

*Permanent Mission of Estonia  
Geneva*

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*The Permanent Mission of the Republic of Estonia to the United Nations and Other International Organisations in Geneva presents its compliments to the Office of the High Commissioner for Human Rights and in response to the Latter's letter from 18 June 2012, has the honour to forward the reply of the Government of Estonia concerning the questionnaire of the children's right to health.*

*The Permanent Mission of Estonia to the United Nations and Other International Organisations in Geneva avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights the assurances of its highest consideration.*

*Geneva, 4 September 2012*



*Enclosure: 8 pages*

*Office of the High Commissioner for Human Rights  
GENEVA*

## Response of Estonia to the questions on children's right to health

### *1. Please provide information on the main health challenges related to children that your country is facing.*

In Estonia the main health challenges related to children are declared in the National Health Plan which is aimed at establishing strategic objectives for maintaining and improving public health. The main challenges related to children are the following:

- 1) Strong links between risks in health behaviour during pregnancy (high level of induced and recurrent abortions, smoking during pregnancy), mothers' level of education and infant mortality after 28 days of life; teenage pregnancy and childbearing still means higher health risks for the newborn.
- 2) High mortality rate of children and youth due to injuries and poisoning.
- 3) Parents' lack of knowledge regarding the health of infants and young children, specific development issues (nutrition, safe environment, etc.).
- 4) Irregularity of preventive health checks among children in pre-school age, belated immunisation, and late discovery of special developmental needs.
- 5) High incidence of dental caries during pre-school age and increased incidence in later stages of childhood.
- 6) Risky sexual behaviour (more frequent contraction with HIV among teenage girls), lack of a clear decreasing trend in the abortion age rate among women aged 15-19 (the number of abortions per 1,000 women in this age group).
- 7) Increased frequency of chronic diseases (asthma, diabetes) or chronic disease risk factors (excess weight, high blood pressure) among children and adolescents; potential late diagnosis of chronic diseases in children living further away from the centres.
- 8) Tense family relations, insufficient communication skills, lack of training and counselling system for parents, insufficient network initiatives to reduce health risks for children from problematic families.
- 9) Availability of assistance provided by child psychologists, child psychiatric treatment and diagnostic services, social workers, school psychologists and speech therapists.
- 10) Lack of integrated solution for the educational and treatment requirements of children with special needs.
- 11) Evidence-based information environment on the protection and promotion of child development and health for parents, teachers and other child specialists needs further development.
- 12) Routinely collected aggregated child and adolescent health statistics does not provide information on different target groups (segregated by the level of education, socio-economic situation, nationality).

2. *Please indicate the current status of the child's right to health under your country's legal framework. Please include information on legal provisions (including Constitutional provisions) which explicitly recognize the child's right to health. Also provide information on legal recognition of key determinants to children's health, including access to safe and adequate nutrition and housing, to water and sanitation, and to health related education and information.*

The superior document reflecting the child's right to health is **Constitution of the Republic of Estonia**, whereby in § 28 it is stated that:

- Everyone has the right to the protection of health.
- The state shall promote voluntary and local government welfare services.
- Families with many children and persons with disabilities shall be under the special care of the state and local governments.

The **Republic of Estonia Child Protection Act** provides for the internationally recognised rights, freedoms and duties of the child and protection thereof in the Republic of Estonia. This Act provides the basis for other legislation of general application of the Republic of Estonia concerning child protection.

According to the **Health Insurance Act** for all children up to 19 years of age are guaranteed a health insurance by the state.

The objective of the **Public Health Act** is to protect human health, prevent disease and promote health – that includes also providing children with possibilities for healthy development, securing the safety of physical environment and supportive social and educational system.

Obligations of parents under the **Family Law Act** ensure the children food, home and wellbeing.

The objective of the **Social Welfare Act** is the observation of human rights, responsibility of persons for their own and their family members' ability to cope. The purposes of social welfare are to provide assistance to persons or families in preventing, eliminating and relieving difficulties in coping.

According to the Basic Schools and Upper Secondary Schools Act the general education schools support the mental, physical, ethical, social and emotional development of students (§3 (1)).

According to the Pre-school Child Care Institutions Act (§3) the main function of a child care institution is to:

- 1) Create possibilities and conditions for the formation of a healthy personality, who is socially and mentally alert, self-confident and considerate of others and who values the environment;
- 2) Maintain and strengthen the health of the child and to promote his or her emotional, moral, social, mental and physical development.

3. *Please provide information on national policies, strategies and plans of action for addressing the priority concerns and challenges identified in question 1. Please include information as to whether the child's right to health, including the right to health care, is explicitly referred to in existing policies, strategies and plans of action.*

The measures, implemented for addressing priority concerns and challenges related to children are presented in the implementation plan of National Health Plan 2009-2012, which provides links with many existing or envisaged strategic documents. The population's, including children's health, is the common element in all programmes, strategies and development plans referred to in the National Health Plan.

