STANDARD SUMMARY PROJECT FICHE

1. Basic Information

1.1. Désirée Number 2002/000-579.04.03
   Twinning EE02-IB-SO-03

1.2. Title: Increase of the Coverage and Effectiveness of Occupational Health Services in Estonia.

1.3. Sector Employment and Social Affairs

1.4. Location:
Estonia

2. Objectives

2.1. Overall objective:
   Reduced number of incidences of work-related diseases in Estonia.

2.2. Project purpose:
   Increase the coverage and effectiveness of occupational health services and awareness of employers and employees on occupational health issues.

2.3. Accession Partnership and NPAA priority

   Accession Partnership 2001
   Complete transposition and continue to implement the acquis on public health and develop a national system for surveillance and control.

   NPAA 2001 Chapter 13.7
   In the year 2002 the development of Occupational Health Action Plan 2003 – 2010 will be continued and its implementation will commence in order to enhance the coverage and capacity of occupational health services. The Action Plan will define short- and long-term priorities of occupational health and the guidelines of occupational health of relevant institutions.

   The main aims of the Occupational Health Centre for 2002 are:
   - Training of occupational health specialists
   - Enhancing the administrative capacity of occupational health services and the quality of the services provided.
   During the following years great attention will be paid to the provision of enterprises and institutions with information and counselling of employers and employees to increase the efficiency of the implementation of the implementing acts of the Occupational Health and Safety Act.”

   NPAA 2002 Chapter 13.7
Intensive integration of the field of occupational health and safety into the field of labour relations, employment and public health will continue. In 2002 implementation of the Occupational Health Action Plan (2003-2010) will be initiated with the purpose of improving the accessibility and quality of occupational health services, strengthening the administrative capacity of the providers of occupational health services (concentrating mainly on the Occupational Health Centre that started to operate in 2000) and increasing vocational skills of occupational health specialists.

NPAA 2002 concentrates on the Phare projects. Implementation of the ongoing PHARE Twinning COP '99 project “Support to the Occupational Health Sector of Estonia” plays an important role in it.

**2001 Regular Report on Estonia’s progress towards accession**

Chapter 13- Social policy and employment:
As a result of intensive legal approximation activity in the health and safety field, especially in 2000-2001, the level of alignment has improved substantially. Estonia continues to design strategies for eliminating or reducing hazards in working conditions and for promoting occupational health infrastructures and services. However, while work on transposition advanced well in 2000 and 2001, considerable work remains to be done with respect to the effective implementation of the *acquis* on health and safety. The capacity of the national labour inspectorate should continue to be strengthened.

2.4. Contribution to National Development Plan
N/A

2.5. Cross Border Impact
N/A

3. Description

3.1. Background and justification:

This project is a extension of twinning project “Support to the Occupational Health System” (EE99/IB/OT/04).

*While the EE99/IB/OT/04 created an overall framework for the system it is pointed out in the draft final report of the project: “All of the project elements have sustainable structures, resources and activities in Estonia provided the need of financial and personnel resources are considered in the forthcoming Government budgets. None of the activities are, however, fully maturated nor completed but further and continuous development is needed.”*

The main area, which needs urgent but carefully considered development as highlighted in the draft final report is coverage and effectiveness of the occupational health services and early (as possible) diagnosis of occupational diseases.

Responsibility for Occupational Health and Safety lies with the Ministry of Social Affairs Labour Department. Its duties and responsibilities are discharged through the Labour Inspectorate with its Regional Offices and the Occupational Health Centre established in August 2000 to undertake research, provide training in the field of the working environment and approve the independent occupational health service providers.

The annual incidence of registered occupational diseases in different counties of Estonia varies considerably. This is, in part related to the inconsistent pattern of occupational health service provision across the country. The patchy coverage of services is also distorting the national picture in relation to incidence of registered occupational diseases. The present picture would indicate that Estonia has a lower incidence of registered occupational diseases than the EU average. With only a partial coverage of services relative to the total number of people in the workforce statistics relating to ‘incidence’ are at best guides and cannot reflect the actual prevalence of occupational disease.

Actual figure for the first nine months of 2001, reveal that a total of 207 cases of occupational disease were registered. Most of the cases (73 [35%] were registered in Põlva County. The majority of these cases were the result of physical hazards within the working environment (vibration 82, noise 29, overstrain 77). Of the 207 reported cases 69 [33%] involved tractor drivers, 25 [12%] bus drivers and 37 [18%] farmers.

Compared with previous years the number of instances of registered occupational diseases has not increased (Table 1). It is evident however that there are wide regional variations due to the coverage of occupational diseases.

### Table 1 Registered cases of new occupational diseases annually in 1998 – 2001 (Labour Inspection, Annual Report 2001)

<table>
<thead>
<tr>
<th>Year</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered cases</td>
<td>269</td>
<td>359</td>
<td>355</td>
<td>282</td>
</tr>
</tbody>
</table>

By contrast with the rather static position of registered cases of occupational diseases the incidence of serious occupational accidents has increased dramatically (Table 2). Since 1995 the number of serious accidents has more than doubled and is a matter of considerable concern. This increase is also mirrored by the number of workdays lost due to accidents and occupational diseases (Table 3) in which we see near doubling in the same period. These indicators start to reveal the underlying problems related to occupational health and safety and the need to improve both effectiveness and coverage of services in Estonia.

### Table 2 Fatal and serious occupational accidents 1995 – 2001 (Labour Inspection 2001)

<table>
<thead>
<tr>
<th>Year</th>
<th>1995</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001 to Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious</td>
<td>290</td>
<td>428</td>
<td>500</td>
<td>629</td>
<td>662</td>
<td>510</td>
</tr>
<tr>
<td>Fatal</td>
<td>61</td>
<td>50</td>
<td>60</td>
<td>52</td>
<td>27</td>
<td>22</td>
</tr>
</tbody>
</table>

1 The Labour Inspectorate is responsible for checking enterprises for compliance to regulations, registration and investigation of occupational accidents and diseases and for the supervision of preventative measures.
Recent Changes in the provision of occupational health services

As part of the recent reorganisation the treatment Clinic of Occupational Diseases has moved to a North Estonian Regional Hospital and continues in its role as a diagnostic and treatment unit for occupational diseases. Located within a large hospital the unit has access to all the support facilities required to maintain it high level of service in the diagnosis of occupational diseases.

Recent changes have also resulted in a widening of responsibility for the identification and treatment of occupational diseases. Through the Estonian Sickness Fund family doctors and other physicians can now be involved in the process. This is providing a considerable challenge to family doctors who have to date not been involved in the diagnosis of occupational diseases and lack the skill required and yet often they often have considerable knowledge of individuals suffering from an occupational disease and also the general health problems of the community within which they operate. This project seeks to help family doctors in this role by providing direct training and the development of a network of occupational health doctor trainer who can cascade further training to other professionals beyond the framework and timescale of this project. This approach will enable training of doctors to become a sustainable feature of the service and will be a key element in the expansion of services available. The Occupational Health Centres will be responsible for the training.

The annual incidence of registered occupational diseases in different counties of Estonia varies more than it is expected on the basis of the work place analyses performed by labor inspectors. Furthermore, it has been estimated that the incidence of registered occupational diseases is remarkably lower in Estonia than in EU member states in average. It gives a clear indication that the actual situation is remarkably higher in Estonia (only few cases have been registered in Estonia so far) than is recorded by statistics.

There are 550 cases of work-related accidents and 57 work-related diseases in Estonia per 10 000 inhabitants when the average number of similar cases in Europe are correspondingly 4250 and 5372.

According to Occupational Health Action Plan 2003 – 2010

“The availability of the OH services in Estonia differs for different regions of Estonia. There are no providers of OH services in all counties. The provison of services has been concentrated into the biggest towns of Estonia (Tallinn, Tartu, Kohtla-Järve, Narva, Pärnu) and main service is practically only the arrangement health control based on single agreements. This characterizes partly the real possibilities of the Estonian employers to invest into the working environment and into the health promotion of the employees, but at the same time the economical "short-sighted" and unwelcome attitude to abdicate several former drifts.

