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EUROPEAN SOCIAL CHARTER

26th report on the implementation of
the European Social Charter

submitted by

THE GOVERNMENT OF GERMANY

(Articles 3, 12 and 13 for the period 01/01/2005 – 31/12/2007
Articles 11 and 14 for the period 01/01/2003 – 31/12/2007)

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CYCLE 2009

Berlin, October 2008

26th Report

of the Government of the **Federal Republic of Germany**

for the period from 1 January 2005 to 31 December 2007 (Articles 3, 12 and 13)
and for the period from 1 January 2003 to 31 December 2007 (Articles 11 and 14).

to be submitted in accordance with the provisions of Article 21 of the European Social Charter, the instrument of ratification of which was deposited on 27 January 1965.

In accordance with Article 23 of the European Social Charter, copies of the Report are to be communicated to
the Confederation of German Employers' Associations (*BDA*)
and
the Federal Executive Board of the Confederation of German Trade Unions (*DGB*).

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Preliminary remarks

The Federal Republic of Germany herewith submits the Second Report in accordance with the new reporting system for the drafting of the State reports on the national implementation of the European Social Charter.

This Report contains Group 2 – Health, social security and social protection with Articles 3, 12 and 13 (period under report 1 January 2005 to 31 December 2007) and Articles 11 and 14 (period under report 1 January 2003 to 31 December 2007).

The 26th Report borrows from the previous Reports of the Federal Government on the national implementation of the obligations set out in the European Social Charter. It details the individual provisions of the Charter only if either the remarks of the European Committee of Social Rights (hereafter referred to as “Committee of Experts”) in Conclusions XVII-2, XVIII-1 and XVIII-2 give rise thereto, if the questionnaire so requires or if relevant changes have taken place in the period under report as to the factual and legal situation.

Article 3 The right to safe and healthy working conditions

para. 1 Issuing safety and health regulations

Regulations for protection against noise and vibration:

With the Noise and Vibration Health and Safety at Work Ordinance (*Lärm- und Vibrations-Arbeitsschutzverordnung*), which entered into force on 9 March 2007, the Federal Government transposes the EC directives on health and safety at work on noise and vibration and the Convention of the International Labour Office on Noise and Vibration (ILO Convention No. 148) into national law. The ordinance addresses all employers whose workers are exposed to noise or vibration. The goal is to protect workers against injury to health.

The thresholds for noise and vibration in the working environment were determined in the transposition of the EC Noise Directive in accordance with the latest findings in science and occupational medicine and made binding. In detail, the noise exposure threshold was reduced from 87 dB(A) to 85 dB(A) and for peaks from 140 dB(C) to 137 dB(C). With exposure to vibration, such as in the case of building machines, the acceleration value along the length of the spine was reduced from 1.15 m/s^2 to 0.8 m/s^2. This represents major progress for the health and safety of workers.

The new ordinance guarantees greater safety and health protection for workers at the workplace. In particular, this counters the further spread of noise-induced hearing loss, which for a long time has headed the list of occupational diseases and causes a considerable burden on the statutory accident insurance funds. 10,000 new cases of suspected work-related noise-induced hearing loss were reported to the accident insurance funds in 2005 alone. Of these, 6,000 new cases were recognised as occupational diseases. The annual pension payments of the employers' liability insurance associations are far in excess of Euro 150 million per year. Over and above this, the new ordinance is intended to counter injury to health by hand-arm or head-to-toe vibration. The areas of agriculture and forestry and the construction industry (e.g. agricultural and forestry machinery, pneumatic hammers, etc.) are frequently affected here. Vibration can lead to serious musculo-skeletal disorders and trigger neurological disturbances and disorders of the blood vessels following long-term exposure.

Further developments in "biological agents":

Nine years after the entry into force of the Biological Agent Ordinance (*Biostoffverordnung*), the regulations lending concrete shape to the Biological Agent Ordinance, the structure of the Biological Agents Committee (*ABAS*), in particular that of its specialist bodies and of its procedures, have been established.

The Biological Agents Committee has the task of dealing with questions of safety in activities dealing with biological agents. Its work lies in the tension field between the promotion of scientific research, technical innovation and economic development, on the one hand, and the requirement of preventive health and safety at work and protection against infection on the other. Being composed of representatives of the scientific community, industry and the business community, trade unions and implementing authorities, the Committee has been able to accept this challenge and to initiate a development of health and safety at work combining economic, social and ethical requirements.
The expert knowledge combined in the Committee and summarised in a set of technical regulations and in resolutions serves small and medium-sized establishments in particular as a guide to determine the necessary protection measures and sets generally-recognised safety standards for research.
The Committee has also proven itself as a body to advise the Federal Ministry of Labour and Social Affairs in developing prevention strategies and in acute problems with biological agents. In addition to its specialist tasks, the Committee has also played a pioneering role in tightening up and adjusting the health and safety at work regulations of the accident insurance funds and the *Länder* and in bringing them in line with those of the Federation.

<u>The self-employed:</u>
There is a broad spectrum of measures in Germany to promote the occupational health and safety of the self-employed. These measures tackle both the level of legal provisions and are effective in specialist/content terms. Under the law, the possibility exists to make the self-employed compulsorily insured in statutory accident insurance by applying the statutes of the accident insurance funds, and hence to place them under the protection of the accident prevention regulations (section 3 of Book Seven of the Social Code [*Siebtes Buch Sozialgesetz-buch – SGB VII*]). Self-employed persons working in agriculture are already compulsorily insured in accident insurance by force of law. Furthermore, all self-employed persons may fall back on the health and safety at work regulations applicable to employers and employees on their own initiative at any time. To improve the health and safety at work of their employees, self-employed entrepreneurs have at their disposal a large number of skill-building services also benefiting their personal protection. The European directives on health and safety at work have so far done without applying the legal regulations on safety and occupational health in the working environment to the self-employed across the board. Their protection emerges rather from the Council recommendation concerning the improvement of the protection of the health and safety at work of self-employed workers (2003/134/EC). The Federal Government has taken this recommendation as an occasion to initiate a national action concept to improve prevention and health promotion among the self-employed. This has resulted in the project

entitled “self-employed and healthy”, which was developed by the Federal Institute for Occupational Safety and Health (BAuA) in 2004 to 2006 in cooperation with the Central Scientific Institute of the Technische Universität Dortmund (*sfs*) and other health and safety at work players. The project contains a number of content-related concepts and recommendations for potential fields for implementation and transfer on prevention and health promotion for the self-employed. These fields include:

- information and motivation measures of the accident insurance funds; inter alia entrepreneurs model, seminars, correspondence courses, information material specifically for the self-employed,
- pragmatic management of safety and health in small businesses with external prevention service-providers,
- health promotion via services of the statutory health insurance funds (in particular through the guild health insurance funds) in accordance with section 20 of Book Five of the Social Code (*SGB V*),
- inclusion of health and safety at work and personal prevention in advice for business start-ups via the Federal Employment Agency, the funding agencies offering the basic security benefits for job-seekers, chambers of industry, business start-up centres, business consultants and the like,
- dialogue and service, basic and further training via chambers and associations, Federation of Industrial Accident Insurance Funds (*HVBG*)/employers’ liability insurance associations, prevention service-providers and other agencies
- development of (self-organisation) networks, above all for self-employed persons working on their own.

In general terms, the project has led to important knowledge which may have a positive impact on prevention and health and safety at work among the self-employed:

- Small businesses owners are easier to reach with tailored communication regarding health than with discussions about “formal” health and safety at work. The benefit of preventive health care to safeguard personal autonomy and economic survival in the long run must be at the focus of future concepts.
- Prevention and health promotion should specifically be orientated towards individuals, phases and projects, and should become a natural element of business routines.
- Basic skills must be imparted, in particular with regard to occupational safety/hygiene at work, ergonomics, etc., (especially among those who come from another sector).

