Reports:

Number of Schools Targeted:
Primary: 18
Post-Primary: 9

Number of Questionnaires returned:
Primary: 932
Secondary: 747
Total: 1,679

Focus Groups 57
Consultations with members of local communities: 96
Health issues which militate against school completion

- Hunger in school
- Problematic sleep patterns among pupils
The pupil responses from 5th and 6th class in all the participating schools revealed extremely high levels of variation across schools (from 6% to 33%) regarding pupil hunger in school affecting their learning. In two schools, there was an exceptionally high level of pupils (33%) who stated that they were either often, very often or every day too hungry to do their work in school.
Table 1. ‘How often do you feel too hungry to do your work in school?’

<table>
<thead>
<tr>
<th>School</th>
<th>Never/Rarely/Sometimes</th>
<th>Often/Very Often/Everyday</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A</td>
<td>10</td>
<td>5 (33%)</td>
<td>17</td>
</tr>
<tr>
<td>School B</td>
<td>23</td>
<td>8 (25%)</td>
<td>8</td>
</tr>
<tr>
<td>School C</td>
<td>20</td>
<td>10 (33%)</td>
<td>2</td>
</tr>
<tr>
<td>School D</td>
<td>45</td>
<td>5 (10%)</td>
<td>2</td>
</tr>
<tr>
<td>School E</td>
<td>17</td>
<td>4 (19%)</td>
<td>10</td>
</tr>
<tr>
<td>School F</td>
<td>25</td>
<td>2 (6%)</td>
<td>---</td>
</tr>
<tr>
<td>School G</td>
<td>27</td>
<td>4 (12%)</td>
<td>---</td>
</tr>
<tr>
<td>TOTAL</td>
<td>167</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>Average %</td>
<td>82%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Excluding N/As</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 2a: Responses of students who often/very often/every day feel too hungry to do their school work.

<table>
<thead>
<tr>
<th>School:</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33%</td>
<td>25%</td>
<td>33%</td>
<td>10%</td>
<td>19%</td>
<td>6%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Problematic sleep patterns among students

On the assumption that children at primary school need at least 8.5 hours of sleep, the results from our survey of pupil responses were divided into those who usually go to sleep before midnight and after midnight.
Table 3. “What time do you usually go to sleep at on a weekday?” Primary Schools

<table>
<thead>
<tr>
<th>School</th>
<th>Before Midnight</th>
<th>Midnight or After Midnight</th>
<th>Varies</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A %</td>
<td>42%</td>
<td>16%</td>
<td>---</td>
<td>42%</td>
</tr>
<tr>
<td>School B %</td>
<td>54%</td>
<td>16%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>School C %</td>
<td>78%</td>
<td>9%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>School D %</td>
<td>83%</td>
<td>6%</td>
<td>---</td>
<td>11%</td>
</tr>
<tr>
<td>School E %</td>
<td>40%</td>
<td>26%</td>
<td>---</td>
<td>34%</td>
</tr>
<tr>
<td>School F %</td>
<td>60%</td>
<td>8%</td>
<td>---</td>
<td>32%</td>
</tr>
<tr>
<td>School G %</td>
<td>81%</td>
<td>15%</td>
<td>---</td>
<td>4%</td>
</tr>
</tbody>
</table>
INTRAVENOUS DRUG USE AND HIV IN ESTONIA: SOCIO-ECONOMIC INTEGRATION AND DEVELOPMENT OF INDICATORS REGARDING THE RIGHT TO HEALTH FOR ITS RUSSIAN-SPEAKING POPULATION

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Director Education Disadvantage Centre
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Drumcondra
The right of everyone to the enjoyment of the highest attainable standard of physical and mental health is given legal foundation by a range of international legal instruments, including article 25 (1) of the Universal Declaration of Human Rights (UDHR), article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), article 24 of the Convention on the Rights of the Child (CRC) and article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as well as the right to non-discrimination as reflected in article 5 (e) (iv) of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD).
notes that the right to health is subject to progressive realization and this requires development of indicators and benchmarks.
22. According to international human rights law, economic, social and cultural rights are subject to progressive realization. Those in the human rights community focusing on economic, social and cultural rights have given particular attention to indicators because they provide a way of monitoring progressive realization.

Indeed, it is in this context that the Vienna Declaration and Programme of Action (1993) emphasizes the importance of indicators: To strengthen the enjoyment of economic, social and cultural rights, additional approaches should be examined, such as a system of indicators to measure progress in the realization of the rights set forth in the International Covenant on Economic, Social and Cultural Rights [paragraph 98]
This amounts to a reiteration of the position of the Special Rapporteur in his 2005 report:

33. The international right to physical and mental health is subject to progressive realization and resource constraints. This has a number of important implications. Put simply, all States are expected to be doing better in five years time than what they are doing today (progressive realization). And what is legally required of a developed State is of a higher standard than what is legally required of a least-developed country (resource constraints).

37. A State is obliged to use the maximum of its available resources towards the realization of the right to health. And progressive realization demands indicators and benchmarks to monitor progress in relation to mental disabilities and the right to health.
In the 2006 report, the Special Rapporteur goes on to state:

29. the Special Rapporteur wishes to emphasize that there is no alternative but to use indicators to measure and monitor the progressive realization of the right to the highest attainable standard of health.