The programs, strategies and development plans integrated to the National Health Plan reflecting the topic of child's health are the following:

#### Ministry of Social Affairs

##### 1. *Primary Healthcare Development Plan*

Primary healthcare is an important healthcare component defined by the provision of basic services necessary for the achievement of the main objectives of the healthcare system – improved public health and compliance with social expectations -, including school healthcare services and health promotion.

##### 2. *Strategy to Guarantee the Rights of the Child*

The strategy is used as a guideline for general actions to support the health, development and welfare of children and it also envisages actions for children in need of special attention. The strategy to guarantee the rights of the child helps to achieve the objectives of the National Health Plan in the field of child and adolescent health. The strategy also supports performance of the obligations laid down in the UN Convention of the Rights of the Child.

##### 3. *Development Plan for Reducing Violence for years 2010-2014*

One of the aims of the coherent development plan is to establish a coordinated policy for prevention of domestic violence and violence concerning minors and to harmonise the development trends of the field with the targets established by the EU and UN. Prevention of domestic violence creates opportunities for safe development of children, which in turn supports development of conscious and responsible health behaviour. Therefore, the development plan supports the objectives of the National Health Plan.

##### 4. *Children and Families' Development Plan 2012-2020*

The goal of the development plan is to increase well-being and quality of life of children and families which in turn has a positive impact on birth rates. The development plan establishes five strategic objectives for reaching this goal: 1) development of sustainable Estonian society is supported by uniform and knowledge-based child and family policy; 2) quality of life and outcomes for children are improved

through advocacy of positive parenting by offering adequate support in being a parent and raising children; 3) children, their development and safe environment that supports their well-being are valued by safeguarded children's rights and a functioning child welfare system; 4) adequate economic coping and a sense of security of families is supported through a combined system of benefits and services; 5) high quality of daily life that meets the needs of every family member is promoted by men and women having equal opportunities for a work-life balance.

#### Ministry of Education and research

##### *1. Youth Work Strategy 2006-2013*

The strategic actions envisaged to support the development of young people exhibiting high-risk behaviour also creates preconditions for the development of health behaviour among the youth and prevention of health problems caused by risky behaviour.

##### *2. General Education System Development Plan 2007-2013*

The development plan enables to create opportunities for supporting the development of all learners and development of knowledge, skills, and values. There is a link between the level of education and health behaviour. Curriculum development also supports improvement of the quality of health education and compliance with modern health education requirements. The development plan also envisages opportunities for the renovation of the physical school environment. All abovementioned actions and the development plan as a whole have an impact on population health from childhood and adolescence and thereby the development plan supports the objectives established in the National Health Plan.

##### *3. Bullying Prevention Program "Safe School"*

The program helps to implement the strategic objective of the National Health Plan to ensure a safe and a secure environment for the development of children and adolescents by preventing violence and injuries and promoting mental health. The school is an environment where health promotion messages can reach large target groups while violent behaviour in the school environment could be a health risk factor. The program for prevention of violent behaviour and the development of supportive and developmental psychosocial environment supports the objectives of the National Health Plan.

#### Ministry of Economic Affairs and Communications

##### *1. Estonian Housing Development Plan 2008-2013*

This development plan deals with one of the key health factors – housing. Part of the development plan makes a commitment to improve prevention of homelessness as one of the most negative health impact factors.

The National Health Plan chapter on the reduction of health risks in the living, working and learning environment analyses environmental health indicators associated with housing, such as indoor air composition, temperature, amount of light, radon emissions, etc.

## *2. Estonian national Traffic Safety Programme 2003-2015*

The Estonian national Traffic Safety Programme establishes goals for the development of traffic safety and measures for the achievement of these goals to prevent premature deaths due to injuries. One programme area includes actions for children and adolescents. As injuries are the main cause of child mortality, the programme for prevention of traffic injuries also supports the objectives of the National Health Plan.

### Ministry of Justice

#### *Development Plan for Reducing Violence for years 2010-2014*

The purpose of the development plan approved by the Government is to reduce and prevent violence in its various forms. The development plan deals with violence related to minors, domestic violence and trafficking in human beings. The types of violence and situations that endanger vulnerable target groups – women and children – the most, and the risk factors of which are often related to each other (e.g. influence of violence on subsequent violent behaviour) are discussed.

National strategies and plans of action for addressing the priority concerns and challenges identified in question 1:

1. The implementation plan of National Health Plan 2009-2012 – young people's reproductive and sexual health promotion action is aimed at developing awareness through counselling services to reduce risks in health behaviour during pregnancy.
2. The Estonian National Traffic Safety Programme - one area includes actions for children and adolescents. As injuries are the main cause of child mortality, the programme for prevention of traffic injuries contains number of actions to reduce high mortality rate of children and youth.
3. The implementation plan of Children and Families Development Plan 2012-2015 includes measures to increase parent's skills: development effective supporting services and its provision. The implementation plan of National Health Plan 2009-2012 contains measures for increasing the percentage of infants receiving breast milk – awareness rising of target groups, baby-friendly hospital initiative and so on.
4. The implementation plan of Children and Families' Development Plan 2012-2015 contains actions to improve early intervention and child protection system.
5. The implementation plan of National Health Plan 2009-2012 contains actions to reduce incidence of dental caries during pre-school age – training for parents, nurses and children.

