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Summary record (partial)* of the 34th meeting

Held at the Palais Wilson, Geneva, on Wednesday, 16 November 2011, at 10 a.m.

Chairperson: Mr. Pillay

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* No summary record was prepared for the rest of the meeting.

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The meeting was called to order at 10.10 a.m.

Consideration of reports

(a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant *(continued)*

Second periodic report of Estonia (continued) (E/C.12/EST/2; E/C.12/EST/Q/2 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Estonia took places at the Committee table.*

Articles 10 to 15

2. **Ms. Lannes** (Estonia), responding to questions relating to article 12 on the right to health, said that the basic premise of the Estonian health-care system was solidarity. The system provided health care to all residents, funded through a health-care tax paid by the working population. All persons, however, had the right to health care, including inpatient and outpatient services, prescription drugs in hospital and treatment of HIV/AIDS and tuberculosis, whether or not they were employed. There was no qualifying period for entitlement to health-care benefits. The cost of health care for such groups as children, pensioners, women on maternity leave and persons disabled or not working due to injury was borne by the State. Great emphasis was also placed on promotion of health and prevention of illness.

3. Pursuant to the Health Insurance Act all pensioners were eligible for health care, as were their spouses if less than five years from retirement age. Pensioners over the age of 63 were entitled to a 90 per cent discount on prescription drugs and could apply for additional assistance from their local government. Pensioners received partially subsidized dental care, for example a subsidy of €233 every three years for dentures. Local government social workers could arrange subsidized transportation for persons living in isolated areas to access health-care services.

4. In May 2009 health coverage had been extended to include any unemployed person. Health care for persons unable to work because they were the main caregivers for others, including children, was funded by local governments. Injured workers and their spouses who were less than five years from retirement, children under 19 and pregnant women were eligible for health care. Children under 19 were also entitled to free dental care.

5. Her Government was working to increase public awareness of and reduce high-risk behaviour that affected health. It had for example developed a multisectoral prevention strategy for HIV/AIDS and drug addiction based on the principles of prevention, screening, harm reduction and treatment. Discussion of HIV/AIDS and drug abuse had been introduced into the school curriculum and youth centres provided sexual and reproductive health counselling. The Ministry of Social Affairs organized group training sessions and maintained Internet-based services including interactive online counselling, the anonymity of which made those services popular with young people. The Ministry of Defence likewise provided training on health issues including HIV/AIDS. Public awareness campaigns were organized to provide information on HIV/AIDS, risks during pregnancy, and use of condoms. Information about World AIDS Day was provided on television and radio and in newspaper advertisements, and brochures and posters were distributed.

6. A film for young people on preventing drug abuse and an accompanying manual for teachers had been prepared in 2010 and would be incorporated in the school curriculum in the current school year. There were approximately 13,000 injection drug users in Estonia; a needle exchange programme was an important aspect of the Government's harm reduction

efforts. An important element of the national HIV/AIDS strategy was a methadone programme subsidized by the State and revenues from the Gambling Tax Foundation. There were seven service providers operating nine centres, which currently reached nearly 1,100 addicts. She was optimistic that number would increase. The quality of the services provided was monitored by the Ministry of Health.

7. Her Government was also trying to reduce tobacco use and alcohol consumption; the tax on those products had been increased recently by 5 per cent and 10 per cent respectively. Awareness campaigns on the health effects of smoking and alcohol consumption were conducted, with a view especially to reaching youth. The national cardiovascular diseases prevention strategy operated 21 counselling centres and trained doctors on the risks of smoking. The Ministry of Social Affairs provided counselling on alcohol abuse. As a result of the Government's efforts to eliminate high-risk behaviour and improvements in health care, life expectancy had increased from 71.6 years in 2003 to 75.8 years currently.

8. The number of abortions had dropped by 16 per cent since 2008, thanks to improved counselling services, including family counselling and pregnancy crisis counselling, sex education in schools and public awareness campaigns on the use of contraception. Contraception methods were more readily available and their use was encouraged.

