

Estonia

A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region, 2026–2030

● Estonia ● WHO European Region average ● Worst-performing country ● Best-performing country



Country at a glance

Total population
1 374 687

Under 18 population
267 879

Under 5 population
66 025

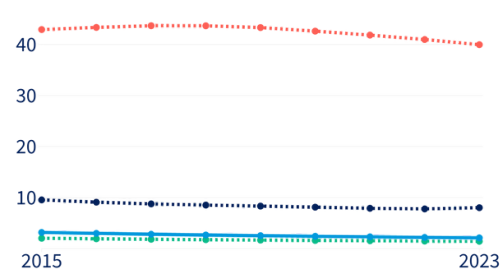
Adolescent population
155 026

GDP per capita
49 334 USD

Child and adolescent development and health status

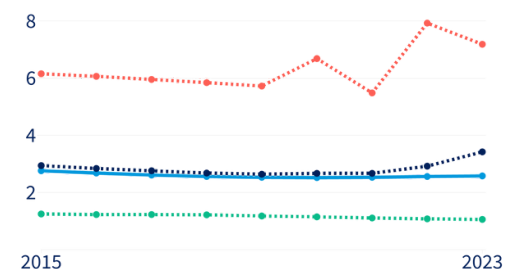
Child mortality (0–4)

2.1 deaths per 1,000 births



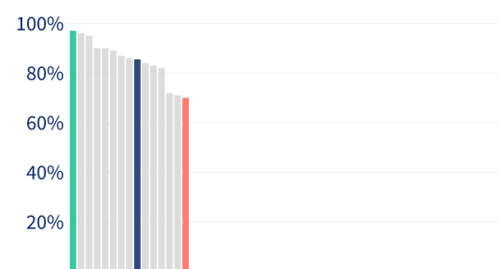
Adolescent mortality (10–19)

2.6 deaths per 1,000 adolescents



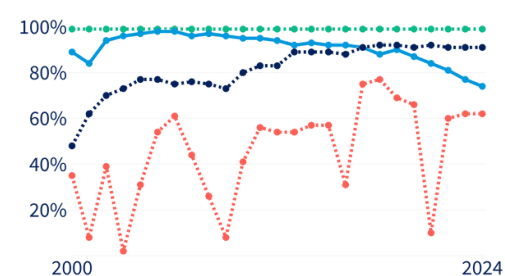
Children developmentally on track

No data



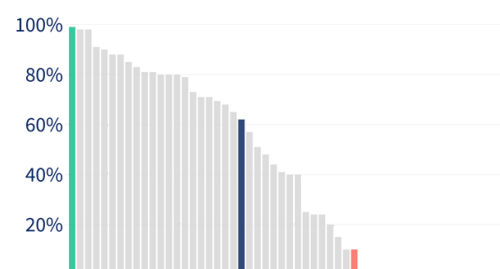
Measles vaccine coverage

74%



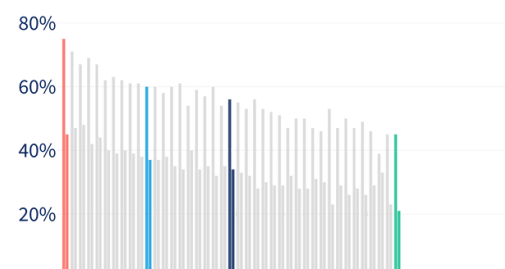
Breastfeeding initiation within 1 hour

No data



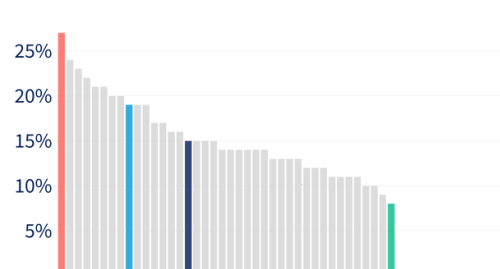
Multiple health complaints (well-being and mental health) (11–15)

60% of girls **37%** of boys



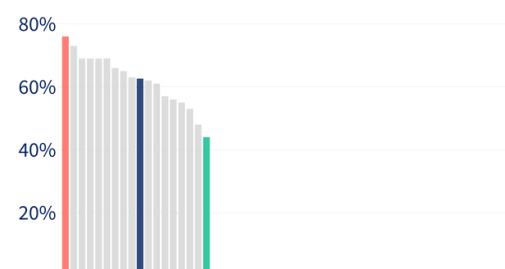
Being cyberbullied (11–15)

