

National strategies mapping

Country Overview

ESTONIA

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1. Basic information	<p>Current strategies:</p> <p>Original version: Heaolu arengukava 2016-2023¹</p> <p>English version: Welfare Development Plan 2016–2023² (WDP)</p> <p>Occupational health and safety activities are regulated in the Welfare Development Plan. The Welfare Development Plan focuses on the strategic objectives of labour market (incl. occupational health and safety), social protection, gender equality, and equal treatment policies for 2016–2023.</p> <p>Original version:</p> <p>Rahvastiku tervise arengukava 2009–2020³</p> <p>English version:</p> <p>National Health Plan 2009-2020⁴ (NHP)</p> <p>The Occupational Health and Safety Strategy 2010-2013: the goals and activities of the strategy are integrated into the application plan 2013–2016 of the NHP 2009–2020.</p> <p>Former strategy: Occupational Health and Safety Strategy for 2010-2013</p>
2. Background and the perceived problem	<p><u>Welfare Development Plan 2016–2023</u></p> <p>Work affects people's health. Decreasing work ability prevents the employee from participating in working life actively and for a long time. A decrease in work ability and physical harm related to employment are caused by the risk factors existing in a work environment and their impact on the employee's health. Work-related health damages cause absence from work, causing expenses for the employee, employer, and society. Lack of awareness about occupational health and safety does not support the protection of the employee's health in the work environment. Employers and employees do not know enough about occupational health and safety, their rights and obligations, requirements resulting from legislation, or workplace risks. Employers sense the lack of information, the inability to find the necessary materials</p>

¹ Sotsiaalministeerium, Heaolu arengukava 2016-2023. Available at: <https://www.sm.ee/et/heaolu-arengukava-2016-2023>

² Available in English at: https://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Sotsiaalse_turvalisuse_kaasatuse_ja_vordsete_voimaluste_arengukava_2016_2023/wdp.pdf

³ Sotsiaalministeerium, Rahvastiku tervise arengukava 2009–2020, 2008. Available at: https://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/2012_rta_pohitekst_ok_5.pdf

⁴ Available in English at: http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/Aruanded/rta_2009-2020_2012_eng.pdf

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	<p>on their own, and the inability to keep themselves constantly up to date with the changes in the acquis.</p> <p><u>National Health Plan 2009-2020</u></p> <p>A person's health is significantly influenced by working environment. It is possible to improve the conditions thereof with the help of an efficient health protection and work safety system. If such a system is not present, the number of accidents at work and occupational diseases increases, which result in the loss of working time and an increase in incapacity for work. The above has a direct negative influence on all the economy. The number of sick days caused by accidents at work and associated with work is large and causes loss to the economy of the state. Compliance with occupational health and safety requirements is insufficient, and therefore the state supervision requires enhancement.</p>
<p>3. Main characteristics and objectives of the OSH-strategy (activity plan)</p>	<p><u>Welfare Development Plan 2016–2023</u></p> <p>The priority of the Development Plan is to support participation in the workforce and a long-term working life. One of the main objective of the Welfare Development Plan is high employment rate and a high-quality working life. The related sub-objective is: “Correlation between the demand and supply of the workforce ensures a high level of employment, and high-quality working conditions support long-term participation in working life”. This sub-objective also covers all the relevant occupational health and safety policy instruments.</p> <p>The related measure in the implementation plan: “Maintaining employees' work ability, keeping them in the labour market, and bringing people with reduced work ability into the labour market.”</p> <p>Indicator: The number of sick days related to work accidents per each accident.</p> <p><u>National Health Plan 2009-2020</u></p> <p>The sub-objective is: “Health risks from the living, working and learning environment are reduced”. The following measure was used in the period 2013-2016 to achieve the objectives: “Development of health-supporting working environment and decrease of health risks based on the working environment.”</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1) Number of fatal occupational accidents per 100,000 employees; 2) Number of working days lost due to occupational accidents per 100 employees; 3) Health impact of work: percentage of employed persons who believe that their work deteriorates their health.
<p>4. Details of the strategy and activity plan</p> <p>Axis description</p>	
	<p><u>Welfare Development Plan 2016-2023</u></p>

