrants must meet the national requirements to register as health providers, including practical work experience, a medical examination and Estonian language proficiency, making it difficult for them

to enter the health system. Over 300 Ukrainian refugees recorded as health workers face simplified but still-challenging registration processes, with compulsory language proficiency and work experience requirements. Ukrainian nurses face additional barriers due to differences in vocational and bachelor's level qualifications. The Estonian Government offers Ukrainian nurses a 2- to 3-year applied higher education programme to obtain a bachelor's degree in nursing, addressing Estonia's shortage of over a hundred nurses. All participants must pass a qualification examination to begin working professionally.

Risk communication and community engagement (RCCE), health communications and social mobilization for health. The EHB is responsible for health risk communication in both pandemic and normal circumstances, cooperating with Government institutions, NGOs and the public. However, the assessment revealed few community-based outreach targeting refugees or migrants. Existing social workers support vulnerable populations but are based at the municipality or facility levels, with no evidence of broader community outreach activities or campaigns.

Preparedness and response to outbreaks, natural disasters and other emergencies. Estonia's public health response involves a structured approach led by Government agencies and health organizations, covering preparedness, surveillance, coordination, communication and control measures. The EHB is the central authority for emergency preparedness and response, conducting disease surveillance and coordinating efforts among stakeholders. The Ministry of Social Affairs oversees health-care policy and emergency response planning, while the Ministry of the Interior coordinates crisis management, particularly for asylum centres and border control. The Ministry of Economic Affairs and Communications manages vital services in crises. Despite a structured approach, the Joint Review Team found a scarcity of standard operating procedures and stockpiling protocols, indicating a need for better emergency preparedness plans at the PHC and hospital levels. Awareness of public health emergency preparedness is limited among providers and communities. The Estonian Family Medicine Association is developing a preparedness plan that requires accompanying standard operating procedures and capacity-building activities.

Research on health and migration. Research on refugees and migrants is limited, with duplication and redundancy in data collection. Several surveys by United Nations agencies and NGOs have similar scopes but small sample sizes, affecting representativeness. Research activities are mostly ad hoc and not part of a broader agenda and the extent to which results inform policy and practice is unclear. Academic actors expressed interest in setting a research agenda for migrant and refugee health.

Main recommendations for consideration

Health system governance and coordination. Explicitly include refugees and migrants in health policies. Operationalize policies into concrete plans addressing barriers. Establish regular communication and coordination between sectors to bridge health and social services gaps.

Health service delivery. Enhance health literacy and use health navigators, translators and intercultural mediators to improve service access. Raise awareness among refugees and migrants about the Estonian health system. Address gender-based violence through improved community engagement and coordination between health and social services.

Health financing. Introduce bonuses for providers taking on refugees. Minimize out-of-pocket payments by removing percentage-based co-payments and eliminating co-payments for low-income households, and implementing a universal protective cap. Continue reducing costs for prescribed medicines through price regulations.

Health information systems. Make the ENHIS user-friendly for non-Estonian speakers and ensure it collects migrant status information. Improve data feedback from central to peripheral levels and coordinate epidemiological efforts between PHC facilities.

Health workforce. Strengthen providers' cultural competence, communication skills and ethical conduct by incorporating modules on refugee and migrant health into national training programmes, such as WHO's *Refugee and migrant health global competency standards for health workers*. Recruit and train community health workers for better outreach. Train mental health specialists and other needed health workers, ensuring distribution beyond Tallinn and Tartu.

RCCE. Develop a policy and framework for emergency preparedness. Strengthen health literacy among refugees and use local media for behaviour change communication. Engage migrant groups in designing, executing and evaluating RCCE activities.

Preparedness and response to outbreaks. Increase awareness and involvement of peripheral actors, facility-based staff and communities in emergency preparedness and response plans. Build the capacity of health workers for emergency response planning.

Research on health and migration. Set a needs-based research agenda outlining priorities and coordinate research activities to prevent duplication. Ensure research translates into actionable policies and practices benefiting refugees and host populations. Include refugees and migrants in data collection, presenting data by nationality and migration status.

1. Introduction

1.1 Refugees and migrants in Estonia

is located in northern Europe, lying along the eastern shores of the Baltic Sea. It is bordered by the Russian Federation to the east and Latvia to the south and it shares a maritime boundary with Finland.

According to Statistics Estonia, in 2023 the population of Estonia was approximately 1.3 million *(1)*.

Refugee and asylum seeker numbers

remained below **100 annually** from 2000 until 2015.

From 2016 to 2021 refugee numbers ranged from **277 to 405 annually**, while asylum seekers remained below 100 *(2)*.

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024

Total migration fluctuated from below 4100 between 2013 and 2014 to approximately 14 800–19 500 between 2015 and 2021;

The majority of asylum claims in 2020 were from the **Russian Federation, the Syrian Arab Republic and Tajikistan**.

Numbers surged to **over 40 000 refugees and over 600 asylum seekers** in 2022, with total migration just over 42 400 *(3,4)*.

As of 14 March 2024, **38 020 Ukrainian refugees were recorded** in Estonia *(5)*, highlighting the significant impact of the war in Ukraine on Estonia's migration patterns. Ukrainian nationals made up 57% (11 529) of all migrants in 2023, although this marked a threefold decrease from the previous year. Approximately 6515 Ukrainians left Estonia in 2023. These figures only account for Ukrainians with a register§ed Estonian address *(1)*.

Other nationals also seek refuge in Estonia: 52 221 people requested temporary protection and 7396 sought international protection between 24 February 2022 and 14 April 2024, including 6837 Ukrainians *(6)*. Ukrainians mainly reside in Harju County (excluding Tallinn), Järva County, Pärnu, Tallinn and Tartu *(7)*.