19%



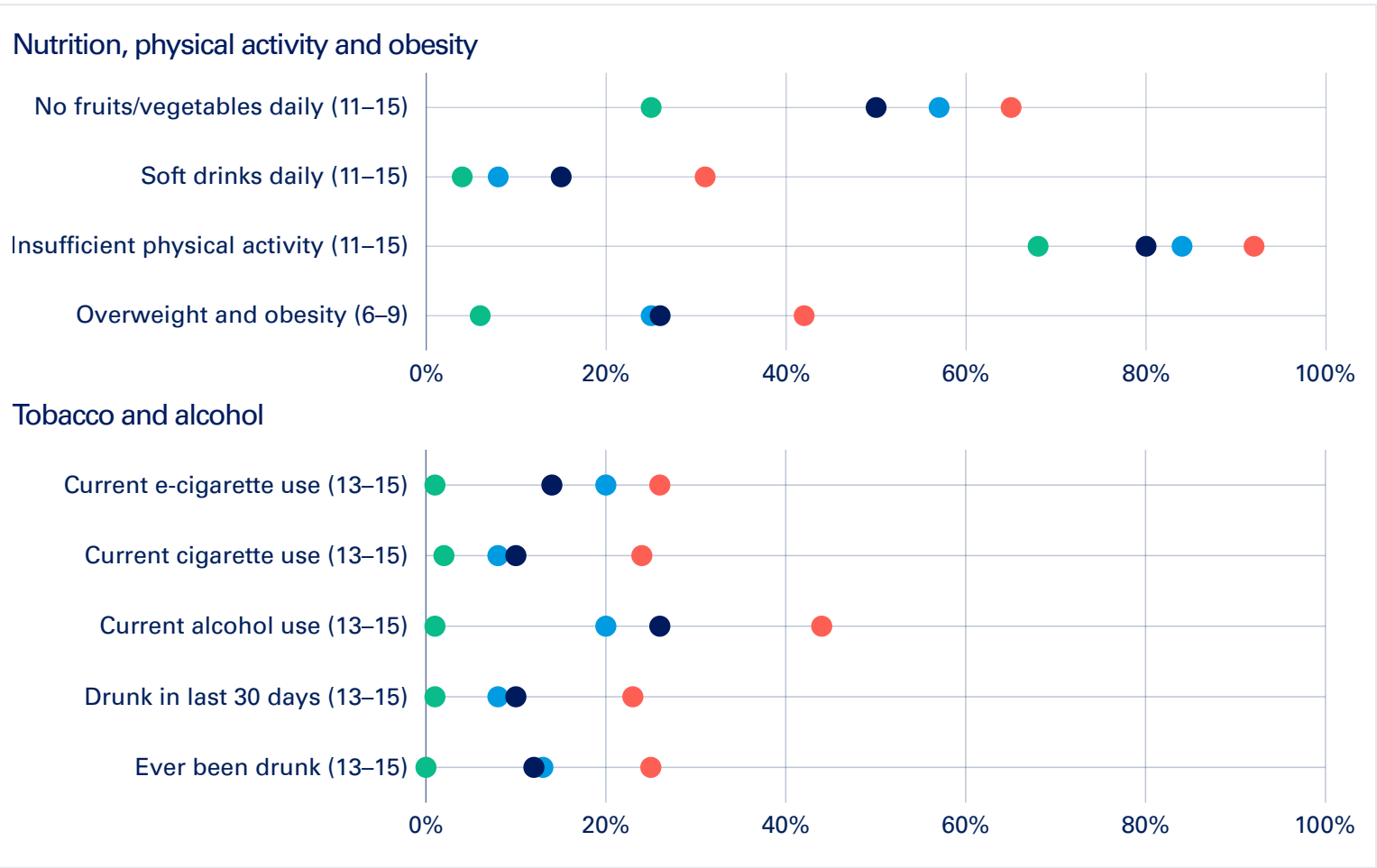
Violence against children (1–14)