### Table 3 Workdays lost due to accidents and occupational diseases 1995 –2000 (Labour Inspection)

<table>
<thead>
<tr>
<th>Year</th>
<th>1995</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Lost</td>
<td>83643</td>
<td>70091</td>
<td>73744</td>
<td>131526</td>
<td>157051</td>
</tr>
</tbody>
</table>
The improvement of the availability of OH services is assuming the sufficiently trained OH specialists at one hand and at the other hand the widespread social agreement and common understanding about the necessity of the activities in this field, readiness for cooperation. Equal opportunities with the family doctors in renting of premises are to be guaranteed for the occupational health physicians.”

As part of its duties the Occupational Health Centre is responsible for the approval of occupational health providers and the certification of professional staff working in the service\(^2\). The number of certified providers at the end of 2000 was 41, this has increased to 47 during the 2001, but remains well below the number required to ensure that service coverage is progressively increased to cover the whole country. In order to address this problem the training will result in the certification of between 50 and 60 occupational health specialists. As a measure designed to increase the coverage of expertise across the country the OHC in consultation with the County Doctors\(^3\) will identify a minimum a three persons per county to receive the required specialist training. It is envisaged that the remaining places will be targeted at regions where the shortage of expertise is greatest. The selected family doctors will conclude an agreement with MoSA in order to ensure the sustainability of the project results.

The OHC has also registered a total of 26 organisations\(^4\) to provide occupational health services on the basis of an activity licence issued by the Minister of Social Affairs. Occupational health services involve the performance of duties by occupational health doctors or nurses, occupational hygienists, occupational psychologists, ergonomists or other occupational health specialists to provide the range of services as defined in the Health and Safety Act (Ch 16) [Annex 4]. According to Occupational Health and Safety Act the obligations of occupational health services are as follows:

- Conduct risk assessments of workplaces, including measurements of the parameters of risk factors present in the working environment, and makes proposals for the improvement of the working conditions;
- examine and monitors the state of health of workers to prevent the development of occupational diseases or other illnesses related to work;
- assist in the organisation of medical and occupational rehabilitation of workers;
- advise employers on the adaptation of work to the abilities and state of health of workers;
- advise employers on the choice and use of work equipment and personal protective equipment and provides advice on other occupational health and safety issues.

**Table 4: Pattern of Service Provision in Estonia**

\(^2\) At the end of 2001 there were 47 certified occupational health physicians, 2 hygienists and 29 nurses working in occupational health. See footnote 15, 16 Annex 4d

\(^3\) There are 15 counties in Estonia

\(^4\) private companies
<table>
<thead>
<tr>
<th>Area</th>
<th>Economic Based Industry</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tallinn</td>
<td>Industrial and Service Industry</td>
<td>12</td>
</tr>
<tr>
<td>Tartu</td>
<td>Agricultural and Industrial</td>
<td>1</td>
</tr>
<tr>
<td>Jõhvi</td>
<td>Industrial</td>
<td>1</td>
</tr>
<tr>
<td>Pärnu</td>
<td>Service Industries</td>
<td>2</td>
</tr>
<tr>
<td>Haapsalu</td>
<td>Service Industries</td>
<td>1</td>
</tr>
<tr>
<td>Harju County</td>
<td>Industrial</td>
<td>1</td>
</tr>
<tr>
<td>Kunda</td>
<td>Industrial</td>
<td>1</td>
</tr>
<tr>
<td>Other locations</td>
<td>Industrial and Service Industry</td>
<td>7</td>
</tr>
</tbody>
</table>

One effect of this pattern of services is that a number of occupational sectors have either no or minimal cover. In Southern Estonia the main problem areas are agriculture and forestry. A priority of this project is to extend the coverage by the Occupational Health Services both geographically and sectorally. This will include the development of an advisory service in Tartu designed specifically to assist in raising awareness of occupational health and safety in the agricultural industry. The need for this type of provision is demonstrated by the fact that, (up to the end of September) 18% of all occupational diseases diagnosed this year were in the farming community. It is also significant that 35% of all registered occupational diseases in the same period were located in Põlvamaa County located in South Eastern Estonia with a large agricultural community. The reasons for these concentrations can be attributed to a number of factors that include the breakdown of the collective farms and the development of small scale ‘family’ farming units and the absence of occupational health providers. This combination of factors has led to a situation where both employers and employees lack access to health and safety information designed to increase awareness of occupational health issues. It is planned to address this problem in association with the Tartu Farmers Union by training three agricultural advisers to develop this service.

The provision of training and development of the existing network of occupational health services (OHS) coupled the raising of public awareness of occupational hazards and diseases will progressively improve the situation within Estonia. The effect of the training and the selection process which will place greater emphasis of those counties where the expertise is most lacking will assist in the process of increasing overall service coverage within Estonia.

The development of ‘advisor network’ in agriculture will act as a pilot scheme which if successful could be replicated in other geographical areas and other employment sectors. The adviser approach is not a substitute for the development of professional occupational health services but as a measure that can help in the short term by increasing overall awareness and assist in reducing in the incidence of occupational disease in the sector.

According to recommendations the draft final report of the twinning project “Support to the Occupational health system” (EE99/IB/OT/04)⁵

**Firstly**, OHS system needs a nation wide special occupational health CARE system of services with about 120 -150 OH-physicians (47 at present, and 29 of them working in

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⁵ see also annex 6
Tallinn) depending on the aimed coverage objective (50% - 70 %) of the Estonian society.

There exists a general need, that OHS system and the content of the legislation of OHS is generally known among primary care and Public Health physicians in Estonia in addition to OHS Physicians. The number of required agricultural advisers might be about 60 to 100 depending on the result of the proposed project and model suggested after the project.

**Secondly**, the diagnostics of Occupational Diseases needs that **all 600 family physicians** can **at least** at a screening level recognize and **consider the possibility** of OD and at least refer and send these cases and patients to the appropriate clinic of OD. Additionally all OHS physicians should have a higher level and deeper training, not only to consider, but actually **to set the diagnosis**. At present there exists 47 OH physicians needing this training.

Additionally, some specialists (Otology, Dermatology, Lung and Allergic Diseases) require training on respective ODs as indicated in the present Project Fiche. These physicians are daily working in University and biggest hospitals.

It has been planned (in the present Project Fiche) that few OHS physicians (especially those 10 to 12, who are working in the OHC and in the Clinic of Occupational Diseases) will be trained so, that they will achieve the ability to act as TRAINERS to the other physicians. Additionally, some 90 Family Physicians in the bigger cities, in big Polyclinics and Group Units of Family Physicians around the country will be trained at the primary level of recognition and procedures of referral of occupational diseases.

3.2. **Linked activities:**
EE99/IB/OT/04: Support to the Estonian Occupational Health Sector (FIN).
Period: 15.08.2000 – 30.05. 2002:

This Twinning arrangement has had a central role in the development of Estonian Occupational Health Services and Institution Building designed to support the achievement of acquis communautaire concerning occupational health (Council Directive 89/391/EEC). Furthermore it has also supported the development of equality of treatment as regards access to employment, vocational training and promotion, and working conditions (Council Directives 75/117/EEC and 76/207/EEC) and respective Council decision 98/171/EC and Commission recommendation 92/131/EEC.

The final report of the ongoing twinning project will be ready at the end of May 2002, the final report will also include analysis of the current status, indicate the remaining gaps and bring up further recommendations for developing of occupational health system.

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6 The length of the project was initially planned 19 months. The steering committee (SC) held on 17.12.01 decided to apply for extension of the project to May 31, 2002, without any changes to the budget. The extension was approved by EC Delegation on 06.03.02.
The activities within this covenant have mainly concerned the development of the strategic and legislative tools of the MoSA and of the Occupational Health Centre as key institutions in the field of Occupational Health and Safety.\(^7\) (see annex 5). Draft recommendations of this twinning are enclosed as annex 6.

According to the draft analysis current strategic tools have not covered the collaboration between Occupational Health and Safety and Public Health (or Primary Care). The enlargement is necessary for achievement of higher coverage of occupational health services in Estonia.

Mapping the different institutions involved in OH&S and an increase of their collaboration has been supported through the establishment of the Estonian Network for OH&S. The network has a policy statement and strategy for further development. Additional networks have been established regionally in the Tartu region and between training institutions in the field of OH&S.