Temporary Protection Directive 2001/55/EC was activated following the invasion of Ukraine by the Russian Federation on 24 February 2022, facilitating the management of displaced people *(8)*. Estonia's Aliens Act governs the entry and stay of foreigners, offering various grounds for temporary protection or residence *(9)*. Temporary protection, typically granted for a year, has been pivotal for Ukrainian refugees, providing a semblance of security and enabling access to work and health insurance *(10)*.

Employment opportunities and entitlements of migrants varies by origin; European Union (EU) nationals can work freely, while third-country nationals need work registration. Estonia's goals in managing the arrival of Ukrainian refugees include sustaining public services, promoting refugee self-sufficiency and facilitating cultural integration. Despite efforts, challenges persist, particularly for women and children, who face increased risks of gender-based violence and barriers to employment *(11)*.

Estonia provides several mechanisms to support the health of Ukrainian refugees. Initially, upon their arrival at the Estonian border, all refugees undergo a basic health check aimed at identifying those in immediate need of medical help or hospitalization. A secondary, one-time health check is recommended for all Ukrainian refugees, particularly children, to assess their overall health and facilitate necessary vaccinations. This initial health check is free and available across various regions, with results entered into the Estonian National Health Information System (ENHIS) for ease of future access *(12,13)*.

Ukrainian refugees can obtain health coverage through temporary protection, which equates their entitlements to those of Estonian citizens. As of April 2024, 31 321 refugees have health insurance in Estonia *(14)*. Additionally, all Ukrainian refugees are eligible for free vaccinations as part of Estonia's immunization plan, with specific vaccines available based on age *(15,16)*.

1.2 Legal frameworks and policies related to refugees and migrants

The management of refugee, migrant and asylum seeker health is supported by a range of institutional and legal instruments at the national, regional and global levels. These instruments facilitate cooperation, coordination and the implementation of policies and programmes aimed at enhancing the health and well-being of refugees and migrants.

Nationally, Estonia's health care system is governed by the Health Services Organization Act *(17)* and the Health Insurance Act *(18)*. These laws define the rights and responsibilities of health care providers and patients, including the conditions for health insurance eligibility. Specifically, these acts ensure that refugees and migrants have equal access to health care services as Estonian citizens. Key provisions of the Health Services Organization Act *(17)* include:

- §8(3), which allows every person legally in Estonia and insured to register with and change their family physician; and
- §6(1) and §9(1), which guarantee the right to emergency care for anyone within Estonian territory, regardless of whether they are on a family physician's list.

Several key institutions and organizations play main roles in health care management for refugees, migrants and asylum seekers:

- the Ministry of Social Affairs manages social policies, including those concerning health care access for refugees and migrants;
- the Ministry of the Interior manages migration and asylum policies, as well as focusing on ensuring access to essential services including health care;
- the Estonian Police and Border Guard Board, under the Ministry of the Interior, facilitates health care access;
- the Estonian Health Board (EHB) oversees public health, including refugee and migrant health, focusing on health promotion, disease prevention and emergency responses; and
- the Estonian Health Insurance Fund (EHIF) ensures health care service access for all insured, including legally residing non-citizens, covering primary health care (PHC), specialist consultations and hospital treatment; it also supports health promotion and preventive services such as vaccination programmes and screening tests.

Regionally and globally, Estonia engages in various EU and international frameworks.

The Temporary Protection Directive 2001/55/EC. In response to the large arrival of displaced people in Europe, the European Commission on 4 March 2022 activated the Temporary Protection Directive (Decision 2022/382), aimed at people forced to flee Ukraine due to the invasion by the

Russian Federation. The implementation of the Directive in Estonia grants Ukrainian citizens and their family members a 1-year residence permit. Upon applying for temporary protection, beneficiaries are entitled to a range of rights, including access to health care services similar to those available to Estonian residents. These health care services include free PHC, routine childhood check-ups and preventive services, family planning services for women, breastfeeding support, early diagnosis and prevention screenings, specialist consultations and various other medical services *(19)*.

EU cooperation frameworks. Estonia participates in entities such as the EU Health Security Committee and the EU4Health Programme 2021–2027, which enhance public health capacities and actions, including those relevant to migrant health.

Action Plan for Refugee and Migrant Health in the WHO European Region 2023–2030. Estonia actively participates in the Action Plan.

1.3 Scope and objectives of the review

A joint review mission to review the refugee and migrant health system in Estonia was conducted by the WHO Country Office for Estonia, the WHO Regional Office for Europe and WHO Health and Migration at WHO headquarters. This was in close collaboration with the Ministry of Social Affairs of Estonia and key partners such as the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR) and other relevant stakeholders.
The aim of the review was to identify the current and emerging health challenges for refugees and migrants in Estonia and the opportunities to further support Estonia in enhancing health system capacity and ensuring sustained access to health services for refugees, migrants and host communities. The review focused on health system building blocks as well as the essential public health functions at the national and PHC levels.

The objectives of the review were to:

review the health system and essential public health functions, capacities and processes, the current state of health services provided to refugees and migrants and the integration of these into the existing health system;

enable synergized support across international partners, as aligned with existing and future refugee health policies and plans in Estonia; and

promote partnership, intersectoral coordination and collaboration led by the Ministry of Social Affairs with other ministries and partners in Estonia.

1.4 Methodology

The health system review in Estonia was conducted using qualitative methods, initiated with a comprehensive desk review utilizing the *WHO Refugee and migrant health: country assessment tool (20)*. This review assessed existing information on six health system building blocks (leadership and governance, health service delivery, health system financing, health workforce, access to essential medicines, vaccines and technology, and health information systems) and essential public health functions relevant to refugee and migrant health in Estonia (health protection, health promotion, preparedness and public health response, health communication and social participation and research).

Preparatory meetings were held involving the Ministry of Social Affairs in Estonia, the Estonian Social Insurance Board, the WHO Country Office in Estonia, the WHO Regional Office for Europe and WHO Health and Migration at WHO headquarters. These meetings focused on the review tools, designs, timelines and logistics for the review mission.

