

Plan of action of the National Health Plan (NHP) 2009–2020 for 2013–2016

Field I: Social cohesion and equal opportunities

SO 1. Increasing social cohesion and decreasing inequality in health

No.	Objective/Measure/Activity	Indicator/Result	EA Type	COFOG	Voucher (org)	Co-voucher	2013	2014	2015	2016	Total period	Connection with other development plans of the field
	SO1 / Total budget						4 840 116	3 829 696	2 194 236	1 539 696	12 403 744	
	M1 Reducing inequality in health through social-economic factors						0	0	0	0	0	
		<i>Relative poverty rate after social benefits Source: Statistical Office</i>	x	x			16,9%			16,5%		
1.1.1.	Development of a social system corresponding to needs and application of innovations in offering services, development of preventive measures and development of case management (offering preliminary and follow-up services to children and children in custody or substitution custody in families)	The system of social services meets the needs, preventive services have been developed		10	SoM*		0	0	0	0	0	
1.1.2.	Reorganisation of the provision of rehabilitation services, development of conceptual principles of services	Rehabilitation services have been reorganised		10	SoM*		0	0	0	0	0	
1.1.3.	Development of a strategy for the application of the United Nations Convention on the Rights of Persons with Disabilities and implementation thereof	The United Nations Convention on the Rights of Persons with Disabilities has been developed in Estonia		10	SoM*		0	0	0	0	0	
1.1.4.	Implementation of the strategy for active ageing 2013–2020	Activities of the strategy for active ageing 2013–2020 have been implemented		10	SoM*		0	0	0	0	0	
1.1.5.	Development of a system for evaluation of capacity for work and association thereof with labour market measures and treatment and rehabilitation measures	A system for evaluation of capacity for work has been developed and associated with labour market measures and treatment and rehabilitation measures	20	10	SoM*		0	0	0	0	0	
1.1.6.	Increasing the awareness of labour market parties, development of mobile labour market counselling, development and supplementation of labour market services aimed at risk groups	The availability of labour market services has improved		10	SoM*	Unemployment Insurance Fund	0	0	0	0	0	
1.1.7.	Reducing gender-related inequality and promotion of equality	Equal rights are ensured and gender-based inequality reduced	20	10	SoM*		0	0	0	0	0	
1.1.8.	Development and offering of effective services for development of parental skills	Services have been developed and are offered	20	10	SoM*		0	0	0	0	0	Development Plan of Children and Families 2012–2020
1.1.9.	Reorganisation of specialized social care institutions and substitution homes	About 2500 people receive 24-hour specialized social care services	41	10	SoM*	0	0	0	0	0	0	

1.1.10.	Ensuring adequate income for people included in schemes of social insurance	National social insurance measures meet the European social insurance code (e.g. in the event of illness, unemployment and maternity, the benefit must form 45% of the previous salary of the insured person, in the event of old age, disability and loss of a provider 40% of the salary of male unskilled worker). To improve the situation of disabled people, single social benefits are assigned in events provided in the legislation.	10	10	SoM*	0	0	0	0	0	0	0
1.1.11.	Development of a surveillance and data system of the dynamics and health impact of social and financial indicators to improve monitoring and analysis of the health influence of social indicators	Reports including social and economic indicators are submitted on annual basis, analysis of health impact has been completed	20	10	SOM*	0	0	0	0	0	0	0
M 2 Development of public health and empowerment of communities and fields in health promotion						810 309	1 074 236	850 836	765 096	3 500 477		
		<i>Differences in estimated life expectancy at the moment of birth by counties. Source: Statistical Office</i>	X	X		<i>4,1</i>			<i>3,8</i>			
1.2.1.	Updating of the Public Health Act and related legislation	The Public Health Act has been updated	20	07	SoM*	0	0	0	0	0	0	0
1.2.2.	Increasing the awareness of the general population and specialists about health and in-service training of public health specialists	Awareness of the population and of people working in the field of public health has increased	20	07	SOM	8 308	199 836	199 836	199 836	607 816		
			41	07	SoM	158 750	0	0	0	158 750		
1.2.3.	Development of the health capacity of county governments, rural municipality governments and communities. Development of location-based health promotion, including health-promoting networks.	Capacity of county governments and rural municipality governments in evaluation and analysis of the population health and implementation of evidence-based health promotion has increased. The number of organisations specialising in health promotion has increased.	20	07	SoM	76 800	505 400	517 000	529 760	1 628 960		
			41	07	SoM	496 354	0	0	0	496 354		
1.2.4.	Evaluation of handling health topics (application of the new curriculum) in general education schools	Evaluation of the new curriculum has been completed and suggestions based on the analysis have been submitted	20	09	HTM*	SOM*	0	0	0	0	0	0
1.2.5.	Carrying out surveys of population health	Regular and consistent information covering all fields exists about population health	20	07	SoM	39 597	85 500	113 500	15000	253 597		
			20	01	RM	10 000	263 000	0	0	273 000		
1.2.6.	Making relevant health statistics available for localities, institutions and organisations, carrying out surveys and analyses of the field, surveillance of completion of health profiles and provision of feedback	Access to evidence-based information, guidelines and best practices on promotion has been provided to localities, institutions and organisations; locality-specific results of health surveys and statistics have been published in	20	07	SoM	0	20500	20500	20500	61 500		

		channels aimed at localities, TALL has an overview of the health profiles of localities and feedback is provided to the authors thereof.	41	07	SoM		20500	0	0	0	20 500	
	M 3 Supporting the mental health of people						4 029 807	2 755 460	1 343 400	774 600	8 903 267	
		<i>Mortality coefficient of suicides per 100,000 people Source: Statistical Office</i>					14,4			12,5		
1.3.1.	Drafting of a mental health concept document.	The mental health concept document has been drafted.	20	07	SoM		5 000	5 000	5 000	5 000	20 000	
1.3.2.	Updating of the legislation governing mental health services.	Legislation governing mental health services has been updated.	20	07	SoM		0	0	0	0	0	
1.3.3.	Increasing awareness about mental health both among the general population and vulnerable and related groups, including professionals in the field of education.	A web-based information channel on mental health has been created, information activities supporting awareness about mental health have been carried out, important related groups for support of the mental health of children (education, social, child protection, police etc. professionals) have been engaged in the networks of mental health centres.	20 41	07	SOM SoM***		24580 0	69700 0	58500 0	78000 0	230 780 0	
1.3.4.	Development and provision of services supporting mental health, implementation of activities supporting mental health	Four regional mental health centres have been created, rehabilitation service for children with serious or permanent mental disorder and services for the general population based on modern means of communication have been developed	31 41	07	SoM SoM		584 404 3 311 623	393 369 2 229 091	181 560 1 028 840	96 240 545 360	1 255 573 7 114 914	
1.3.5.	Carrying out mental health surveys	Surveys have been carried out and results published	20	07	SoM		104 200	58 300	69 500	50 000	282 000	

Abbreviations

HTM	Ministry of Education and Research
SoM	Ministry of Social Affairs
UN	United Nations

Explanation of symbols

*	funds are shown among the general expenses of the institution
SoM**	expenses are shown under 1.3.4.

Field II Safe and healthy development of children and the young

SO 2. Mortality and primary mental and behaviour disorders of children and the young have decreased and young people's evaluation of their health is increasingly positive

No.	Objective/Measure/Activity	Indicator/Result	EA Type	COFOG	Voucher (org)	Co-voucher	2013	2014	2015	2016	Total period	Connection with other development plans of the field
SO2 / Total budget							9 670 662	9 749 712	9 768 435	9 826 395	39 015 204	
M 1 Promotion of reproductive and infant health							3 675 747	3 695 542	3 728 778	3 778 612	14 878 679	
		<i>Infant mortality coefficient (number of deaths of children under 1 year of age per 1000 children born alive). Source: Statistical Office</i>	x	x			2,4			2,2		
2.1.1.	Promotion of breast feeding of infants	Activities planned by the Estonian Committee for Promotion of Breast Feeding have been completed	20	07	SoM		6 000	6 000	6 000	6 000	24 000	
2.1.2.	Preparation of medical staff for application of the principles of BFHI (baby-friendly hospitals)	In-service training has been made available for 700 members of medical staff (personnel of departments of obstetrics and family nurses)	56	07	SoM		0	30 000	10 000	5 000	45 000	
2.1.3.	Ensuring the availability of infertility treatment	Infertility treatment is available to the target group	20	07	SoM		1 739 747	1 774 542	1 827 778	1 882 612	7 224 679	
2.1.4.	Ante-natal and pregnancy crisis counselling	Pregnancy crisis counselling is available to the risk group	51	07	EHK***		45 000	0	0	0	45 000	
2.1.5.	Counselling of young people on reproductive health and prevention of sexually transmitted diseases	Counselling on reproductive health is ensured in every county	51	07	EHK		987 000	987 000	987 000	987 000	3 948 000	
2.1.6.	Ante-natal diagnostics for pregnant women and screenings of newborn babies	Takes place as required	51	07	EHK		898 000	898 000	898 000	898 000	3 592 000	
2.1.7.	Regular surveillance and evaluation of the reproductive health of the population and health indicators of infants, as well as factors influencing those	Regular surveillance of the health factors of infants as well as factors influencing those has been performed and results evaluated	20	07	SoM*		0	0	0	0	0	
M 2 Health promotion of pre-school children							2 061 516	2 083 335	2 087 029	2 091 092	8 322 972	
		<i>The number of new nursery schools having joined the network of health-promoting nursery schools. Source: National Institute for Health</i>	x	x			15			15		
			x	x								
2.2.1.	Increasing the efficiency of preventive work in order to ensure the health of children's teeth	DMF index for 12-year-old children	51	07	EHK		1 943 900	1 943 900	1 943 900	1 943 900	7 775 600	
2.2.2.	Increasing the capacity of pre-school child care institutions to promote children's health and well-being	The capacity of pre-school child care institutions to promote children's health and well-being has increased Institutions having joined the network cannot be used as an indicator here, as networks are under field I	51	07	EHK		60 000	60 000	60 000	60 000	240 000	
			20	07	SoM		57 616	79 435	83 129	87 192	307 372	