Training of OHS (Occupational health Services; Physicians, Nurses, Physiotherapists, Psychologists, - performing health examinations, health counselling of individuals etc.) and OH&S (performing work environment measurements and safety and accident risk analyses etc., mostly engineers, chemists, physics and safety equipment and personal protective devices) professionals have focused on risk analysis, health examinations, health education, promotion of work ability, marketing of OH services, economical aspects of OH&S and the establishment and management of an occupational health service unit. (see ANNEX 5 Achievements of the current Twinning project "Support to the Estonian Occupational Health Sector").

There is a need for continuous complementary training for all occupational health practitioners. As the occupational diseases are not sufficiently diagnosed and the transition to the social security system covering also the occupational diseases is ongoing it will be necessary to rise remarkably the preparation of occupational health practitioners in the field of diagnoses of occupational diseases.

The results of the investigation made during the ongoing twinning project has also confirmed that there is a special need for further training of occupational health practitioners in the field of diagnoses and care of occupational diseases.

The planned project has a different focus. It will increase the skills related to high quality diagnostics of occupational and work related diseases in daily practice. This differs significantly from the current project with its emphasis on high quality and high coverage of recognition of occupational and industrial diseases spread over the country.

There is no overlap between the two projects. The proposed project is a logical progression in developing Occupational Health Services in Estonia.

Present Twinning EE99/IB/OT/04 has increased the administrative power of institutions and created a legislative and infra-structural basis for the this proposed next step, which concerns an increased competence of occupational health personnel in diagnostics of work.

\(^7\) The legislative base for development of Joint Action Plan will be the same as for Project EE99/IB/OT/04.
related diseases, especially. OHS for agriculture will be a next step in the development of service systems models.

3.3 **Results:**

**Contract 1**

3.3.1. Joint Action Plan for public health and occupational health and safety administration for years 2003-2005 elaborated and approved by Ministry of Social Affairs as the tool for service development.

>This action plan is additional to the Occupational Health Action Plan 2003-2010 and elaborates the multi-disciplinary approach to deal with work-related diseases and their prevention by involving other actors in the field of health care and public health. This action plan also will develop clear system for combining and using different financial resources (private funding, health insurance, public funding) in order to guarantee the sustainability of the network between OHS, family doctors and primary health care system.

3.3.2. Administrative structure and institutional capacity for the recognising occupational diseases in place as a national policy and strategy.

3.3.3 Occupational health personnel (140) and family doctors (90) are trained on diagnostics, care and prevention of work-related diseases.

3.3.4 Guidelines for “Good Occupational Health Practices” produced.

3.3.5 Indicators, research studies, information on the occurrence of work-related diseases and preventive activities of occupational health services are available in the National Network of Occupational Health.

**Contract 2**

3.3.6 Information about occupational health services and work-related diseases is available and disseminated:

- 200 copies of guidelines (3-4);
- fact sheets (4-5) published and distributed to OHC and to the Labour Inspectorate libraries;
- 4-5 articles prepared for publication in newsletters and professional journals.

3.4 **Activities:**

3.4.1 **Contract 1 - Twinning**

It is proposed to enter a twelve month Twinning covenant with a Member State for the delivery of this project. After careful consideration of the required activities and their sequencing it has been assessed that the time requirement for the PAA will be for twelve months.

The PAA has to take in careful account the results and recommendations of the on-going twinning project “Support to the Occupational health system” (EE99/IB/OT/04).

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8 Recommendations the draft final report of the twinning project “Support to the Occupational health system” (EE99/IB/OT/04)
In addition to specific activities allocated to the PAA he/she will be required to manage the overall covenant and ensure agreed inputs are coordinated.


2. Assisting the Ministry of Social Affairs (MoSA) and Occupational Health Centre (OHC) in drafting national policy and strategy designed to strengthen administrative structures and institutional capacity for recognising occupational diseases.

3. Development of curricula for short training courses and training occupational and public health personnel in diagnosis, care and prevention of work-related diseases.

4. Training provided on diagnosis, care and prevention of work-related diseases to, occupational health physician, specialist physicians, occupational health nurses, physiotherapists, ergonomists and other specialists.

The training programmes will provide training in diagnosis, care and prevention of work related diseases to:
- 40 occupational health physicians;
- 20 physicians with a specialist degree. ie. orthopaedics;
- 30 occupational health physiotherapists and ergonomists;
- 50 other specialists in the field of occupational health and safety;
- 90 Family Doctors and their co-workers will be trained in diagnosis and care of occupational diseases;
- 15 family doctors will become trainers of other doctors;
- 3 Agricultural advisers from Tartu will be trained in occupational health and safety;
- and between 50 – 60 people receiving the above training will also be certificated by the OHC.

5. Develop and deliver a ‘train the trainer’ programme for doctors

6. Develop Guidelines for ‘Good Occupational Health

7. Developing the National Network of Occupational Health in Estonia

In order to carry out these activities the following human resources will be required.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Tasks</th>
<th>Profile</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2</td>
<td>Preparation of Joint Action Plan for public health and occupational health and safety administration for years 2003-2005 Development of a recognition system for occupational diseases Planning of the training programme for occupational diseases Development of Occupation Heath Service System</td>
<td>PAA 10 years experience in the field of OH&amp;S Experience of working in the public sector and the development of national strategies and on the development of health and safety strategies, administration and services. Occupational medicine and medical training</td>
<td>12 months</td>
</tr>
<tr>
<td>3,4,5</td>
<td>Development and delivery of training</td>
<td>STA</td>
<td>2 x 3</td>
</tr>
</tbody>
</table>

9 As by the nature the tasks are different it is hard to predict the division of tasks for experts (specially) for PAA, it is possible that some of the tasks will be divided differently, the exact division of tasks by persons will be stated in the covenant
programmes in the diagnosis, care and prevention of work-related diseases for Occupational Health Personnel, Doctors and their co-workers, Agricultural Advisers. Provide training to Doctors to act as trainers

Experience in Occupational Medicine and training
In depth knowledge of diagnostic criteria and recognition of occupational and other work related diseases.
Experience and qualification in training medical staff trainers
Knowledge of health and issues in the agricultural sector

<table>
<thead>
<tr>
<th></th>
<th>Development of Guideline in conjunction with the Occupational Health Centre Prepare the launch of the Guidelines and to participate in the OHC training programme.</th>
<th>STA Knowledge and experience of quality systems, guidelines and consensus statements related to ‘good practice’ in the EU</th>
<th>1.5 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>STA</td>
<td>STA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Development of the information content of the network, the definition and availability of indicators, the establishment of research and other data bases concerning the occurrence of work-related diseases and preventive activities of occupational health services</th>
<th>STA Knowledge and experience on the development and maintenance of networks. Experience in databases and assessment of research results in the occupational health field. Ability to develop health indicators</th>
<th>1 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>STA</td>
<td>STA</td>
<td></td>
</tr>
</tbody>
</table>

PAA and all STA’s will be required to have fluent English and to be computer literate.

3.4.1.1 **Training programme**

The content of the training programme will be as follows:

1. Good occupational health practices
   - Risk assessment
   - Health examinations
   - Planning and implementation of preventive activities in the work environment
   - Health promotion
   - Maintenance and promotion of work ability
   - Rehabilitation

2. Occupational diseases (List of reported occupational diseases in Estonia 1990-2000, see Annex 4C)

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10 The training programme concerns mainly the work of physicians and nurses. Safety issues are handled only when they are clearly connected with diagnostic procedure of occupational diseases or the prevention of those diseases.
• Diagnostic criteria,
• Differential diagnostics and
• Diagnostic procedures of occupational diseases (List of physical, chemical and biological factors causing occupational diseases see Annex 4B).

Trainees will be selected as follows (see Annex 4d for the number of Occupational Health professionals in Estonia in year 2000):

1. All OHS-physicians (using the Register of registered physicians).

2. Family doctors representing different counties and most populated cities (using the Register of family doctors) in consultation with County Doctors.

3.4.2 Contract 2

Printing information materials on occupational health services and work-related diseases. The information departments and libraries of the OHC and Labour Inspectorate are supported to publish information material on occupational health services and work-related diseases.