The project has however also shown that there is an ongoing need for empirical, practical fundamental work. A longer period is needed for the implementation of the project entitled “self-employed and healthy”. Implementation should take place in local and subsidiary networks.
In addition to this project, which targets the needs of the self-employed, there are further measures also benefiting the self-employed. Institutional health and safety at work agencies in particular are making efforts to establish obligatory specialist prevention care in the field of safety and industrial medicine in small businesses (standard care, entrepreneur model in accordance with the accident prevention regulation entitled “Company Doctors and Occupational Safety Experts” – [*Betriebsärzte und Fachkräfte für Arbeitssicherheit – BGVA 2*]), and to introduce suitable methods for small businesses to assess risks and management of health and safety at work on a universal basis. The self-employed in all sectors benefit from these measures. As a rule, thematic-modular structured working aids (checklists, guiding questions) are used to carry out an independent examination of the prevention status within a company. These analysis instruments are linked in most cases with sectoral or topical background or additional information, as well as with proposals for suitable prevention measures, and are available optionally in digital form and as an Internet-based online tool or as a CD-ROM, frequently also in parallel as print media (workbooks, loose-leaf collections).

Para. 2 Supervision measures regarding compliance with the regulations

Accidents at work and occupational diseases

Germany shows until 2005 a long-term development of continually-falling absolute accident at work figures and rates, as well as falling numbers of occupational diseases. The economic recovery brought a slight absolute increase in reportable accidents at work in 2006; the rate per 1,000 full-time workers however continued to fall to a low of 28.3. Detailed information on accidents at work and occupational diseases is contained in the report by the Federal Government on the state of safety and health at work and on accidents and occupational diseases in the Federal Republic of Germany in 2006 (“*SuGa 2006*”). The appropriate passages are enclosed as Annex 1, the complete report (only available in German) is enclosed as Annex 2.

The activities of the labour inspectorate

Information on inspections carried out by the labour inspectorate (Gewerbeaufsicht) and by the accident insurance funds is contained in the lists in Annex 1 (excerpt from the “SuGA Report”*).* Unfortunately, since the statistics list companies only by size classes, it is not possible to provide the specific numbers of workers covered by the inspections.

Article 11 The right to protection of health

General information on Article 11

- **Health reporting**

The Federal Health Reporting System was described in the 22nd Report. The Robert Koch Institute (RKI) and the Federal Statistical Office are responsible for the implementation of the Federal Health Reporting System. Whilst the responsibility for the coordination and content processing, including drafting volumes with a thematic focus (*Themenhefte*), lies with the RKI, the Federal Statistical Office is responsible for the Information and Documentation Centre on Health Data (IDG). The necessary data, where available, are collected, processed and where appropriate linked there, and are regularly updated (http://www.gbe-bund.de). The thematic-focus volumes of the Federal Health Reporting System published by the RKI cover all areas of the health system. Each volume also offers an analysis of the situation, in addition to detailed data, and points to any need for action. All Federal Health Reporting System volumes, as well as the report entitled “Health in Germany (2006)” are available at www.rki.de.

- **Health monitoring**

In addition to the Federal Health Reporting System, health monitoring is implemented in Germany with regular surveys on the health of the population. A major element of health monitoring is the surveys carried out by the German Health Interview and Examination Survey for Children and Adolescents (*KiGGS*). The Examination Survey for Children and Adolescents provides for the first time comprehensive and nationally-representative information on the state of health, lifestyle and healthcare of children and young people aged from 0 to 17. 17,641 boys and girls in 167 places in Germany took part in the study from May 2003 to May 2006 and provided a unique pool of information together with their parents’ information. The Robert Koch Institute (RKI) published a first comprehensive evaluation of the data in May 2007. The main results are that chronic diseases such as neurodermitis and bronchitis are becoming increasingly significant as against acute diseases, and that mental disturbances and conduct disorders are no longer the exception. Central importance is attached to the fact that children from socially-weak families are more frequently affected by specific diseases, obesity, mental disturbances and traffic accidents than the average and more rarely attend check-ups. The data from the Examination Survey for Children and Adolescents form the basis for setting further health-related political foci.

Para. 1 Removal of the causes of ill-health

Prevention Act

As was stated in the previous report, the Federal Government is planning to step up prevention and health promotion by means of a Prevention Act. Work on this legislative project has not yet been completed.

Measures to protect health for certain groups of individuals

- **Prevention programme for adults**

In accordance with the social law regulations in Germany, persons insured under the statutory health insurance scheme have a right to early detection of diseases. Women and men from 35 may attend a health check-up ("Check-up 35") every two years. Furthermore, women from 20 and men from 35 have a right to regular checks for early detection of certain cancers.
Health check-ups ("Check-up 35") serve in particular to provide early detection of cardiovascular diseases, diabetes mellitus and kidney disease. Also the relevant risk factors for these diseases, such as cigarette consumption, high blood pressure and obesity, are to be detected in the check-ups. The check-up covers taking up the patient's medical history, physical examinations and laboratory tests of blood and urine. Following on from the examination, further diagnostic and therapeutic steps can be taken where appropriate. The concluding discussion should also include motivation to reduce lifestyle-related health risks.
The early cancer detection programme within statutory health insurance aims at certain types of cancer which can be reliably detected by diagnostic measures and effectively treated in the preliminary and early stages. Women with statutory insurance are entitled from a certain age to regular early detection check-ups for cancers of the genital organs/of the cervix (annually from the age of 20), of the breast (annually from the age of 30), of the skin (every two years from the age of 35), of the large intestine and of the rectum (annually from 50 to 54). There is also a right to an enteroscopy from the age of 55 in the context of early detection of cancer of the intestine, and this can be carried out twice at intervals of ten years. 50- to 69-year-old women can also take part every two years in mammography screening for early detection of breast cancer, which was introduced in January 2004. This is an across-the-board, population-related, quality-assured programme with organised invitations on the basis of the "European Guidelines for Quality Assurance in Mammography Screening". Early detection check-ups of the skin (every two years from 35), the prostate/external genital organs (annually from 45) and of the large intestine and the rectum (annually from 50 to 54) are offered for men with statutory insurance. As with women, there is a right to an enteroscopy from 55. Germany has taken up a pioneering position internationally since July 2008 with the abovementioned early skin cancer detection check-ups in the shape of biannual standardised skin cancer screening for women and men from 35.

- **Check-ups for pregnant women**

cf. previous reports.

- **Children check-up programme**

The early disease detection programme for children within statutory health insurance has a high level of acceptance in Germany. Thus, many more than 90 % of children attend the examinations in the first year of life. Between 86 % and 92 % of children are reached from the second to the sixth years. The programme serves to detect major developmental disturbances and diseases as early as possible (cf. previous reports). The programme is regularly refined. An additional check-up for children aged three was introduced as on 1 July 2008, so that the examination programme currently covers a total of ten examinations for children aged up to six, as well as an examination for juveniles.

In order to further improve participation in the early detection check-ups, the health insurance funds are to be obliged by law from 1 January 2009 onwards to strive together with the Federal *Länder* towards even greater use of the early detection examinations. Many Federal *Länder* have launched statutory regulations since 2007 in order to increase the participation rates in the early detection check-ups and to use the examinations to improve the protection of children from neglect and abuse.

The Federal Government's Strategy to Promote Child Health was adopted on 27 May 2008. The central goal is to expand prevention and health promotion and to promote the equal health opportunities of children and juveniles. In addition to expanding the early detection check-ups, participation in vaccination programmes is to be further increased. Measures determined in a National Action Plan are to help to prevent malnourishment and lack of physical exercise among children and juveniles. Non-smoking protection among juveniles is to be further promoted and new problematic forms of alcohol consumption targetedly combated.