2.2.3.	Regular surveillance and evaluation of indicators of the development and health of children below the age of three years, as well as factors influencing those	Regular surveillance of the health factors of children below the age of three years as well as factors influencing those has been performed and results evaluated	20	07	SoM*		0	0	0	0	0	0
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M 3 Health promotion of school-aged children							3 933 399	3 970 835	3 952 628	3 956 691	15 813 553	
		<i>The number of new schools having joined the network of health-promoting schools. Source: National Institute for Health</i>	x	x			15			15		
2.3.1.	Prevention of withdrawal of pupils from school: by supporting counselling centres, development of hobby schools, health-educational trainings of young people	A supportive system is ensured for pupils through counselling centres, services of hobby schools and health-educational trainings of young people	20	'09	HTM*		0	0	0	0	0	
2.3.2.	Increasing the capacity of schools to promote the health of children and young people	The capacity of schools to promote the health and well-being of children and young people has increased	20	07	SoM		131899	149735	137628	141691	560 953	
2.3.3.	Provision of health care service in school	The service is accessible for all pupils, including in schools for children with special needs	51	07	EHK		3 797 000	3 797 000	3 797 000	3 797 000	15 188 000	
2.3.4.	Carrying out health surveys of children and young people	A survey of the health behaviour of schoolchildren and a survey for evaluation of early development of children have been completed on a regular basis	20	07	SoM		4 500	24 100	18 000	18 000	64 600	
2.3.5.	Regular surveillance of health indicators of children and young people, as well as factors influencing those, and evaluation of results	Regular surveillance of the health factors of children and young people as well as factors influencing those has been performed and results evaluated	20	07	SoM*		0	0	0	0	0	

Abbreviations

EHK	Estonian Health Insurance Fund
BFHI	BabyFriendly Hospital Initiative
DMF	Decay-missing-filled index
HBSC	Health Behaviour in School-aged Children
HTM	Ministry of Education and Research
SoM	Ministry of Social Affairs
TKU	Health Behaviour Survey

Explanation of symbols

*	funds are shown among the general expenses of the institution
***	In 2014–2016 the activity takes place as a part of activity 5.2.6. of SO 5.

Field III Living, working and learning environment promoting health
SO 3. Health risks from the living, working and learning environment are reduced.

No.	Objective/Measure/Activity	Indicator/Result	EA Type	COFOG	Voucher (org)	Co-voucher	2013	2014	2015	2016	Total period	Connection with other development plans of the field
	SO3 / Total budget						3 752 063	4 990 963	5 134 963	5 118 563	18 996 552	
	M 1 Development of health-supporting living environment and reducing of health risks based on the living environment.						919 214	1 005 714	1 025 714	1 015 714	3966356	
		<i>There are no outbreaks of diseases due to drinking water. Source: Health Board</i>	x	x			0			0		
		<i>Number of outbreaks of diseases due to food. Source: Veterinary and Food Board.</i>	x	x			4			0		
3.1.1.	Ensuring the legal system necessary for the achievement of a living environment promoting the maintenance and improvement of health	Legal basis for the field of noise, drinking water, beauty and personal services, food safety and chemicals has been created	20	07	SoM*	KKM*, PöM*	0	0	0	0	0	
3.1.2.	Publishing of information materials discussing food-related risks and nutritional recommendations, as well as informing and training of food processors on topics related to food safety (including food-related risks)	Information materials have been published and food processors have been informed and trained	20	07	PöM		6 000	6 000	6 000	6 000	24 000	
3.1.3.	Creation of a quality management system supporting supervision over the physical factors of drinking and bathing water, as well as fulfilment of requirements established for the marketing of the products	A quality management system regarding the fulfilment of requirements to the physical factors of drinking and bathing water and the marketing of the products has been created	20	07	SoM*		0	0	0	0	0	
3.1.4.	Increasing the awareness of people and target groups in the field of environmental health. Creation of information materials about the impact of environmental contaminants on health. Fulfilment of the tasks of national user support of the field of chemicals.	The awareness of target groups has increased, information days have been held and information materials compiled (chemicals, cosmetics products, climate, noise, water) and made available to target groups. The national user support is functioning as required.	20	07	SoM**	KKM*	0	10 000	10 000	0	20 000	
3.1.5.	Application of water information system. Evaluation of health risks and publishing of information in the external web of the Health Board and the Ministry of Social Affairs, and application of necessary measures to control and manage risks.	Health risks based on drinking water have been evaluated and the information has been published in the external web of the Health Board and the Ministry of Social Affairs	20	07	SoM*		0	0	0	0	0	
3.1.6.	Implementation of activities provided in the water economy plan 2010–2015	Activities provided in the water economy plan have been carried out, the supply of clean water and appropriate handling of effluents and wastewater has been ensured.	20	05	KKM*		0	0	0	0	0	

3.1.7.	Training of experts for evaluation of health risks.	Experts for evaluation of health risks have been trained.	20	07	SoM*		0	0	0	0	0	
3.1.8.	Decreasing the content of dangerous substances in enterprises producing shale-derived oil with cleaning agents by establishing requirements of integrated environmental permits	The content of dangerous substances has decreased	20	05	KKM*		0	0	0	0	0	
3.1.9.	Mapping of negative environmental health impacts related to the mining and use of oil shale and suggestion of mitigation measures for decreasing the impacts (implementation 2012–2015)	Negative health impacts have been mapped, mitigation measures identified and applicable.	20	07	KKM*	SoM*	0	0	0	0	0	
3.1.10.	Ensuring the analytical/diagnostic and scientific expertise capacity of food safety laboratories	Laboratories carry out high-quality analyses to ensure food safety to necessary extent	20	07	PõM**		134 214	134 214	134 214	134 214	536 856	
3.1.11.	Measurement of dioxins from small burning devices and emission of other dangerous substances, as well as increasing the general awareness	Determination of special emission of pollutants from small burning devices (pottery furnaces) depending on the type of furnace and the type of fuel. Informing inhabitants according to the results, application of new special emissions.	20	05	KKM*		74 000	0	0	0	74 000	
3.1.12.	Analysis of the reasons for exceeding the limitations established to the level of ambient air pollution in areas and conurbations according to supervision information and modelling results, solving of local problems with ambient air, including decreasing of the pollution levels of pollutants and emissions from the sources of pollution, and analysis of the pollution level according to AIRVIRO modelling results.	Determination of the pollution load, calculation of the impact of the existing sources of pollution when issuing environmental permissions	20	05	KKM*		0	0	0	0	0	
3.1.13.	Improvement of the efficiency of the supervision system of the field of food safety (including animal and plant health) and ensuring the compliance thereof with the requirements of Regulation No. 882/2004 of the EU. Application of supervision quality management concept and improvement of risk-based supervision.	The supervision system meets the requirements of Regulation No. 882/2004 of the EU and the supervision quality management concept has been applied	20		PõM*		0	0	0	0	0	
3.1.14.	Performance and organisation of state supervision over the fulfilment of requirements established to the physical factors of drinking and bathing water, as well as the marketing of the products	State supervision of the fulfilment of requirements to the physical factors of drinking and bathing water and the marketing of the products is functioning	20	07	SoM*	KKM*,MKM*	0	0	0	0	0	
3.1.15.	Facilitate the application of the plan of decreasing noise according to noise maps that have been drafted (including training, counselling, drafting of reports and submission thereof to the EU)	Activities for the application of the plan of decreasing noise have been carried out, trainings have been organised, a report to the EU has been drafted and submitted	20	07	KKM*,SoM*		0	0	0	0	0	

3.1.16.	Updating of the ambient air quality management system. Application of a programme of evaluation of the components of ambient air	The ambient air quality management system and surveillance of ambient air in towns and background stations is functioning	20	05	KKM		157 000	157 000	157 000	157 000	628 000	
3.1.17.	Performance of state food safety surveillance. Creation of a surveillance programme lasting several years, including fields without legal standards or those where changes to the existing standards are planned	Surveillance has been performed. A surveillance programme has been established for several years.	20	07	PöM		468 000	595 000	595 000	595 000	2 253 000	
3.1.18.	Performance of tests regarding the availability of certain additional substances and pollutants from food	Tests have been performed	20	07	PöM		20 000	20 000	20 000	20 000	80 000	
3.1.19.	Organisation and performance of scientific risk evaluations and surveys supporting those (including the creation of relevant jobs, training of employees and formation of a committee providing expert evaluations in matters related to food safety)	Risk evaluation has been organised so that surveys are carried out systematically and regularly. Necessary surveys and risk evaluations have been carried out.	20		PöM**		60 000	83 500	103 500	103 500	350 500	
3.1.20.	Carrying out targeted surveys of various environmental factors and publishing of the results in the external web of TA	Targeted surveys have been carried out and published in the external web of TA	20	07	SoM*		0	0	0	0	0	
M 2 Development of health-supporting learning environment and reducing of health risks based on the learning environment							0	0	0	0	0	
		<i>Accordance of lighting in schools to requirements. Source: Health Board</i>					<i>84%</i>			<i>94%</i>		
		<i>The content of carbon dioxide in learning premises meets the requirements. Source: Health Board</i>					<i>40%</i>			<i>70%</i>		
3.2.1.	Ensuring the legal system necessary for the achievement of a learning environment promoting the maintenance and improvement of health	The legal system necessary for the maintenance and improvement of health has been ensured	20	07	SoM*	HTM*	0	0	0	0	0	
3.2.2.	Development of instruction materials in order to increase the health safety of the learning environment	Instruction materials for increasing the health safety of the learning environment have been developed	20	07	SoM*	HTM*	0	0	0	0	0	
3.2.3.	Increasing the awareness of children of health risks. Principles of preventing poisoning and communicable diseases are introduced to children (information campaigns are carried out)	Information campaigns to increase the awareness of children have been carried out, awareness of children of health risks has increased, teachers have been counselled. Information campaign "Wash your hands" has been carried out	20	07	SoM*		0	0	0	0	0	