3.5 Lessons learned

Lessons learnt from the on-going twinning:
• The ideas have been collected, the aims for elaboration of the OHS development action plan (from 2005 until 2010) via finding out bottlenecks and shortcomings have been set up;
• Experiences have been gathered for planning of OHS actions and for implementation of planned measures;
• The Estonian OHS services network has been created;
• The co-operation with Finnish OH Institute has improved the proficiency and administrative capacity of MOSA, OHC and OHS local services.

As it is stated in self assessment of the project stakeholders: from the administrative/management point of view it is clear that training should be organized within sufficient timeframe, so that the participants could absorb the training properly, as well as the role of social partners has to be increased in following projects, because of their importance in the OHS development. The Estonian side should also ensure the proper level of language skills of participants or should provide translation to the seminars and training.

From the content side the following issues have been raised: because of the nature of the Estonian economy (mainly SME-s, self-employers (agricultural and forestry sector)) in order to provide sustainable occupational health services
• the multidisciplinary approach has to be developed and,
• all relevant actors (OHC, OHS’s primary health care providers and family doctors) have to be involved,
• the networking between them need to be created and,
• the role of the social partners have to be enhanced in the field of preventive actions.

4. Institutional Framework

4.1. General information

The Labour Department of the Ministry of Social Affairs (MoSA) is responsible for Labour Department /.../ plan and implement working environment policy which is aimed at improving work conditions, preventing and reducing occupational accidents and occupational diseases as well as analyses social and economic loss to the society caused by the disability to work and prepare drafts of legislation regulating occupational safety and health.

Occupational Health Services in Estonia: assess working conditions and health hazards at workplaces, it will perform examination of the workers health, involve employers in improving working conditions; organise dissemination of information and training in occupational health and safety and advise on organisation of first aid services in companies.

Occupational Health centre (OHC) is state agency under the MoSA. The Occupational Health Centre will be responsible for the organisation of all training courses.

Health Insurance Fund

The health insurance system is administered by the Health Insurance Fund and 17 regional sick funds.

The main duties of a regional sick fund are:

• to maintain a register of the members of the sick fund
• to pay medical institutions for health preservation services, medical examinations and health services provided to sick fund members
• to pay benefit (compensation for loss of salary) to insured persons in the case of temporary inability to work caused by disease or accident
• to pay benefits for pregnancy, childbirth and nursing of a sick family member
• to pay the subsidised part of the cost of medicinal products that are discounted for sick fund members
• to compute the health insurance portion of social tax.
• the main duties of the Central Sick Fund as provided by its statutes are:
• to prepare and submit to the Ministry of Social Affairs the draft annual health insurance budget
• to approve and amend sick fund budgets
• to advise, administer, co-ordinate, guide and supervise the activities of sick funds
• to harmonise the requirements of legal acts concerning health insurance and take part in their preparation
• preparation of statistical and financial reports and analysis.

Clinic of Occupational Diseases is from 01.01.2002 a structural unit of North Estonian Regional Hospital. Its continues its activities as the diagnostic unit for occupational diseases. In the environment of this big hospital, the clinic needs all support available to maintain its high level in the diagnostics of occupational diseases. Furthermore, the right to set occupational disease diagnosis has widened, when Health Insurance Fund can make contracts with family and other physicians concerning the diagnostics.

11 See Health and Safety Act § 16 in ANNEX 4
Institutional framework for the current project: Move to 6 implementing arrangements

The Labour Department of the Ministry of Social Affairs (MoSA) is responsible for overall policy and strategy questions in the frames of this project.

Within this project the Health Care Department of the MoSA, Health Insurance Fund, Clinic of Occupational Diseases in Tallinn, Public Health Faculty of the University of Tartu will work in developing a comprehensive system for training of occupational and public health personnel and family doctors and their co-workers on diagnostics, care and prevention of work-related diseases.

The MoSA and OHC will also work closely with the Tartu Farmers Union in developing the Agricultural Advisor pilot Scheme for the area.

5. Detailed Budget

<table>
<thead>
<tr>
<th>Phare Support €</th>
<th>Investment Support</th>
<th>Institution Building</th>
<th>Total Phare (=I+IB)</th>
<th>National Cofinancing</th>
<th>IFF*</th>
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</thead>
<tbody>
<tr>
<td>Contract 1 Twinning</td>
<td></td>
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<tr>
<td>PAA for 12 man-months</td>
<td>165 000</td>
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<tr>
<td>2 STA-s à 3 man-months</td>
<td>70 000</td>
<td>70 000</td>
<td>70 000</td>
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<tr>
<td>STA 1.5 man-months</td>
<td>24 400</td>
<td>24 400</td>
<td>24 400</td>
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<tr>
<td>STA 1 man-month</td>
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<tr>
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<td>Contract 1 TOTAL</td>
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<td>Total</td>
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<td>324 600</td>
<td>332 600</td>
<td>50 700</td>
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<table>
<thead>
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<th>2004</th>
<th>2005</th>
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<td>50 700</td>
<td></td>
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<td>50 700</td>
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</tbody>
</table>

The Estonian contribution of co-financing will be guaranteed from the State Budget 2003 and will cover the costs for the office supplies (14 700 Eur), rent of rooms and equipment for seminars (20 000 Eur), fees of the Estonian lecturers (6 000 Eur), printing and material (10 000 Eur). The co-financing will be parallel to the EC Phare contribution.
The sustainability of the project will be guaranteed by:


All health examinations of sick fund members carried out by family doctors are financed from the Health Insurance Fund. The funds allocated for health services in the health insurance budget are divided between regional sick funds. The regional sick funds conclude contracts with medical institutions and family doctors. The sick fund pays the medical institution for health services provided to members of the sick fund according to a price list for health examinations and health services as set out in their contract. The prices are determined by the Health Services Pricing Committee which includes representatives of the sick funds, the Estonian Medical Association, the Estonian Hospital Association, the Family Doctor Association, the Council of County Doctors and the Ministry of Social Affairs.

6. Implementation Arrangements
6.1. Implementing Agency

CFCU will be the Implementing Agency responsible for tendering and contracting.

Programme Authorising Officer:
Mr. Renaldo Mändmets,
Deputy Secretary General of the Ministry of Finance
Phone. +372 611 3558
Fax. +372 631 7810
Suur Ameerika 1
15006 Tallinn
Estonia

Program Officer:
Mrs. Piret Lilleväli
Deputy Secretary General,
Tel.: +372 626 9770
e-mail: piret.lilleväli@sm.ee
MoSA Gonsiori 29
15027 Tallinn, Estonia

Contact person in the field of health care
Mrs. Viive Pille
North Estonian Regional Hospital
Occupational Health and Occupational Diseases Centre
Head of Centre

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12 The insured are either employees whose social tax is paid by their employer or self-employed persons who pay social tax on their own income. For the health insurance to become valid, persons must be registered with the regional sick fund covering their place of residence. Workers with a principal or second job become members of the sick fund after their employer has submitted to the sick fund a list of employees whose social tax has been paid. In addition, family members and other persons who have no independent income and are dependent on an insured person are covered by health insurance.
The project Steering Committee will be established by the MoSA and will comprise representatives of:

- Ministry of Social Affairs,
- Occupational Health Centre,
- Tartu Farmers Union
- Ministry of Finance
- EC Delegation in Estonia.

The Steering Committee will:

- Review all project reports and work plans;
- Select the participants to the training
- Provide advice and guidance on issues raised by the project manager and his team.

6.2. **Twinning**

The Project leader and contact person for the twinning is Mr. Tiit Kaadu

**Head of the Labour Department**

Tel: +372 626 9780
Fax: +372 626 9954
e-mail: tiit.kaadu@sm.ee

MoSA
Gonsiori 29, 15027 Tallinn

**Project manager**

Mr. Urmas Krass

**Director of Occupational Health Centre**

Hiiu 42 11619 Tallinn

Tel: +372 670 7040
Urmas.Krass@ttk.ee
www.ttk.ee

6.3. **Non-standard aspects**

None

6.4. **Contracts**

There will be two contracts:

- Contract 1 Twinning 327 600 EUR
- Contract 2 Supply 5 000 EUR

7. **Implementation Schedule**

7.1. Start of tendering/call for proposals
September 2002

7.2. Start of project activity
    February 2003

7.3. Project Completion
    January 2004

8. Equal Opportunity
   All activities in this project will be open to both men and women. Selection of trainees will be
   full accordance with the principles of equality.