No data



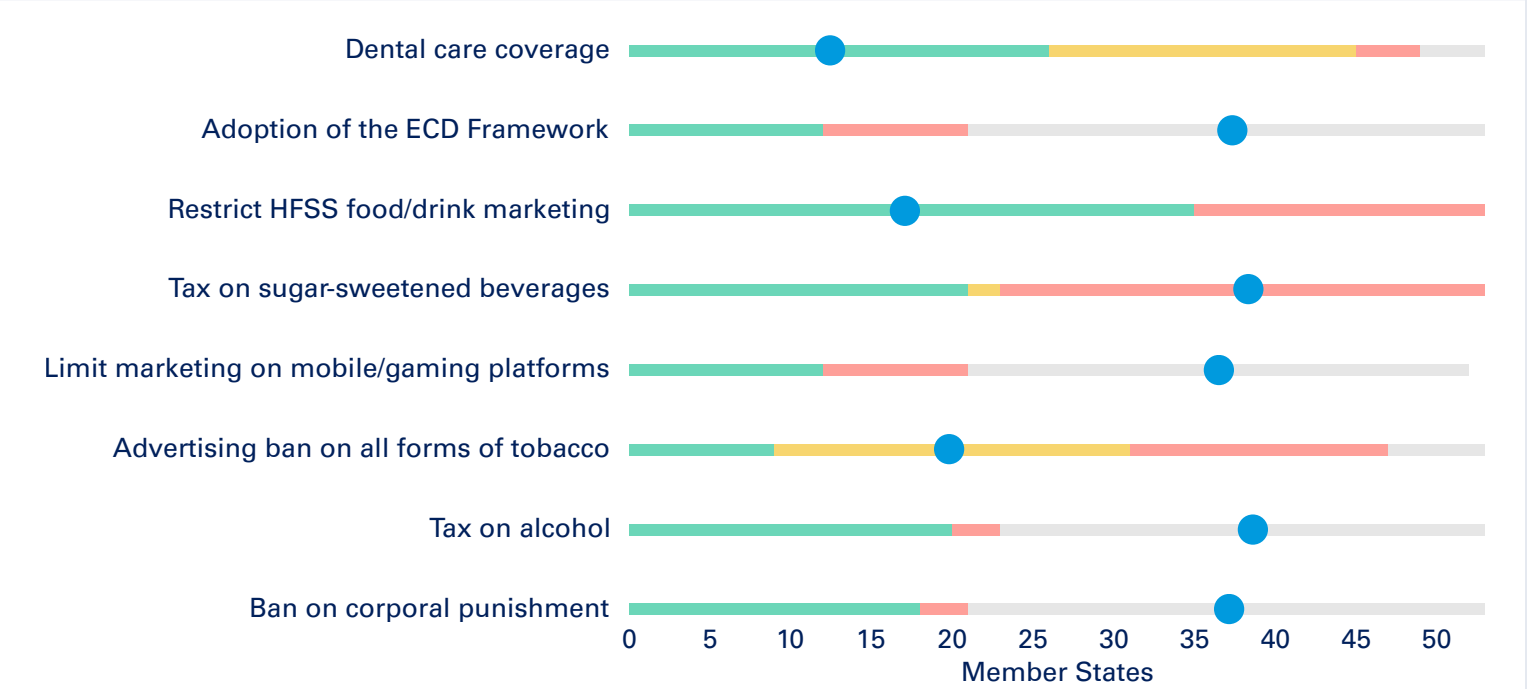
Health behaviours and outcomes

● Estonia ● WHO European Region average ● Worst-performing country ● Best-performing country



Policies for child and adolescent health

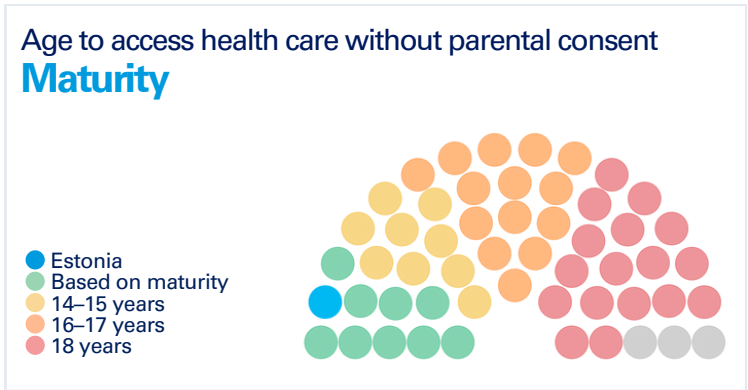
● Estonia ● Yes/implemented ● Partial implementation/planned ● No/not implemented ● Data missing