3.2.4.	Performance and organisation of state supervision of the fulfilment of requirements to the learning environment, including tests in laboratory.	A new school supervision checklist has been developed. Tests of indoor air quality and measurements of lighting in schools have been carried out.	20	07	SoM*		0	0	0	0	0	
		M 3 Development of health-supporting working environment and reducing of health risks based on the working environment.					540 000	470 000	580 000	580 000	0	
		<i>The share of people having been through a health inspection by an occupational health doctor during a year. Source: Health Board</i>					<i>21,50%</i>			<i>26%</i>		
3.3.1.	Ensuring the legal system necessary for the achievement of working environment promoting the maintenance and improvement of health	An up-to-date occupational health and safety law has been ensured for maintenance and improvement of health	20 41	07 07	SoM		10 000	30 000	0	0	0	
3.3.2.	Significant improvement of the quality of occupational health services and availability of those services for all employees. Improvement of the organisation of occupational health	High-quality occupational health service is available to employees.		07	SoM*		0	0	0	0		
3.3.3.	Creation and development of information technology solutions in the field of working environment	Awareness regarding the working environment has increased as a result of development of the portal of professional life. The software of safe professional life has improved the organisation of working environment in companies.	20 41	07 07	SoM		80 000	20 000	50 000	50 000		
3.3.4.	Development of instruction materials on occupational health and safety	Instruction materials for increasing the awareness of employees and employers in order to avoid health risks to employees have been developed.	20 41	07 07	SoM		60 000	70 000	60 000	60 000		
3.3.5.	Organisation of an in-service professional training for occupational health care professionals and employers	In-service trainings have been organised for occupational health care professionals on new emerging risks	20 41	07 07	SoM		170 000	150 000	170 000	170 000		
3.3.6.	Organisation of thematic campaigns of occupational health and safety, collection and distribution of the best practices in the field	Best practices in the field of occupational health and safety have been collected and published. Campaigns if safe work have been organised in order to increase awareness.	20 41	07 07	SoM		220 000	200 000	240 000	240 000		
3.3.7.	Increasing the quality of evaluating health risks based on the working environment	The quality of evaluation of health risks has improved.	20	07	SoM*		0	0	0	0		

3.3.8.	Development of cooperation between health care service providers of different professions to ensure prevention and effective treatment of health disorders and illnesses, considering the connection of negative impacts on health and the living, working or learning environment.	Prevention and effective treatment of health disorders and illnesses has been ensured	20	07	SoM*		0	0	0	0		
3.3.9.	Increasing the efficiency of supervision of the working environment by improving the system and increasing effectiveness	Supervision of the working environment is systematic and efficient.	20	07	SoM*		0	0	0	0		
3.3.10.	Organisation of surveys in order to evaluate the impact of risk factors based on the working environment on health and publishing of the results of the surveys	Surveys have been organised for identification of the risk factors influencing the health of an employee.	20	07	SoM		0	0	40 000	40 000		
M 4 Organisation of surveillance, prevention and control of communicable diseases.							2 292 849	3 515 249	3 529 249	3 522 849	12 860 196	
		<i>Measles are not spreading at local level. Source: Health Board</i>					0			0		
		<i>The sentinel surveillance system of influenza includes at least 10% of the population. Source: Health Board</i>					9%			10%		
		<i>Inclusion of 7-year-old children in repeated vaccination against pertussis. Source: Health Board</i>					79,90%			≥90%		
3.4.1.	Improving the efficiency and updating of the surveillance, prevention and control system of communicable diseases	The trends of communicable diseases registered during the year are determined at the level of county and the state. Information about communicable diseases is published in the home page of TA and submitted to cooperation partners.	20	07	SoM		122 000	122 000	122 000	122 000	488 000	
3.4.2.	Ensuring the necessary legal system for maintenance and improvement of a stable epidemiological situation of communicable diseases	Legislation regarding reference laboratories, requirements to organisation of immunisation, requirements to the surveillance and control of communicable diseases, involuntary treatment and hospital infections has been updated. Legal grounds for financing have been established for organisation of immunisation in the event of epidemics.	20	07	SoM*		0	0	0	0	0	

3.4.3.	Organisation of the operation of reference laboratories of communicable diseases	Reference laboratories operate by state order in the field of agents causing tuberculosis and mycobacteriosis; HIV viruses; influenza and other respiratory viruses; other viruses (virus of polio, measles and rubella); infectious agents of antimicrobial resistance and bacterial infectious agents, including infectious agents of the gastro-intestinal tract, infectious agents of invasive communicable diseases (meningococcus, pneumococcus, listeria), agent of diphtheria and agent of gonorrhoea.	20	07	SoM		93 500	333 500	355 500	355 500	1 138 000	
3.4.4.	Development of the capacity of the laboratories of the TA	Surveillance of the stereotypes of pneumococcus, flaccid paralysis (AFP), polio, measles, rubella and influenza in laboratories has been organised. The spectre/scale of molecular diagnostics surveys of communicable diseases has been extended (including the performance of surveys of the external environment). Local preparedness has been created and/or (if necessary) agreements have been made with other laboratories for laboratory diagnostics of rare or recurrent communicable diseases (including the organisation of intensive surveillance).	20	07	SoM		56 000	24 000	24 000	24 000	128 000	
3.4.5.	Collection of data regarding the spreading of diseases	Data from the information system of communicable diseases (NAKIS) are submitted through the Health Information System (HIS) – TA participates in pilot projects, interfacing of HIS and NAKIS has been completely implemented.	20	07	SoM*		0	0	0	0	0	
3.4.6.	Informing the population of risks related to communicable diseases and prevention opportunities thereof, including the need for immunisation	Information materials about communicable diseases have been compiled and published in the web page of TA. Information campaigns have been carried out. The immunisation web page of TA has been developed and is modern	20	07	SoM		0	14 400	6 400	0	20 800	
3.4.7.	Implementation of the national immunisation plan, including planning and conducting of procurements, organisation of the cold chain and supplying medical personnel with immunopreparations	Vaccines of the national immunisation plan are received in time, there are no disturbances in the supply with vaccines. The immunisation plan has been supplemented with vaccination against rotavirus and pneumococcus infection	30	07	SoM		1 917 349	2 917 349	2 917 349	2 917 349	10 669 396	

3.4.8.	Development of immunisation module based on E-Health	Electronic applications including electronic immunisation passport have been created and function. Reporting on immunisation, analysis of inclusion, collection of data regarding the side effects of immunisation and supervision of the fulfilment of the immunisation plan are simplified and more effective	20	07	SoM*		52 000	52 000	52 000	52 000	208 000	
3.4.9.	Conducting surveillance of resistance of zoonoses and microbes	Surveillance of zoonoses has been carried out and the sensitivity of microbes having a bigger influence on people's health has been examined; analysis of information and submission thereof to partners has been organised	20	7	PõM*		52 000	52 000	52 000	52 000	208 000	

Abbreviations

EU	European Union
HTM	Ministry of Education and Research
KKM	Ministry of the Environment
NAKIS	Information System of Communicable Diseases
PõM	Ministry of Agriculture
SoM	Ministry of Social Affairs
TA	Health Board
TIS	Health Information System

Explanation of symbols

*	funds are shown among the general expenses of the institution
**	partial funds have been provided in the application plan

Field IV Healthy lifestyle

SO 4. Physical activity of the population has increased, nutrition is more balanced and the level of risk behaviour has decreased.

No.	Objective/Measure/Activity	Indicator/Result	EA Type	COFOG	Voucher (org)	Co-voucher	2013	2014	2015	2016	Total period	Connection with other development plans of the field
SO4 / Total budget							39 353 605	40 508 615	43 503 185	45 896 497	169 261 902	
M 1 Increasing the physical activity of the population							1 793 645	2 023 727	2 024 527	2 023 727	7 865 626	
		<i>Share of persons aged 16–64 regularly going in for sports Source: National Institute for Health, survey of health behaviour</i>	x	x			39%			45%		
4.1.1.	Supporting of various sports projects	Campaign "Estonia Moves", running and walking series, sports days aimed at participation and joy of movement, and Internet-based programmes have been carried out annually. County sports information centres, the all-Estonian sports programme etc. have been supported	20	08	KuM		787 632	787 632	787 632	787 632	3 150 528	
			56	07		SoM *	0	0	0	0	0	
4.1.2.	Promotion of healthy and sporty lifestyle in special organisations of conscripts and the National Defence League (Home Daughters and Young Eagles)	The number of people aware of health promotion and engaged in physical exercises regularly and purposefully has increased	20	02	KaM *		0	0	0	0	0	
4.1.3.	Creating sports opportunities for people with special needs and supporting their sports activities	Support agreements for organisations specialising in sports for people with special needs have been concluded and financed	20	02	SoM *		0	0	0	0	0	
4.1.4.	Training of trainers, teachers and practitioners of sports	Trainings for trainers, teachers and practitioners of sports have been carried out. At least 500 participants per year (a 8 hours)	20	08	KuM		11 000	11 000	11 000	11 000	44 000	
4.1.5.	Issuing of training materials on sports	Methodological sports advice has been developed – brochures, magazine "Movement and Sport", books	20	08	KuM		12 000	12 000	12 000	12 000	48 000	
4.1.6.	Supporting of sports through the Estonian School Sports Union with a purpose of improving and expanding sports in schools	Participation of children / number of times	20	08	KuM		188 437	188 437	188 437	188 437	753 748	
4.1.7.	Supporting basic swimming teaching in schools	Obligatory basic swimming training for pupils of the 2nd grade (3rd grade in Tallinn) has been supported and carried out all over Estonia (a course of 24 hours)	20	08	KuM		230 082	230 082	230 082	230 082	920 328	
4.1.7.1.	Supporting basic swimming teaching in schools (additional need)		20		VV****		0	230 082	230 882	230 082	691 046	
4.1.8.	Supporting the organisation of permanent and project camps for young people and student sports	Conditions are ensured for young people to spend healthy holidays and go in for sports	20	09	HTM*		0	0	0	0	0	Youth Work Strategy for 2006–2013
4.1.9.	Organisation of Movement and Sports Year	In 2014, events organised within the Movement and Sports Year have been carried out	20	08	KuM *	SoM*	0	0	0	0	0	
4.1.10.	Supporting of Foundation Eesti Antidoping	Awareness of people regarding the consequences of using illegal substances has increased	20	08	KuM		25 884	25 884	25 884	25 884	103 536	
4.1.11.	Organisation of the health inspection of young sportsmen	EHK: The health of 10,000 young sportsmen has been examined per year; KuM: health examination of sportsmen	51	07	EHK		350 000	350 000	350 000	350 000	1 400 000	

