Post-Soviet public health administration in Estonia

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Estonia's administrative legacy presents a number of difficult challenges for the health services. The system which was designed as part of a gigantic centrally controlled bureaucracy now has to be adapted to the needs of a small independent country.

Health services in all parts of the former Soviet Union face enormous problems as they try to make their existing hospitals and clinics function at a reasonable level of effectiveness. The new independent republics also have to reform the traditional public health services. The Soviet 'sanitary-epidemiological services' were established in a largely uniform way in all parts of the Union. Primary prevention was seen as consisting of three main fields: healthy environment, healthy lifestyles, and individual disease prevention. The environment was the responsibility of the sanitary-epidemiological services, and all parts of the health system were supposed to promote a healthy lifestyle. Individual prevention was the task of the primary health care services.

If we compare the environmental health situation with that of the Nordic countries, we find in the European part of the former Soviet Union a higher incidence of gastrointestinal infections, more serious problems of unsafe water, and more extensive air pollution. In addition, food safety is neglected because of supply difficulties. It is hard to ensure sufficient nutrition for pregnant women and children, and people live in overcrowded conditions. A WHO mission to Lithuania in 1991 noted an increasing prevalence of infectious diseases traditionally linked to adverse environmental conditions, a high incidence of occupational ill health and, in vulnerable population groups, indications of health problems related to pollution.

The author's function in the autumn of 1992 as an adviser to the Estonian Ministry of Health provided an opportunity to illustrate current problems and suggest possible ways of reforming the Soviet-type public health administrations. However, the author is well aware that a foreign temporary observer in Estonia, who is not part of the national culture and has to use English or imperfect Russian to communicate, can make no claim to a full understanding of the workings of the existing administrative systems. All he can do is share his impressions and make some tentative suggestions, in the hope that these may contribute to the general effort to meet current needs.

The need for an appropriate system

The Republic of Estonia (EestViabariik) is now an independent state covering 45 000 km². The population is approximately 1.6 million of whom 61.5% are Estonians, 30% are Russians and the remainder are of other nationalities. Administratively Estonia is divided into 15 counties and six towns with

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county status. The capital, Tallinn, has a population of about 500,000.

During the Soviet period, the central Ministry of Health in Moscow established detailed rules governing the number of staff performing specified tasks in the total sanitary-epidemiological organization, based on the size of populations being served. Little attention seems to have been given to local differences in the enormous Union. The whole system was influenced by a control ideology with much ineffective paper work and too many employees.

In Estonia, the Regional Health Protection Service, as it is now called, has been part of the Ministry of Health for the last ten years. Most local institutions outside the capital area cover populations of between 40,000 and 80,000. Many of the chief medical hygienists and specialized hygiene doctors are professionally competent, but after years of work in a very bureaucratic system with many obstacles, such as the parallel communist party apparatus among local politicians and industrial leaders, professional enthusiasm is generally at a low ebb. The staff of the hygiene administration has been reduced by one-third in the last two years, mainly for economic reasons. Laboratory resources are quite insufficient, with shortages of supplies such as simple chemicals, reagents and filters, which during

A special difficulty in Estonia is that a large number of the hygiene doctors are Russians with little or no knowledge of the Estonian language. This is changing, and it is no longer considered acceptable for a public health worker, for instance inspecting a factory, to be unable to speak the local language.

In the three Baltic countries the agencies responsible for environmental monitoring and public health investigation tended to have closer links with Moscow than with each other. This led to a low level of interagency cooperation and to the manipulation of agencies according to interests which conflicted with their (theoretical) mandate to protect the public's health. The WHO mission to Lithuania in 1991 also noted that there was little or no interaction between the Ministry of Health and other important sectors. The various ministers and their representatives did not consult each other on issues of common concern.

