

*Permanent Mission of Estonia  
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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 22 November 2013 has the honour to forward the reply of the Government of Estonia to the questionnaire on preventable mortality and morbidity of children under 5 years of age as a human rights concern – Human Rights Council resolution 24/11.*

*The Permanent Mission of Estonia 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, 15 January 2014*



*Enclosure: 6 pages*

*Office of the High Commissioner for Human Rights  
GENEVA*

## **Response of Estonia to the questions regarding preventable mortality and morbidity of children under 5 years of age as a human rights concern.**

- 1. Has your government developed a national policy/strategy/action plan aimed at reducing mortality and morbidity of children under five years of age? Please provide information on provisions that ensure that explicit attention is being paid to specific health and development needs of vulnerable and disadvantaged children, and to interventions and service delivery approaches for these children.**

There are two strategic policy documents which contribute to the health of children less than 5 years of age: the Estonian National Health Plan 2009-2020 and The Development Plan of Children and Families 2012-2020.

1) National Health Plan (hereinafter NHP) 2009-2020 comprises policy measures of all sectors concerning health. NHP is designed to ensure that the people of Estonia live longer, happier and healthier lives. The strategic general objective of the NHP 2009-2020 is longer health adjusted life expectancy by decreasing premature mortality and illnesses. The NHP details five thematic areas concerning increasing of social cohesion and equal opportunities, ensuring healthy and safe development for children, shaping an environment supporting health, facilitation of healthy lifestyle and ensuring the sustainability of the health care system.

The priorities of the NHP area which is dedicated to children and youth are:

- Promotion of physical and mental health and social development of children and young people.
- Prevention of injuries and violence among children and young people.
- Prevention of chronic diseases and risk factors thereof among children and young people.

The activities aiming to improve the health of children are following:

- Promote awareness of people of reproductive and sexual health; prevent unwanted pregnancies and sexually transmitted diseases; decrease social and health problems caused by infertility.
- Promote health and health behaviour of pregnant women and women breastfeeding infants.
- Increase the availability of free high-quality health care, counselling and support services to pregnant women and families with infants.
- Ensure the availability of high-quality perinatal diagnostics and screening programmes of genetic diseases, as well as high-quality counselling service for pregnant women and for women with infants.
- Increase the awareness and skills of parents to promote infant health and support development; promote the awareness of parents on the nature, influence and prevention of family and relationship violence, as well as possibilities for decreasing damages.
- Promote the peri- and postnatal medical care by developing of perinatal care indicators and regular monitoring. Create a system of medical monitoring and development therapy for the improvement of the quality of life of high-risk new-borns after active treatment.
- Enhance the regular preventive health inspection of children aged up to 1 year for early detection of development and health disorders, counselling of parents and ensuring the inclusion in immunization.
- Regularly monitor and evaluate the indicators and influencing factors of sexual reproductive health of the population and infant health, organising surveys, developing medical registries and the information system and specifying the composition of the data collected.

- Increase the awareness and skills of parents to promote the health and support of the development of toddlers and pre-school children.
- To enhance regular preventive health inspections carried out for early detection of development and health disorders of pre-school children, counselling of parents, maintenance of inclusion in immunization and prevention of dental diseases.
- Increase the capacity of pre-school childcare institutions in promotion of children's health, supporting of children's readiness for school, ensuring inter alia high-quality age-appropriate health education of pre-school children and teaching of social skills according to the national curriculum.
- Promote the capacity of general medical care providers and the local government to prevent injuries of small children.
- Monitor and evaluate regularly the development and health indicators of small children, developing the health information system, carrying out surveys, specifying the compositions and indicators of the data collected.

More specific information about the NHP and other relevant documents can be found at: <http://www.sm.ee/eng/activity/health/national-health-plan-2009-2020.html>

2) The main objective of the Development Plan of Children and Families 2012-2020 is to improve the well-being and quality of living of children and families, thereby birth rates. Five strategic objectives have been set for the achievement of the main objective:

- The Estonian child and family policy is knowledge-based and uniform in order to support the sustainability of society;
- Estonia is a country that supports positive parenting and offers the necessary support to raising children and being a parent in order to improve the quality of living and the future of children;
- The rights of children are guaranteed and a functional child protection system is created in order to value each child and the kind of safe environment that supports the development and well-being of children;
- Estonia has a system of combined benefits and services that support the adequate economic coping of families in order to offer constant security to families; and
- Men and women have equal opportunities for the reconciliation of work, for family and for the private life in order to promote a quality everyday life that meets the needs of each family member.