		has been carried out in cooperation with Foundation Spordimeditsiin	20	08		KuM	88 610	88 610	88 610	88 610	354 440	
4.1.12.	Continuing of the collection of sports statistics and development of sports register, including the implementation of a database of sports objects	Information about sports clubs, people working out in sports clubs and trainers and sports objects has been collected regularly	20	08		KuM**	100 000	100 000	100 000	100 000	400 000	
			20			HTM*	0	0	0	0	0	
M 2 Improving the eating habits of the population							16 000 912	16 049 235	15 846 168	15 871 548	63 767 863	
		<i>Percentage of overweight persons in the age group 16–64. Source: NIHD, Health Behaviour Study</i>					27,30%			26%		
4.2.1.	Development of a programme helping to decrease health problems due to eating habits (green book)	The programme and the green book have been developed (2014) and measures planned in the green book have been implemented and the report has been submitted to the government	20	07		SoM	0	7 000	5 600	5 600	18 200	
			20			PõM*	0	0	0	0	0	
4.2.2.	Increased awareness of people about balanced and nutritious eating and facilitation of healthy eating choices	Information has been provided in the media, through local projects and information materials aimed at different target groups	20	07		SoM	51 447	227 650	215 350	215 350	709 797	
			31	07		SoM	23 813	0	0	0	23 813	
			41	07		SoM	134 938	0	0	0	134 938	
4.2.3.	Facilitation of healthy nutritional choices by providing information to consumers and food processors	Consumers and processors have been informed about labelling of food through different channels	20			PõM *	0	0	0	0	0	
4.2.4.	Distribution of information on food, production and preparation of food to consumers (including children and students)	Relevant programmes and information days have been carried out	20	04		PõM	157 000	157 000	157 000	157 000	628 000	
4.2.5.	Supporting of the school lunch programme	100% support is ensured to students of basic school	20	09		HTM	14 422 194	14 422 194	14 422 194	14 422 194	57 688 776	
4.2.6.	Continuing of school milk programme	Offering of milk and milk products in schools and nursery schools within the school milk support will continue	31	04		PõM	766 000	766 000	766 000	766 000	3 064 000	
4.2.7.	Continuing of school fruit programme	Offering of fruit and vegetables in schools and nursery schools within the school fruit support will continue	31	04		PõM	75 000	75 000	75 000	75 000	300 000	
4.2.8.	Management and development of the nutrition database; development and conducting of trainings; development and provision of counselling services	Development of the nutrition database has been ensured, trainings on nutrition have been carried out and counselling services provided	20	07		SoM	154 687	189 890	176 367	182 404	703 348	
4.2.9.	Ensuring systematic and effective supervision regarding conformity to the legislation governing catering established under the Public Health Act	Conformity to the legislation governing catering established under the Public Health Act has been ensured	20			SoM *	0	0	0	0	0	
4.2.10.	Conducting of annual surveys regarding food consumption habits and purchase preferences (including a survey of energy drinks)	Surveys have been carried out in order to identify food consumption habits and purchase preferences	20	04		PõM	13 000	13 000	13 000	13 000	52 000	
4.2.11.	Conducting regular nutrition surveys	Regular nutrition surveys have been carried out, results have been analysed and presented	20	07		SoM	28 256	33 918	10 445	35 000	107 619	
			20	04		PõM	5 000	0	0	0	5 000	
			31	07		SoM	4 675	4 698	260	0	9 633	
			41	07		SoM	164 903	152 885	4 952	0	322 740	
M 3 Decreasing of damage to health and society caused by alcohol							528 606	720 820	1 424 506	1 404 506	4 078 438	

		Annual alcohol consumption permanently below 8 litres of absolute alcohol per person Source: Estonian Institute of Economic Research					9,5			Below 8 litres	
4.3.1.	Coordination of the implementation of the alcohol concept document i.e. the green book #	Measures designed in the green book of alcohol policy have been implemented and the report submitted to the government	20	07	SoM		5 600	3 500	3 500	4 000	16 600
				7		MKM, RAM, SIM, JUM, PÕM *	0	0	0	0	0
4.3.2.	Amendment of legislation governing the advertising and availability of alcohol	Legal grounds for limiting alcohol advertising and reducing the availability of alcohol have been established	10	04	MKM*	PõM*,SoM*, SiM*	0	0	0	0	0
4.3.3.	Development of alcohol taxation plan considering health impacts #	Long-term plan of alcohol taxation has been developed	20	01	SoM		3 000	6 000	1 500	0	10 500
			20	01		RaM*	0	0	0	0	0
4.3.4.	Analysis of the efficiency of the supervision of the Alcohol Act and punishment practices, and amendment of the legislation based on the analysis	An analysis of the punishment practice of violation of the Alcohol Act has been completed, suggestions based on the analysis have been submitted and applied	20	03	JuM*	PõM*	0	0	0	0	0
4.3.5.	Increasing the awareness of the population of alcohol damages, risks of consumption and possibilities for decrease	Marketing campaigns and information activities on prevention of excessive consumption of alcohol have been carried out, web-based counselling and spreading of information is functioning	20	07	SoM		10 700	175 250	172 750	168750	527 450
			31	07	SoM		23 812				23 812
			41	07	SoM		134 938				134 938
4.3.6.	Conducting traffic safety campaigns and events supporting those in order to reduce driving while expressing the signs of alcohol consumption or under the influence of alcohol	The visibility of the campaign is at least 70% or information related to drunk driving has been provided to at least 20,000 people at public events.	20	04	MKM		64 000	64 000	64 000	64 000	256 000
			20		SiM*		0	0	0	0	0
4.3.7.	Prevention of excessive alcohol consumption, early detection, counselling, addiction treatment and development of anti-addiction rehabilitation services and provision thereof to the general population, development and provision of rehabilitation and counselling services against alcohol addiction	The service of early detection of excessive alcohol consumption and counselling has been developed and integrated into primary health care, the principles of alcohol addiction treatment and rehabilitation system have been developed and piloted.	20	07	SoM		75 000	402 070	1 112 756	1 112 756	2 702 582
			31				26 003	0	0	0	26 003
			41				147 353	0	0	0	147 353
		Rehabilitation service for prisoners has been ensured	20	03	JuM*		0	0	0	0	0
4.3.8.	Supervision of enhancement of the fulfilment of the Alcohol Act including the application of control measures over selling alcohol to minors	Measures for enhancement of supervision have been developed and implemented	20	03	SiM*	JuM*,SoM*, PõM*	0	0	0	0	0
4.3.9.	Decreasing the illegal alcohol market and application of control and supervision methods in order to discover as many cases of illegal handling of alcohol as possible and decrease the share of the illegal market	The share of the illegal market has decreased	20	03	RaM*, SiM*		0	0	0	0	0
4.3.10.	Conducting surveys related to alcohol consumption, damages and preventive activities	High-quality comparable data exist on alcohol consumption, damages and preventive activities in period 2013–2016	20	07	SoM		38 200	70 000	70 000	55000	233 200
M 4 Decreasing of damage to health and society caused by tobacco							333 275	706 829	721 657	748 749	2 510 510
		Share of daily smokers aged 16–64 Source: National Institute for Health, survey of health behaviour					23,8%			21,5%	

4.4.1.	Coordination of the implementation of the tobacco concept document i.e. the green book #	Measures designed in the green book of tobacco policy have been implemented and the report submitted to the government	20	07	SoM		5 600	3 500	3 500	4 000	16 600	
4.4.2.	Development and application of the draft legislation on the amendment of the Tobacco Act. Participation in the discussion process of the new tobacco directive and adoption of the directive in the legal system of Estonia	The draft legislation on the amendment of the Tobacco Act has been developed and applied	20		SoM*		0	0	0	0	0	
4.4.3.	Prevention and information work aimed at decreasing tobacco consumption and contact of people with tobacco smoke	Tobacco consumption and contact of people with tobacco smoke has decreased	20	07	SoM		22 227	412 261	417 604	423 481	1 275 573	
			41	07	SoM		44 187	0	0	0	44 187	
			31	07	SoM		7 798	0	0	0	7 798	
4.4.4.	Development of a counselling system for giving up tobacco; introducing and offering counselling services	The availability of the service has improved	20	07	SoM		141 478	278 268	290 553	308 468	1 018 767	
			31	07	SoM		15 297	0	0	0	15 297	
			41	07	SoM		86 687	0	0	0	86 687	
4.4.5.	Decreasing the illegal market of tobacco products and increasing the number of cases of illegal handling of tobacco products discovered and the confiscated quantities through control activities and other measures	The quantity of tobacco products in the illegal market has decreased	20		RaM*		0	0	0	0	0	
4.4.6.	Surveys of the field of tobacco consumption	Surveys of the field of tobacco consumption have been carried out	20	07	SoM		0	12 800	0	12 800	25 600	
4.4.7.	Yearbook of tobacco consumption	The yearbook of tobacco consumption has been compiled	20	07	SoM		10 000	0	10 000	0	20 000	
4.4.8.	Drafting of the report of the WHO Framework Convention on Tobacco Control	The report of the WHO Framework Convention on Tobacco Control has been drafted	20		SoM*		0	0	0	0	0	
M 5 Prevention and reducing of the consumption of narcotic substances and decreasing of damage to health and society							4 755 345	2 693 350	2 898 945	2 940 020	13 287 659	
		<i>Number of deaths due to narcotic substances. Source: National Institute for Health</i>					<i>112</i>			<i>80</i>		
4.5.1.	Coordinated activity for prevention of drug addiction and reducing the handling of narcotic substances through the Drug Prevention Committee of the Government of Estonia	4 drug prevention meetings of the Government of the Republic have been conducted during a year. The fulfilment of the priorities established in the RTA and by VV is continually monitored. With the help of partners, in 2013, the annual all-Estonian prevention plan and regional prevention plans are drafted and implemented based on priority prevention directions established for year 2013 and the extent thereof, including prevention of using addictive substances	20	09	SiM*	SoM, HTM, JuM, RaM *	20000	0	0	0	20 000	
4.5.2.	Creation of a system of addiction treatment and addiction rehabilitation functioning between different fields of administration, development of relevant legislation.	The system concept has been described (2014) and relevant legislation established (2015). The system shall be applied in 2016	20		SoM*	SiM, JuM*	0	0	0	0	0	