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	<p>Objectives:</p> <ol style="list-style-type: none"> 1. High employment rate and a high quality of working life 2. Reducing social inequalities and poverty, gender equality, and greater social inclusion <p>Four sub-objectives: the relation to OSH can be found in sub-objective 1: Correlation between the demand and supply of the workforce ensures a high level of employment, and high quality of working conditions support long-term participation in working life.</p> <p>The main policy instruments related to occupational health and safety are:</p> <ol style="list-style-type: none"> 1) the capacity of working life participants must be increased for the implementation of rules for working environment, including for coping with new working environment risks, and for the prevention of the employee's loss of ability to work; 2) the monitoring of the work environments shall be enhanced to identify and eliminate violations related to the work environment; 3) the legal framework regulating the working environment must be made clearer and compatible with the changing labour market situation and economy; 4) monitoring, outreach, and counselling activities must be made more efficient; 5) employers must be supported in improving working environments and conditions and in preventing employees' loss of work ability, including reducing the employer's occupational health and safety management burden; 6) greater attention shall be paid to shaping the work safety culture for the participants in working life, including compiling a risk analysis, assessment of new risks, and to the safety in using flexible forms of work; 7) the possibility of developing a compensation system for an incapacity for work shall be analysed to motivate preventing work interruptions and to encourage returning to work, including analysing the principles of the occupational health system and for compensating incapacity for work due to the employee's health damage in order to enable early intervention. <p><u>National Health Plan 2009-2020</u></p> <p>The priorities of the field of occupational health are:</p> <ol style="list-style-type: none"> 1) Increasing the awareness of various target groups of the health risks from the living, working and learning environment and measures for management thereof.

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	<p>2) Enhancement of the system of evaluation, management and information of health risks from the living, working and learning environment.</p> <p>3) Enhancement of supervision in the living, working and learning environment.</p> <p>4) Improvement of the organisation of occupational health and significant improvement of the quality of occupational health services and ensuring the availability thereof for all employees.</p> <p>Sub-objective SO3: Health risks from the living, working and learning environment are reduced</p> <p>Measures M (2009-2012)</p> <p>M 1 Modernise the legal system facilitating the maintenance and improvement of the living, working and learning environment.</p> <p>M 2 Enhance the system of evaluation, management and information system of health risks from the living environment (including climate changes) and working and learning environment.</p> <p>M 3 Enhance the surveillance system of the living, working and learning environment (at different levels), develop strong and coordinated cooperation.</p> <p>M 4 Increase the awareness of people of health risks from the living, working and learning environment.</p> <p>M 5 Train experts for evaluation of health risks from the living, working and learning environment and enhance the quality of evaluation service of health risks.</p> <p>M 6 Organise training sessions for specialists of county and rural municipality governments on environmental health risks and management possibilities thereof.</p> <p>M 7 Organise surveys in order to assess the influence of environmental factors in the living, working or learning environment on health and publish the results of the surveys.</p> <p>M 8 Develop the cooperation of family physicians with occupational health doctors and health protection specialists to ensure prevention and effective treatment of health disorders and illnesses, considering the connection of negative impacts on health and the living, working or learning environment.</p> <p>M 11 Include occupational health and safety in the curricula of establishments providing general and professional education.</p> <p>M 12 Improve the organisation of occupational health, significantly improve the quality of occupational health services and availability of the services for all employees.</p> <p>M 13 Develop an insurance system for accidents at work and occupational diseases and coordinate the application thereof.</p> <p>M 14 Ensure access to the living, working and learning environment and usability thereof by all members of the society</p>