   During the implementation of the project there will be no discrimination on the grounds of
   race, sex, sexual orientation, mother tongue, religion, political or other opinion, national or
   social origin, birth or other status. Equal opportunities for women, men and minorities will
   be ensured by the Steering Committee during the implementation of the project. The Estonian
   laws and regulations concerning the equal opportunities for women, men and minorities will
   strictly be followed. Equal opportunity for men and women to participate in the project will be
   measured by recording the experts and consultants employed.

9. Environment
   N/A

10. Rates of return
    N/A

11. Investment criteria
    N/A

12. Conditionality and sequencing

   Conditionality
   Occupational Health Action Plan 2003-2010 has to be approved by the Minister of Social Affairs
   before the project starts.
   EE99/IB/OT/04: Support to the Estonian Occupational Health Sector (FIN) (The results see
   ANNEX 5) to be finalised before the project starts.
   The selected family doctors will conclude an agreement with MoSA, including a commitment to
   go on participating in the network after completion of the project, in order to ensure the
   sustainability of the project results.

   MoSA will guarantee that after completion of the project the finances for further training of
   remaining required OHS related persons (family doctors, OHS staff, agricultural advisers,
   representatives of social partners) will be ensured in the state budget to provide means for trained
   trainers to carry out their activities.

   Sequencing

   1. Action to develop National policies and strategies (activities 1 & 2) Spring – Summer 2003
   2. Training of professional staff (activities 3 to 6) Spring – Summer 2003
   3. Development of ‘Good Practises’ (activity 7) - Summer 2003
   4. Development of the OSH network (activity 8) - Autumn 2003
   5. Publishing of materials (contract 2) - Autumn 2003
ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)
4. List of relevant Laws and Regulations
   4a Extract from the Health and Safety Act § 16
   4b List occupational diseases and physical, chemical and biological factors causing occupational diseases
   4c List of reported occupational diseases in Estonia 1990-2000:
   4d Occupational Health professionals in Estonia in year 2000
5. Achievements of Twinning project EE99/IB/OT/04: Support to the Estonian Occupational Health Sector (concerning the support to the Estonian Occupational Health Centre and occupational health service infrastructure)
   Optimal design of the required network for Occupational Health Services (OHS) and for the diagnostics of occupational diseases in Estonia
7. Problem tree
## ANNEX 1
**Phare Log Frame**

<table>
<thead>
<tr>
<th>LOGFRAME PLANNING MATRIX FOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project</strong></td>
</tr>
<tr>
<td>EU Phare Support to Increase the Coverage and Effectiveness of Occupational Health Services in Estonia.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Objective</th>
<th>Project Purpose</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced number of incidences of work-related diseases in Estonia.</td>
<td>Increase the coverage and effectiveness of occupational health services and awareness of employers and employees on occupational health issues.</td>
<td>1. System for prevention of occupational health diseases in place by 10 months of project start 2. System for diagnosis, treatment and rehabilitation of occupational diseases in place</td>
<td>Degree of Minister of Social Affairs for approval of the system Quarterly and Final Project Reports Description of a system approved by MoSA</td>
<td></td>
</tr>
</tbody>
</table>

4. National coverage improved through the training and certification of at least three additional OH professionals in each of 15 counties or total of 45 (3 doctors in each county recommended by the county doctor)

5. Definition of employers organizations and target groups who need information about OH&S for prioritising the most urgent and important goals in improvement of wrong environment

6. Occurrence of occupational accidents and diseases (per 100 000 employed persons) reduces 3 – 5% from level in 2003 by 2007

<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Joint Action Plan for public health and occupational health and safety approved by Ministry of Social Affairs as the tool for service</td>
<td>1. Action plan approved by the MoSA within 12 months of project start.</td>
<td>Decree of the Minister of Social Affairs MoSA directives and policy statements</td>
<td>10-15 (at least one for each county) trained family doctors identified as trainers.</td>
</tr>
</tbody>
</table>

13 The precise number of trained personnel will be indicated in the national policy and strategy (result 2) and in order to ensure the sustainability of the project results the finances for the further training will be indicated in the Joint Action Plan for public health and occupational health and safety (result 1), which is a basis for applying funds from the State Budget.
development.

2. Administrative structure and institutional capacity for the recognising occupational diseases in place as a national policy and strategy.

3. Occupational and necessary public health personnel are trained on diagnostics, care and prevention of work-related diseases.\(^{13}\)

<table>
<thead>
<tr>
<th>2. National Policy and strategy drafted and approved by the MoSA by mid of 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The training programmes will provide training in diagnosis, care and prevention of work-related diseases to: 40 additional occupational health physicians will be trained according to training programme / see 3.4.1.1. Totally there are 77 practitioners trained by the end of 2003. 20 physicians with a specialist degree, i.e. Orthopaedics the number is % of the total number of acting specialists 30 occupational health physiotherapists and ergonomists This is the total number of acting specialists. The aim is to prepare at least one for each local OHS service. 50 other specialists in the field of occupational health and safety 1-2 for each OHS 90 Family Doctors and their co-workers will be trained in diagnosis and care of occupational diseases 15 % from all family doctors 15 family doctors will become trainers of other doctors (1 per county) 3 Agricultural advisers from Tartu will be trained in occupational health and safety.</td>
</tr>
<tr>
<td>Pre-qualified personnel identified for training as ‘advisers’.</td>
</tr>
</tbody>
</table>
4. Guidelines for “Good Occupational Health Practices” produced with training provided for 100 specialists

Guidelines published and distributed to OH specialists and provider organisations by MoSA
Training records of the OHC
Information is readily available to members of the National Network of Occupational Health

5. Indicators, research studies, information on the occurrence of work-related diseases and preventive activities of occupational health services are available in the National Network of Occupational Health for specialists and the public.

Information about occupational health services and work-related diseases is available and disseminated.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting the public health and occupational health and safety administrations develop a joint action plan (2003 – 2005) relating to work-related diseases and their prevention. Assisting the Ministry of Social Affairs (MoSA) and Occupational Health Centre (OHC) in drafting national policy and strategy designed to strengthen administrative structures and institutional capacity for recognising occupational diseases.</td>
<td>2 month twinning covenant with PAA presence for 12 months, with support from an administrative assistant and Project Leader in a MS. 4 STAs for specific activities – total 8.5 months Supply contract for the printing of leaflets etc.</td>
<td>Twinning partner is available for the project.</td>
<td></td>
</tr>
<tr>
<td>diseases.</td>
<td>Development of curricula for short training courses and training occupational and public health personnel in diagnosis, care and prevention of work-related diseases.</td>
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<td>---</td>
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</tr>
<tr>
<td>Training provided on diagnosis, care and prevention of work-related diseases to, occupational health physician, specialist physicians, occupational health nurses, physiotherapists, ergonomists and other specialists.</td>
<td>Develop and deliver a ‘train the trainer’ programme for doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop Guidelines for ‘Good Occupational Health Practices’ and undertake the training of specialists in OH&amp;S.</td>
<td>Develop and deliver a ‘train the trainer’ programme for doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing the National Network of Occupational Health in Estonia</td>
<td>Project audit will be carried out at last quarter of the project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing information materials on occupational health services and work-related diseases. The information departments and libraries of the OHC and Labour Inspectorate are supported to publish information material on occupational health services and work-related diseases.</td>
<td>Service contract for audit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preconditions**
Occupational Health Action Plan 2001 – 2010 approved by the Minister of Social Affairs before the start of project
# TIME IMPLEMENTATION CHART

**Project N°: ES**

**Project Title:**

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<thead>
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<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
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<tbody>
<tr>
<td><strong>Institution Building</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract 1 Twinning</td>
<td>t</td>
<td>t</td>
<td>t</td>
</tr>
<tr>
<td>National strategies and policies (activities 1 &amp; 2)</td>
<td></td>
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<td>i</td>
</tr>
<tr>
<td>Training programmes (activities 3 – 6)</td>
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<tr>
<td>“Good OSH Practices” (activity 7)</td>
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<td>OSH network development (activity 8)</td>
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<td>Audit</td>
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| **Contract 2** | | | |
| Publishing of information materials | t | t | t |