4.5.3.	Supplementation of the legislation and application thereof in development and provision of drug addiction treatment, rehabilitation and follow-up services and counselling services (including decreasing of damages)	Addiction rehabilitation regulation for minors shall enter into force on January 1st, 2014. Development of addiction rehabilitation regulation for grown-ups. Minimum requirements of prevention, treatment and addiction rehabilitation have been developed, established and applied	20		SoM*		0	0	0	0	0
4.5.4.	Creation of national legislation to collect the necessary information for an early warning system and exchange thereof between various institutions	A legal base governing the exchange of information between institutions about new psycho-active substances, collection of such information into a database of early warning and access rights to the information has been created for the early warning system The national early warning system shall be applied latest on January 1st, 2014.	20		SoM*	JuM, SiM *	0	0	0	0	0
4.5.5.	Creation of a personalised drug addiction treatment database including information that can be used to obtain an adequate idea of the situation of drug addiction in the country and to plan interventions.	A personalised drug addiction treatment database including information that can be used to obtain an adequate idea of the situation of drug addiction in the country and to plan interventions has been created. A personalised drug addiction treatment database has been completed latest by year 2014.	20	07	SoM*		0	0	0	0	0
4.5.6.	Enhancing national and international cooperation regarding supervision	Various police units are included in fight against drug crimes more efficiently than before; as a result the availability of drugs decreases. The network of communication officers corresponds to needs. PPA drafts an annual action plan for fighting against drug offences. Optimum cooperation of the border guards of the PPA and MTA at the border Risk evaluation of organised crime and other serious crime is completed once a year. State input is provided into the risk evaluation of organised crime and other serious crime in the EU (according to the interval established by Europol but not less frequently than once in every two years)	20	09	SiM*	JuM, SoM, RaA	2 278 000	0	0	0	2 278 000
4.5.7.	Increasing the awareness of drug addiction and drugs in the society as a whole and in risk groups	Awareness of drug addiction and drugs has increased both in risk groups and in the society as a whole. 82% of pupils considers the consumption of illegal drugs (cannabis, ecstasy, amphetamine) an average or great risk (the relevant figure in 2011 was 78%). A cost-effective and integrated prevention system consisting of evidence-based programmes has been completed covering both the general population and risk groups	20	07	SoM		20 520	45 520	45 520	45 520	157 080
			20	09	SiM*		60 000	0	0	0	60 000
			20		JuM*		0	0	0	0	0
4.5.8.	Map the training needs and train specialists associated with prevention of drug addiction, decreasing of damages, treatment and addiction rehabilitation, including personnel of prisons and	Training needs of the specialists in the field are mapped (2014) and a training system of the specialists in the field has been developed and implemented.	20	07	SoM *		5 000	25 000	25 000	25 000	80 000

	detention establishments	Trainings are planned and carried out according to annual training plan	20		JuM*		0	0	0	0	0	
4.5.9.	Development and provision of drug addiction treatment, rehabilitation and follow-up services (including reducing of damages) and counselling services	Services meeting minimum requirements are offered to those in need in systematic way	20	07	SoM		1 577 117	2 038 754	2 257 742	2 338 710	8 212 322	
			41	07	SoM		190 643	0	0	0	190 643	
			31	07	SoM		33 643					
4.5.10.	Organisation of treatment and addiction rehabilitation for convicted people with drug addiction problems whose imprisonment has been substituted with treatment or rehabilitation	The treatment system of drug addicts is functioning outside prisons	20	03	JuM		0	0	443 153	443 153	886 306	
			40	03	JuM		350 702	376 685	0	0	727 387	
			31	03	JuM		61 888	66 474	0	0	128 362	
4.5.11.	Decreasing the market of illegal narcotic and psychotropic substances and medicines through control activities and other measures with a purpose to increase the number of discovered drug cases and quantities confiscated	The availability of substances jeopardising the population health most is reduced, especially that of synthetic opiates. The target level of confiscated substances is determined in the annual activity plan. The number of criminal matters related to drugs during which criminal proceeds are impounded has increased by 20%. Units for fighting against drugs are modern and technically well equipped	20		SiM; RaM *		0	0	0	0	0	
4.5.12.	Ensuring a functioning system against import of drugs into the country and prisons	SiM: Efficient cooperation between the PPA and MTA in border crossing points. JuM: Control has been maintained at least at the level of year 2012	20		SiM, JuM*		0	0	0	0	0	
4.5.13.	Increasing the discovery and solving of drug crimes. Handling of drug offences in the way that solving is based on analysis and aimed at the discovery of more dangerous (fatal) substances	The number of solved drug crimes has increased and analysis-based handling of drug crimes has been ensured. The number of criminal matters sent to the prosecutor's office with charges of drug crimes has increased by 20% in year 2013	20		SiM*		0	0	0	0	0	
4.5.14.	Increasing the efficiency of supervision of service providers of treatment and addiction rehabilitation regarding the fulfilment of the requirements provided in the Health Care Services Organisation Act and the Medicinal Products Act and in the legislation established according to those by a health care service provider and health care professional (including the violation of requirements governing the issuing of prescriptions for medicinal products)	Drug and rehabilitation treatment is functioning according to the requirements established in the governing legislation	20	07	SoM **		0	2 860	2 860	2 860	8 580	
4.5.15.	Supervision of handling of medicinal products over service providers of addiction treatment (including Methadone substitution therapy)	Supervision is ensured in regard to storage of the medicinal products used in addiction/substitution therapy in order to avoid the introduction of such medicinal products into illegal circulation	20	07	SoM		0	24 525	24 525	24 525	73 575	
4.5.16.	Carrying out evaluation, surveillance and scientific research in the field of drug addiction	Information about the situation of drug addiction, interventions in the field of drug addiction and effectiveness thereof is available according to the surveillance plan.	20	07	SoM		157 832	113 532	100 145	60 252	431 761	
					JuM*, SiM*		0	0	0	0	0	
M 6 Prevention and decreasing of injuries							387 000	393 000	389 000	363 000	1 532 000	

		<i>Fatal accidents, poisonings and traumas per 100,000 citizens Source: National Institute for Health,</i>	x	x			91			78			
4.6.1.	Development of a programme for prevention and reduction of injuries and the green book	The programme and the green book have been developed	20	07	SoM	State Chancellery, SIM, JUM, KAM, HTM, MKM, *	12 000	3 000	3 000	0	18 000		
4.6.2.	Coordination of prevention and reduction of injuries at state level by national task force	Statistics regarding injuries has been collected and regularly submitted to ministries, activities regarding injuries are planned into the activities of ministries	10	01	State Chancellery*		0	0	0	0	0		
4.6.3.	Increasing the awareness of people about the risk factors of injuries and improvement of the skills of providing help and prevention of injuries	Awareness and skills of people regarding prevention of injuries have improved	41	07	SoM*		0	0	0	0	0		
		The population has been informed through media campaigns at least 3 times a year (including 1 campaign aimed at Russian-speaking population) of most important safety risks (fire and water safety); information on safety (i.e. fire and water safety) has been made available to Russian-speaking population considering the cultural and linguistic aspects, prevention work in web pages (www.veeohutus.ee , www.ohutusope.ee , www.kodutuleohutuks.ee , www.suitsuandurid.ee , www.tulekustuti.ee)	20	09	SIM		194 000	194 000	194 000	194 000	776 000		
		Safety information days have been held in each county, where the population is informed of the risks of the field based on target groups.	20	09	SIM		13 000	13 000	13000	13 000	52 000		
		4% of the population (about 50,000) are trained annually on fire and water safety	20	09	SIM		150 000	150 000	150000	150 000	600 000		
		Learning materials have been compiled for general education schools in order to ensure handling of topics on safety in general education schools and thus an increase in the awareness of pupils.	20	09	SIM**		12 000	12 000	0	0	24 000		
		A traffic safety campaign with a purpose to increase the use of seat belts and children's safety equipment while driving has been carried out; a traffic safety campaign to promote adherence to allowed speed limits and selection of safe driving speed on rural roads; a traffic safety campaign to choose a safe driving speed within a settlement and to increase the safety of pedestrians on pedestrian crossings; a traffic safety campaign to increase the use of pedestrian reflectors have been carried out.	20	04	MKM		0	0	0	0	0		National Traffic Safety Programme 2003–2015

4.6.4.	Development of services for prevention and control of the risk factors of injuries, including the development of services for prevention of injuries connected with sports and leisure activities	Services supporting risk analysis and other services preventing injuries have been developed. An instruction for ensuring medical security of and providing medical service and counselling to participants in public sports and movement events has been prepared.	20	07	SoM		0	15 000	23 000	0	38 000	
4.6.5.	Development of services for reducing violence	Help line services for victims of violence have been ensured, support person service has been developed	20	03	JuM	SoM*	0	0	0	0	0	Development Plan on Reducing Violence 2010-2014
4.6.6.	Regular surveillance and analysis of statistics related to injuries	Regular analyses of injuries are completed based on health statistics and surveys		07	SoM*	State Chancellor	0	0	0	0	0	
4.6.7.	Once a year, an awareness survey regarding fire and water safety is carried out among the whole population	Surveys have been carried out and results published	20	03	SIM		6 000	6 000	6 000	6 000	24 000	
	M 7 Prevention of new cases and achievement of a permanent tendency of decrease in spreading of HIV/AIDS						14 883 535	17 185 760	19 435 987	21 757 053	73 262 335	
		<i>Vertical spread of HIV (the share of children born to women infected with HIV have been infected by their mothers). Source: National Institute for Health</i>					<i>below 2%</i>			<i>below 2%</i>		
4.7.1.	Increasing of the knowledge of the population of the HIV infection and ways of spreading thereof, improvement of knowledge, life skills and attitudes promoting secure sexual behaviour	Knowledge of the population of secure sexual behaviour has increased and the number of people infected with HIV has decreased	20	07	SoM		10 875	173 650	173 650	173 650	531 825	
			41	07	SoM		134 938	0	0	0	134 938	
			31	07	SoM		23 813				23 813	
			20	09	HTM**		76 502	76 502	76 502	76 502	306 008	
			20	02	KaM		11 500	11 500	11 500	11 500	46 000	
4.7.2.	Offering services of reducing damages, counselling, testing and treatment in regard to safer drug consumption and safe sexual behaviour in order to stop the spreading of HIV infection, also to prisoners	People in need of help are systematically offered services meeting the minimum requirements; five therapy centres are annually counselled by the council of the ARV, and the annual number of counselling sessions is 15. All refractory patients have been consulted and their cases examined also for possible drug-resistancy.	20	07	SoM		2 697 390	3 243 274	3 622 611	3 966 854	13 530 129	
			41	07	SoM		169 393	0	0	0	169 393	
			31	07	SoM		29 893				29 893	
			20			SiM*, JuM*	0	0	0	0	0	
4.7.3.	Ensuring professional training, in-service training and safety instruction of people subjected to risks in their professional activities	The number of persons infected with HIV during professional activities has decreased	20	03	SIM		83 862	90 359	87 179	89 907	351 307	
			20		JuM*		0	0	0	0	0	
4.7.4.	Ensuring the availability of medicinal products against retrovirus, including the planning and organisation of public procurements and delivery of medicinal products to therapy centres	ARV treatment is available for patients	30	07	SoM		11 558 670	13 476 020	15 393 370	17 310 720	57 738 780	
			20	07	SoM		1 500	1 500	1 500	1 500	6 000	
4.7.5.	Supporting the database of HIV positive patients	The database of HIV positive patients contains high-quality and up-to-date information about ARV treatment in Estonia	20	07	SoM		12 700	12 700	12 700	12 700	50 800	