He observes (2006) that indicators of the right to health help the State assess progress over time in relation to their right to health obligations as indicators and benchmarks:

35. can help the State to monitor its progress over time, enabling the authorities to recognize when policy adjustments are required. Second, they can help to hold the State to account in relation to the discharge of its responsibilities arising from the right to health, although deteriorating indicators do not necessarily mean that the State is in breach of its international right to health obligations.
The Special Rapporteur (2006) emphasizes the importance of focus on ‘disadvantaged’ individuals and communities in relation to the right to health:

25. In general terms a human rights-based approach requires that special attention be given to disadvantaged individuals and communities; it requires the active and informed participation of individuals and communities in policy decisions that affect them; and it requires effective, transparent and accessible monitoring and accountability mechanisms. The combined effect of these - and other features of a human rights-based approach - is to empower disadvantaged individuals and communities.
The need to develop an ongoing monitoring process of the right to health for all ethnic groups in Estonia such as that described by the Special Rapporteur (2006) generally:

43. Annual progress towards the benchmark or target should be monitored, in light of which annual policy adjustments might be required. At the end of the five-year period, a monitoring and accountability mechanism will ascertain whether or not the 70 per cent benchmark has been reached in urban and rural areas and for all ethnic groups.
Significantly, the Concluding observations of the United Nations Committee on the Elimination of Racial Discrimination (2006) recently outlined its concern regarding the higher prevalence of HIV among the minority population in Estonia:

*While acknowledging the State party’s efforts to implement programmes and projects in the field of health, in particular, for prevention and treatment of HIV/AIDS, the Committee is concerned at the high rate of HIV/AIDS amongst persons belonging to minorities (art. 5 (e) (iv)).*
The Concluding observations of the Committee on the Elimination of Racial Discrimination have recently criticised the restrictive definition of national minority under Estonian law:

The Committee notes that the current official definition of national minority, provided under the Law on Cultural Autonomy of National Minorities of 1993, excludes non-citizens, the category of which includes stateless persons of long-term residence in Estonia. The Committee is concerned that such a situation might lead to alienation of such groups from the Estonian state and society (art. 1).

The Committee recommends that the definition of minority under the Law on Cultural Autonomy of National Minorities of 1993 be amended to include Non-citizens, in particular, stateless persons of long-term residence in Estonia.

The Committee also requests further clarification of the distinction made by the State party between “ethnic” minorities or groups, and “national” minorities.
Similarly, in its Opinion on Estonia of 14 September 2001 the Advisory Committee on the Framework Convention for the Protection of National Minorities considered the declaration of Estonia concerning the citizenship criteria for national minorities as restrictive, although it welcomed *de facto* a more inclusive approach of the government.
Morgan (1998) cites Kaplan et al’s (1994) North American study of 4,141 young people tested in 7th grade and once again as young adults which found a significant damaging effect of dropping out of high school on mental health functioning as measured by a 10-item self-derogation scale, a 9-item anxiety scale, a 6-item depression scale and a 6-item scale designed to measure coping.
This effect was also evident when controls were applied for psychological mental health as measured at 7th grade. Moreover, the significant damaging effect of dropping out of school was also evident even when controls were applied for gender, father’s occupational status, and significantly for comparability.
Gil Robles’ (2004) report also stated: ‘According to the Basic Schools and Upper Secondary Schools’ Act, the language of instruction in the upper secondary schools (classes 10 œ 12) shall be Estonian, which in practice means that at least 60 percent of the instruction shall be in this language. . . ’
In order to allow the schools to prepare for this requirement, the law stipulates that the transition to instruction in Estonian shall be started not later than the academic year 2007/2008. Moreover, in March 2002, an amendment to the legislation was adopted, which gave the upper schools’ board of trustees the right to apply for exemption from the language requirement. I was informed, however, that the possibility of exemption continues to be criticized and questioned by some politicians. For reasons explained below, I find it very important that this possibility is maintained’. (Gil-Robles 2004)

*Social scientists have noted that the applied side of the integration program in the years 2000-2003 has focused primarily on the cultural-linguistic aspect of the integration, while other aspects have receded relatively in the background. This approach was justified in a given period of time. In order to secure the success of political and socio-economic integration, the proficiency in Estonian language and the embedding of people in the Estonian society was of paramount importance… Alongside [language learning] more attention should be paid to objectives of political and socio-economic integration…*
According to the criteria of the Special Rapporteur (2006):

49. health indicators may be used to monitor aspects of the progressive realization of the right to health provided:

   (a) They correspond, with some precision, to a right to health norm. There has to be a reasonably exact correspondence - or link - between the indicator and a right to health norm or standard…

   (b) They are disaggregated by at least sex, race, ethnicity, rural/urban and socio-economic status. Human rights have a particular preoccupation with disadvantaged individuals and groups. This preoccupation is reflected in numerous provisions of international human rights law, not least those enshrining the principles of non-discrimination and equality.
Rather than one, all or nothing indicator, a range of indicators is required, as the Special Rapporteur (2006) clarifies:

50. rather than searching for individual right to health indicators, it is more helpful to think in terms of a human rights-based approach to health indicators. In other words, while it is impossible for one indicator to possess all the features signaled in the preceding paragraph, it is possible to identify a range of indicators that together have these features. In combination, various indicators can help a State monitor the progressive realization of the right to health. In short, a combination of appropriate indicators may together constitute a human rights-based approach to health indicators.