**ANNEX 2**
# CUMULATIVE CONTRACTING SCHEDULE (by quarters)  
**ANNEX 3a**

<table>
<thead>
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<tr>
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# CUMULATIVE DISBURSEMENT SCHEDULE (by quarters)  
**ANNEX 3b**

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<tr>
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<tr>
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<td>TOTAL</td>
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Occupational Health and Safety Act
(16.06.1999)
REGULATIONS, based on Act of Occupational Health and Safety

- "The minimum requirements for the provision of safety and/or health signs at work" Passed 30 Nov 1999
- "Occupational health and safety requirements from the risks related in construction industry" Passed 8 Dec 1999
- "The provision of the first aid in enterprises " Passed 13 Dec 1999
- "Occupational health and safety requirements for the workplace " Passed 21 Dec 1999
- "The procedure for selection and use of personal protective equipment" Passed 11 Jan 2000
- "Occupational health and safety requirements for the use of work equipment" Passed 11 Jan 2000
- "Occupational health and safety requirements from the risks related to exposure to asbestos at work" Passed 02 Feb 2000
- "Occupational health and safety requirements from the risks related to exposure to carcinogens and mutagens at work" Passed 15 Feb 2000
- "Occupational health and safety requirements for the working environment affected by biological risk factors" Passed 05 May 2000
- "The procedure of health examination of workers" Passed 31 May 2000
- "List of occupational diseases" Passed 07 June 2000
- "Occupational health and safety requirements from the risks related to exposure to lead and its ionic components at work" Passed 20 June 2000
- "Formation of the Occupational Health Centre and approval its statutes " Passed 07 Aug 2000
- "The procedure for investigation and registration of occupational accidents and occupational diseases" Passed 20 Sep 2000
- "Occupational health and safety requirements for the use of Display Screen Equipment" Passed 14 Nov 2000
- "The procedure for training and supplementary training in the field of occupational health and safety " Passed 14 Dec 2000
- "Occupational health and safety requirements for the work of pregnant and breastfeeding women" Passed 07 Feb 2001
- "Occupational health and safety requirements for manual handling of loads" Passed 27 Feb 2001
Extract from the
Health and Safety Act § 16

(1) An occupational health service is an agency or a structural unit of an enterprise which provides occupational health services on the basis of an activity license issued by the Minister of Social Affairs.
(2) Occupational health services involve the performance of duties by occupational health doctors or nurses, occupational hygienists, occupational psychologists, ergonomists or other occupational health specialists.
(3) The main purpose of an occupational health service is to prevent or reduce risks to the health of workers and to prevent contraction of occupational diseases.
(4) An occupational health service shall provide the following services:
   1) conducts risk assessments of workplaces, including measurements of the parameters of risk factors present in the working environment, and makes proposals for the improvement of the working conditions;
   2) examines and monitors the state of health of workers to prevent the development of occupational diseases or other illnesses related to work;
   3) assists in the organization of medical and occupational rehabilitation of workers;
   4) advises employers on the adaptation of work to the abilities and state of health of workers;
   5) advises employers on the choice and use of work equipment and personal protective equipment and provides advice on other occupational health and safety issues.
(5) In its work, an occupational health service shall observe the principles of professional ethics by:
   1) maintaining the confidentiality of production and business secrets which become known to it in the course of its activities, except if departure from this is required in order to protect the health and safety of workers;
   2) protecting the confidentiality of information concerning the health and private life of workers;
   3) disclosing the results of health surveillance to the management of the enterprise only in terms of the restrictions imposed on the performance of duties by workers by reason of contraindications;
   4) providing objective information to workers concerning the risks associated with their professional activities and the working environment.
(6) The procedure for the health surveillance of workers shall be established by a regulation of the Minister of Social Affairs. The procedure for application for and grant of activity licences for the provision of occupational health services shall be established by a regulation of the Minister of Social Affairs.
List occupational diseases and physical, chemical and biological factors causing occupational diseases

Physical factors

1. Vibration
White finger syndrome; polyneuropathy of the upper limb.

2. Noise
Cochlear type of deterioration of hearing

3. Overpressure
Direct effects of changes of pressure, such as maxillary hemorrhages and tympanal ruptures; indirect effects of pressure such as nitrous inebriation and diver's disease; as a long-term effect an aseptic bone necrosis of big joints.

4. Ionizing radiation
Bone marrow injuries, lens opacities, skin changes
(eczemas, wounds, scars, skin cancer)

5. Infrared radiation
Lens opacities, e.g. glassblower's cataract; skin changes (connective tissue changes, telangiectasies).

6. Ultraviolet radiation
Conjunctivitis and keratitis of the eye; skin changes (light eczema, light contact eczema).
Tenovaginitis and humeral epicondylitis caused by a physical factor when caused by performing repetitive, monotonous or strained movements.

Chemical factors

1. Arsenic and its compounds
Acute arsenic intoxication (gastro-intestinal, respiratory, and nervous symptoms); long-term respiratory, mucous membrane symptoms; conjunctival irritation of the eye; skin changes like chronic eczema, skin pigmentation, hyperkeratosis, skin cancer; pulmonary cancer; peripheral neuropathies.

2. Beryllium and its compounds

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14 Regulation of Minster of SA No 42, 7.06.2000.
Irritation of mucous membranes; chemical pneumonitis in high exposure; chronic berylliosis; skin changes (contact eczema, foreign body reaction e.g. granuloma); pulmonary cancer.

3. Mercury and its compounds

Irritation of mucous membranes and gastro-intestinal tract in acute intoxication, sometimes chemical pneumonitis. In subchronic or chronic intoxication the symptoms vary according to individual factors and form of exposure: symptoms of the mouth (gingivitis), peripheral and central nervous injuries (e.g. shake, psychic changes, renal injuries (albuminuria) and in connection with the injuries, elevated mercury levels in urine and blood; skin changes (contact eczema, eczema or other wide-spread rash).

4. Phosphorus and its compounds

Injuries of bone and liver; respiratory irritation; central nervous symptoms; caustic injuries of the skin; depression of cholinesterase activity of the tissues in organic phosphorous compound intoxications.

5. Cadmium and its compounds

Acute intoxication with strong respiratory symptoms (chemical pneumonitis); chronic intoxication (renal injuries, emphysema); skin changes (contact eczema); pulmonary cancer.

6. Cobalt and its compounds

Skin changes (contact eczema); rhinitis and asthma due to cobalt allergy; hard metal lung.

7. Chromium and its compounds

Local dermatic or mucosal irritation or corrosion caused by chromium (chrome wounds); skin changes (contact eczema); rhinitis and asthma due to chromium compound allergy; pulmonary cancer; sinusal cancer.

8. Lead and its compounds

The first sign of subchronic or chronic inorganic lead intoxication is disturbed hemoglobin synthesis, later anaemia, reticulocytosis, peripheral nerve injuries, gastrointestinal symptoms, liver and kidney injuries, and central nervous symptoms. Organic lead intoxication is characterized by central nervous symptoms. In inorganic lead intoxication symptoms are associated with elevated blood lead level and elevated erythrocyte protoporphyrin values, and in organic lead intoxication elevated lead levels in blood and urine.

9. Manganese and its compounds

Acute chemical pneumonitis; chronic manganese intoxication (manganism), dominated by nervous symptoms.

10. Nickel and its compounds
Skin changes (contact eczema); rhinitis and asthma due to nickel allergy; chemical pneumonitis caused by nickel carbonyl; sinusal and pulmonary cancer.

11. Zinc and its compounds

Zinc fever; skin changes caused by zinc chloride (contact eczema, corrosion).

12. Vanadium and its compounds

Irritation of respiratory tract (chemical pneumonitis, bronchial constriction).

13. Halogens and their inorganic compounds (chlorine, bromine, fluorine).

Irritation and corrosion of mucous membranes and conjunctiva; chemical pneumonitis; bone changes caused by fluorine compounds (fluorosis); fever caused by fluorine polymer dispersion products (polymer fever); skin changes (contact eczema, corrosion caused by fluorides).

14. Cyanide compounds

Acute cyanide intoxication, chronic intoxication (respiratory symptoms, nervous symptoms); respiratory diseases caused by isocyanates (asthma).