4.7.6.	Surveillance of HIV infection, concurrent infections and risk behaviour, and evaluation of interventions	The following surveys have been carried out: in 2013, an HIV prevalence survey among injecting drug addicts in Tallinn; Internet survey of HIV prevalence among MSMs; health behaviour survey of people infected with HIV; in 2014 an all-Estonian survey of young people among people aged 10–29, HIV prevalence survey among the injecting drug addicts in Ida-Virumaa (Narva), HIV prevalence survey among women engaged in prostitution in Tallinn. In 2015, HIV prevalence survey among the injecting drug addicts in Tallinn; in 2016 – HIV prevalence survey among injecting drug addicts in Ida-Viru (Kohtla-Järve), Internet survey of HIV prevalence among MSMs, health behaviour survey of people infected with HIV	20	07	SoM		72 500	100 255	56 975	113 720	343 450	
M 8 Protection of the population from infection of tuberculosis							671 287	735 895	762 395	787 895	2 957 472	
		<i>Share of people with multi-resistant tuberculosis (MDR-TB) among primary cases of lung tuberculosis positive according to microscopic examination of bacteria (BK+). Source: National Institute for Health</i>					23,90%			24%		
		<i>Share of HIV-TB cases. Source: National Institute for Health</i>					13,8			15%		
4.8.1.	Development of measures necessary to continue the treatment of tuberculosis patients evading (interrupting) treatment or violating the treatment regime	Share of people interrupting treatment of all people suffering from tuberculosis is below 7%	20	07	SoM*		0	0	0	0	0	
4.8.2.	Increasing the awareness of the population and specialists of avoidable risks of tuberculosis	The population can access evidence-based information about tuberculosis, prevention and early detection thereof through various channels of communication The capacity of the health system has improved, including increased competence of specialists of different professions regarding tuberculosis, prevention, early detection and treatment of tuberculosis. Regular cooperation with the social welfare system is ensured.	20	07	SoM*		0	0	0	0	0	
4.8.3.	Early detection of tuberculosis (TB) and ensuring health care and social services preventing infection with tuberculosis for persons belonging into risk groups (including HIV positive persons with close contact, abusers of addictive substances, homeless people, inhabitants of care homes, immigrants, prisoners, persons receiving treatment influencing immunity and others)	The number of prophylactically discovered cases of tuberculosis is at least 25%. Regular screening of persons belonging to risk groups for tuberculosis is carried out. Regular screening of persons in close contact with people suffering from infectious tuberculosis is carried out.	20	07	SoM*		0	0	0	0	0	

4.8.4.	Organisation of microbiological diagnostics of tuberculosis under the quality inspection of a laboratory operating as a reference laboratory for tuberculosis	External and internal quality control indicators of microscopic examination of bacteria, seeding, identity tests and tests on drug resistance meet international requirements, matching rate is at least 80%. Bacteriologically confirmed cases of tuberculosis form at least 75% of the total number of people suffering from tuberculosis. Laboratories specialising in diagnostics of tuberculosis meet international standards.	20	07	SoM		13 500	35 500	35 500	35 500	120 000	
4.8.5.	Consistent application of a directly controlled treatment system (OKR) by all OKR service providers	Effectiveness of medical cases with sensitive agent of illness is at least 85%. Effectiveness of medical cases with multiresistant agent of illness is at least 70%. Share of people interrupting treatment of all people suffering from tuberculosis is below 7%. Share of non-effective treatment of all people suffering from tuberculosis is below 5%. The share of people interrupting treatment among people released from prison does not exceed 10%	20	07	SoM***	JuM*	320 392	363 000	389 500	415 000	1 487 892	
						JuM*	0,00	0,00	0,00	0,00	0	
4.8.6.	Ensuring medicines for all people suffering from tuberculosis until the end of treatment	There is an additional supply for 6 months stored for sensitive cases in addition to the annual supply There is an additional supply for 12 months stored for multiresistant cases in addition to the annual supply The availability of medicines for correction of side effects has been ensured for everyone with MDR. Supply with new medicines of reserve line has been ensured (according to need, depending on the number of people with XDR-TB diagnosis).	20	07	SoM*		337 395	337 395	337 395	337 395	1 349 580	
4.8.7.	Ensuring the existence of high-quality information for following the infection with tuberculosis and effectiveness of the treatment	Reliable information regarding the infection with tuberculosis and results of the treatment is issued regularly. The composition of the data and the quality of submission thereof to the global TB database meet the requirements of the World Health Organisation.	20	07	SoM*		0	0	0	0	0	
4.8.8.	Ensuring the treatment of infectious patients according to the international requirements of disease control in all health care institutions, avoiding in-hospital prevalence of the infection	Personnel working with TB patients is not infected with TB. No proven in-hospital TB cases (spreading from patient to patient). Modern ventilation has been ensured. Infection control measures have been developed in TB treatment institutions			SoM		0	0	0	0	0	

Abbreviations

EHK	Estonian Health Insurance Fund
HTM	Ministry of Education and Research
JuM	Ministry of Justice
KaM	Ministry of Defence

KuM	Ministry of Culture
MSM	men having sex with men
MTA	Tax and Customs Board
OKR	directly controllable treatment system
PPA	Police and Border Guard Board
PõM	Ministry of Agriculture
RaM	Ministry of Finance
PHDP	Public Health Development Plan
SA	Foundation
SiM	Ministry of Internal Affairs
SoM	Ministry of Social Affairs
TB	tuberculosis
WHO	World Health Organisation
VV	Government of the Republic
MDR - TB	Multiresistant tuberculosis

Explanation of symbols

*	funds are shown among the general expenses of the institution
**	partial funds have been provided in the application plan
***	activities under clauses 4.8.2 and 4.8.3 of the same measure, except the amount of reference laboratory.
****	Specified while drafting the RES
#	Activities of the green book implemented in the event of a relevant governmental decision after the discussion of green books in the government.

Field V Development of the health care system

SO 5. The availability of high-quality health care services is ensured for everyone through optimal use of resources.

No.	Objective/Measure/Activity	Indicator/Result	EA Type	COFOG	Voucher (org)	Co-voucher	2013	2014	2015	2016	Total period	Connection with other development plans of the field
	SO5 / Total budget						924 136 809	955 371 940	997 417 295	998 752 790	3 875 678 834	
	M 1 Protection of patients' rights, ensuring the safety and quality of health care services						108 159 359	123 370 946	129 787 966	130 222 696	491 540 967	
		<i>Percentage of people who are fairly or very satisfied with the quality of medical care. Source: MoSA, survey "Satisfaction of Residents with Healthcare Services"</i>	x	x			73			76		
5.1.1.	Adoption of directive "Patient Rights in Health Care Across Borders", regulation of liability insurance	Directive "Patient Rights in Health Care Across Borders" has been adopted into the Estonian legal system and applied, rights of patients, including the availability of health care services across borders, are protected	20	07	SoM*		0	0	0	0	0	
5.1.2.	Updating health care legislation compromising patient's rights, including the consideration of the rules of bioethics	Patient's rights are protected relying on bioethics and other international standards	20	07	SoM**		5 000	5 000	5 000	5 000	20 000	
5.1.3.	Updating and application of legislation governing medicinal products in order to ensure safe and high-quality medicines	Legislation on medicinal products has been adopted in the Estonian legal system, effective and safe medicinal products are ensured to the population by updating of the legislation	20	07	SoM*		0	0	0	0	0	
5.1.4.	Updating and application of the legislation in order to ensure safe and high-quality medical equipment, including the EU regulations	The legislation governing medical equipment including the EU regulations has been applied, safe and effective equipment has been ensured	20	07	SoM*		0	0	0	0	0	
5.1.5.	More detailed regulation of the competence and liability of health care professionals and professions involved in the provision of health care services	Safe and high-quality services by competent service providers have been ensured	20	07	SoM*		0	0	0	0	0	
5.1.6.	Medical insurance cover for the population	In addition to emergency care, general medical care and availability of medicinal products are ensured for people without insurance	20	07	SoM		0	9 900 000	10 098 000	10 299 960	30 297 960	
5.1.7.	Increasing the awareness of the population about health behaviour and health care services	Improved awareness and health behaviour of the population	20	07	SoM**		64 676	76 676	69 676	69 676	280 704	
			56	10	EHK		60 000	60 000	60 000	60 000	240 000	
5.1.8.	Creation of a contact point and ensuring of health care services across borders	Comprehensive information has been ensured for persons about health care services through the contact point of health care services across borders	20	07	SoM		11 250	45 000	45 000	45 000	146 250	
5.1.9.	Handling of patient complaints and organisation of the operation of an expert committee of the quality of medical care	Patient complaints are handled by an expert committee of the quality of medical care; independent expert evaluation is ensured free of charge	20	07	SoM		24 000	25 000	26 000	27 000	102 000	
5.1.10.	Ensuring emergency care for people without medical insurance, including screenings and treatment of HIV and tuberculosis	Emergency care for people without medical insurance is ensured	20	07	SoM		7 441 350	7 678 980	7 904 000	8 135 770	31 160 100	