The mission schedule, timelines and sites for field visits were jointly established by the WHO team and the Ministry of Social Affairs. There was also a mapping of key stakeholders in Estonia's refugee and migrant health, who were subsequently invited to participate in the review (Table 1).

Table 1. Stakeholders engaged during the review mission

Stakeholder group	Specific stakeholders
Government departments	EHB, EHIF, Estonian Police and Border Guard, Health and Welfare Information Systems Centre, Ministry of the Interior, Ministry of Social Affairs, National Institute for Health Development, Social Insurance Board
United Nations agencies	IOM, UNHCR
NGOs	Estonian Family Medicine Association, Estonian Mental Health and Well-Being Coalition
Health facilities	Jürgensoni PHC Centre (Tallinn), Laagri Health Centre (Harju County), Märjamaa Perearstikeskus (Märjamaa, Harju County), Mõisavahe 34a PHC Centre (Tartu), Mustamäe Polikliinik (Tallinn), North Estonia Regional Hospital Emergency Department (Tallinn), Raatuse 21 PHC Centre (Tartu), Vee Perearstikeskus (Paide)
Educational institutions	Tartu Health Care Colleges, Tartu University
Local government and municipal entities	Tartu City Government, Tallinn Welfare and Health Care Department, Union of Estonian Cities and Municipalities

Field visits were conducted to obtain detailed insights into health service provision utilizing the *WHO Refugee and migrant health: country assessment tool (20)*. Sites visited included:

- **Harju County:** Laagri Health Centre (a PHC centre) and a detention centre;
- **Paide:** Vee Perearstikeskus PHC Centre;
- **Tallinn:** multiple sites including North Estonia Regional Hospital Emergency Department, Jürgensoni PHC and Mustamäe Polikliinik PHC Centres; and
- **Tartu:** various locations including the Raatuse 21 and Mõisavahe 34a PHC Centres.

Key meetings during the review included:

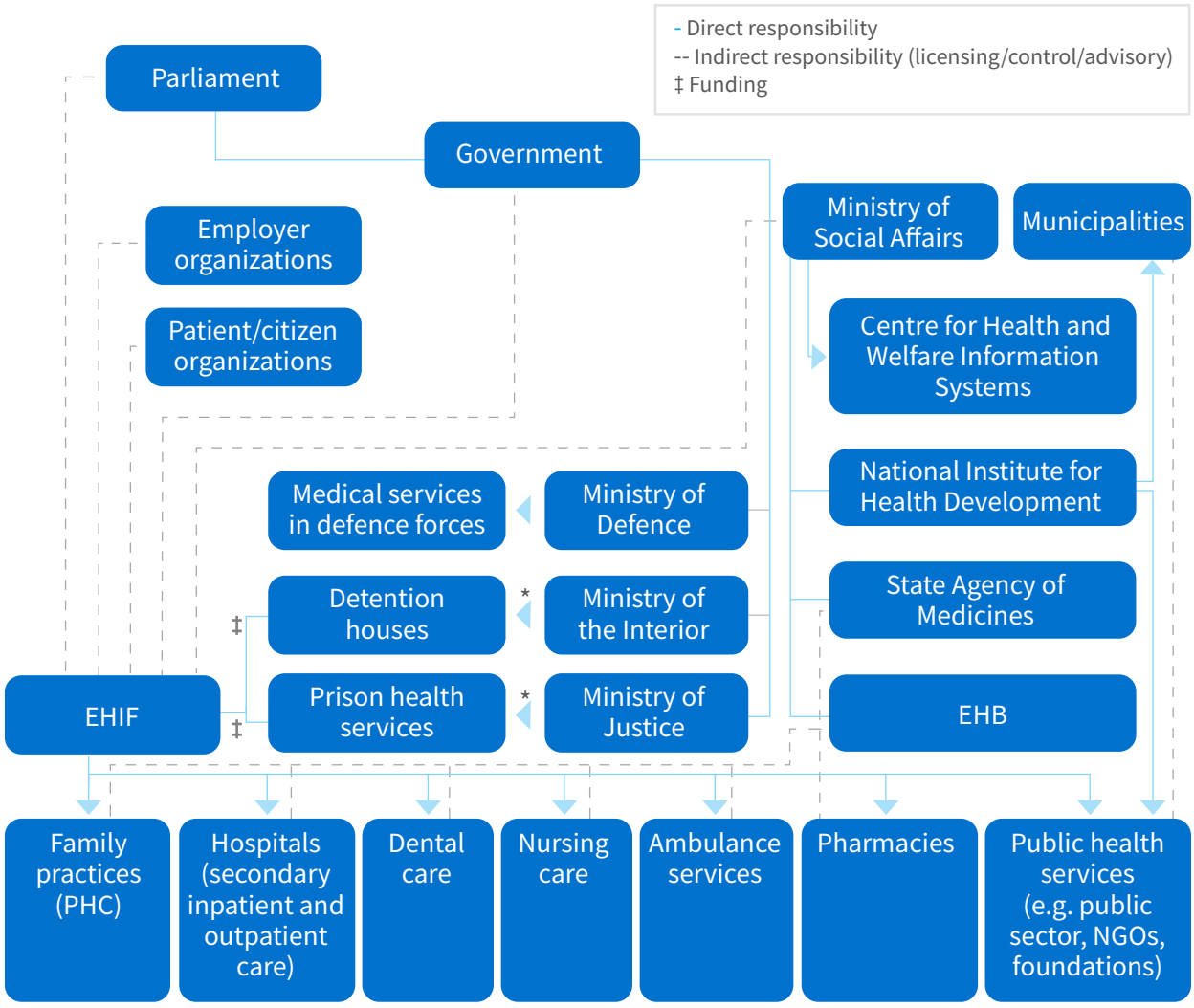
- a stakeholders' meeting at the Ministry of Social Affairs with technical teams from various ministries and their agencies, United Nations agencies, universities and health care colleges to discuss the mission objectives and gather insights; and
- a discussion with representatives from nongovernmental organizations (NGOs), to review processes related to refugee and migrant health and their integration into the national system.