Early, outreaching aids are to be used increasingly to reach families under strain. With the action programme entitled "Early aid for parents and children and early social detection systems", the Federal Government is promoting the protection of children under the age of three against neglect and mistreatment. The goal is to promote parents' child-rearing skills in the fields of health and food by providing information and educational measures and by means of health and family education.

Various measures are in place to further reduce accidents at home and in leisure activities, as well as in road traffic. Environmental burdens are to be reduced and medicines made safer for children.

Ongoing health monitoring will examine the success of prevention and help to recognise future trends in child health. This is supported by targeted research making it possible to identify even better the protection and risk factors for the development of adolescents' health.

- **Drug addicts**

The Model Project for Heroin-aided Treatment of Opiate Addicts was funded by a joint initiative of the Federal Ministry of Health, the *Länder* Hamburg, Hesse, Lower Saxony and North Rhine-Westphalia, as well as the cities of Bonn, Frankfurt, Hanover, Karlsruhe, Cologne and Munich, and was supported in an advisory capacity by the German Medical Association. The Centre for Interdisciplinary Addiction Research of the University of Hamburg was commissioned with the academic planning and implementation of the study. All in all, the Federation has spent more than Euro 15 million on the project since 2001.

The study has been completed. The federal promotion for the cities taking part in the model ran out at the end of February 2008. The patients who remained in treatment will continue to be treated in the model cities (in Hamburg and Munich until 30 June 2008, in the other cities until 2010).

The evaluations of scientific monitoring on conclusion of the follow-up phase confirm the long-term success of diamorphine treatment. The data show that co-consumption of cocaine, street heroin, cannabis and benzodiazepines also continues to fall under long-term treatment (up to four years) and that patients' health continues to stabilise. The work situation also appears highly positive. The share of all patients in work was 40% at the end of the 4th year of treatment, and the share of employable patients was as high as 68%.

The Federal Ministry of Health continues to promote the documentation and monitoring of treatment in the interest of quality assurance of the diamorphine treatment of opiate addicts in Germany. The Centre for Interdisciplinary Addiction Research, which was already also responsible for the academic accompaniment of the previous model, has developed a comprehensive documentation inventory in cooperation with the treatment centres in order to avoid losing control of implementation standards and treatment effects in the follow-up treatment currently being given after the end of the model. Using this documentation, it is also possible to monitor the progress of diamorphine treatment in Germany and to expand the state of knowledge on long-term courses of treatment.

A draft Bill of the Federal Council on diamorphine-aided substitution treatment is still subject to parliamentary debate.

- **Other information on the health of the population**

Infant mortality, as well as **perinatal mortality**, fell continually in Germany in the period from 2003 to 2006.[1] This continues the trend of the previous years. The data of the Federal Statistical Office show that a historical low in infant mortality was reached in 2006.

Infant mortality (= infants who died in the 1st year of life)
(Source: Federal Statistical Office)

	2003	2004	2005	2006	2007
No.	2,990	2,918	2,696	2,579	
per 1,000 live births	4.2	4.1	3.9	3.8	

Perinatal mortality (= stillborn and died in the first seven days of life)
(Source: Federal Statistical Office)

	2003	2004	2005	2006	2007
No.	4,193	4,174	3,817	3,744	
per 1,000 still and live births	5.9	5.9	5.5	5.5	

Life expectancy in Germany has also continued to increase in recent years.
Life expectancy after birth
(Source: Federal Statistical Office)

	Life table 2003/2005	Life table 2004/2006
female	81.8 years	82.1 years
male	76.2 years	76.6 years

The most frequent **causes of death** are cardiovascular diseases, which were responsible for 43.7% of all deaths. 91.2% of these relate to persons who were over 65. Cancers took second place, accounting for 26.4% of deaths.
Nothing will change in the years to come as to this sequence, but the respective shares will change. It can for instance be observed that the share of patients who died as a result of cardiovascular diseases is falling in favour of those dying of cancers. The reason for this is likely to be ongoing medical progress in fighting cardiovascular diseases.

[1] Figures for 2007 are not yet available.

The following information is provided in response to the request of the Committee of Experts for detailed information on the National Suicide Prevention Programme (NASPRO):

10,260 people died in Germany in 2005 as a result of suicide (7,523 men and 2,737 women). The suicide rate (i.e. the share of suicides per 100,000 inhabitants) is 12.4 (18.6 among men and 6.5 among women; Source: Federal Statistical Office). The relationship of the suicide rates of women to men is 1:2.9.

The suicide rate has been falling continually in Germany since 1982. The causes for this cannot be clearly identified. Improvements and progress in emergency and intensive medical care, improvements in the preventive services in the health system for specific risk groups (e.g. drug addicts) can be considered as relevant factors, as can a statistical shift from suicides to other causes of death, in particular drugs and unclear causes of death. Since the number of "successful" suicides increases in old age, the change in the age structure within society also has an influence on the suicide rate.

Despite the falling suicide rate, the topic of "suicide and suicide prevention" also takes on major health and social policy significance in Germany. In order to prevent suicides and attempted suicides as far as possible, a "National Suicide Prevention Programme for Germany (NaSPro)" was established in Germany in 2002, managed by the German Suicide Prevention Society (DSG). This programme is welcomed and supported by the Federal Government. In particular the Federal Ministry of Health is closely involved. In addition to the Federal Ministry of Health, other agencies are involved in NaSPro, such as the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, the Federal Ministry of the Interior and the Federal Ministry of Defence.

The NaSPro consists of an executive group, an academic advisory council and a total of 16 working parties dealing with a variety of problematic fields (such as primary prevention, the workplace, the media and public relations, awareness of mental diseases, children and juveniles, the elderly, family members, basic and further training, gender-specific issues, etc.). The working parties have for instance produced information brochures and leaflets on various topics and for various addressees, such as for family members of people in suicidal crisis or after suicide, recommendations for the press on media reporting and on suicide prevention in old age. Furthermore, the NaSPro organises conferences and symposia on various focal topics. Each year on 10 September, World Suicide Prevention Day, the NaSPro organises a central event in Germany and also calls on all relevant players to initiate regional activities in line with the respective guiding topic.

The following is imparted in response to the request of the Committee of Experts in the next report for up-to-date, statistically-supported information on the topic of "health professions and equipment":

Data are available for 2003 to 2006:

Number of doctors, dentists, healthcare and medical care, midwives in Germany

(Source: Federal Statistical Office)

	2003	**2004**	**2005**	**2006**
Doctors	304,117	306,435	307,577	311,230
Inhabitants per physician	271	269	268	265
Dentists	64,609	64,997	65,207	65,463
Inhabitants per dentist	1,277	1,269	1,264	1,257
Healthcare and medical care*	694	695	698	699
Midwives*	18	18	18	18

* in 1000

Staff in hospitals in Germany

(Source: Federal Statistical Office) (in 1000)

	2003	**2004**	**2005**	**2006**
Medical staff	118	130	131	134
Non-medical staff	890	868	860	858
Total	1,008	998	991	992

Pharmacists and pharmacies in Germany

(Source: Federal Union of German Associations of Pharmacists)

	2003	**2004**	**2005**	**2006**
Pharmacists total	53,691	53,849	53,683	55,452
Pharmacists in public pharmacies	46,140	46,014	46,276	46,953
Pharmacists in hospital pharmacies	1,816	1,816	1,782	1,771

Pharmacists in industry, administration, specialist organisations, research	5,735	6,019	5,625	6,728
Public pharmacies	21,305	21,392	21,476	21,551
Inhabitants per public pharmacy	3,875	3,858	3,842	3,825

In response to the request of the Committee for up-to-date information on keeping of waiting lists and the organisation of waiting periods in the health system:

Germany health authorities have no waiting lists used to regulate access by insured parties to medical care. This does not rule out that there might be temporary bottlenecks in practice in some specialist out-patient areas, or indeed in some hospitals, as a result of increasing case numbers.

