Reducing the burden of disease in Estonia
- a public health approach to priority-setting -

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There now exists very good information and evidence on the causes of ill-health in Estonia, not only the main killers but also the main contributors to disability. The total burden of ill-health has been estimated both according to different disease categories (e.g. cancers, cardiovascular disease), and also according to the risk behaviours that lead to disease (e.g. physical activity, tobacco consumption).

Although a breakdown of the burden of disease in Estonia is very informative, it is not enough on its own to establish evidence-based action plans or priorities in health, because it does not take into consideration the amount of burden that is actually or potentially avoided via implementation of effective and cost-effective care and/or prevention. That is why there is a need for analysis of the costs and effects of different strategies across the health sector.

Economic analysis of the cost-effectiveness or efficiency of different interventions has already been undertaken for some diseases (psychiatric disorders such as depression) and also for two risk factors (alcohol and tobacco use), with the potential to extend this to other leading contributors of disease burden (such as cardiovascular disease and cancers).

Results of the economic evaluation for tobacco and alcohol control in Estonia indicate that while current policies – taxation plus partial implementation of other measures such as ad bans, breath-testing or clean indoor air laws – are already reducing moderately the burden that would have existed without intervention, there is significant scope for further improvement. Increased tax is the most effective and cost-effective strategy for reducing the national burden of alcohol and tobacco; personal interventions such as nicotine replacement therapy for smokers or brief advice to heavy drinkers are effective but much more costly and therefore less cost-effective.

Needless to say, consideration of cost and cost-effectiveness is only one part of the policy-making process, and need to be weighed up alongside other key public health criteria such as equity or fairness, or even issues outside the health sector such as trade agreements.

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