2. Results

2.1 Health system governance and leadership

The Ministry of Social Affairs is the overall custodian for health in Estonia, with the responsibility of developing health policies – including health policies for refugees and migrants – and ensuring the health of individuals residing in Estonia. Key agencies involved in the provision of health care are the EHB, the State Agency of Medicines, National Institute for Health Development, and the Health and Welfare Information Systems Centre. As depicted in Fig. 1, the Ministry is also involved in the provision of health care to migrants in detention centres. These centres have physicians and nurses in house, but also rely on referral to hospitals to meet other medical needs of those who are detained.

Fig. 1. Organizational structure of the Estonian health care system



Source: European Observatory on Health Systems and Policies et al. *(21)*.

Overall, the health system in Estonia is centralized. While local municipalities deliver some social and health services, the financing organization and coordination functions are situated at the central level.

The social health insurance programme in Estonia falls under Ministry of Social Affairs and is administered by the EHIF. A solidarity-based compulsory scheme, the health insurance programme, includes contracts with extensive network of family physicians operating mostly in private clinics/ PHC units, privately regulated hospitals and some private health care centres selectively contracted to provide services for Ukrainians under temporary protection. When refugees or individuals with temporary protection arrive in Estonia, they must seek a residence permit and an Estonian personal identification number to be able to access health care. Care is organized through the network of family physicians, providing PHC and referrals for more specialized care. In terms of health care access, refugees and migrants who possess a residence permit and an Estonian personal identification number can access health insurance on the same basis as Estonian nationals.

High-level coordination of the health response for refugees occurs between the Ministry of Education and Research, Ministry of Culture and Integration, Ministry of the Interior and Ministry of Social Affairs, as well as the Police and Border Guard Board and the social and health insurance boards, among others. However, these entities meet on an ad hoc basis. In addition, sector-specific coordination mechanisms exist to ensure structured and timely coordination, but again on an ad hoc and needs basis. Because of the size of the country and the familiarity that exists across offices and groups working in health care delivery and administration, communication on an ad hoc basis is possible. United Nations-convened meetings occur regularly and bring together NGOs and government agencies involved in refugee responses; topics discussed vary and can, on occasion, include health provision.

2.2 Health service delivery and access to essential medical products

Refugees and migrants must possess residence permits and an Estonian personal identification number to access health care. For Ukrainian refugees, this entails applying for temporary protection from the Estonian Police and Border Guard Board and submitting a notice of residence to register their address. Afterwards, Ukrainian refugees can apply for health insurance through EHIF. Other refugees and migrants also qualify for health insurance if they have a valid reason to be residing in the country and are similarly able to apply for insurance. People working on the basis of an employment contract, or an unemployed person registered with the Unemployment Insurance Fund have the right to health insurance. Children, pregnant women, dependent spouses, people with partial or absent working capacity, pensioners, students and others are also eligible for insurance. In the event of medical emergency, including trauma or poisoning, everyone within Estonia has the right to emergency medical care, irrespective of their insurance status. Moreover, uninsured Ukrainians have access to cancer screening programmes (requires registered address in Estonia), HIV treatment, tuberculosis treatment, cessation and substitution therapy services, diagnostic tests for coronavirus disease (COVID-19) and related treatment.

Upon arriving in the country, refugees are able to stay in reception or accommodation centres. These centres serve as one-stop shops providing refugees with a host of services including health examination and COVID-19 testing. A free health check is provided to newly arriving refugees within 2 weeks, which includes a general medical and infectious disease examination and vaccination as necessary. The free general examination is designed to be the first step to entering the Estonian health care system. Another secondary health check is recommended and provided also free of charge. The first, one-time, health check is free of charge for all refugees and available in different regions across Estonia. The results of the health check are also suitable proof for a medical certificate required for work or for schooling for children.

After registering for health insurance, refugees are expected to enlist on patient lists of family physicians, who are in charge of delivering PHC in the country and are considered the first point of contact in the health system. Family physicians practice individually or may group together (up to three family physicians serving a total of 4500 individuals on their combined patient lists) and work in one practice. The latter allows the formation of multidisciplinary teams consisting of midwives, physiotherapists, and so on. PHC visits are free of charge to insured individuals, with home visits costing €5. In 2023 the Ministry of Social Affairs provided a special support measure providing mental health services to Ukrainian refugees or to support activities that improve the well-being and sense of security of refugees, thereby facilitating their integration in Estonia. The application round was closed due to the exhaustion of budgetary resources on 7 July 2023. During the support period, the amount of support per applicant was at least €25 000 and a maximum of €100 000. The grant was provided on the condition that at least 50% of the mental health service volume was delivered in direct contact and the service or activity was provided in the native language of the recipient or in a language that the service user understands and uses. Under the measure, a total of 15 organizations with various profiles were supported and provided mental health services or community support to refugees – amounting to a total sum of €830 000. At least 8000 people used these services.

In addition to PHC provision through the family physicians, new avenues for outreach were established in the aftermath of the Ukrainian refugee situation. These include round-the-clock mental health support available via helplines in English and in Russian for adults and children. Whether refugees and migrants are fully aware of these helplines and use them is unclear. Public and private health care providers deliver secondary care through hospitals and outpatient care clinics. Outpatient and hospital visits carry a co-payment for users (Table 2).