5.1.11.	Compensation for temporary incapacity for work	Financial protection is ensured for people in the event of temporary incapacity for work	56	10	EHK		98 200 000	102 800 000	108 800 000	108 800 000	418 600 000		
5.1.12.	Performance and increased efficiency of state supervision over health care service providers in order to ensure the safety and quality of the services	Safe and high-quality services are ensured	20	07	SoM*		0	0	0	0	0		
5.1.13.	Organisation of quality audits	Suggestions have been provided to health care service providers and the quality of health care services has improved	56	10	EHK*		0	0	0	0	0		
5.1.14.	Performance of state supervision over the safety and quality of medicinal products	The safety and quality of medicinal products has been verified and ensured	20	07	SoM		343 734	879 290	879 290	879 290	2 981 604		
			40	07	SoM		1 873 563	1 873 000	1 873 000	1 873 000	7 492 563		
			41	07	SoM		81 085	0	0	0	0	81 085	
			31	07	SoM		26 701	0	0	0	0	26 701	
5.1.15.	Monitoring and analysis of people's satisfaction through regular surveys	People's satisfaction with the health care system has been monitored and analysed	20	7	SoM		14 000	14 000	14 000	14 000	56 000		
			56	10	EHK		14 000	14 000	14 000	14 000	56 000		
5.1.16.	Development and monitoring of indicators reflecting the quality and safety of services	The quality of services has been monitored, evaluated and compared	20	07	SoM*	EHK*	0	0	0	0	0		
M 2 Ensuring primary health care meeting the expectations and needs of the society, including nursing and midwifery.							114 153 953	121 553 953	129 753 953	129 753 953	495 215 812		
		<i>Number of people hospitalised due to diabetes per 100,000 citizens. Source: National Institute for Health</i>					178			170			
5.2.1.	Updating of legal grounds for strengthening the role of family physician and family nurse in order to ensure high-quality and available and more prevention-oriented general medical care	Updated legal grounds exist for the provision of high-quality and available general medical care	20	07	SoM*		0	0	0	0	0		
5.2.2.	Updating of the organisation of and requirements to nursing care and expansion of the selection of services	Available and high-quality nursing care services are ensured with the legal regulations	20	07	SoM*		0	0	0	0	0		
5.2.3.	Updating of the organisation of midwifery, including regulations of home labour	Available and high-quality midwifery is ensured with the legal regulations	20	07	SoM*		0	0	0	0	0		
5.2.4.	Consistent provision of available and high-quality services of general medical care, increasing the provision of health-promoting and illness prevention services and monitoring of chronic patients at the primary level	Services of consistent general medical care, including those aimed at health promotion and prevention of diseases, are available to the population	56	10	EHK		94 200 000	99 100 000	104 600 000	104 600 000	402 500 000		
			20	7	SoM		253 953	253 953	253 953	253 953	1 015 812		
5.2.5.	Provision of nursing care services, including independent in-patient nursing care according to the needs of the population and with greater appreciation of the role of nurse	Nursing care services are provided according to the needs of the population	56	10	EHK		19 700 000	22 200 000	24 900 000	24 900 000	91 700 000		
5.2.6.	Provision of midwifery services in order to ensure the availability of reproductive health services according to the principles of the primary level	Provision of midwifery services is ensured	56	10	EHK*		0	0	0	0	0		
M 3 Organisation of specialised medical care in order to ensure the availability of need-based high-quality specialised medical care services.							462 594 221	476 066 140	489 367 434	489 368 754	1 917 396 550		

		<i>Number of beds of active treatment in hospitals belonging to the development plan of the hospital network. Source: National Institute for Health</i>					4300				3700		
		<i>Average duration of treatment in active treatment of hospitals belonging to the development plan of the hospital network. Source: National Institute for Health</i>					5,2				4,6		
		<i>Number of beds occupied in hospitals belonging to the development plan of the hospital network. Source: National Institute for Health</i>					75%				83%		
5.3.1.	Updating of legal grounds for optimum availability of specialised medical care including transplantation services	Legal grounds for optimum organisation of specialised medical care and the hospital network including transplantation services have been updated	20	07	SoM*		0	0	0	0	0	0	0
5.3.2.	Continued optimisation of the hospital network, creating legal grounds and supporting financing measures for the operation of general hospitals.	Legal grounds for restructuring of general hospitals and supporting financial measures for optimisation of the hospital network have been developed	20	07	SoM*		0	0	0	0	0	0	0
5.3.3.	Development and implementation of the development directions of the hospital network and primary health care	Further directions for development of a hospital network well connected with the primary health care until year 2020 have been developed	20	7	SoM*		0	0	0	0	0	0	0
5.3.4.	Development and piloting of new screening methods	Evidence-based screening methods have been applied	56	10	EHK*		0	0	0	0	0	0	0
			20	07	SoM*		0	0	0	0	0	0	0
5.3.5.	Ensuring the availability of specialised medical care in the extent ensuring the agreed waiting time	Services of specialised medical care are ensured, waiting lists do not exceed the promised periods	56	10	EHK		460 600 000	473 900 000	487 200 000	487 200 000	1 908 900 000		
			20	07	SoM		63 434	64 703	65 997	67 317	261 452		
5.3.6.	Financing of a national transplantation institution (including transplantation coordinators)	Transplantation has been well coordinated within Estonia and for ensuring international cooperation	20	07	SoM**		172 269	172 269	172 269	172 269	689 076		
5.3.7.	Financing of expert evaluation of occupational diseases	The expert evaluation service for occupational diseases is available	20	07	SoM		63434	63434	63434	63434	253 736		
5.3.8.	Organisation and financing of screenings aimed at early detection of cancer, development and maintenance of a screening register	Screenings aimed at early detection of cancer are available to the target group	56	10	EHK		1 252 000	1 252 000	1 252 000	1 252 000	5 008 000		
			20	07	SoM		157 084	323 734	323 734	323 734	1 128 286		
5.3.9.	Financing of services aimed at prevention	Services aimed at prevention are available for the insured people	56	10	EHK		286 000	290 000	290 000	290 000	1 156 000		
	M 4 Ensuring sufficient resources for the operation of the health care system (motivated and competent employees, optimum funding and modern infrastructure, safe, high-quality and available medicines, blood products and medical equipment)						210 176 056	199 020 921	212 153 555	212 277 361	833 627 893		

		<i>The share of the total health care expenses of the public sector of the expenses of the public sector is permanently at least 12.3% Source: National Institute for Health</i>					12,3%			12,3%		
		<i>The number of certificates issued to health care professionals for working abroad has decreased. Source: Health Board</i>					280			230		
5.4.1.	Modernisation of the legal system for solidary sustainable medical insurance	Regulations for ensuring solidary sustainable medical insurance have been updated	20	07	SoM*	EHK*	0	0	0	0	0	
5.4.2.	Development of long-term patient self-participation principles	Principles have been agreed and applied	20	07	SoM*		0	0	0	0	0	
5.4.3.	Sustainable financing of medical insurance	Financial and non-financial benefits are ensured for insured people	56	10	EHK		8 000 000	8 300 000	8 500 000	8 500 000	33 300 000	
5.4.4.	Indemnification of expenses on medicinal products in order to ensure the availability of medicinal products	Medicinal products are available to insured people	56	10	EHK		120 700 000	129 500 000	138 900 000	138 900 000	528 000 000	
5.4.5.	Indemnification of the expenses on medical devices and health care services provided in other Member States of the European Union	Indemnifications are guaranteed for insured persons	56	10	EHK		19 200 000	23 100 000	26 500 000	26 500 000	95 300 000	
5.4.6.	Training of agreed number of competent health care professionals	The necessary number of health care professionals has been prepared	20	07	SoM		10 097 433	11 241 882	11 258 299	11 233 028	43 830 642	
			20		HTM		15 800 000	15 800 000	15 800 000	15 800 000	63 200 000	
5.4.7.	Application of start-up grants and other financial motivators to ensure staff outside centres	Sufficient staff has been ensured outside centres	20	07	SoM	EHK	150 000	180 000	225 000	300 000	855 000	
5.4.8.	Continuing to strengthen competence centres of the hospital network by continuous investment into the creation of a modern infrastructure and specification of legal prerequisites	Up-to-date infrastructure for the provision of high-quality service has been ensured	31	07	SoM**		33 500 000	0	0	0	33 500 000	
5.4.9.	Application of the principles and innovative solutions of E-State, increasing the efficiency of the cooperation and information exchange of service providers	E-Health ensures cooperation and exchange of information	20	07	SoM	ETSA	2 310 916	2 264 851	2 336 068	2 410 145	9 321 980	
5.4.10.	Supporting investments into the infrastructure of primary health centres in magnet areas of the population, ensuring available and diverse primary services	Up-to-date infrastructure for the provision of high-quality primary-level service has been ensured	20	07	SoM		0	7 995 347	7 995 347	7 995 347	23 986 041	
5.4.11.	Coordination of health care research and development , ensuring the preservation of gene samples	Health care research and development and the operation of the Gene Bank aimed at innovative methods has been ensured	20	07	SoM		290798	511932	511932	511932	1 826 594	
					HTM		0	0	0	0	0	
5.4.12.	Ensuring sufficient blood supply and the operation of reference centres	Sufficient blood supply is ensured	20	07	SoM		126 909	126 909	126 909	126 909	507 636	

	M 5 Ensuring preparedness for health emergencies and provision of available ambulance service						29 053 219	35 359 980	36 354 387	37 130 026	137 897 612	
		<i>Average time of arrival of ambulance in the event of urgent calls in urban areas is below 12 minutes. Source: Health Board</i>					below 12			below 12		
		<i>Average time of arrival of ambulance in the event of urgent calls in rural areas is below 21 minutes. Source: Health Board</i>					below 21			below 21		

5.5.1.	Updating of the ambulance regulation in order to ensure up-to-date requirements to the competence and equipment of the personnel, the content of the services provided by the ambulance and cooperation with the rescue department, police and hospitals	Up-to-date requirements have been established to the competence and equipment of the personnel, the content of the services provided by the ambulance and cooperation with the rescue department, police and hospitals	20	07	SoM*		0	0	0	0	0
5.5.2.	Updating the regulation on health care emergencies	Preparedness of the health care system for emergencies has been ensured	20	07	SoM*		0	0	0	0	0
5.5.3.	Ensuring the availability of optimum standardised ambulance and emergency care radio consultation service	Ambulance and emergency care radio consultation service is of high quality and available	20	07	SoM		28 758 266	35 065 027	36 059 434	36 835 073	136 717 800
5.5.4.	Ensuring sufficient supplies for health care emergencies	Sufficient supplies have been ensured	20	07	SoM		294 953	294 953	294 953	294 953	1 179 812
5.5.6.	Organisation of exercises and trainings to ensure the preparedness of the health care system for emergencies	Competence of the health care system for emergencies has been ensured	20	7	SoM*		0	0	0	0	0

Abbreviations

EHK	Estonian Health Insurance Fund
HTM	Ministry of Education and Research
SoM	Ministry of Social Affairs

Explanation of symbols

*	funds are shown among the general expenses of the institution
**	partial funds have been provided in the application plan