9. With regard to mental health care in prisons, she said that all prisoners were entitled to a full range of health-care services including dental and mental health care. The Ministry of Social Affairs had a plan to strengthen mental health care by 2015 which included the reorganization of mental health-care services in the prisons, with a view to improving both availability and quality of care. The availability of mental health care in general was a factor in the high suicide rate. Factors that contributed to suicide included depression, financial problems, unemployment, and drug and alcohol abuse in particular. While there had been a slight increase in suicides in 2009, attributed to the economic slowdown, overall the number of suicides had dropped from 24 in 2003 to 15 in 2011, no doubt the result of a drop in alcohol consumption. The Ministry of Health hoped to lower the number of suicides to 13 by 2015. Her Government was cooperating with Swedish partners to identify risk factors for suicide with a view to prevention, in particular among youth; to that end, four children's mental health centres had been opened. The Ministry of Social Affairs had recently launched a child and family development plan that included suicide prevention, training of health-care practitioners and strengthened cooperation with partner agencies.

10. She noted that health-care services were largely financed by the State through the Health Insurance Fund; health-care providers entered into contracts with the Fund for payment for services. Hospitals were financed by the Fund and/or local governments. There were very few private health-care facilities and little private health insurance. With a view to improving access to primary health care and lightening the load on family physicians as well as strengthening chronic and acute care services, the role of family nurses was being expanded. Family nurses were nurses who received additional training and could provide some services offered by doctors, including prescribing certain medications. More family nurses were being trained and their salaries had been increased. The goal was to have two family nurses assisting each family physician.

11. Steps had been taken to address the problem of 6 to 7 per cent of the workforce being inactive due to sickness, disability or injury and high premature mortality, which had resulted in a significant loss of human resources. Alcohol was a contributory factor, especially in the case of injury, and measures adopted to reduce high-risk behaviour included restricting the sale of alcohol to the hours of 10 a.m. to 10 p.m. and raising awareness of drink-driving, traffic and railway crossing safety, and avoidance of alcohol before swimming. The National Health Plan 2009–2020 included measures to increase life expectancy such as introducing the topics of health awareness, traffic safety and risky

behaviour in school curricula, developing a government policy to help prevent and reduce the number of deaths from injury, promoting an active lifestyle by providing more cycle paths, walking trails and recreational sites, and increasing the number of regular health checks and screening to detect health disorders early. The Government also aimed to address shortcomings in its disability and incapacity assessment system by the end of 2015.

12. Regarding the financial sustainability of the health-care sector, a recent analysis of the whole social care system had concluded that the main influence on the Estonian health insurance system was revenue from social tax, which in turn was affected by employment and wage levels, although technological development and infrastructure and staff costs were also factors. The analysis had examined different health-care financing possibilities, including whether care should be free or contributory and, if the latter, what the level of contributions should be; how the scheme would be administered; and whether and how private health insurance should be introduced. The Government would make proposals for amendments to the health-care financing system based on the analysis.

13. **Ms. Sander** (Estonia) said that Estonia was not a party to the International Labour (ILO) Convention concerning Minimum Age for Admission to Employment and Work, 1973 (No. 138) because the ILO itself had declared that Convention outdated. Nor would it ratify the ILO Conventions concerning Employment of Women during the Night (Revised), 1934 (No. 41) and the Employment of Women on Underground Work in Mines of all Kinds, 1935 (No. 45), because the general prohibition of such work for women was not in compliance with either European Union (EU) law or the revised Council of Europe European Social Charter, both of which Estonia was obliged to apply in its national law.

14. Research had shown that the causes of domestic violence included: childhood experience of violence, turning the child into a violent adult later; patriarchal norms in society; unequal power relations between women and men; low self-esteem of perpetrators; poor communication skills; stress; alcohol as a trigger; controlling behaviour towards family members; and financial dependency. School violence was found among students with learning difficulties, students who had been victims of violence themselves, and newly arrived students or those repeating a school year, as they felt the need to impose their authority on other students.

15. A series of direct and indirect measures had been adopted to address gender imbalance in employment and to enhance women's career prospects. Figures revealed that those measures were improving women's employment opportunities, but there was still a long way to go. For example, regarding women in decision-making roles, all the largest political parties in Estonia had women's associations, but no party leaders were women. Almost 30 per cent of Estonian candidates in the 2009 European Parliament elections had been women, which was an increase from the 2004 elections. In the 2007 Estonian parliamentary elections, the proportion of women elected as Members of Parliament had been 24 per cent, although in the recent 2011 parliamentary elections that figure had fallen to 20 per cent. The first female Speaker of the Parliament had been elected in 2003 and in addition there was a cross-party women's committee. In the 2009 local elections, 38 per cent of candidates had been women, and women had represented approximately 30 per cent of persons elected to local councils. There was currently only one woman minister at Cabinet level. In the Supreme Court of Estonia, only 2 out of 19 judges were women. In the private sector, women accounted for 34 per cent of business leaders and 7 per cent of company directors. Direct measures taken by the Government to enhance women's presence in decision-making roles included initiatives such as the 2007 gender equality competition project, aimed at bringing more women into politics. It had featured radio programmes, a film, television debates, conferences, seminars, press articles and events aimed specifically at young students. Consequently, the 2007 elections had seen the highest number of women ever elected to parliament. Activities to promote women's