Table 2. Co-payments for outpatient and hospital visits

Type of service	Co-payment
PHC	None (no user fees) Home visits (€5)
Specialist outpatient visit	Co-payment of up to €5 for first visit
Prescription drugs	Fixed co-payment of €2.50 in addition to a portion of the pharmaceutical price (ranges from 50 to 100%) Automatic additional pharmaceutical benefit: • if co-payment amount is €100–300 per year, 50% of the amount exceeding €100 will be compensated; and • if the amount of co-payment exceeds €300 per year, 90% of the amount exceeding €300 will be compensated
Dental care	50% coinsurance with a benefit cap of €40 per year
Inpatient stay	Co-payment of up to €2.5/day Emergency services free for all

Starting from mid-2017, all adults have had access to a dental benefit package that covers essential dental care services. Adults pay 50% co-insurance with an annual maximum reimbursement limit of €40. However, certain groups, including individuals over 63 years, pregnant women, mothers of children up to 1 year of age, those with certain medical conditions such as diabetes and recipients of incapacity or old-age pensions, benefit from a reduced co-payment of 15% and a higher reimbursement cap of €85 per year. Additionally, dental care services (including orthodontics for certain diagnoses) have been free of charge for children up to the age of 18 years since 2002.

Despite the fact the refugees and migrants have the same entitlements and access to health insurance as Estonian nationals, a number of challenges complicate service delivery. First, there is a shortage of family health providers, which results in refugees being unable to get on patient lists and access health care services. Because family health doctors are the entry point to the health system, the lack of family physicians is a major issue of concern. In response to the shortage, the EHIF has contracted private providers, but these private providers offer one-off services and do not operate in the same way as family physicians, which has potential implications for continuity of care for refugees. Moreover, specialists have long waiting times and refugees – as well as Estonian nationals – cite waiting times as a major barrier to health care utilization. Secondly, interpreters and translators are not available at the primary or the secondary levels of care, with providers reporting relying on applications such as Google translate to communicate with patients who do not speak Estonian. Some providers speak Russian, which allows them to communicate with Ukrainian patients, but this was not the case across the system. Thirdly, Ukrainian refugees report difficulties navigating the health system, which is significantly different from the way their own national health system is organized. For example, many do not realize that family physicians constitute the first point of contact with the health system, preferring instead to see specialists directly as is the case in Ukraine. Moreover, the medicalized nature of the Ukrainian health system has cultivated a lack of trust of nurses and midwives due to an overreliance on medical doctors.

2.3 Health financing

Estonia administers a health insurance programme which relies on social health insurance contributions paid by employers on behalf of employees, as well as by those who are self-employed in addition to state contributions to cover those who are unemployed and other groups such as pregnant women and pensioners. Individuals are not expected to pay premiums. According to the EHIF, 31 321 war refugees (nearly 90%) had health insurance in Estonia as of April 2024. The EHIF pools the contributions coming from the various sources and purchases services. Payments to providers vary. For PHC centres, a combination of capitation, allowances, fee for service and a quality bonus system are in place. On average, the patient list of each family physician is around 1700 people. The system covers refugees and Estonian nationals in the same way, and so providers do not get paid a different amount if they add a Ukrainian or an Estonian on their list. While this may give the impression that providers do not stand or gain by adding refugees into their lists, the reality is that family physicians are scarce, with demand surpassing supply, and so providers are able to choose who gets on their list. While financially there is no incentive for providers to prefer Estonians over Ukrainians because the payment is the same, providers expressed that there are various difficulties with having Ukrainian patients, such as challenges with communication due to different languages and lack of interpreters, as well as the lack of familiarity of Ukrainian refugees with the Estonian health system, which makes it easier to provide services to Estonian patients. The Estonian Family Medicine Association has previously provided motivational packages in the form of financial support to encourage family physicians to take refugees onto their lists; however, these were discontinued once the available funds were depleted. Financial incentives may be an effective way to encourage providers to accept refugees, thereby enhancing inclusion of refugees into the health system.

As outlined in Table 2, patients pay a small user fee for hospitals and outpatient visits, whereas PHC is provided free of charge, with home visits also requiring a nominal payment. That said, the requirement of co-payments for all services, the lack of exemptions for low-income individuals and the lack of a cap on user charges are cited as barriers to health care utilization. According to the Global Data Institute Displacement Tracking Matrix, in 2023, 19% of Ukrainian refugees have identified financial constraints as one of the main barriers to using health care services *(22)*.

2.4 Health information systems and health information management

Estonia has been at the forefront of digitizing health data through a data exchange system that allows different information systems to be linked, enabling the operation of various e-services across the public and private sectors. All providers must have information technology systems in place because electronic data transmission is compulsory in Estonia. All health care service providers are required by law to document the provision of health care and transmit patient's information to the central digital health information system as soon as possible.

In Estonia the Ministry of Social Affairs, together with the EHIF, is responsible for the governance of the ENHIS. This includes developing the overall infrastructure of the health information system and health indicators as well as providing analytical input in setting policy.

The ENHIS connects every provider and allows data exchange with various sources such as registries. It includes electronic health records, e-prescriptions, e-consultations, e-bookings, e-referral letters, picture archiving, e-ambulances and nationwide communications systems. Through the health portal, patients can view their own health information (medical documents compiled by doctors such as case histories, analysis results, referrals); designate representatives for various functions; present declarations of will; check when their information has been viewed and by whom; view prescriptions and when they have been purchased; notify all medical institutions at once of changes to contact information; and set up reminders for appointments with doctors.

In addition to nationals, the system is used for non-nationals, with providers prompted to enter information on patient nationality. Data for non-nationals can, therefore, be disaggregated by nationality. Migration status, however, is not collected and so distinguishing between refugees, migrants and asylum seekers is not possible.

The system is very robust and providers report high familiarity with the software and how to use it. The Joint Review Team confirmed during the assessment that it is widely used by providers. While providers confirmed the usability of the ENHIS, there were concerns about the extent to which refugees can use it, as its default language is Estonian.