Objectives / Indicators / Areas of government	Basic level (2011)	2013	2014	2015	2016	Total
SO 1 Increasing social cohesion and decreasing inequality in health / total budget including fields of government		4 840 116	3 829 696	2 194 236	1 539 696	12 403 744
<i>including the field of government of the Ministry of Social Affairs</i>		4 830 116	3 566 696	2 194 236	1 539 696	12 130 744
<i>including an additional application of the field of government of the Ministry of Social Affairs</i>		0	685 751	725 351	639 611	2 050 713
<i>including the field of government of the Ministry of Finance</i>		10 000	263 000	0	0	273 000
<i>including an additional application of the field of government of the Ministry of Finance</i>		0	263 000	0	0	263 000
Share of the people covered by medical insurance in the population.	93,0%	95,0%	96,6%	98,0%	99,0%	
Relative poverty rate after social benefits (number of persons whose equivalent income is lower than 60% of the equivalent net income median of the members of the household). Source: Statistical Office	17.5% (2010)	16,9%	16,7%	16,5%	16,5%	
Poverty risk of children (share of children of up to 15 years of age living below the poverty threshold) Source: Statistical Office	19.4% (2010)	18,7%	18,5%	18,2%	18,0%	
Share of long-term (over 12 months) unemployed among the workforce Source: Statistical Office	7,1%	5,0%	4,4%	4,0%	3,7%	
Mortality coefficient of suicides per 100,000 people Source: Statistical Office and National Institute for Health	16,3	14,4	13,8	13,2	12,5	
SO 2 Decreasing mortality and primary morbidity in mental and behavioural disorders among children and young people, and an increasingly more positive assessment given by children and young people to their health / total budget, including fields of government		9 670 662	9 749 712	9 768 435	9 826 395	39 015 204
<i>including the field of government of the Ministry of Social Affairs</i>		1 939 762	2 063 812	2 082 535	2 140 495	8 226 604
<i>including an additional application of the field of government of the Ministry of Social Affairs</i>		0	94 050	132 773	195 733	422 556
<i>including the Health Insurance Fund</i>		7 730 900	7 685 900	7 685 900	7 685 900	30 788 600

Infant mortality coefficient (number of deaths of children under 1 year of age per 1000 children born alive). Source: Statistical Office	2,5	2,4	2,3	2,3	2,2	
Mortality coefficient of children and young people between 0 and 19 years of age per 100,000 citizens. Source: Statistical Office	37,0	35,8	35,2	34,6	34,0	
Mortality coefficient of children and young people between 0 and 19 years of age caused by injuries, poisoning and accidents per 100,000 citizens. Source: Statistical Office	15,8	14,3	13,5	12,8	12,0	
Primary illness coefficient of mental and behavioural disorders of children and young people aged 1 to 19 per 100,000 citizens. Source: National Institute for Health	1987	1964	1952	1941	1929	
The share of children aged 11, 13 and 15 characterizing their health as very good. Source: National Institute for Health, HBSC	29.3% (2009/2010)	not measured	33,3%	not measured	33,8%	
The share of infants aged 6 months partly or fully on breast feeding. Source: National Institute for Health	55,3%	60,0%	62,0%	64,0%	66,0%	
SO 3. Health risks from the living, working and learning environment are reduced / total budget, including fields of government		3 752 063	4 990 963	5 134 963	5 118 563	18 996 552
<i>including the field of government of the Ministry of Social Affairs</i>		2 780 849	3 943 249	4 067 249	4 050 849	14 842 196
<i>including an additional application of the field of government of the Ministry of Social Affairs</i>		0	1 232 400	1 826 400	1 810 000	4 868 800
<i>including the field of government of the Ministry of the Environment</i>		231 000	157 000	157 000	157 000	702 000
<i>including the field of government of the Ministry of Agriculture</i>		740 214	890 714	910 714	910 714	3 452 356
<i>including an additional application of the field of government of the Ministry of Agriculture</i>		0	150 500	170 500	170 500	491 500
Respiratory disease mortality rate per 100,000 citizens Source: Statistical Office and National Institute for Health	31	31	31	31	31	
Number of fatal occupational accidents per 100,000 employees Source: Labour Inspectorate and Statistical Office	3,1	3,0	2,9	2,8	2,7	
Number of working days lost due to occupational accidents per 100 employees Source: Health insurance Fund and Statistical Office	16,7	16,4	16,3	16,1	16,0	

Health impact of work: percentage of employed persons who believe that their work deteriorates their health Source: European Working Conditions Survey	43.5% (2009)	41,5%	not measured	not measured	40,0%	
Number of people in the population infected with food-induced communicable diseases per 100,000 citizens Source: Health Board	340	284	256	228	200	
Percentage of population supplied with drinking water conforming to requirements Source: Health Board	72%	78%	82%	85%	88%	
Percentage of persons diagnosed with or treated for asthma among the age group 16–64 Source: NIHD, Health Behaviour Study	2.7% (2010)	not measured	1,8%	not measured	1,7%	
Annual average concentration of fine particles (PM10) in the air of Estonian cities (µg/m ³) Source: Statistical Office, Estonian Environment Information Centre	14,6	14,4	14,2	14,1	14,0	
Inclusion of 2-year-old children in immunization against measles, mumps and rubella (MMR) Source: Health Board	93,9%	94,3%	94,6%	94,8%	≥95%	
SO 4. The physical activity of the population has increased, eating has become more balanced and risk behaviour has decreased / total budget, including fields of government		39 353 605	40 508 615	43 503 185	45 896 497	169 261 902
<i>including the field of government of the Ministry of Social Affairs</i>		18 740 312	21 991 174	25 000 130	27 391 514	93 123 130
<i>including an additional application of the field of government of the Ministry of Social Affairs</i>		0	4 490 005	7 651 332	10 047 929	22 189 266
<i>including the field of government of the Ministry of Education and Research</i>		14 498 696	14 498 696	14 498 696	14 498 696	57 994 784
<i>including the field of government of the Ministry of Justice</i>		412 590	443 159	443 153	443 153	1 742 055
<i>including an additional application of the field of government of the Ministry of Justice</i>		0	0	443 153	443 153	886 306
<i>including the field of government of the Ministry of Defence</i>		11 500	11 500	11 500	11 500	46 000
<i>including the field of government of the Ministry of Culture</i>		1 443 645	1 443 645	1 443 645	1 443 645	5 774 580
<i>including the field of government of the Ministry of Economic Affairs and Communications</i>		64 000	64 000	64 000	64 000	256 000
<i>including the field of government of the Ministry of Agriculture</i>		1 016 000	1 011 000	1 011 000	1 011 000	4 049 000
<i>including the field of government of the Ministry of Internal Affairs</i>		2 816 862	465 359	450 179	452 907	4 185 307
<i>including the Government of the Republic</i>		0	230 082	230 882	230 082	691 046

<i>including an additional application of the Government of the Republic</i>		0	230 082	230 882	230 082	691 046
<i>including the Health Insurance Fund</i>		350 000	350 000	350 000	350 000	1 400 000
Share of overweight people aged 16–64. Source: NIHD, Health Behaviour Study	31,7% (2010)	not measured	27,0%	not measured	26,0%	
Percentage of obese persons in the age group 16–64. Source: NIHD, Health Behaviour Study	16,9%	not measured	13,0%	not measured	13,0%	
Percentage of overweight school students. Source: School health reports of EHIF	10,5%	8,9%	8,1%	7,3%	6,5%	
Number of new HIV infection cases per 100,000 citizens. Source: Health Board	27,6	24,6	23,0	21,5	20,0	
Percentage of pregnant women with HIV among all pregnancies. Source: Health Board, National Institute for Health	0,5%	<1%	<1%	<1%	<1%	
Percentage of young people (age group 15–16) who have tried illegal drugs. Source: National Institute for Health, ESPAD	32%	not measured	not measured	26%	24%	
Number of fatal accidents, poisonings and injuries per 100,000 citizens Source: Statistical Office	85	82	81	79	78	
Number of people killed in traffic accidents with participation of intoxicated drivers. Source: Estonian Road Administration	14	14	14	14	14	
Number of people under 65 having died of cardiovascular diseases per 100,000 citizens Source: Statistical Office	94	86	81	77	73	
Share of persons aged 16–64 regularly going in for sports Source: National Institute for Health, survey of health behaviour	36,3%	39,0%	41,0%	43,0%	45,0%	
Annual consumption of absolute alcohol per citizen in litres Source: Estonian Institute of Economic Research	10,2	9,5	8,9	8,4	<8	
Share of daily smokers aged 16–64 Source: National Institute for Health, survey of health behaviour	26,2%	23,8%	23,1%	not measured	18,3%	
Number of primary cases of tuberculosis per 100,000 citizens Source: National Institute for Health, Register of Tuberculosis	19,8	18,3	17,5	16,8	16,0	
AE 5 All people have access to high-quality healthcare services by optimum use of resources / total budget, including fields of government		924 136 809	955 371 940	997 417 295	998 752 790	3 875 678 834
<i>including the field of government of the Ministry of Social Affairs</i>		86 124 809	79 055 940	80 601 295	81 936 790	327 718 834

<i>including an additional application of the field of government of the Ministry of Social Affairs</i>		0	26 539 481	28 084 836	29 420 331	84 044 647
<i>including the field of government of the Ministry of Education and Research</i>		15 800 000	15 800 000	15 800 000	15 800 000	63 200 000
<i>including the Health Insurance Fund</i>		822 212 000	860 516 000	901 016 000	901 016 000	3 484 760 000
Number of doctors per 100,000 citizens. Source: National Institute for Health	323	320	320	320	320	
Number of nursing staff per 100,000 citizens Source: National Institute for Health	640	716	754	792	830	
Percentage of people who are fairly or very satisfied with the quality of medical care. Source: Source: MoSA, survey "Satisfaction of Residents with Healthcare Services".	72,4%	74,0%	75,0%	75,0%	76,0%	
Percentage of people who believe that accessibility of medical care is good or very good. Source: Source: MoSA, survey "Satisfaction of Residents with Healthcare Services".	51,4%	57,0%	60,0%	62,0%	65,0%	
Percentage of household expenditures of the total healthcare expenditures. Source: National Institute for Health	17,6%	<25%	<25%	<25%	<25%	
Total budget of the application plan		981 753 254	1 014 450 926	1 058 018 114	1 061 133 941	4 115 356 236
<i>including the additional application</i>		0	33 685 269	39 265 227	42 957 338	115 907 834