



REPUBLIC OF ESTONIA
MINISTRY OF SOCIAL AFFAIRS

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Cooperation of Baltic States in the field of health

Honourable Chair and Vice Chairs of the Health, Welfare and Family Committee

Estonian Ministry of Social Affairs attaches great importance to the close collaboration between Baltic States in the field of health. We appreciate the recommendations of the Committee and would like to provide information on the activities you have pointed out in the letter.

Mental health is among the priorities of the Estonian government. We are focusing our efforts to develop a comprehensive system of mental health services nationally. International collaboration and exchange of experiences is of great value, as it helps to develop a deeper understanding of the common challenges as well as differences in the current organisation of mental health services. The three Baltic States are participating jointly in several Nordic and European initiatives, such as Joint Action Implemental, Joint Action Mentor and joint study visits in the framework of Nordic-Baltic collaboration. Good contacts have been established among experts at the working level. Taking into account the ongoing collaboration activities, developing a Baltic roadmap for mental health in our view would not add value at this stage and should not be considered as a prerequisite for enhanced co-operation. As each country has its specific context and is in different phase of development, it would be important at this stage to focus on actions that are essential for developing and implementing a mental health strategy tailored to the needs of each country. While working on national plans, maintaining close collaboration among Baltic states and learning from each other will remain essential.

In the field of pharmaceuticals, there is a regular exchange of information among the medicine agencies of the Baltic countries. Regular meetings take place on various topics, such as crisis preparedness and security of supply of pharmaceuticals. In May 2024, the first meeting of joint Baltic high-level working group for critical medicines was held virtually and follow-up meetings are planned. The working group is focusing on exchanging know-how and experiences on measures for crisis preparedness in the field of pharmaceuticals. For example, principles on national stockpiling were discussed. As the struggles are similar for all Baltic states, we see a great value in this mode of cooperation. In collaboration of Baltic states, we can also rely on the structures created in the EU to exchange information on the supply disruptions, such as the single point of contact (SPOC) network and the Executive Steering Group on Shortages and Safety of Medicinal Products. A Voluntary Solidarity Mechanism has been created in the EU, which allows Member States to support each other in the face of a critical medicine shortage and to request assistance from other Member States in obtaining medicine stocks. Using the existing EU mechanisms would be more effective to avoid duplicating efforts, especially considering the resource constraints of small

countries.

The Agreement between Baltic States on Joint Procurement of Medicines and Medical Devices has proved its added value in jointly procuring vaccines. It provides a solid bases for joint procurements in the future, extending the scope to other centrally procured hospital medicines. Further steps to launch new procurements will depend on the available resources.

We are closely following the initiatives for horizon scanning of new medications such as Beneluxa. Due to resource constraints, Estonia has so far not been in a position to actively participate in these actions. Due to the differences in pricing and reimbursement procedures, we do not see an added value of creating a joint waiting list of innovative medications at this stage. While we are constantly making efforts to extend access to novel therapies, it very much depends on the funding possibilities.

Regarding publication of Baltic Statistics on medicines, we would like to point out that all three countries publish consumption data yearly. This data is collected based on the WHO ATC/DDD methodology, which allows easy comparisons and is readily available online.

Estonia has been in the forefront to enhance cross-border exchange of health data for the benefit of our patients. For the exchange of ePrescriptions and Patient Summaries, the European Commission has set up a cross-border health data exchange infrastructure MyHealth@EU. Estonia joined the platform in 2019 and Latvia in 2024. Estonia is ready to exchange health data with any EU country joining MyHealth@EU and we have established connections in total with over 12 countries already. Preparations are ongoing to enable secondary use of health data under the European Health Data Space, setting up new procedures to process data requests through the Health Data Access Body and give access to requested data through the secure data processing environment. We will be happy to explore possibilities to collaborate with the Baltic States in making secondary data available for policy making and research jointly, allowing researchers and developers access to larger and more rich datasets.

Please accept the assurances of our highest consideration.

Yours sincerely,

Riina Sikkut
Minister of Health

Encl.
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