Para. 2 – Advisory and educational facilities

Health education in schools

Health education is a fixed element of the guidelines and curricula for all types and levels of school nationally. It is not taught in a separate subject, but across all subjects. For instance, topics of health education take place in the subjects environmental studies, biology, sport, religion, ethics, housekeeping, chemistry and physics. Over and above this, there are national strategies to establish health-promoting schools. Roughly 10 % of schools endeavour to reform their schools to become a health-promoting facility, over and above teaching.

The Federal Centre for Health Education organises one-day information talks once or twice per year with the officers for health education of the Ministries of Culture and Education and the School Senators of the *Länder*. They serve to provide an internal specialist exchange and to create transparency. The *Land* representatives present projects and completed media, the Federal Centre for Health Education reports on their school-relevant media and measures and discusses planned projects of the Federal Centre for Health Education with the *Land* representatives.

AIDS education in schools

Almost all juveniles are currently reached by AIDS education in school lessons. 92 % of 16-20-year-old juveniles say that AIDS had been dealt with in lessons; 74 % of them state that they have learned a lot about the topic. The Federal Government provides material for lessons via the Federal Centre for Health Education. The provision of the curricula of the schools

themselves lies within the remit of the Federal *Länder*, which coordinate themselves via the Conference of Ministers of Culture and Education.
The German strategy does not follow a path of regulation, but one of debate and encouragement to take responsibility for one's own actions. Enabling people to talk to one another about sexuality and protection against infection risks is one of the goals of HIV prevention. Physical threats and violence are also discussed in the educational material in this context. For instance, special AIDS education targeting juveniles imparts the courage to fend off unwanted approaches and threats and provides information on the appropriate advice centres.

Request of the Committee for precise and up-to-date information on measures initiated to inform the public of lifestyles – smoking, alcohol, drugs – which are damaging to their health in order to contribute towards personal responsibility:
The Federal Government bases its drug and addiction policy on a combination of different preventive and statutory measures.

Alcohol
The Drug and Addiction Council has adopted recommendations for a national Programme of Action on Alcohol Prevention particularly taking account of young consumers. One example of statutory measures is the alcohol prohibition for novice drivers in their probationary period introduced in 2007. However, educational campaigns are just as important. What is more, there are efforts to achieve better self-regulation of alcohol advertising by the alcohol industry.
The Federal Centre for Health Education's "GREAT!"/"Are you stronger than alcohol?" campaign has been deliberately addressing juveniles since 2001 to motivate them to take a critically-distanced stance towards alcohol consumption. Starting alcohol consumption is to be delayed as long as possible.

Goals of the measures:

- increasing knowledge of the health-damaging consequences of excessive alcohol consumption,
- reduction in the occurrence of 'binge drinking',
- teaching drinking rules to avoid health-damaging consequences of risk-laden alcohol consumption, and
- reducing the rate of young alcohol consumers aged between 12-16 in the national average.

The “www.bist-du-staerker-als-alkohol.de” Internet site, upgraded in 2007, offers information that is relevant to specific target groups on critical attitudes towards alcohol. It was used an average of 18,200 times per month in 2007.
In addition to the Internet-based prevention elements, specially-trained juveniles (so-called “peers”) between 18 and 25 years of age are used to motivate juveniles to consume alcohol critically. With the aid of the peers, young people are motivated in holiday situations, at youth events, as well as at music and sports events, to take a critical look at what they know about alcohol and their own consumption conduct.
In addition to measures for the main target groups of children and juveniles, there are also a large number of prevention activities which address all age groups. Under the motto “Alcohol – responsibility sets the limit”, the Federal Centre for Health Education has created a platform involving a large number of players in an initiative for responsible alcohol consumption. It offers a number of media and measures which inform the general population of the consequences of health-damaging alcohol consumption and support specialist professional groups and multipliers by means of working aids in their advisory activity with alcohol problems. Inter alia, a week of activities was implemented in 2007 by the German Main Agency for Addiction-related Questions under the patronage of the Drug Commissioner of the Federal Government and the Federal Centre for Health Education under the motto “Alcohol – Responsibility sets the limit!” in order to provide an impetus to think about responsible alcohol consumption in many different areas of life. The Federal Centre for Health Education and the German Olympic Sports Federation focused their activities in this week on organised sport with its 86,000 clubs.

Smoking

The Non-Smokers Protection Act (*Nichtraucherschutzgesetz*) has been in force at federal level from September 2007 onwards. Also, all the Federal *Länder* have adopted Non-Smokers Protection Acts by July 2008. This has made it possible to create blanket protection against passive smoking for public interiors. Smoking is also largely prohibited in pubs. The Youth Protection Act (*Jugendschutzgesetz*) was also tightened up in the context of the legal reform. The sale of tobacco products to juveniles under 18, as well as their consumption, have been prohibited in public since September 2007. This also relates to sale via cigarette vending machines. A transitional deadline of the end of 2008 was granted for conversion.

- **Tobacco advertising**

The Tobacco Advertising Directive 2003/33/EC was transposed into German law in December 2006. In accordance with the Provisional Tobacco Act (*Tabakgesetz*), tobacco advertising has been prohibited in the press and in other printed publications, with the exception of advertising in publications published exclusively for the tobacco trade or largely for foreign markets and

magazines intended only for smokers; the same applies to advertising in services of the information society. Furthermore, tobacco advertising is prohibited in radio programmes. Sponsoring of radio programmes by tobacco companies and of cross-border events or activities is also prohibited.
Additionally, the Provisional Tobacco Act also contains a prohibition of tobacco advertising on television.

- **Warning notices on tobacco products**

The legislation aims to rub consumers' noses in the health impact of smoking. This purpose is also served by the warnings that are prescribed by law on the packages of tobacco products in which information is provided on the dangers of smoking.
Packages of tobacco products may accordingly be only brought into circulation commercially if a general warning notice such as "Smoking can be fatal", as well as a supplementary warning notice, such as "Smoke contains benzene, nitrosamine, formaldehyde and hydrogen cyanide", are affixed. These regulations are based on Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products, and were transposed nationally in Germany with the Tobacco Product Ordinance (*Tabakprodukt-Verordnung*). In the interest of improving consumer information and targeting specific groups, a warning notice was made more specific in Germany in 2005, and a list of specific address was provided where consumers who wish to stop smoking may receive independent advice.
In accordance with the Youth Protection Act, advertising films and advertising programmes advertising tobacco goods or alcoholic drinks may only be shown at film viewings after 6 p.m.
Prevention measures in the field of tobacco have existed in Germany for many years. The Federal Centre for Health Education has developed both a campaign for adults and a youth campaign under the title "smoke-free".
The youth campaign includes:

- an Internet presence to improve knowledge and motivation for a smoke-free lifestyle and an automated exit programme from nicotine consumption,
- provision of written information material for juveniles to impart basic knowledge so that they do not start smoking at all, or so that they stop,
- provision of written information material for educationalists and parents,
- adverts in youth magazines and cinema ads to strengthen awareness and motivation for non-smoking via the mass media, and

- staff-communication measures (“Mitmach-Parcours Klarsicht” [obstacle course to a clear view]) and “Youth Film Days on the topic of ‘Nicotine and alcohol – A look at everyday drugs” for use in schools.

In addition to information material, the adult campaign includes a hotline on giving up smoking, an exit programme on the Internet and the further-developed course entitled “The smoke-free programme”. Together with the German Cancer Research Centre (DKFZ), the Federal Centre for Health Education has set up a database of audited course programmes. The Drug and Addiction Council has submitted recommendations for a National Action Programme for Tobacco Prevention to effect further improvements in prevention and to further reduce tobacco consumption.