In Estonia, the centralized bureaucracy led, for instance, to demands for routine investigations of the prevalence of veterinary diseases that did not exist there, but were important in some southern Soviet republics. Objections to Moscow might result in demands for further sampling. Public health administrators at the republic and local levels became quite skilled in judging what sort of information was suitable to pass up the line to avoid too much trouble.

After independence, the traditional Soviet production system, with large industrial enterprises able to supply populations of many millions, led to considerable difficulties for the small republics. Even simple chemicals like chloramine and formaldehyde for disinfection, and coagulants for use in drinking-water plants have been unavailable in Estonia because there is no local production. Conversely, Estonia has a factory which can
produce enough hearing aids to supply a population of no less than 100 million. Abstracts in Russian of international scientific literature are no longer received from Moscow and budgets do not allow for subscriptions to western scientific journals.

On the plus side, however, the parallel communist party system has gone, and it used to create many difficulties for public health administrators at both the central and the local levels. Yet scientists and administrators have become so used to being cautious that even today they are often afraid to express their opinions.

**Suggestions for change**

It would probably be practical to concentrate local public health expertise in five or six regional public health centres supported by well-equipped microbiological and chemical laboratories. The present structure may be adequate to carry out certain functions such as drinking-water and food hygiene control, but it is difficult to see how such small units will be able to get enough resources and experience to act on the changing priorities that will be set by the Ministry of Health.

Future Regional Directors of Public Health should be responsible for the following: disease surveillance, drinking-water quality, food hygiene, environmental pollution control, occupational health and hygiene of institutions, and advising regional and local authorities on public health questions. Also, increasing emphasis must be placed on health promotion and disease prevention. Some public health services should be maintained in cities with populations of approximately 40,000 or more, mainly for control purposes. These centres must be supported by a local microbiological laboratory, as the scarcity of vehicles and fuel makes it difficult to transport samples even over short distances.

Compared with some other countries, Estonia is fortunate in having a well-established occupational health service for sailors and railway and air transport personnel. The traditional port health service has also taken care of quarantine measures and the control of imported foods. In the future, however, food inspection may be left to other services, so that the present organization can concentrate on its function as an occupational health service for transport workers.

At the central level, the Minister of Social Affairs is now responsible for the former ministries of health, social security and labour. She has appointed a deputy with responsibility for public health who should be in a position to adapt the traditional public health administrations to future needs. The leadership of the Ministry will be indispensable if the necessary reforms are to take place. As part of the process of adapting the existing public health administrations and training its employees, an “organization development” activity is necessary. This should include multidisciplinary training courses for administrators and other professionals on decentralized decision-making, intersectoral coordination and public relations. Various coordinating mechanisms would greatly facilitate the establishment of an effective national health system. These include the following:

■ A public health centre to provide coordination and reference services, issue guidelines on environmental health and support the
control functions of the regional and city services. Such a centre should be an integral part of the Ministry but have a reasonable degree of independence in performing its

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control functions and presenting proposals to the Ministry.

- A central public health laboratory to support the activities of the regional and city laboratories and promote closer cooperation between the existing laboratories in Tallinn.

- A central epidemiological unit with close ties to the top level of the Ministry. It should compile health information as a basis for decision-making and support the development of health information systems.

- An independent health promotion centre, linked to the Ministry of Health. It must work closely with the other health services as well as other parts of society such as the press and relevant businesses.

Scientific institutes performing research that is important for health should have clearly defined relations with the Ministry. In this regard, the Institute of Preventive Medicine should continue to develop its expertise in microbiology and communicable diseases, and as a new activity it could engage in the quality control of vaccines and study immunization levels in national population groups. This institute could also play a leading role in the prevention of hospital infections. The Institute of Experimental and Clinical Medicine already has considerable expertise in epidemiology and biostatistics, and seems to be the best focal point for future research on aspects of toxicology with relevance for public health.

At the same time, international support through bodies such as WHO is very much needed in adapting the former Soviet health structures to current needs. Subregional and bilateral cooperation, for instance between the countries in the Baltic region, is also helping to speed up the process of constructive change.