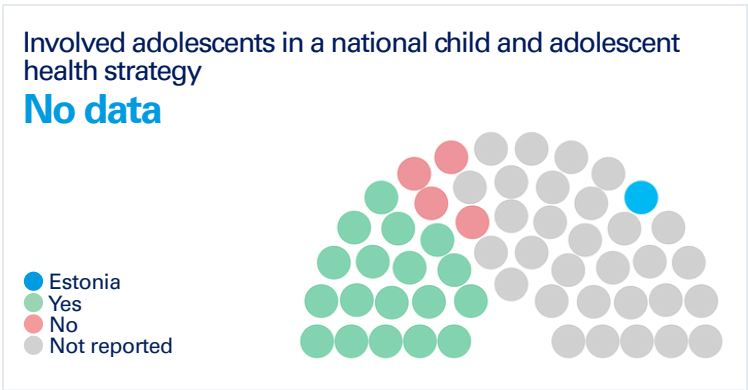
ECD = Early childhood development
HFSS = High in fat, salt or sugar

System performance for child and adolescent health

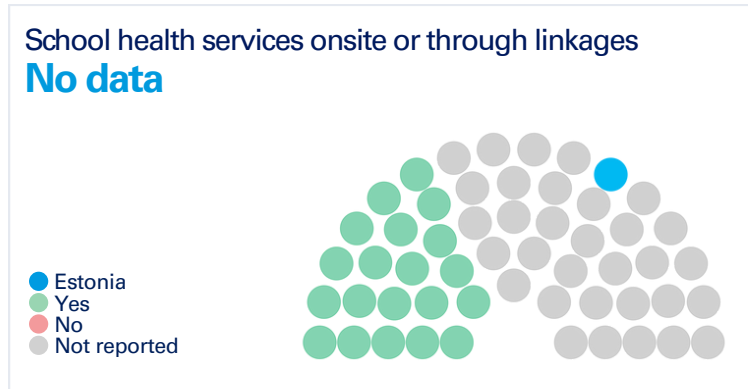
Child and adolescent rights



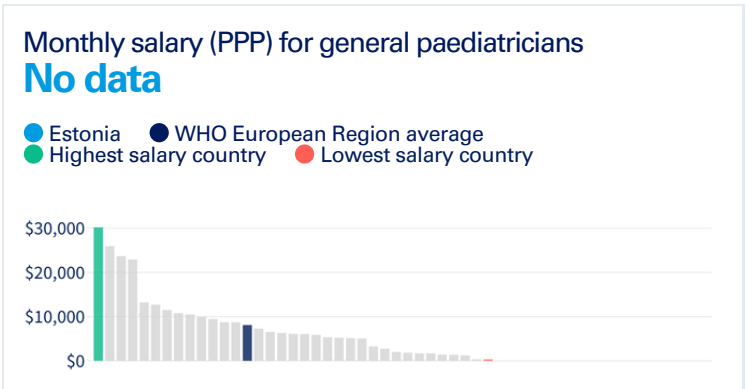
Adolescent participation



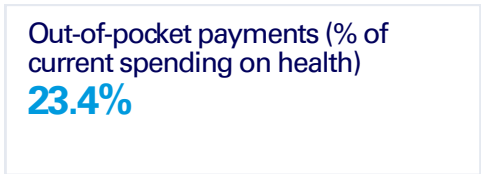
Service delivery



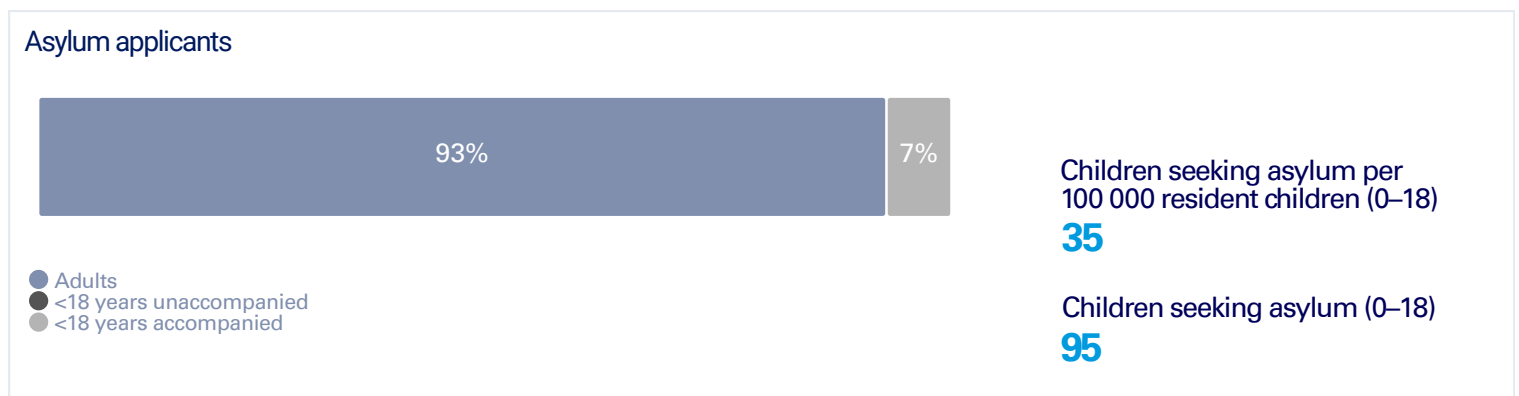
Workforce



Financing



Children and adolescents in vulnerable situations



Indicator definitions and sources

Last accessed 30 July 2025

Total population: Total population. Source: UNICEF TransMonEE; Eurostat; United Nations, Department of Economic and Social Affairs, Population Division (2024); and revised/validated by countries.

Under 18 population: Children aged 0–17 years. Source: UNICEF TransMonEE.

Under 5 population: Children aged 0–4 years old. Source: UNICEF TransMonEE.

Adolescent population: Adolescents aged 10–19 years. Source: UNICEF TransMonEE.

GDP per capita: Gross domestic product per capita is the total value of goods and services produced in a country divided by its population, expressed in current US dollars and not adjusted for inflation. Source: International Comparison Program, World Bank.

Child mortality (0–4): Number of deaths among children under age 5 per 1000 live births in a given year. Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME).

Adolescent mortality (10–19): Number of deaths among adolescents (10–19 years) per 1000 adolescent population in a given year. Source: UN IGME.

Children developmentally on track: Percentage of children aged 24–59 months who are developmentally on track in at least three of the following domains: literacy–numeracy, physical development, social emotional development and learning. The data covers 36–59 months, except for Uzbekistan, which used the new Early Childhood Development Index calculation method for 24–59 months. Source: UNICEF TransMonEE; Multiple Indicator Cluster Surveys (MICS) and Türkiye child survey 2022.