Drugs

To sustain the fall in the consumption of cannabis, the Federal Government has launched a large number of measures and model projects which on the one hand strengthen primary prevention and on the other support consumers’ efforts to end consumption by differentiated therapeutic aids.

The projects use differing approaches in support of ending or reducing cannabis consumption. This includes for instance various Internet-based services such as “Quit the shit” (with an interactive diary), short-term programmes, modular therapy programmes with group and individual advice, cognitive-behavioural withdrawal programmes and the treatment of 15-20-year-old cannabis addicts with the evidence-based treatment method entitled “multidimensional family therapy – MDFT”, which was developed in the USA.

The various projects complement one another. Because of the increasing problems and the rising numbers of young cannabis consumers, it is necessary to pursue a wide variety of approaches in order to be able to provide adequate aids for each different group of young people.

Para. 3 – Prevention of epidemic, endemic and other diseases

Vaccinations

Vaccinations have been mandatory services of the statutory health insurance funds on the basis of section 20 d of Book Five of the Social Code since 1 July 2008. Persons with statutory health insurance hence have a right to vaccinations. Details on the preconditions, nature and scope of the services provided by the statutory health insurance funds are determined by the Joint Federal Committee (G-BA) in guidelines on the basis of the recommendations of the Standing Vaccination Commission at the Robert Koch Institute (RKI). The Standing Vaccination Commission is an expert body which gives recommendations for the implementation of

vaccinations in accordance with the Protection against Infection Act (*Infektionsschutzgesetz*) (section 20 subs. 2 of the Protection against Infection Act).
The standard vaccinations generally recommended by the Standing Vaccination Commission currently include vaccinations against measles, mumps, rubella, pneumococci, meningococcemia, tetanus, haemophilus-influenzae Type b (Hib), hepatitis B, whooping cough, chicken pocks, diphtheria, polio and vaccinations against human papillomaviruses, which can set off cervical cancer (for girls aged between 12 and 17 years) and against influenza for adults over 60. Further vaccinations are recommended as indication vaccinations for certain groups of individuals; the costs for these are also included.
The data on the check-ups performed on entering school show a continuous increase in the vaccination rates over the years (Source Robert Koch Institute, *Epidemiologisches Bulletin* 7/2008), cf. Annex 6 on the state of recommended vaccinations, taken in the context of the check-ups performed on entering school (first graders) in 2006.

HIV/AIDS situation in Germany

There are roughly 59,000 individuals who are infected with the HIV virus or ill from AIDS in Germany at present, roughly 10,000 of whom are women. The number of new HIV diagnoses in 2007 was 2,752. This is an increase of 4% as against 2006. The most important group of persons affected, at 65 percent, are still men who have sex with men (MSM). Among these, the number of new diagnoses rose once more above average, by 12 % in 2007 as against 2006. Also among individuals who stated a heterosexual infection risk, the number of new HIV diagnoses rose once more by 7.5 % in 2007 as against 2006. Among consumers of intravenously-administered drugs (IVD) and among migrants from so-called high-prevalence countries, by contrast, the number of reports fell (by 6 % with IVD and 18 % with high-prevalence countries). Despite this number of new diagnoses, which is low in an international comparison, the Federal Government will not tire of its preventive measures, and will push forward in particular information and education, in particular in the group of men who have sex with men (cf. detailed description in the 22nd Report).
The use of condoms has spread considerably in the population of the Federal Republic of Germany since the beginning of the AIDS education campaign. For instance, in 1988 in the sexually-active group of those aged under 45 living alone, 58 percent of respondents used condoms, as against a figure of 74 percent in 2007. Nonetheless, 26 percent of sexually-active respondents with no regular partner have stated for more than ten years that they had recently never used condoms during sex. For this reason, campaigns aiming to bring about a change of conduct continue to form the focus of the Federal Government’s efforts. The Federal Government provides more than Euro 12 million per year for this.

As to the request of the Committee of Experts for information on all relevant changes introduced by the Protection against Infection Act, in particular as to the obligation to report such diseases, as well as emergency measures in the case of epidemics:

The **Protection against Infection Act**, which entered into force on 1 January 2001, combined the following statutes into a nationally-standard and newly-structured Act: the Federal Epidemics Act (*Bundes-Seuchengesetz – BSeuchG*) of 20 July 2000, the Act to Fight Venereal Diseases (*Gesetz zur Bekämpfung der Geschlechtskrankheiten*), the Laboratory Report Ordinance (*Laborberichtsverordnung*) of 18 December 1987, the Ordinance on the Expansion of Obligatory Reporting to cover Human Spongiform Encephalopathy (*Verordnung über die Ausdehnung der Meldepflicht auf die humanen spongiformen Enzephalopathien*) of 1 July 1994, the Ordinance on the Expansion of Obligatory Reporting in accordance with section 3 of the Federal Epidemics Act to cover Enteropathic Haemolytic-uraemic Syndrome (HUS) and Infection by Enterohaemorrhagic Escherichia coli (EHEC) (*Ausdehnung der Meldepflicht nach § 3 des Bundes-Seuchengesetzes auf das enteropathische hämolytisch-urämische Syndrom [HUS] und die Infektion durch enterohämorrhagische Escherichia coli [EHEC]*) of 9 November 1998, as well as the First and Second Ordinances to Implement the Act to Combat Venereal Diseases (*Erste und Zweite Verordnung zur Durchführung des Gesetzes zur Bekämpfung der Geschlechtskrankheiten*).

Guiding thoughts for the reform of the law on epidemics were

- to strengthen the prevention of communicable diseases on the basis of a restructuring of infection epidemiology,
- clarification and promotion of the ownership of the authorities and heads of community facilities, food operations, health facilities, as well as of the individual in the prevention of communicable diseases,
- the promotion of cooperation between authorities of the Federation, the *Länder* and the municipalities, doctors, veterinaries, hospitals, scientific facilities, as well as other parties involved in accordance with the respective state of medical and epidemiological science and technology,
- the increase in the efficiency of the public health service.

The division of tasks between the Federation and the *Länder* in the prevention of and fight against infectious diseases has been given precise form and re-defined.

So that prompt and effective intervention measures can be taken against communicable diseases, the Act provides for the structure of effective infection epidemiology. To this end, the reports on infectious diseases are combined and epidemiologically analysed for the protection of the population. The major aspect of prompt inter-*Länder* surveillance of communicable diseases was not regulated in the Federal Epidemics Act.

The modification of and greater detail in the obligations to report to the health offices carried out with the Protection against Infection Act serves to increase reporting in the public health service and make it more efficient. Physicians' obligation to report has been focussed on major diseases. The examining laboratories are to report pathogens in a more differentiated fashion than was previously the case. What is more, survey characteristics have been presented which contain information on possible sources of infection. Over and above the duty to report, further sets of epidemiological tools, such as sentinel studies and surveys, have been entrenched in the law. The regulations on information on positive HIV findings have been given concrete form. The coding of the data with personal data protection helps to avoid double surveys.
In contradistinction to the federal statistics implemented annually in accordance with the previous law (tuberculosis statistics, statistics on venereal diseases, statistics on other reportable communicable diseases), intervention measures may now be initiated soon after the event on the basis of a better-quality information system. The expert analysis and evaluation of the information collected at federal level furthermore serves as a basis for business statistics which provides evaluated data for the prevention of and fight against communicable diseases in Germany and in the international exchange of information.
The duties to report for communicable diseases and disease monitoring are now structured as follows:
Section 6 subsection 1 of the Protection against Infection Act contains a list of major diseases where the person obliged to report in accordance with section 8 of the Protection against Infection Act (as a rule the diagnosing doctor) must report suspicion of the disease, the disease as well as death by name to the local health office (so-called "physicians' duty to report"). For the event of a serious danger to the public, section 6 subsection 1 No. 5 of the Protection against Infection Act contains catch-all definitions in the event of a threatening disease occurring or breaking out which is not contained in the list. Section 7 subsection 1 of the Protection against Infection Act contains a comprehensive list of pathogens where the person obliged to report in accordance with section 8 of the Protection against Infection Act (as a rule the head of the laboratory) must report the direct or indirect verification by name to the local health office (so-called "laboratory's duty to report"). Section 7 subsection 2 of the Protection against Infection Act contains a catch-all definition for pathogens not named in the list if their geographical or chronological correlation indicates a major danger for the public. The necessary content of reports by name is regulated by section 9 of the Protection against Infection Act.
The reports by name which are received by the health office in accordance with sections 6 and 7 of the Protection against Infection Act are summarised there in accordance with section 11 of the Protection against Infection Act by case definitions published by the Robert Koch Institute and sent on at least a weekly basis to the competent *Land* authority in the respective Federal *Land*. Transmission takes place with the information stated in section 11