To meet the objective number 3, the measure "Increasing the efficiency of early intervention and the child protection system" has the following lines of action plan:

- Early intervention system for noticing the developmental needs of a child:
  - Development of a system for evaluation of the developmental needs of a child and early intervention
  - Analysis and development of a system of home visits by family nurses
  - Development of guidelines and provisions of trainings for the specialists who work with the small children
  - Community –based development of a system for early noticing of and intervention in the risk behaviour of children
    - Noticing and helping maltreated children:
      - Reduction and prevention of violence against children (through the Strategy of Reducing Violence)
      - Raising the awareness of children and adults of abstaining from violence and seeking for help
      - Distribution of information to promote noticing children who need help and notifying about such children
      - Maintaining and developing the child support helpline 116111 and missing children helpline 116000
      - Development of a system for diagnosing maltreatment of children and reacting to such cases
      - Carrying out surveys of possible maltreatment of children.

More specific information can be found at:

[http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/lapsed/Strategy\\_of\\_Children\\_and\\_Families\\_2012-2020.pdf](http://www.sm.ee/fileadmin/meedia/Dokumendid/Sotsiaalvaldkond/lapsed/Strategy_of_Children_and_Families_2012-2020.pdf)

**2. Does your government collect data on the health status of children under five, including information on vulnerable and disadvantaged groups? How is this data used in the development, implementation, monitoring and evaluation of policies, programmes and services relating to mortality and morbidity of children under five?**

Such data is collected by the Estonian Government. The main sources to measure the health status of children less than five years of age are:

- Causes of death registry (causes of death)
- Birth registry (maternal data, pregnancy data, birth data, neonatal data)
- Cancer registry (cancer morbidity)
- Tuberculosis registry (tuberculosis morbidity)
- Estonian infectious diseases registry (infectious diseases, incl HIV/AIDS)
- Aggregated immunization coverage reports
- Estonian Health Information System (individual epicrises of hospital, day care and inpatient care, development data of children, immunization data etc.) – within the system the statistical module is under development
- Estonian Health Insurance Fund invoices (individual data on health care services use, contains also diagnosis)
- E-Prescription database (prescribed and bought pharmaceuticals, diagnoses, prices, co-payments)

All sources include the whole population. Registry data includes also socioeconomic status. The health Information System, Insurance Fund and e-prescription database contain geographical data and also allow linkage of different databases.

Health data is used mostly in the form of different indicators which are published regularly in public databases. Indicators are regularly used to develop, monitor and evaluate the policies, programmes and services. Individual data allows performing special studies when it is needed to investigate a problem more thoroughly. All programmes have their monitoring framework.

Main indicators to monitor the child health in the National Health Plan are following:

1. Infant mortality coefficient (number of deaths of children under 1 year of age per 100 children born alive) – data is collected by the causes of death registry and published in Statistics Estonia (hereinafter SE) database;
2. Mortality coefficient of children and young people between 0 and 19 years of age per 100.000 citizens – data is collected by causes of death registry and published in SE database;
3. Mortality coefficient of children and young people between 0 and 19 years of age caused by injuries, poisoning and accidents per 100.000 citizens – data is collected by causes of death registry and published in SE database;
4. Primary illness coefficient of mental and behavioural disorders of children and young people aged 1 to 19 per 100,000 citizens – data is collected by the National Institute for Health Development (hereinafter NIHD) and published in NIHD health statistics and health research database;
5. The share of infants aged 6 months partly or fully on breast feeding. Data is collected by NIHD and published in NIHD health statistics and health research database;

6. Coverage of immunisation of 2 year old children against measles, mumps and rubella (MMR); - data is collected and published by Health Board;
7. Poverty risk of children (share of children of up to 15 years of age living below the poverty threshold) – data is collected by SE and published in SE database;
8. Number of new health promoting kindergartens and schools. Data is collected by the NIHD;
9. Proportion of schools who meet the proper lighting requirements and proportion of schools who meet the criteria of concentration of carbon dioxide in study rooms. Data is collected and published by Health Board.

**3. What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/strategy/action plan at all levels? Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant stakeholders, including national human rights institutions, civil society and community representation.**

Most of the ministries and government agencies are involved in the planning, implementing and reporting regarding the National Health Plan 2009-2020. The country and municipal level, the representatives of main political parties and the academia are also represented in the governing bodies of the National Health Plan.

Many people from various international organisations, ministries, county governments, local governments, non-governmental associations, private sector and several stakeholders, target and interest groups participated in the development of the Strategy through different work groups and public discussions. They all have made significant and crucial contributions to defining new challenges and finding solutions. As the health of the population is constantly changing, the Population Health Strategy is a document that needs to be continuously revised and updated. In 2011 and 2012 a number of discussions were held to develop an action plan for the period 2013-2016. The governing bodies approve annual work plans and discuss reports, and the reports are presented to the Government.

