

Health promotion in Estonia: situation analysis and proposals

Outcomes of the collaborative event “Health Promotion 2.0: The Role of the Health Promoter in Estonia in 2026”

7 April 2026

Organised by the Health Promotion programme team at Tallinn Health University of Applied Sciences, the event brought together 60 health promotion experts and practitioners. Through a co-creation process, participants identified strengths, weaknesses, opportunities and threats in health promotion in Estonia and jointly developed proposals to strengthen the health promotion system.

This summary reflects participants’ assessments and proposals from the collaborative event.

Main conclusions and proposals

Health promotion competence and programmes are stronger than ever before, but funding has decreased and is uncertain. A funding system must be established to ensure sustained and sufficient funding for health promotion and to maintain the quality of activities.

No sufficiently clear expectations have been set for health promotion and health promoters at national level, and the Public Health Act leaves too much room for interpretation as to when the “health promotion task” has been fulfilled. Health promotion needs clear indicators and quality standards, as well as strong national leadership.

An occupational standard for health promoters exists, and higher education programmes and continuing professional development opportunities are available. Every local government and county must employ a qualified health promoter whose role and required competence are clearly described in legislation.

The content and impact of health promotion must be more visible to decision-makers and the public. Consistent and clear messages are needed that link health promotion to population health, the reduction of health inequalities and crisis-resilient communities. This requires strong leadership of the field and a competence centre in the form of the National Institute for Health Development, good networking, systematic monitoring of population health and health determinants, and impact assessments.

All conclusions and proposals formulated at the collaborative event

Using the world café method, participants sought answers to the following questions:

01 What currently works well in health promotion in Estonia? What can we build on and rely on?

02 What are the biggest shortcomings and obstacles that hinder health promotion and its impact?

03 What opportunities in health promotion are currently unused? What would create better conditions for health promotion and increase its impact?

04 What threatens health promotion in the near future? What happens if nothing changes?

After analysing the situation, participants formulated the main conclusions and proposed solutions. The conclusions and proposals concern the governance of the field, quality assurance in health promotion, funding, the workforce and advocacy.

Strategic leadership and accountability

01 The field of health promotion needs a strong strategic leader at national level. Experts working in the field expect the state (the Ministry of Social Affairs) to stand up for the field more forcefully.

02 Clear expectations and indicators for health promotion need to be set at national level, together with a clear understanding of what health promotion involves at different levels and which conditions must be met for health promotion to be considered sufficient and sufficiently systematic.

03 Estonia has an occupational standard for health promoters, but the system neither supports nor requires health promoters to obtain professional certification. There is also currently no overview of the training and competencies of the people working in health promotion. The qualifications of officials and employees currently responsible for health promotion should be mapped.

04 Qualification requirements should apply to health promoters (at least those carrying out statutory state responsibilities), and these should be linked to the professional certificate, with a transition period to be set.

05 The health promotion tasks and obligations arising from the Public Health Act are currently too general at both local and county level. The provisions of the Public Health Act concerning health promotion must be specified, and it must be made a requirement that every local government and county employs a qualified health promoter. In the context of establishing TERVIKs (person-centred organisations bringing together the health and social care sectors), the role of health promotion and health promoters must also be clearly defined.

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06 The objectives of the National Health Plan should be translated into local-level objectives and actions, and there should be more cooperation between the Ministry of Social Affairs, county development centres and local governments. One proposed solution is a rotation system that would allow officials to carry out health promotion tasks at national, county and local levels.

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07 A national Prevention Council exists, and considerable work has been done to organise the prevention system. However, there is room for development so that the Council operates in a way that best supports the prevention system: for example, stakeholder groups should also be able to bring topics to the Council.

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08 Health promotion and prevention are cross-sectoral, and therefore moving the strategic leadership of these fields to the Government Office, or at least involving the Government Office in their leadership, should be considered.

Advocacy and visibility

09 Health promotion and the work of health promoters require systematic communication and advocacy. The visibility of cross-sectoral prevention must also be increased. Health promotion advocacy should be strengthened, consistent messages and a clear value proposition developed, and spokespersons trained to advocate for health promotion. The National Institute for Health Development, in cooperation with the health promoters' network and the Estonian Health Promotion Association, is seen as leading health promotion advocacy.

Workforce development and training

10 Estonia has a network of health promoters, but it needs to be maintained and developed more systematically, with sufficient resources allocated for this purpose. A mentoring system should be created for health promoters, and up-to-date guidance materials and tools should be provided to support health promoters in their work. The National Institute for Health Development is seen as having the leading role in this respect.

11 In Estonia, health promotion can be studied through formal higher education and work-based learning. Continuing education opportunities are also available in health promotion and prevention. These learning opportunities must be developed further through cooperation between public authorities and educational institutions, for example by creating micro-degree programmes that meet the needs of currently working health promoters.

12 Artificial intelligence and the digital transformation are rapidly changing the context of health promotion. Health promoters must be competent in interpreting data and working in digital environments. This requires continuous updating of both formal and continuing education.

13 Decision-makers at all levels need to strengthen their knowledge of health promotion and prevention, for example through the Higher Social Protection Courses for senior decision-makers, dedicated information sessions, seminars and other training opportunities. Training platforms such as the Digital State Academy could also be used for this purpose.

Quality and funding of health promotion and prevention

14 In recent years, substantial progress has been made in evaluating prevention programmes and interventions, and opportunities to deliver evaluated, evidence-based prevention programmes in communities have improved. At the same time, health promotion funding remains project-based and uncertain, local governments' willingness to fund prevention programmes is uneven, and national funding for the field of health promotion has decreased in recent years, as a result of which the health promoter position is vacant in some counties. Under the Public Health Act, county-level health promotion tasks are state responsibilities.

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15 Health promotion is important and strategic work that cannot be done part-time. For a health promoter to be able to create change, they must also be given sufficient time and opportunities to do their work. Ensuring stability and continuity is essential.

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16 Sufficient and sustained funding must be secured both to employ qualified health promoters and to implement health promotion activities. The funding system must support and enable high-quality health promotion.

The collaborative event was attended by 60 experts and practitioners involved in health promotion.

> Participants included representatives of the Ministry of Social Affairs, the Ministry of Justice and Digital Affairs, the Estonian Health Insurance Fund, the Health Board and the National Institute for Health Development. Educational institutions were represented by Tallinn Health University of Applied Sciences and Tallinn University's Haapsalu College. Health promoters working at county development centres, in educational institutions and in local governments also attended, alongside representatives of the third sector, including members of the Estonian Health Promotion Association.

Event organisers: Liis Reiter, Nele Kunder, Merle Truubon, Liina Riisenberg and Kristi-Johanna Kruberg (lecturers on the Health Promotion programme at Tallinn Health University of Applied Sciences).

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