entrepreneurship included projects to finance small companies, especially to reintegrate long-term unemployed women or mothers of large families into the labour market. A gender-equality monitoring survey was in place, there was a gender-equality employment network, and there had been studies on the gender pay gap. A media campaign aimed to reduce discrimination, and included not only television and radio advertisements, but also competitions and support for job seekers, particularly young women. Training had been given to private employers through workshops, conferences and seminars on how to promote gender equality in their businesses.

16. **Ms. Sinisaar** (Estonia) said that marriage among the under-18s was rare. It had represented 0.4 per cent of all marriages in 2010, when no 15 year-olds, seven 16 year-olds and twelve 17 year-olds had married. The courts assessed whether there was sufficient justification to allow a minor to marry and whether the minor was mature enough to understand the consequences of the act. Minors should have attained 15 years of age and permission would be granted only if it were deemed to be in the best interests of the child and if the person's level of development was sufficient. The consent of the child's legal representatives must be sought, unless the courts decided that it would be in the best interests of the child not to do so. The most common justifications were pregnancy or the prior birth of a child out of wedlock.

17. **Ms. Lannes** (Estonia) said that child labour was not an offence under the Penal Code. However, amendments to the Code were currently being examined by relevant ministries and partners for approval. The Labour Inspectorate had issued 65 work permits involving a total of 1,078 children, which had led to two complaints relating to their working hours. A Child Protection Act would be drafted in 2012.

18. **Mr. Bambus** (Estonia) said that Estonia was one of the most advanced e-societies in the world. Available online services included income tax filing; job banks; social security benefits; applications for personal identification documents such as passports and driving licences; vehicle registration; building permits; certain police business such as reporting theft; public libraries; enrolment in higher education; change of address; and health-related services. Medical histories had been available online since 2010, including information on diagnoses, check-ups and hospital stays, prescriptions and test results. Public transport users no longer needed paper tickets as e-tickets could be purchased online or via a mobile telephone. Since 2003, the e-school project had allowed parents and teachers to better communicate and children to chart their progress. E-voting was a popular and convenient way to foster citizen participation. The delegation would be glad to share the State party's experience with electronic identification cards, which 90 per cent of the population possessed and were available to all persons living in Estonia irrespective of their residency status.

19. **Ms. Lannes** (Estonia) said that the proportion of unionized workers had increased slightly, to 8.2 per cent. A Ministry of Social Affairs survey had found that the main reason behind low unionization rates was the lack of a tradition of trade unions in Estonia. They were not highly thought of by workers or employers, who did not see the value of additional protection beyond existing labour regulations. However, there were plans for a dialogue on the next steps for encouraging unionization and collective bargaining.

20. The State party did not have a national poverty reduction strategy per se, but goals had been established under the "Estonia 2020" national reform programme for meeting the "Europe 2020" growth targets, with a focus on education and the labour market. The main objectives of "Estonia 2020" were to achieve rapid productivity growth and return to pre-crisis employment levels, as well as reduce poverty, after transfers, from the current 17.5 per cent to 15 per cent by 2020. Active measures would be taken to improve the quality, efficiency and financial sustainability of labour policy, including additional focus on vulnerable groups such as persons with disabilities, the elderly and working mothers. The

Ministry of Social Affairs had a strategic action plan to increase the population's employability. Estonia was preparing to ratify the United Nations Convention on the Rights of Persons with Disabilities, with plans for a disability strategy and active ageing policy in 2012. The Council of Europe had deemed Estonia's poverty reduction measures to be in line with the European Social Charter.

21. **Mr. Bambus** (Estonia) said that free wireless Internet was available throughout Estonian territory. He described the library bus scheme which delivered books to given locations and the new initiative to channel bottle refunds towards theatre charities.

22. **Ms. Reimaa** (Estonia) said that researchers could compete for a variety of grants. Research and development funding came from the State budget, local budgets, targeted donations and research and development institutions, among other sources. Research and development spending had amounted to 1.29 per cent of gross domestic product in 2008 and 1.9 per cent in 2010. "Knowledge-based Estonia" set out the State party's research and development and innovation strategy for 2007–2013, which was financed by the State and the European Regional Development Fund. The strategy stipulated that human and financial resources should be allocated to areas that were vital to sustainable growth, such as information and telecommunication technologies, biotechnology, energy, national defence and security, environmental protection, socio-economic policy, health care, welfare, and national history, culture and language.