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	<p>M 15 Make instruction materials on making the living, working and learning environment safer for health available to relevant target groups.</p> <p>M 9 Increase the share of people included in immunisation.</p> <p>M 10 Ensure state-level preparedness to prevent spreading of communicable diseases, epidemics and pandemics, including updating of the necessary laboratory base.</p> <p>Measures M (2013-2016)</p> <p>M 1 Development of health-supporting living environment and reducing of health risks based on the living environment.</p> <p>M 2 Development of healthy learning environment and reducing of health risks based on the studying environment.</p> <p>M 3 Development of health-supporting working environment and reducing of health risks based on the working environment.</p> <p>M 4 Organisation of surveillance, prevention and control of spreading of communicable diseases.</p> <p>The measures are shown as activities in the implementation plan 2013-2016⁵:</p> <ul style="list-style-type: none"> a. Ensuring of the legal system necessary for the achievement of working environment promoting the maintenance and improvement of health. b. Significant improvement of the quality of occupational health services and the availability of those services for all employees. Improvement of the organisation of occupational health. c. Creation and development of information technology solutions in the field of working environment. d. Development of instruction materials on occupational health and safety. e. Organisation of an in-service professional training for occupational healthcare professionals and employers. f. Organisation of thematic campaigns of occupational health and safety, collection and distribution of best practices in the field. g. Increasing of the quality of evaluating health risks based on the working environment. h. Development of cooperation between healthcare service providers of different professions to ensure prevention and effective treatment of health disorders and illnesses, considering the connection of negative impacts on health and the living, working or learning environment. i. Increasing of the efficiency of supervision of the working environment by improving the system and increasing effectiveness. j. Organisation of surveys in order to evaluate the impact of working environment based risk factors on health, and publishing of the results of the surveys.

⁵ Implementation plan of the National Health Plan (NHP) 2009–2020 for 2013–2016. Available at: http://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Tervis/taendatud_rta_2013-2016_rakendusplaan_eng_8.04.15.pdf

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5. Actors and stakeholders	The strategies are implemented by the Ministry of Social Affairs and Labour Inspectorate.
6. Resources and timeframe	Welfare Development Plan budget (occupational health and safety activities) for 2016-2020 – 3 596 297 EUR National Health Plan (occupational health and safety activities) budget for 2013-2016 – 2 170 000 EUR.
7. Evaluation/lessons learned	<p>Welfare Development Plan is reviewed regularly – to provide an overview of the achievement of the objectives of the Development Plan, a report on its fulfilment is compiled each year. A performance report on the implementation of measures and activities is compiled.</p> <p>National Health Plan is reviewed regularly:</p> <ul style="list-style-type: none"> ▪ annually, including an overview of the activities in the development plan and current management decisions regarding the financing and implementation of activities; ▪ biennially, including (in addition to current management decisions) also updating of the indicators in the development plan, drafting of a fulfilment report and a decision of the government regarding the previous activities and possible new directions. Biennial updating of the indicators is based on the frequency of the population survey taking place with such frequency; ▪ every four years a comprehensive evaluation of the National Health Plan and reviewing of objectives is organised.
Ex ante indicators for the years 2012 to 2020	<p>Indicator that is measured in the Welfare Development Plan:</p> <ul style="list-style-type: none"> ▪ The number of sick days related to work accidents per each accident <p>Indicators that are measured in the National Health Plan:</p> <ul style="list-style-type: none"> ▪ Number of fatal occupational accidents per 100,000 employees; ▪ Number of working days lost due to occupational accidents per 100 employees; ▪ Health impact of work: percentage of employed persons who believe that their work deteriorates their health.
8. Relationship to EU Strategic Framework	<p>Estonian occupational health and safety priorities in the strategies are in accordance with the EU OSH strategy.</p> <p>Estonia has taken into account the following EU OSH Strategy objectives in designing OSH policy and relevant legislation:</p> <ol style="list-style-type: none"> 1) facilitate compliance with OSH legislation, particularly by micro and small enterprises; 2) better enforcement of OSH legislation; 3) simplify existing OSH legislation and eliminate unnecessary administrative burden; 4) take into account the ageing of the workforce (welfare development plan 2016-2023 – sub-objective 1 <i>(Correlation between the demand and supply of the workforce ensures a high level of employment and high-quality working conditions support long term participation in working life)</i>).

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	<p>emerging new risks, prevention of work-related and occupational diseases;</p> <p>5) collect reliable statistical data on work-related accidents and diseases, occupational exposures, work-related ill-health, and to analyse the costs and benefits in this area.</p>