Measles vaccine coverage: Percentage of children who received the second dose of measles-containing vaccine. Source: WHO/UNICEF Estimates of National Immunization Coverage.

Breastfeeding initiation within 1 hour: Percentage of newborns breastfed within the first hour of life. Sources: Baby-Friendly Hospital Initiative Network, WHO Child and adolescent health in Europe: report on progress to 2021. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO; UNICEF TransMonEE.

Multiple health complaints (well-being and mental health) (11–15): Percentage of 11–15-year-olds who report two or more health complaints (from a list including headache, stomach ache, backache, feeling low, irritability, nervousness, difficulty sleeping, and dizziness) at least weekly in the past six months. Source: Health Behaviour in School-aged Children (HBSC) study 2021/2022.

Being cyberbullied (11–15): Percentage of 11–15-year-olds who report experiencing cyberbullying (e.g. being sent mean or threatening messages, having photos/videos shared without permission) at least once or twice a month in the past couple of months. Source: HBSC study 2021/2022.

Violence against children (1–14): Percentage of children aged 1–14 who have experienced any physical punishment and/or psychological aggression by caregivers. Source: TransMonEE; MICS or Demographic and Health Surveys (DHSS).

No fruits/vegetables daily (11–15): Percentage of 11–15-year-olds who report eating neither fruit nor vegetables daily. Source: HBSC study 2021/2022.

Soft drinks daily (11–15): Percentage of 11–15-year-olds who report daily consumption (at least once per day) of sugary soft drinks. Source: HBSC study 2021/2022.

Insufficient physical activity (11–15): Percentage of 11–15-year-olds not reporting daily physical activity for at least 60 minutes. Physical activity was defined as any activity that increases the heart rate and makes the person get out of breath some of this time, with examples provided. Source: HBSC study 2021/2022.