The National Institute for Health Development is a central body for health statistics that compiles, collects and analyses data on health status, the use of health care services and the health care workforce. Furthermore, the Institute produces regional health profiles and supports municipalities with their health information needs by conducting regular population health surveys that feed into the health policy process *(23)*. Aggregated information is widely used both nationally (state institutions; research, development and educational institutions; health care provision) and internationally in analysis of the health sector and health care costs *(24)*.

The National Institute for Health Development also manages and develops several national medical registries, such as the registries of causes of deaths, tuberculosis, drug addiction treatment, cancer screenings, abortions and births. The pregnancy information system collects personalized data on all births and abortions in Estonia. These data make it possible to analyse factors affecting the course and termination of pregnancy (birth, miscarriage, abortion), birth rate, and maternal and newborn morbidity and mortality. The tuberculosis register collects and analyses personalized data on tuberculosis cases and treatment. All cases of illness are registered and progress is monitored until recovery. The data in the register allow monitoring of the incidence and dynamics of tuberculosis, effectiveness of treatment, the development of drug resistance and planning of tuberculosis control measures *(25)*. There are also two separate registries: one for HIV (e-HIV), which is non-national and managed by the Infectious Disease Society and one for myocardial infarction, which is managed by the Tartu University Hospital. Statistics Estonia focuses on collecting data, such as life expectancy and healthy life expectancy and censuses, but also conducts the representative Health Interview Survey *(21)*.

The EHIF collects information on the main activities in health care provision based on health insurance claims data according to contractual agreements with service providers *(26)*. It also uses this information to assess the quality of services. The EHIF collects and analyses data pertinent to the reimbursement of prescription drugs and sick leave benefits. Furthermore, it conducts annual patient surveys, which cover issues such as access, affordability and satisfaction with health care services. The aggregated data on health care providers, reimbursed care, insured people and financial reporting are openly published *(21)*. All of these data include data on Ukrainian refugees *(15)*.

The EHB collects and analyses data on communicable disease notifications and stores them in the Registry of Communicable Diseases, where the data are submitted via the Communicable Disease Information System *(27)*. Statistical data about communicable diseases are presented by age groups, geographical regions and disease groups (*28)*. The EHB also maintains the Health Care Providers' Information System, which was established in 2022 by merging existing databases of licensed medical practitioners and health care service providers in Estonia *(26)*. It also hosts the Medical Devices and Appliances Database *(29)*. The State Agency of Medicines is tasked to collect data on the consumption of medicines, data on adverse reactions to medicines and vaccines and pharmacy statistics, the last based on quarterly reports from Estonian general, hospital and veterinary pharmacies *(21).*

2.5. Health workforce

2.5.1 Staffing levels

There is a shortage of health workers in Estonia and in March 2023, the Prime Minister signed a ministerial directive with the aim of alleviating this shortage *(21)*. Specifically, family medicine residency positions are in short supply and an estimated 50 newly trained family physicians are needed every year *(21)*. Family physicians are not motivated to work outside of Tallinn or Tartu and so the scarcity of family physicians is exacerbated outside of these cities. The arrival of Ukrainian refugees has resulted in increased demand for family physicians, and the review revealed the challenges that refugees face in getting registered with family health doctors. In response to this shortfall, the EHIF has contracted private physicians to provide services to refugees; however, as noted above, these operate differently from the family physicians in that they do not have a register of patients, compromising the continuity of care offered by family physicians. The extent to which these private providers comply with the same information-sharing protocols and processes as the family physicians was unclear to the Joint Review Team.

In addition, there is an increasing shortage of nurses, speech therapists and psychologists, and the scarcity of mental health specialists hinders the expansion of mental health services that are needed in light of the anticipated burden of mental health needs among Ukrainian refugees fleeing the war *(21)*.

2.5.2 Cultural competence and language

Pre-service education of health workers in cultural competence varies across teaching programmes and health cadres. Much of the cultural competence training is within broader communication training, and the extent to which educational material includes an explicit focus on refugees and migrants is unclear. Moreover, in-service training opportunities are ad hoc and not common. While some training was offered during the early days of arrival of Ukrainian refugees, these training sessions were voluntary and many providers were not able to attend them.

Translators, health system navigators and intercultural mediators are not readily available. Many health providers reported speaking Russian, which most Ukrainian refugees can understand. However, many prefer not to use Russian to communicate with providers, and many physicians only speak Estonian. In PHC centres, physicians reported patients bringing Estonian-speaking friends or relatives who can communicate with the providers on their behalf. In hospitals, providers reported relying on Russian-speaking physicians or nurses to communicate with Ukrainians or using translation software on telephones to communicate with other refugee/migrant populations.

2.5.3 Inclusion of refugee and migrant health workers in the health system

To register as a health provider, refugees and migrants must satisfy national requirements, which include mandatory and supervised practical work experience in the country, passing a medical examination and proving proficiency in the Estonian language. These requirements make it difficult for refugee and migrant health workers to continue professional development within the Estonian health system.

There are over 300 refugees from Ukraine recorded as health workers. While their registration process has been simplified, there are compulsory language proficiency and work experience requirements that delay their entrance into the health system.

Regarding nurses, nursing programmes in Ukrainian are vocational in nature while in Estonia, nursing is a bachelor's degree programme. This difference prevents Ukrainian nurses from practising easily in Estonia. To accommodate the different nature of the nursing programmes, the Estonian Government has offered Ukrainian nurses the opportunity to undergo an applied higher education programme that lasts 2 to 3 years, which allows them to obtain a bachelor's degree in nursing and enter the profession. This is particularly beneficial as Estonia faces a shortage of over 100 nurses *(12)*. All participants must pass a qualification examination upon completion of the programme to begin working professionally *(12)*.