23. Estonia was carrying out its second integration plan: €28 million had been invested in 2008–2010 and €6.6 million in 2011, 28 per cent of which had been allocated to education and culture, 15 per cent to socio-economic measures and 18 per cent to legislative and political measures. The Government worked closely with the unemployment insurance authority to encourage reintegration into the labour market through services such as free language training. The Government ran a special programme in the north-east, where 80 per cent of the population was non-Estonian, supporting various measures for the unemployed.

24. The cultural heritage of all the country's ethnic minorities formed an integral part of the Estonian Integration Strategy. Under the National Minorities Cultural Autonomy Act, those communities had the right to establish self-governing agencies. The Ingerian-Finnish and the Estonian Swedes were the two groups that currently availed themselves of that right, exercising authority in areas such as kindergartens, schools, cultural establishments and publishing houses. The Ministry of Culture was in the process of updating the Act.

25. **Mr. Bambus** (Estonia) said that closer cooperation with European partners and access to EU funds had enabled local authorities to significantly improve the quality of water delivered to the Estonian population in almost all major towns and cities. While some of the programmes had not yet been completed, it was planned to deliver high-quality water to all areas in the near future.

26. **Ms. Shin** said that there was no justification for allowing young people under the age of 18 to marry. Given that the delegation had indicated that the main reason minors married was teenage pregnancy, the State party should redouble its efforts to ensure that the sexual and reproductive health education young people received was effective. The State party should also take steps to enable pregnant teenagers and young mothers to continue with their secondary education. She requested the State party to include annual data on early marriage in its third periodic report.

27. The Committee would appreciate additional information on the participation and cooperation of non-governmental organizations (NGOs) in the preparation of the second periodic report.

28. **Mr. Abashidze** asked whether any mechanisms existed to ensure that the needs of cultural minorities were taken into account by the State. It would be useful to know which body was responsible for allocating funds to such minorities. He would welcome disaggregated data on current funding for different minorities.

29. **Mr. Bambus** (Estonia) said that some schools in Tallinn arranged special classes for young mothers so that they could complete their education. Precise statistics on the provision of such classes nationwide would be supplied in the third periodic report.

30. All ministries were consulted on their current programmes and future policy plans in the course of the preparation of reports to international bodies. The Government attached great importance to feedback from NGOs on local and central government policies. It sent relevant NGOs questionnaires on the issues at stake in the preparation of reports. The ministry responsible for preparing the report then collated the replies and incorporated them in the report in order to ensure that it presented an accurate and balanced picture.

31. **Ms. Reimaa** (Estonia) said that the Ministry of Culture was responsible for national cultural, athletic, sports and heritage activities and the advancement of the fine arts. Its mandate encompassed the cultures of all the residents of Estonia. The Ministry's priorities included supporting the preservation of existing traditions and the cultural autonomy and heritage of ethnic minorities living in Estonia. Financing for culture was available from the Ministry's budget as well as EU Structural Funds and other ministries within the Government. Additional support was supplied by the Cultural Endowment of Estonia, which awarded grants for cultural and sports activities, including activities by private bodies, NGOs and individual artists. As indicated in paragraph 84 of the written replies, Russian-language theatre troupes received State funds, as did other many other ethnic minority cultural groups and projects. The Ministry of Culture was currently updating its policy document, part of which would be dedicated to the country's ethnic minorities. Representatives of ethnic minorities and the relevant embassies would be involved in round-table discussions on the chapters of the policy related to Estonia's ethnic minorities.

32. **Mr. Bambus** (Estonia) said that, in conclusion, his delegation wished to emphasize the progress that had been made in ensuring respect for economic, social and cultural rights in Estonia since 2008, inter alia through new legislation, the significant drop in the unemployment rate and developments in social policy. He hoped that consideration of the third periodic report would take place more promptly after the submission of the report than had been the case with the second periodic report. The Government attached great importance to the Committee's recommendations, which would be translated into Estonian and published on the web page of the Ministry of Foreign Affairs.

33. **The Chairperson** said that the Committee's concluding observations would be available on Friday, 2 December. He trusted that the State party would implement all the recommendations included in that document.

The discussion covered in the summary record ended at 12.15 p.m.