subsection 1 of the Protection against Infection Act, and not by name. After carrying out quality control, the competent *Land* authorities transmit the data to the Robert Koch Institute within one week. The Robert Koch Institute evaluates the data infection epidemiologically and informs the *Land* authorities of this, including by means of publications in the *Epidemiologisches Bulletin* of the Robert Koch Institute.

Section 7 subsection 3 provides for a non-named laboratory's duty to report for specific pathogen indications (including HIV). The necessary content of these non-named reports, including the case-by-case encryption of the data, is regulated in section 10 subsections 1 and 2 of the Protection against Infection Act. The non-named report is made directly to the Robert Koch Institute (section 10 subsection 4 of the Protection against Infection Act) for infection epidemiological evaluation.

A special regulation exists for the non-named report of the correlated occurrence of nosocomial infections (hospital infections) to the health office (section 6 subsection 3 of the Protection against Infection Act). Furthermore, nosocomial infections ascertained by the Robert Koch Institute, and the occurrence of pathogens with special resistances and multi-resistances in the hospitals and facilities for in-patient operations are recorded and evaluated on an ongoing basis in a special report which the health office may access (section 23 subsection 1 of the Protection against Infection Act). The health office carries out infection hygienic monitoring of these facilities (section 36 of the Protection against Infection Act).

Additionally, there are obligations to report the occurrence of communicable diseases in community facilities (section 34 subsection 6 of the Protection against Infection Act).

The Robert Koch Institute has the following tasks in particular in accordance with section 4 of the Protection against Infection Act:

- development of plans to prevent communicable diseases, as well as for early recognition and prevention of the transmission of infections,
- development and implementation of epidemiological and laboratory-supported analyses, as well as research on the cause, diagnostics and prevention of communicable diseases,
- advice to *Land* authorities at their request on measures to prevent, recognise and avert the further spread of major communicable diseases, as well as with measures spanning several *Länder*,
- cooperation with other federal authorities, *Länder* authorities, national reference centres, further scientific facilities and specialist societies, as well as foreign and international organisations and authorities, and
- coordination tasks in the context of the network for the epidemiological surveillance and control of communicable diseases in the Community.

To this end, the Robert Koch Institute operates as follows:

- drafting of guidelines, recommendations, leaflets and other information on the prevention, recognition and aversion of the spread of communicable diseases for specialist groups as a measure of preventive health protection in agreement with the respectively competent federal authorities,
- drafting of criteria (case definitions) for the communication of an incidence of disease or death and of verification of pathogens in line with the respective epidemiological requirements,
- determination of nosocomial infections and pathogens with special resistances and multiresistances to be collected in line with the respective epidemiological requirements,
- summary and evaluation of the reports transmitted in accordance with the Protection against Infection Act in order to carry out an infection epidemiological evaluation,
- transmission of the summaries and the results of the infection epidemiological evaluations to the public health service and other affected agencies and periodic publication of these summaries and of the results,
- implementation of sentinel surveys (section 13 of the Protection against Infection Act).

The Robert Koch Institute is hence responsible for the central coordination of the data survey, analysis and evaluation of communicable diseases. It is establishing an epidemiological information network at federal level, advises the *Länder* and coordinates measures covering several *Länder* to combat infectious diseases. The channels for reporting from the doctor or laboratory via the competent *Land* authorities to the Robert Koch Institute, and the feedback of information and analyses, is determined in concrete terms for the first time in this framework. The Institute is hence also enabled to carry out coordination tasks for the Federal Republic in the context of international obligations.
In addition to specific infection or disease prevention measures, education on infection risks and ways to avoid them, including the benefit of vaccination prevention, take on a prominent role. The Protection against Infection Act hence contains in particular regulations for the area of community facilities (sections 33 et seqq. of the Protection against Infection Act) on information and education in order to promote the personal responsibility of those affected.
The health office is also granted power to act in individual cases of sexually-transmitted diseases and tuberculosis, in addition to advising. Experience from successful AIDS education and prevention are exemplary for the prevention of venereal diseases and other sexually-transmitted diseases as a whole.
The “Commission for Hospital Hygiene and Infection Prevention” at the Robert Koch Institute has the task of submitting recommendations for infection prevention, on in-company and constructional hygiene measures, as well as on recording nosocomial infections in hospitals and other medical facilities.

In comparison to the old legal situation, the Protection against Infection Act does without many previous health check-ups in industry and in the administration which had proven to be inefficient. Previous statutorily-promoted initial tests for persons who carry out activities in schools and other community facilities, or in the food sector, are in principle eliminated in favour of targeted information. This corresponds to the principle of strengthening and promoting the expertise of the individual, but only calling for controls where they are necessary and make sense. Hence, many routine microbiological stool tests and X-rays are not carried out.
The regulations for activities with pathogens were re-structured and adjusted in line with recent requirements. Permission to carry out activities with pathogens is only given to natural entities. Physicians are released in general terms from obligatory licensing for orientating initial microbiological diagnostics; there is however a more precise duty to report, expanded by several items of information.
The following applies for taking emergency measures in the event of epidemics:
In the event of epidemics, the general provisions of the Protection against Infection Act apply as to the competences and powers of the authorities. The implementation of the Protection against Infection Act, in particular taking protection measures (sections 28 et seqq. of the Protection against Infection Act), is a matter for the competent authorities of the *Länder*. The duties to report that apply in accordance with sections 6 and 7 of the Protection against Infection Act can be expanded or extended to cover other communicable diseases or pathogens by a legal ordinance of the Federation or of the *Land* on the basis of section 15 of the Protection against Infection Act, if the epidemic situation so requires. Furthermore, in accordance with section 20 subsections 6 and 7 of the Protection against Infection Act, the possibility exists to introduce a duty to undergo vaccinations for threatened parts of the population by virtue of a legal ordinance of the Federation or of the *Land* if a disease breaks out in a manner which is clinically difficult to control, and it must be anticipated that it will spread as an epidemic.
There is a special role for information management in the case of epidemics. The Federal Government has issued an administrative regulation on the basis of section 5 of the Protection against Infection Act regulating the exchange of information between the authorities of the Federation and the *Länder* and the coordination of the measures to be taken.
For the special case of an influenza pandemic, a National Pandemic Plan was developed together with the *Länder* which is supplemented by the pandemic plans of the competent *Länder* for the implementation of the Protection against Infection Act.
The Ordinance on the Duty to Report with Avian Influenza among Humans (Avian Influenza Compulsory Reports Ordinance) (*Verordnung über die Meldepflicht bei Äviärer Influenza beim Menschen – AIMPV*) of 11 May 2007 (Federal Law Gazette [BGBl.] I p. 732), extended physicians' duty to report to cover certain cases of suspicion of the disease, as well as the

disease and death of a person of avian influenza. The ordinance is an element of preparations for a possible influenza pandemic.