15. Carbon disulfide

Acute intoxication with mainly central nervous symptoms; chronic intoxication by carbon disulfide with central and peripheral nervous symptoms, possibly associated with coronary heart disease.

16. Hydrogen sulfide

Acute intoxications with mainly respiratory and central nervous symptoms, and pulmonary edema.

17. Sulfur dioxide and sulfuric acid

Irritative and inflammatory symptoms of mucous membranes and respiratory organs; corrosion of teeth and eyes; skin changes (contact eczema, corrosion).

18. Nitrogen oxides, nitric acid and ammonia

Acute respiratory irritation symptoms; pulmonary edema; local irritation or corrosion of mucous membranes; skin changes (contact eczema, corrosion).

19. Carbon monoxide

Acute intoxication caused by carbon monoxide with mainly central nervous symptoms. The clinical picture is associated with elevation of carbon monoxide hemoglobinemia.

20. Phosgene

Acute irritative symptoms of respiratory tract and conjunctival tissues; pulmonary edema.

21. Inorganic bases and their anhydrides
Skin changes (contact eczema, corrosion); acute irritation or corrosion symptoms of conjunctiva, mucous membranes, respiratory or gastro-intestinal tract.

22. Aliphatic, aromatic and alicyclic hydrocarbons

Acute and chronic mainly central and peripheral nervous intoxications; skin changes (contact eczema); leukemias caused by benzene; hemangiosarcoma of the liver caused by vinyl chloride.

23. Halogene derivates of hydrocarbons

Acute and chronic mainly nervous system intoxications; skin changes (contact eczema); cardiac arrhythmias and irritative respiratory symptoms caused by freons.

24. Nitrous and amino derivates of hydrocarbons

Acute intoxications associated with methaemoglobinemia; haemolytic anaemia, liver and eye changes caused by trinitrotoluene; skin changes (contact eczema); asthma caused by amines; cancer of urinary bladder caused by aromatic amines.

25. Nitroglycerin and nitroglucol

Central nervous and circulatory symptoms (i.e. hypotension, vasodilatation) caused either by acute or by chronic intoxication; skin changes (contact eczema).

26. Aldehydes, ketons, alcohols ethers and esters

Skin changes (contact eczema); asthma and rhinitis caused by formaldehyde; acute mainly central nervous intoxications caused by alcohols, ketons, ethers and esters; leukemias caused by ethyleneoxyde.

27. Organic acids and acid anhydrides

Irritation and corrosion of skin and mucous membranes; asthma and rhinitis caused by acid anhydrides (i.e. phthalic acid, maleinic acid and trimellitinic acid anhydrides).

28. Phenol and its homologues and their halogen and nitro derivates

Acute intoxications with respiratory, hepatic, renal and central nervous symptoms; chronic intoxication with central nervous and gastro-intestinal symptoms; skin changes (contact eczema, changes in pigmentation); haemolytic anaemia; methaemoglobinemia; hepatic cancer caused by polychlorinated biphenyls.

29. Antibiotics

Skin changes (contact eczema); respiratory allergies.

30. Cancer drugs Alkylating substances (cyclophosphamede, chlorambusil, semustil, kermustine, lomustine) and antimetabolitis (atsathioprine)

Leukemias, lymphohematopoietic cancers and bladder cancer.
31. Plastics and synthetic resins and the substances and intermediates involved in their production

Respiratory diseases (asthma, rhinitis); skin changes (contact eczema).

32. Organic dusts and exposures i.e. flours, corn, wood dusts and materials, animal epithelia, excretions and other exposures of animal origin, dusts of natural fibers and enzymes, natural resins, india rubber

Skin changes (contact eczema, contact urticaria, protein contact eczema); allergic rhinitis, conjunctivitis or pulmonary asthma caused by organic dust, Monday fever (byssinosis) caused by raw cotton.

33. Mineral dusts

Pulmonary diseases caused by quartz and asbestos dust (pneumoconioses); pulmonary cancer and mesothelioma caused by asbestos; consequences of pneumoconioses in respiratory and circulatory organs.

34. Thiuramines, carbamates, derivates of paraphenylenediamines

Skin changes (contact eczema).

35. Reactive and dispersion dyes

Skin changes (contact eczema); asthma and rhinitis caused by reactive dyes.

36. Aflatosins

Cancer of liver.

Biological factors

1. Spores released by bacteria and moulds and other biologically active substances

Allergic alveolitis; asthma and rhinitis caused by moulds; humidifier fever.

2. Tuberculosis bacilli

Different forms of tuberculosis.

3. Viruses, bacteria, fungi, protozoa and schistosomes

Hepatitis B, anthrax, erysipelas, ringworm, brucellosis, listeriosis, dermatic mycosis, toxoplasmosis, malaria, bilharziosis.
List of reported occupational diseases in Estonia 1990-2000:

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<td>198</td>
<td>269</td>
<td>359</td>
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</table>

* data not available

Annual incidence of registered occupational diseases in Estonia is 47/100 000 employed persons

Source: Labour Inspection, Annual Report 2001

Annual incidence of registered occupational diseases in Finland: 217 /100 000 employed persons

ANNEX 4d

Occupational Health professionals in Estonia in year 2000\textsuperscript{15}

Trained:
- Physicians: 62\textsuperscript{16}
- Nurses: 50\textsuperscript{17}
- Ergonomics: 13

In special training:
- Physicians: 2

Actually working in the occupational health services:
- Physicians: 39
- Nurses: 20
- Ergonomics: 2-5

\textsuperscript{15} (Merisalu E. Situation of the Work Environment in Estonia, Tallinn 2001)

\textsuperscript{16} (47 of them are licenced on 2001)

\textsuperscript{17} (29 of them are licenced in 2001)
ANNEX 5

Achievements of Twinning project EE99/IB/OT/04: Support to the Estonian Occupational Health Sector

1. The goals and the structure of the project

The objective of the Estonian-Finnish Twinning Project on Occupational Health 2000 – 2002 (15.8. 2000 – 15.3.2002) is to further develop the Estonian Occupational Health Centre (OHC), to strengthen the infrastructures of the occupational health services (OHS), and to develop human resources for OHS. Training of labour inspectors in occupational health and equality issues is also a part of the project.

Twinning operation has had a central role in the development of Estonian OHS and institution building supporting the achievement of acquis communautaire concerning OH&S (89/391/EEC) and equal treatment for men and women in working life (75/117/EEC, 76/207/EEC).

The original implementation time of the project was 19 months. Administratively the project was divided into five elements, which were closely linked in order to ensure the balanced achievement of all the objectives of the project. The original elements were:

A) High-Level Policy Forum
B) Framework for occupational health services by national networking
C) Information dissemination and management
D) Development of occupational health services and the Occupational Health Centre
E) Mainstreaming of gender equality and strengthening the activities of the Equality Bureau

A number of key activities, such as training and education is included into all elements a) to e) as a principle.

During the project the development of Occupational Health Services (OHS) has been supported with three case studies and two surveys concerning the models and contents of occupational health. Thus, the basis for OHS infrastructure has been created.

The Occupational Health Centre (OHC) has been established and its strategies, action plan and role as a national agency in the field of occupational health and safety has been defined. OHC has also received basic staff and equipment and training of the personnel.

OCCUPATIONAL HEALTH SERVICES

Achievements:

The analysis of the present State-of-the-Art of the Estonian OHS is going on with three case-studies and two survey studies. The sustainable development of services has been supported with an on-going preparation of a national development programme for OHS. Human resources of OHS have been developed with training courses for OHS managers and experts with a special element for training of trainers. Preparation of the lower-level norms and standards, and codes of practices for the implementation of the OH&S Act has been consulted. Additionally, implementation of the OHS Act is supported by: Criteria for a licence of a OHS Unit, by criteria for a licence of OHS specialist, and with
A plan for continual training of OHS specialist. Draft for good occupational health practice guidelines has also been prepared.

**Actions to be implemented in spring 2002:**
Training courses will be organized until the end of the project. Additionally, survey and case studies, and some more consultations to prepare guidelines and instructions for good OHS practice will be finalised. The OHS survey studies will be organised during the following next few months. The results are estimated to be available in March–April. Thus, using the study results in developing the contents and action models of OHS is possible in April–May 2002.