Overweight and obesity (6–9): Percentage of children aged 6–9 classified as overweight or obese (WHO criteria). Source: WHO European Childhood Obesity Surveillance Initiative (COSI).

Current e-cigarette use (13–15): Percentage of 13–15-year-olds who report using electronic cigarettes at least once in the past 30 days. Source: HBSC study 2021/2022.

Current cigarette use (13–15): Percentage of 13–15-year-olds who report using cigarettes at least once in the past 30 days. Source: HBSC study 2021/2022.

Current alcohol use (13–15): Percentage of 13–15-year-olds who report drinking alcohol in the past 30 days. Source: HBSC study 2021/2022.

Drunk in last 30 days (13–15): Percentage of 13–15-year-olds who report being drunk at least once in the past 30 days. Source: HBSC study 2021/2022.

Ever been drunk (13–15): Percentage of 13–15-year-olds who report having been drunk on two or more occasions in their lifetime. Source: HBSC study 2021/2022.

Dental care coverage: Dental care for children and adolescents (0–18) covered under national health insurance schemes or government benefit packages. Sources: WHO/Europe Member States (MS) Survey 2025 and WHO Child and adolescent health in Europe: report on progress to 2021. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Adoption of the ECD Framework: Adoption of the WHO Framework on Early Childhood Development (ECD) in the European Region. Source: WHO/Europe MS Survey 2025.

Restrict HFSS food/drink marketing: Existence and implementation status of policy restricting marketing of foods and drinks high in fat, sugar and salt (HFSS) to children and adolescents. Source: Noncommunicable diseases (NCD) Country Capacity Survey (CCS) 2023.

Tax on sugar-sweetened beverages: Existence of a national tax on sugar-sweetened beverages. Source: World Bank, Global SSB Tax Database.

Limit marketing on mobile/gaming platforms: Existence and implementation of restrictions on food and beverage marketing on mobile and gaming platforms. Source: WHO/Europe MS Survey 2025.

Advertising ban on all forms of tobacco: Bans on tobacco advertising, promotion and sponsorship. Red: Complete absence of ban, or ban that does not cover national television, radio and print media. Yellow: Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising. Green: Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship). Source: WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO.

Tax on alcohol: Implementation of a national tax or pricing policy to reduce the affordability of alcohol. Source: WHO/Europe MS Survey 2025.

Ban on corporal punishment: Corporal punishment of children is punishable by law. Source: WHO/Europe MS Survey 2025.

Age to access health care without parental consent: Legal minimum age at which adolescents can access health services without parental consent. Sources: WHO/Europe MS Survey 2025 and WHO Child and adolescent health in Europe: report on progress to 2021. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Involved adolescents in a national child and adolescent health strategy: Adolescents participated in the development, implementation or review of national child and adolescent health strategies or policies. Sources: WHO/Europe MS Survey 2025 and WHO Child and adolescent health in Europe: report on progress to 2021. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.

School health services onsite or through linkages: Health services are available in schools or through linkages with the health system according to policy. Source: WHO/Europe MS Survey 2025.

Monthly salary (PPP) for general paediatricians: Average monthly salary of general paediatricians before tax adjusted for purchasing power parity (PPP). Sources: WHO/Europe MS Survey 2025 and WHO Child and adolescent health in Europe: report on progress to 2021. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Asylum applicants: Percentage of children (0–18) of total asylum applicants disaggregated by those who arrive in the country accompanied and those who are unaccompanied (separated from both parents and not cared for by a guardian or other adult who is legally or customarily responsible for them); number of children (0–18) seeking asylum per 100 000 child population (0–18); total number of children (0–18) seeking asylum. Sources: UNHCR Refugee Data Finder, Eurostat and national government reported statistics.

Public spending on health (% of total public spending): Domestic general government health expenditure (GGHE-D) as % of general government expenditure (GGE). Source: WHO Global Health Expenditure Database.

Out-of-pocket payments (% of current spending on health): Percentage of current health expenditure paid directly by households out-of-pocket. Source: WHO Global Health Expenditure Database.

Public spending on health: availability of data disaggregated by age (0–18): Availability of data on total government spending on health for children and adolescents aged 0–18. Source: WHO/Europe Member States Survey 2025.