In response to the request by the Committee of Experts for statistical information on developments as to tobacco, alcohol and drug consumption to evaluate the initiated measures:

Abusive drug consumption and addiction relate to a large number of people in Germany. One-third of adults smoke. 9.5 million people consume alcohol in a dangerous manner; roughly 1.3 million are alcohol addicts. More than 1.4 million people are addicted to medicines. Roughly 600,000 mostly young people consume cannabis or are addicted to it; another 200,000 people consume opiates, cocaine, amphetamines and hallucinogenics.

Current studies show that the occasional consumption of alcohol among school pupils is falling slightly as against 2003. The consumption of alco-pops has fallen drastically after the introduction of a special tax on 1 July 2004. However, the volumes of alcohol consumed by children and juveniles have increased considerably since 2005. Whilst 12-17-year-olds still consumed 34g of pure alcohol per week in 2005, it was up to 50g in 2007. Also so-called ‘binge drinking’, i.e. the consumption of five or more alcoholic drinks one after the other, has risen considerably among juveniles. Whilst in 2005 some 20% of juveniles had “binged’ once in the last month, in 2007 it was up to 26%. Also the number of hospitalisations of 10-20-year-olds for alcohol poisoning has more than doubled between 2000 and 2006.

The share of smokers among juveniles has fallen since 2001 from 28% (2001) to 18% (2007). In order to build on the initial success in the fall in the share of juveniles who smoke, a “National Tobacco Prevention Action Programme” is to be launched by the end of 2008. It will describe future measures in tobacco prevention policy, on which the Drug Commissioners’ Drug and Addiction Council put forward recommendations on 9 June 2008 and which are now being consulted with the competent Federal Ministries.

By virtue of the fall in tobacco consumption, cannabis consumption among the under 18s has also fallen. However, the group of heavy cannabis consumers has remained high, at approx. 600,000.

After a continuous fall since 2000, the number of drug deaths increased by 7.6% in 2007 in comparison to the previous year. 1,394 people died of the consequences of the consumption of illegal drugs, the figure being 1,296 in 2006. The cause of this development is still unclear; the evaluation of the existing data on this continues.

A comprehensive overview is offered by the Drug and Addiction Report, which is presented on an annual basis by the Drug Commissioner of the Federal Government. More details at: http://www.bmg.bund.de/cln_116/SharedDocs/Downloads/DE/Neu/Drogen-undSuchtbericht-2008,templateId=raw,property=publicationFile.pdf/Drogen-undSuchtbericht-2008.pdf

Reducing environmental risks

Water pollution:

Water protection policies in Germany focus primarily on maintaining or re-establishing the ecological balance of water bodies, on guaranteeing drinking and process water supplies and on providing long-term safeguards for all other water uses benefiting the general public while at the same time protecting the various water bodies as far as possible.

At present the prime objective of German water management is the practical implementation of the EC Water Framework Directive, which entered into force on 22 December 2000, in the ten river basin districts which are partially or wholly on German territory. The Directive was transposed into German law in August 2002. The Directive is intended to achieve a good status for water bodies (rivers, lakes, coastal waters and groundwater) throughout Europe and to prevent any further deterioration. In a first step a comprehensive survey of the pressures on the water bodies and their effects on water body status had to be carried out by the end of 2004. The survey confirmed that during the last 25 years considerable progress had been made to prevent water body pollution - pollutant loads had been reduced significantly.

Various factors contributed to this. Firstly, a consistent, state-of-the-art expansion of the treatment of municipal discharges which also served as an example for the 1991 EU Council Directive concerning the treatment of urban waste water. The second essential factor was and still is the consistent further development of requirements with regard to commercial and industrial discharges and related innovations e.g. in the field of low discharge manufacturing processes. However, the survey carried out in the context of the Water Framework Directive also showed that considerable efforts are still needed to achieve a status for the water bodies, including coastal and marine waters, which maintains their full natural function as a habitat while at the same time ensuring in a sustainable manner their manifold uses by mankind.

Programmes of measures and management plans for the river basins involving all stakeholders and the public have to be elaborated by the end of 2009. Major challenges will be faced in the following areas:

- adverse effects on the structure of the water bodies due to their utilisation (e.g. by shipping or hydropower)
- nutrient input by diffuse sources (e.g. via fertilisation)
- Pollutant input due to precipitation and in specific areas due to municipal and industrial sewage plants.

Another important field of water protection policy is preventive flood protection.

Pursuant to the distribution of responsibilities between the Federation and the *Länder* as laid down in the Basic Law, responsibility for setting up regulatory frameworks lies with the Federal Government, while the *Länder* are in charge of implementing and supplementing the federal regulations and enforcing all statutory provisions in the field of water pollution control.

As responsibility for water bodies does not end at national borders, the Federal Government has put in its water protection policy special emphasis on transboundary cooperation for the protection of inland water bodies and seas. It is involved i.a. in the International Commissions for the Protection of the Or, Elbe, Rhine, Meuse, Danube and the Marine Environment Protection Commissions for the Baltic Sea and the North Atlantic. It is also a member of several United Nations committees where it cooperates with other states in developing solutions to water protection problems worldwide.
Germany ratified the Protocol on Water and Health to the UNECE Convention on the Protection and Use of Transboundary Watercourses and International Lakes in January 2007. The Protocol, which aims at the reduction of water related diseases in the UNECE region, came into force in August 2005. The implementation measures have started. The Protocol focuses on necessary measures in the drinking water and sanitation sector.

Climate Protection:

Germany is well on track to fulfil its obligations under the Kyoto Protocol. By the end of 2007, Germany reduced its greenhouse gas emissions by 20.4 % compared to 1990, which is very close to the German Kyoto target of 21 % for the period 2008 – 2012. At the same time, Germany is well aware of the fact that beyond the Kyoto Protocol and after 2012 many further national and global efforts are needed for successful climate protection.
Therefore, Germany developed its “Integrated Energy and Climate Programme”, which was adopted in 2007 and early 2008.
The first package includes 14 measures mainly concentrating on energy efficiency (i.a. cogeneration law) and renewable energy (i.a. revision of the successful German renewable energy feed-in law and the renewable energy heat law). Further measures also cover transport, energy saving regulations and bio fuels.
With this programme, Germany aims at reducing its greenhouse gas emissions by 40 % by 2020 (compared to 1990), which is without precedent both in the history of German climate policy and internationally. Germany is willing to take the lead in international climate protection together with the EU.
In 2007, Germany also stipulated ambitious targets for the national allocation of emission allowances (Zuteilungsgesetz 2012) within the European emission trading scheme. After 2012, a unified EU emission trading market will replace national schemes with the goal of efficiently reducing emissions from these sources by 21 % by 2020 (compared to 2005).
Innovative energy technologies hold the key to this, both on the supply side where energy is produced (e.g. in the power plant or renewable energies sectors) and on the demand side where energy is consumed (e.g. appliances, vehicles and buildings).

The programme furthermore creates vital incentives for modernisation in energy and climate protection technologies. Such measures pay off with higher production and employment figures, more domestic value added and constant product innovations in these sectors.

Noise:

Representative surveys carried out regularly by the Federal Environmental Agency show that traffic noise is the main source of noise in housing areas. More than half of the German population feels irritated by noise; more than 12 % feels very irritated. As in the previous surveys aircraft traffic follows as the second important source of noise. Over all, more than a third of the population feels irritated by air traffic noise. About one fifth of the German population feels annoyed by noise from rail traffic. The same applies for noise from industrial and commercial facilities. Every second citizen feels irritated by noise from neighbours. To understand these figures correctly it is important to note that participants in the survey can name more than one source (multiple counting).