**Remaining gaps**
According to the draft analysis current strategic tools have not covered the collaboration between Occupational Health and Safety and Public Health (or Primary Care). The enlargement is necessary for achievement of higher coverage of occupational health services in Estonia.

**OCCUPATIONAL HEALTH CENTRE**

**Achievements:**
OHC was established in the beginning of the Project. Its mission, strategy and core functions are defined. The key functions: research and development, training and education, information services and advisory services are in operation. Action and work plans for year 2002 are prepared. Plan for long-term financing is prepared. Basic equipment and other material facilities are purchased and in operation. Personnel resources needed are defined and key staff is employed and their training has reached the goals presented in the Covenant.
In addition, action plan and budget for the year 2003 are under preparation. Also, the organizational structure has been defined and the head of departments nominated. In September 2001 an occupational hygienist was employed to support the working environment competence.

OHC has published information material, arranged training courses for OHS specialists, organised the third national Occupational Health Day on 14 September 2001 and participated into the preparation of national development programme of OHS and regulations for the needs of OHS in practice (e.g. health examinations, maritime medicine). OHC had a central role in the planning and implementation of the investments purchasing process (Phare support for purchases July 2001).

**Actions to be implemented in spring 2002:**
OHC has had some delays in their functions during the last month of year 2001 and January 2002 because of removal and renovation of new rooms in the building. OHC still needs support to the strategy planning concerning information, training and research functions. Strategies are finalised during April 2002 and in the beginning of May 2002.

**Remaining gaps**
The results of the investigation made during the ongoing twinning project has also confirmed that there is a special need for further training of occupational health practitioners in the field of diagnoses and care of occupational diseases.
Twinning 1999 on Occupational Health, Draft Recommendations

At the Draft of the National Development Programme on Occupational Health 2005 - 2010 the strategy of the Occupational Health Centre is described as follows:

“One of the strategic goals is to increase the competence of every OHS physician so, that she or he has a possibility to the diagnostics of occupational diseases. OHC will also compile the diagnostic criteria for occupational diseases. This will be carried out in collaboration with the Clinic of Occupational Diseases (COD) and its Expert Commission. Collaboration with COD will extend to the methodological development of OHS and good occupational health practices, too. This kind of collaboration has been negotiated between OHC and North East Regional Hospital (PERH), where COD exists at present.”

According to the recent statistics of the Estonian Labour Inspection (April 2002) during the first quarter of 2002, the number of the registered occupational diseases was 35 cases. This is remarkably lower than the respective number in previous years (table).

Table: Number of registered occupational diseases during the first quarter of the year 1999 – 2002 (Labour Inspection Statistics 2002)

<table>
<thead>
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<th>Year</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
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<tbody>
<tr>
<td>Cases/First quarter</td>
<td>98</td>
<td>99</td>
<td>70</td>
<td>35</td>
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</table>

It is quite obvious, that there are still serious shortages in the diagnosis and registration of occupational diseases.

Among the risks and threats in the development of the OHS infrastructure, as analysed during course of the Twinning Project EE99/IB/OT/04 the following is stated:

- It is not possible to increase the coverage of OHS due to the lack of trained personnel, and difficulties in organizing services throughout the country.

At the same document among the Actions against threats the following is mentioned:

- A realistic plan for training occupational health professionals by the year 2010 will be presented based on the goals of the above-mentioned programme.

Based on the above mentioned and the experiences gathered during the implementation of the Twinning Project EE99/IB/OT/04, the following recommendations are proposed:

1. Recommendations regarding the activities of the OHC:

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18 Drafted by Dr Matti Ylikoski, the Pre-accession Adviser in the Estonian – Finnish Twinning Project EE99/IB/OT/04 in May 2002
19 Ministry of Social Affairs, 2002
• Strengthening diagnostics of occupational diseases requires further training of OHS physicians and family physicians on the diagnostic criteria, procedures and decision making regarding occupational diseases. The planning of training programmes with plans on training of trainers on occupational diseases need to be collaborated with the Clinic of Occupational Diseases and University of Tartu in the nearest future because the Act of Insurance on Occupational Diseases and Diseases will be ready in the Parliament soon. The training will allow also the reasonable use of laboratory and other equipment purchased with the support of Phare.

• Increasing collaboration with the Clinic of Occupational Diseases will be a good chance to the OHC to strengthen its activities in expert assessments, development of models and methods for OHS systems and services. The collaboration should be supported also in the future by the State and other responsible agencies and organizations.

• The OHC has achieved a high competence in training occupational health physicians, nurses and other occupational health specialists. In future, the training strategy of OHC will need support from the Ministry and universities.

• The basic prerequisites for compiling, analysing and disseminating occupational health information and keeping records of occupational diseases have now been established in the OHC. These activities will also need to be developed further, especially the technical side of the activities.

2. Recommendation regarding the training on OHS

• In the formulation of the strategy for OHS training also the training of family doctors, employers and employees representatives should be taken into account.

3. Recommendation regarding the OHS

• The basic and further training of OHS professionals is also important both from the coverage, contents and quality point of view of OHS.

Optimal design of the required network for Occupational Health Services (OHS) and for the Diagnostics of Occupational Diseases (OD) in Estonia

These are two, in a way, separate items.

Firstly, OHS system needs a nation wide special occupational health CARE system of services with about 120 -150 OH-physicians (47 at present, and 29 of them working in Tallinn) depending on the aimed coverage objective (50% - 70 %) of the Estonian society. This development is in the hands of the OHC and MoSA.
There exists a general need, that OHS system and the content of the legislation of OHS is generally known among primary care and Public Health physicians in Estonia in addition to OHS Physicians.

The model\textsuperscript{21} for the development of the Agricultural OHS-System in the present Project Fiche belongs to this category of training and development. The number of required agricultural advisers might be about 60 to 100 depending on the result of the proposed project and model suggested after the project.

Secondly, the diagnostics of Occupational Diseases needs that all 600 family physicians can at least at a screening level recognize and consider the possibility of OD and at least refer and send these cases and patients to the appropriate clinic of OD.

Additionally all OHS physicians should have a higher level and deeper training, not only to consider, but actually to set the diagnosis. At present there exists 47 OH physicians needing this training.

Additionally, some specialists (Otology, Dermatology, Lung and Allergic Diseases) require training on respective ODs as indicated in the present Project Fiche. These physicians are daily working in University and biggest hospitals.

It has been planned (in the present Project Fiche) that few OHS physicians (especially those 10 to 12, who are working in the OHC and in the Clinic of Occupational Diseases) will be trained so, that they will achieve the ability to act as TRAINERS to the other physicians.

Additionally, some 90 Family Physicians in the bigger cities, in big Polyclinics and Group Units of Family Physicians around the country will be trained at the primary level of recognition and procedures of referral of occupational diseases.

\textsuperscript{21} The Primary health care unit model is recommended to implement in Estonia. (See “The FinEst bridge – Finnish-Estonian collaboration in occupational health” page 21, Helsinki 2002)
Support to increase the coverage and effectiveness of occupational health services in Estonia

PROBLEMS

- The private entrepreneurship is not covering the whole country (especially in country side)
- OHS System does not cover the whole country
- Training of the staff (the doctors, nurses, other medical workers) - There is no network for the doctors and nurses
- There is a lack of vision and lack of experience how to develop the system, no knowledge in strategic planning
- Doctors do not have knowledge on management
- Analyses of the occupational diseases is insufficient
- There is no fundamental data regarding the working environment conditions (statistics, etc)
- Statistics on occupational diseases (diagnostics and registration) is not according to the real situation (Register is compiled in the framework of CIII)
- Diagnosis of occupational diseases is insufficient
- Awareness of the public, employers and employees about work environment is insufficient
- Family doctors and physiotherapists are unable to recognise occupational deseases
- Clients (patients) do not have information about occupational diseases

ANNEX 7
Support to increase the coverage and effectiveness of all health services in

OBJECTIVES

- OH System covers whole country
  - Rural
  - Trained
  - TNA & Teaching
  - Approved action
  - Ability to EU experience
  - Estonian

- OH doctors are to detect health
- There is a regulation detecting health-related
- Increased and ability to information
- Registration statistics on OHD available
- Potential patients informed and aware of their environment
- Readiness at 1st (family doctors primary specialists) to recognise health-related disease