**4. How is your government ensuring that underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, healthy environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?**

These determinants are taken into consideration via different regulations, national plans, guidelines, research projects etc. in Estonia. The main plan concerning health, including healthy environmental conditions, is the Estonian National Health Plan (NHP).

The goal indicators for drinking water quality and control are set in the European Union directive 98/83/EU, which have been transposed into Estonian legislation. These are also included in NHP, concerning drinking water. According to the latest data 89,6% of population in Estonia is supplied by a central drinking water supply system, others have their own private wells. 87,7% of these who are connected to drinking water supply systems access the water that meets the requirements of drinking water quality. There has been no water related outbreaks in the recent years.

In order to increase the total number of persons who have access to a centralized drinking water supply system and use drinking water that meets the requirements, a lot of investments have been made so far and will be

made in next years, including money from the state budget, the EU funds, as well as the drinking water producers themselves.

The requirements of collection and treatment of waste water are set in the EU directive 91/271/EEC and in the HELCOM's action plan for the Baltic Sea. The requirements and recommendations set in the directives and HELCOM's action plan are transposed into the Estonian legislation and competent authorities are constantly carrying out surveillance fulfilling these requirements.

Estonia has also ratified the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes on the 9<sup>th</sup> of September 2003. In addition, Estonia has ratified the Parma Declaration on Environment and Health. Through the Declaration and Commitment to Act, participating governments agreed to implement national programmes in order to provide equal opportunities to each child by 2020 by ensuring access to safe water and sanitation, opportunities for physical activity and a healthy diet, improved air quality and toxic chemicals free environment.

Food safety is one of the most important fields of activities of the Ministry of Agriculture of Estonia. The responsibility of the state is to ensure that the food that we eat would be safe despite its origin. The main principle of EU food safety policy and national regulation is to apply a harmonized approach, which includes all the fields of the food chain – production of feeding stuffs, plant and animal health, animal welfare, activities connected to agricultural production, processing food products, storage, transport, retail, import and export. Within the measure of surveillance and rationalization, fulfilment of food safety is ensured, one of the prerequisites being an efficient surveillance system of food. Regular updating of necessary databases (including the results of surveillance and monitoring programmes and data about food consumption) is ensured based on which risk analyses are carried out and decisions are made regarding the establishment of necessary standards. Within the measure of availability of information and improving quality, the consumer and food processors are informed of recommended standards.

In 2006, The Estonian Nutrition Recommendations and Food-Based Dietary Guidelines (hereinafter ENR) were established by the National Institute for Health Development, taking into consideration the Nordic Nutrition Recommendations and nutritional habits of inhabitants of Estonia. The specially aimed diet-related health problems taken into account when developing the ENR were hypertension and dyslipidaemia. Attention has been given to the recommendations of vitamins A, C and D and iron and calcium intake as those elements were deficit according to the Estonian nutrition surveys. Estonia has food-based guidelines (FBDG) for different population groups. According to the basic recommendations, additional nutritional recommendations for children and youth were published in 2009, which gives specific recommendations for nutrition in childcare facilities. Estonia is currently updating the recommendations.

Concerning adequate housing, we have a national regulation and requirements for childcare facilities (e.g. requirements for indoor air quality, nutrition, hygiene, overall building safety etc.). The Health Board of Estonia is carrying out constant surveillance of childcare facilities. Also there have been research projects and risk assessments done about different environmental determinants in those facilities by the Health Board. Hygiene promotion projects are carried out by the National Institute for Health Development.

Adequate housing conditions of children are inspected by the child protection worker, when there are doubts about children living in unhealthy domestic environment or there have been events that lead to such conclusions. Also, when there is a court case about the parental rights of a child, it is considered, whether a parent has an adequate housing when making that kind of decision. Also, other people have a duty to inform the authorities about inadequate housing when they get such information. For example, when a family doctor is doing a home visit, it is her or his duty to inform the authorities or the child protection worker about inadequate housing.

The prevention is equal, independent of child's gender.

**5. How has your government incorporated human rights in planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility, acceptability and quality of health services been considered?**

Estonia has the health insurance system. According to the law, all children are covered by health insurance and entitled to free health care services (including dental care services) and prescribed medicines. Children under 4 years get all prescribed medicines at 100% reimbursement level, children aged 4-16 at 90% reimbursement level (except for the universal at 100% level reimbursed list). Immunisations, according to national immunisation plan, are completely free of charge. Children have additional exemptions from co-payments of hospital care and children under 2 from co-payments of specialist outpatients visits. Family doctors cannot charge any co-payment and all the children belong to a family doctor list. Family doctor is the first contact point for health care and most common conditions are treated here as well as health promotion and disease prevention is carried out by family doctor and family nurse. Family doctors work all over the Estonia.

Quality of health care services (incl. primary care) is monitored and supervised by the Estonian Health Insurance Fund and the Health Board.