2.6 Risk communication and community engagement, health communications and social mobilization for health

In addition to the Ministry of Social Affairs, the EHB is also responsible for health risk communication and community engagement (RCCE) in both pandemic and normal circumstances. According to the Statute of the Board of Health, the EHB is responsible for, among other tasks, cooperating with Government institutions, other state institutions, local government units, national and international NGOs and the public *(30).*

The assessment found little, if any, community-based activities targeting refugees or migrants in terms of community outreach and social mobilization. There are social workers who facilitate support to vulnerable populations, some based in a facility and some dispatched to a facility by the municipality on a needs basis. However, these social workers are stationed at the municipality or facility level and the Joint Review Team found no evidence of community outreach activities or campaigns.

2.7 Preparedness and response to outbreaks, natural disasters and other emergencies

In Estonia, the public health response in case of emergencies and disease outbreaks involves a structured approach led by various Government agencies, health care organizations and other stakeholders. This response framework encompasses preparedness, surveillance, coordination, communication and implementation of control measures.

The EHB is the central authority responsible for public health, including emergency preparedness and response. It coordinates work with other Government agencies, health care providers and international organizations to ensure a comprehensive public health response during emergencies and disease outbreaks. The EHB conducts surveillance and monitoring of infectious diseases. This involves tracking disease trends, detecting outbreaks and assessing public health risks. During emergencies and disease outbreaks, the EHB leads coordination efforts, facilitating communication and information sharing among relevant stakeholders, including health care providers, Government agencies, NGOs and international organizations. The EHB also conducts risk assessments and develops response plans based on the identified threats and vulnerabilities. These plans outline strategies for containment, mitigation and control of disease outbreaks, ensuring a prompt and effective public health response. The EHB has an Emergency Response Plan, which is not a public document and can be accessed only by the EHB's workers with permission or others outside of the EHB who have necessary permits *(31)*.

The Ministry of Social Affairs oversees health care policy and coordination, including emergency response planning and resource allocation. It collaborates with the EHB and other relevant stakeholders to ensure a coordinated approach to public health emergencies. The Ministry of the Interior plays a role in emergency response coordination, particularly regarding the management of asylum centres and border control. It works closely with the EHB and other agencies to address

public health concerns among refugees, migrants and asylum seekers. The Ministry of the Interior is responsible for coordinating the crisis management policy on national and horizontal (cross-sectoral) levels, but every authority and person is liable for the performance of crisis management duties in their area of activity (including assessing the risk management capabilities) *(32)*. The Ministry of Economic Affairs and Communications is responsible for organizing four vital services in crises: telephone service, mobile phone service, data communication service and electronic identification and digital signature *(33,34)*.

Budgeting for risk management covers a 4-year period and focuses on the main topics laid down by the Government. The annual state budget is more detailed but does not allocate separate funds to crisis management because each ministry is responsible for planning sufficient human and financial resources for crisis management in its own area of responsibility.

While a very structured approach exists for epidemiological surveillance and public health preparedness and response, the Joint Review Team found a scarcity of standard operating procedures for emergency preparedness and response as well as lack of stockpiling protocols in the facilities visited, underscoring the need for better emergency preparedness plans and stockpiling protocols at the PHC and hospital level. Moreover, providers at facility level as well as other actors at peripheral level, including host and refugee and migrant communities, have limited awareness of public health emergency preparedness and response. The Team learned that a preparedness plan is being developed by the Estonian Family Medicine Association; however, the plan needs to be accompanied with standard operation procedures and capacity-building and sensitization activities among health providers.

2.8 Research on health and migration

Limited research activities are conducted with a focus on refugees and migrants and there is duplication and redundancy in data collection activities, as evidenced by several surveys commissioned by United Nations agencies and NGOs that have been conducted with very similar scopes and research questions but which employed small sample sizes, precluding representativeness. The research activities that the Joint Review Team mapped were mostly ad hoc and not part of a broader research agenda. The extent to which the results were used to inform policy and practice is not entirely clear. Academic actors interviewed, however, expressed willingness and interest in setting a research agenda for migrant and refugee health.

3. Main recommendations for consideration

To strengthen and build the resilience of the health systems for the Estonian population and for refugees and migrants in the country, the Joint Review Team recommends the following priority areas for consideration.[1]

3.1 Health system governance and coordination

- Ensure that refugees and migrants are explicitly mentioned in health policies and guidance to resolve any ambiguity regarding their inclusion in health policies and planning.
- While several policies and national plans consider the inclusion of all individuals staying in Estonia (including undocumented migrants), there is opportunity to concretely operationalize these policies and plans into implementation plans that address potential barriers encountered by refugees and migrants.
- Ensure periodic and regular communication and coordination platforms between different sectors, including between the municipality and the health sector to bridge gaps between health and social services noted in the review; community engagement and mobilization and leveraging social workers in the health sector are two potential entry points for collaboration between the health and social sectors.

3.2 Health service delivery

- Enhance health literacy and use trained health navigators, translators and intercultural mediators to direct patients to critical health services, reduce cultural and linguistic barriers and increase access to and quality of health services. Consider leveraging existing individuals from migrant and refugee communities, including Ukrainians residing in Estonia from before the invasion of Ukraine by the Russian Federation, as interlocutors between health providers and patients. Use existing WHO guidance, such as the WHO *Refugee and migrant health global competency standards for health workers (35)*, to ensure cultural competency of health workers.
- Raise awareness among refugees and migrants of the Estonian health system and dispel misconceptions and cultivate trust in the way the health system is organized.
- Address gender-based and domestic violence in the overall population including refugees and migrants. This can be conducted by improving community engagement and coordination between health and social services (from prevention to early detection and protection) and developing standard operating procedures to deal with the medical, legal, psychosocial and shelter needs of survivors.

[1] This section contains the recommendations of the Joint Review Team and does not necessarily represent the decisions or the stated policy of the World Health Organization.