6. The implementation plan of National Health Plan 2009-2012 – young people’s reproductive and sexual health promotion action is aimed at developing awareness of counselling services to reduce risky sexual behaviour and to reduce the number of abortions.
7. The implementation plan of National Health Plan 2009-2012 includes measures for children and youth nutrition and exercise habits to change to reduce disease risk factors (excess weight, high blood pressure).
8. The implementation plan of Children and Families’ Development Plan 2012-2015 contains the parenthood attitudes supporting development and knowledge-building measures, including developing counselling system for parents and supporting network building, to reduce health risks for children in problematic families.
9. The implementation plan of General Education System Development Plan 2007-2013 contains measures of supporting and development of counselling centres and schools activities to increase availability of the assistance provided by child psychologists, child psychiatric treatment and diagnostic services, social workers, school psychologists and speech therapists.  
The implantation plan of National Health Plan 2009-2012 provides to establish a mental health centres to ensure that mental health problems are early sighting, to ensure proper assistance and to develop prevention.
10. The implementation plan of National Health Plan 2009-2012 contains developing the integrated rehabilitation services for children with severe mental health problems which provides solution for the educational and treatment requirements of children with special needs.
11. The implementation plan of Children and Families Development Plan 2012-2015 contains the number of measures to improve and develop the availability of the evidence based information on the protection and promotion of child development and health for parents, teachers and other child specialists.
12. The implementation plan of Children and Families’ Development Plan 2012-2015 contains plan to collect health statistics and information, which can be used to plan preventive interventions for different target groups.

*4. Please indicate what role schools have in promoting children’s right to health. Is health promotion included in the school curricula?*

According to the Basic Schools and Upper Secondary Schools Act (§19 (3)), the Government shall establish the health protection requirements applicable to the furnishing, rooms, buildings and territory of schools. The school owner and the school head should ensure that these requirements are followed and implemented.

According to the national curricula both basic education and upper secondary education should support pupils’ mental and physical development (§2 (1)). These core values should be followed by choosing the content of the studies, the teaching methods and learning environment. At the end of the basic school the pupil values and follows a healthy lifestyle and is physically active (The National Curriculum for Basic School, (§11 (13))). The graduate of the upper-secondary school leads a healthy lifestyle, is capable of

upper-secondary school, (§5 (14)). These general competences are developed in the lessons of different subjects, also through different activities in school and during after-school activities.

Raising awareness of health and health promotion is included in two subject fields: physical education and social sciences' subject human studies. For example, in the subject curriculum of social sciences health is one of the topics (human studies subject curriculum), which includes the following sub-topics:

- Concept of health: physical, mental and social health
- Health indicators
- Factors affecting health
- Good and bad stress
- Body's reactions to stress
- Relaxation options

(source: The National curriculum for Basic school, subject field: social studies)

Additionally to the formal curricula many after-school and project-based activities have been initiated. For example, the National Institute for Health Development coordinates a network of schools promoting health education. The schools and pupils are involved in different activities, the aim of which is to promote healthy lifestyle, awareness of health issues etc.

*5. Please provide examples of good practices undertaken by your Government to protect and promote children's right to health, particularly in relation to Children in especially difficult circumstances.*

All children are guaranteed with health insurance by the state disregarding the social or financial status of the family.

Pre-school educational services (kindergartens, nurseries) are well-developed and widely used, local government has the obligation to ensure that the services would be available for every child.

Free school lunch is provided in schools (shared financing of state and local government) to all the pupils from 1<sup>st</sup> till 9<sup>th</sup> grade, promoting healthy nutrition, mitigating the social inequality and preventing the malnutrition due to the financial problems of families. The content of school meal is regulated by legal acts, ensuring that it is healthy and nutritious.

Training courses of parental skills have been developed and piloted.

*6. Please indicate what the main barriers your Government finds when are trying to implement children's right to health.*

Several problems have been identified in the National Health Plan:



- Social inequality has a defining influence on the health of children and adolescents. The poverty of the parents inevitably affects children. The socio-economic conditions experienced in childhood often predict the health condition of adults rather than the social status during adult years. Social exclusion, poor living conditions, poverty and irresponsible health behaviour are frequent indirect causes of childhood illnesses and deaths.
- Parents' lack of knowledge on the health of infants and young children, specific development issues (nutrition, safe environment, etc.).
- Tense family relations, insufficient communication skills, missing training and counselling system for parents, insufficient network initiatives to reduce health risks for children in problematic families.
- The evidence-based information environment on the protection and promotion of child development and health for parents, teachers and other child specialists needs further improvement and development.
- The routinely collected aggregated child and adolescent health statistics does not provide information on different target groups (segregated by the level of education, socio-economic situation, nationality) and hinder their use in planning the preventive interventions for different target groups.