3.3 Health financing

- Enhance financial protection for low-income households, possibly by setting a protective cap or eliminating all co-payments.
- Consider a bonus system to encourage providers to take on refugees.
- Minimize out-of-pocket payments for long-term health care by removing percentage-based co-payments and introducing a cap that applies universally across all types of health care.
- Continue to reduce out-of-pocket payments for prescribed medicines and medical products by incentivizing health care providers and pharmacies to prescribe and provide the least expensive options, supported by price regulations.

3.4 Health information systems

- Minimize language barriers within the ENHIS and ensure that it is user friendly for refugees and migrants who do not speak Estonian.
- Ensure that information on migrant status is collected and reflected in the ENHIS to improve availability of data on the health needs and status of refugees and asylum seekers.
- Facilitate active feedback of epidemiological data from central to peripheral level for interpretation and response. Facilitate epidemiological coordination between different PHC facilities working in the same area/district.

3.5 Health workforce

- Strengthen providers' cultural competence, communication skills and ethical conduct by incorporating modules on refugee and migrant health into national training programmes. One example is to utilize the WHO *Refugee and migrant health global competency standards for health workers (35)*.
- Invest in the recruitment and training of community health workers – members of migrant communities or Estonian nationals who are familiar with the health system and the local community and who can serve as intermediaries between the health system and the community – with the goal of improving outreach to refugee and migrant communities as well as the Estonian host community.
- Invest in training for mental health specialists and other cadres of health workers where there is a noted health worker shortage and ensure equitable geographical distribution to address the concentration of shortages outside of Tallinn and Tartu and in rural areas.

3.6 RCCE

- Develop a RCCE policy and framework to support communication and community engagement to help to prepare and protect host and migrant individuals, families and the public's health in emergencies.
- Invest in strengthening health literacy and awareness of the Estonian health system among refugees, particularly newly arriving refugees. Consider leveraging existing opportunities to bolster provision of information on how to access care.
- Leverage local media channels for behaviour change communication and design and execute RCCE campaigns to improve community engagement in public health promotion and screening. Use risk communication interventions as a means of addressing gender-based and domestic violence as well as mental health issues among refugees and migrants.
- Engage migrant groups in the design, execution and evaluation of all RCCE activities

3.7 Preparedness and response to outbreaks

- Increase awareness and involvement of actors at peripheral level, including facility-based staff and communities, on public health emergency preparedness and response plans.
- Build capacity of health workers on public health emergency preparedness and development of plans (standard operating procedures).

3.8 Research on health and migration

- Set a needs-based research agenda that outlines research priorities and coordinate research activities across actors to prevent duplication in research efforts. Ensure that research translates into action and is used to inform policies and practices that can benefit refugee and host populations.
- Include refugees and migrants in research and data collection activities and present data and analysis that are disaggregated by nationality and migration status.

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Annex.
Agenda for the joint review mission

Estonia 13–17 May 2024			
Day	**Date**	**Activity**	**Time**
	Sunday 12/05/2024	Arrival: team preparation meeting	Afternoon
1	Monday 13/05/2024	Stakeholders meeting ***Venue***: Suur-Ameerika 1, Tallinn	9:00 am–3:00 pm
		Team Reflection Meeting	5:00–6:00 pm
2	Tuesday 14/05/2024	Field visits to Paide & Tartu Departure for Paide & Tartu	8:00 am
		Field visit: Paide, Vee Perearstikeskus, PHC Centre ***Venue***: Vee 6, 72713 Paide	9:30–10:30 am
		Lunch break	11:00 am–12:00 pm
		Continued field visits: Tartu 1 Galina Šeremeta ***Venue***: Raatuse 21, Tartu	12:30–1:00 pm
		Continued field visits: Tartu 2 Tatjana Meister ***Venue***: Mõisavahe 34a, Tartu	2:00–3:00 pm
		Travel back to Tallinn	3:00-5:30 pm
		Team meeting: reflections on field visits	5:30–6:30 pm
3	Wednesday 15/05/2024	Field visit: Tallinn & Harju County	10:30 am
		Field Visit to ED: Tallinn North Estonia Regional Hospital ***Venue***: J. Sütiste tee 19, Tallinn	11:00 am–12:00 pm
		Lunch break	12:00–12:30 pm
		Travel to detention centre from the hospital	12:30 pm
		Detention centre: Harju County Linnaaru tee 5, Soodevahe küla, Harjumaa	1:00–3:00 pm
		Laagri Health Centre: Harju County ***Venue***: Tervise 1, Laagri, Harjumaa	3:30-4:30 pm
		Travel back to Tallinn	4:30–5:00 pm
		Team meeting: reflections on field visits	6:00–7:00 pm

Estonia 13–17 May 2024			
Day	**Date**	**Activity**	**Time**
4	Thursday 16/05/2024	Field visits: Harju County & Tallinn Travel to Märjamaa	7:30–9:00 am
		Field visit: Märjamaa, Harju County Märjamaa Perearstikeskus ***Venue***: Oru 12, Märjamaa, 78302 Rapla maakond	9:00–10:00 am
		Return trip to Tallinn	10:30 am–12:00 pm
		Lunch break	12:00–1:00 pm
		Departure for the field visit	1:30 pm
		Field visit: Tallinn 1 Jürgensoni ***Venue***: Sõpruse pst 179, Tallinn	2:00–3:30 pm
		Field visit: Tallinn 2 Mustamäe Polikliinik ***Venue***: Ehitajate tee 27, Tallinn	4:00–5:00 pm
		Final preparation of presentation	6:00–7:30 pm
5	Friday 17/05/2024	Ministry of Social Affairs and partner debriefing meeting: verification/clarification of findings Minister will take part of the meeting ***Venue***: Suur-Ameerika 1, Tallinn	9:00–11:30 am Registering 9:00-9:30 am
		Closing remarks and end of mission	11:30 am–12:00 pm

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