Irritation:

	high	significant	none
Rail	4	10	78
Road	12	33	38
Facilities	3	11	74
Air Traffic	5	17	62
Neighbours	6	20	53

Irritation by noise – results of the representative survey 2006. Number of persons asked: 2000; results in %. Category “high“ summarises the two highest categories, category “significant” summarises the three highest categories. Questionnaire Categories: Extremely disturbed or irritated/ heavily disturbed or irritated/ medium disturbed or irritated/ slightly disturbed or irritated/not at all disturbed or irritated.

In Germany the (acoustic) impact of traffic noise is generally assessed by model calculations, i.e. by the Federal Environmental Agency. Compared to previous surveys the impact data (number of vehicles, emission values, travel speed) have not changed substantially. Overall the reduction of noise emissions achieved by technical improvements have been balanced out by increased traffic.

The Federal Government aims to reduce noise impact and irritation by noise through a number of activities:

For many appliances and products the acceptable noise levels are regulated by international organisations (i.e. ICAO for aircraft, UNECE and EU for road vehicles, EU for tires, rail vehicles and machinery used outdoors).

The Federal Government aims at setting ambitious limits in revising these standards. The Federal Government aims at retrofitting “grandfathered-in” rail vehicles (in particular freight cars) which are currently not subjected to any noise limitations with alternative break systems.

Already for many years noise reduction programmes have been implemented for federal highways and railways. Federal spending for these programmes amounts to 150 million Euro

per year. In 2007 the protection of the population from air traffic noise was improved by new legislation.
The Federal Government has transposed the EU Directive on Noise into German law. The directive aims at the reduction of noise to protect the population with regard to ambient noise, in particular in congested areas and in the vicinity of main traffic corridors. It supports the work of the European Commission to harmonise noise indicators and methods of calculation. These harmonised indicators will be used in the future within the EU as agreed methods to assess the impact of noise on the population. They will also be used to assess compliance.
The Federal Government also provides technical support for municipalities responsible for noise reduction planning.
Since low income households are particularly subjected to traffic noise, reduction also contributes to social justice.

Asbestos:

No changes as against the previous report

Nuclear risks:

Committee's request for up-to-date information on the renovation or closing of the uranium ore mine and radiation protection regulations:

The federal company Wismut GmbH has been carrying out the closure, renovation and revitalisation of the legacy of contamination with radiation and toxic chemicals of former uranium ore mining activities in Saxony and Thuringia on behalf of the Federal Government since 1991. The goal of this environmental clean-up project funded exclusively from federal funds (costing a total of up to € 6.2 billion) is to once more create intact environmental and living conditions for the population in these densely-populated areas. In particular the spread of radioactive and other contaminants is to be stopped or reduced to an unavoidable minimum. Wismut GmbH has already carried out roughly 90 % of the clean-up work; the Federation has paid almost Euro 5 billion for this so far. The environmental burdens in the regions concerned have been considerably reduced by the work carried out to date. Major preconditions for an environment worth living in and the economic revitalisation of the former mining regions have been created. Areas cleaned by Wismut are being provided for subsequent use. In 2007, for instance, the successful Federal Garden Show was held in Gera and Ronneburg on land that Wismut GmbH had already cleaned up. A total of approx. 1.5 million people visited the "New Landscape Ronneburg".
In accordance with current planning, the clean-up work will be mostly concluded by 2015.
The administrative agreement between the Federation and the Free State of Saxony signed in 2003 on the clean-up of the old uranium mining locations (not within the responsibility of the

Wismut GmbH federal enterprise) is being quickly implemented. Remaining environmental damage is being repaired with a budget totalling Euro 78 million to 2012, half of which is funded by the Federation and half by the Free State of Saxony. Euro 29 million have been spent here to date, and more than 100 clean-up objects have been successfully completed.
The radiation protection law regulations drafted at federal level for the clean-up of old industrial and mining burdens, which were to replace the radiation protection law of the former GDR still continuing to apply as an alternative in the new *Länder* to the clean-up of uranium ore mining and which were to create nationally-standard radiation protection law for this field, have not been achieved because of the obtrusive stance of the Federal *Länder*.

Request of the Committee for information on the results of the German Environmental Survey on Children (GerES IV)*:*

From 2003 to 2006 the German Federal Environment Agency (Umweltbundesamt) conducted a cross-sectional representative population study on 1790 children aged 3 to 14 years living in Germany to elucidate exposure to chemical, biological and physical factors and the impact of exposure on their health. This German Environmental Survey on Children (GerES IV) is part of a health-related environmental surveillance system conducted in co-operation with the Robert Koch Institute's National Health Interview and Examination Survey for Children and Adolescents (KiGGS).

GerES included the analysis of exposure to more than 100 environmental pollutants (heavy metals, pesticides, persistent organochlorines, PAH, phthalates, VOCs, aldehydes) by human biomonitoring and/or ambient monitoring in drinking water, indoor air and house dust. Information from questionnaires covered exposure sources to reveal their contribution to body burden. GerES supplies the following results:

- Exposure via indoor air pollutants

The most important and health relevant source is still tobacco smoke. Children's exposure has increased slightly since 1992.

- Exposure via house dust

Child-specific habits, such as mouthing behaviour, support exposure via house dust. However, some (DDT, PCB, PCP, DnBP), but not all chemicals in house dust show a small but significant contribution to children's body burden.

- Exposure via drinking water

Heavy metals that enter and dissolve in drinking water through corrosion of pipes and fittings materials may lead to heavy metal levels that exceed limit values of the German drinking water ordinance. This occurred in up to 10 percent of the tap water samples from households. However a significant correlation to children's blood and urine levels could not be established.

• Exposure via food consumption

Food is the main exposure source for organochlorines, biocides, and phthalates. Exposure to organophosphorus pesticides is mainly influenced by age, consumption of fresh fruit and fruit juice. Consumption of at least half a glass of fruit juice is related to a significant increase in organophosphorus metabolites in urine.

The organochlorine levels (such as HCB, HCH; DDE and PCB) in blood are higher in children from families with a higher socio-economic status and in breast-fed children. This can be explained by more frequent and longer breast-feeding in women with a higher socio-economic status. The exposure levels of the children decrease with increasing age. However, even in the oldest participating children organochlorine levels remain higher if they were breast-fed. Levels also increase with increasing age of the mother at time of birth. Children from immigrants show higher mean values of DDE and beta-HCH but lower ones of PCB. Children from East Germany show higher mean values of DDE than children from West Germany but lower ones of PCB. This might be due to the use of DDT in East Germany until 1990, whereas West Germany banned DDT completely in 1972. Even after the ban, children have been exposed to PBT organochlorines for decades.

Food safety

Additional information about the reorganisation of consumer health protection

A core goal of the Federal Government's consumer policy is the preventive protection of health and safety for consumers.

As was described in the previous report, two independent authorities were established in Germany in November 2002, one for scientific risk evaluation, and one for operative questions of risk management.

A facility was created in the shape of the Federal Institute for Risk Assessment (BfR) which has achieved considerable international recognition in the past five years. The high scientific level of the risk assessments which it has drafted make it a recognised partner for the European Food Safety Authority. Over and above this, the Federal Institute helps to establish consumer confidence with its transparent risk communication.

For the area of operative risk management, the Federal Office of Consumer Protection and Food Safety was newly founded at that time, in particular to further improve cooperation between the Federation and the *Länder*. As a licensing authority for pesticides, veterinary medicines and genetically-modified food, it has quickly acquired a reputation for competence. Also cooperation with the *Länder* has for instance been further improved by developing modern communication platforms such as the web-based specialist information system for consumer protection and food safety (FIS-VL) or by supporting functions such as in the framework of the early warning system, with foodstuff monitoring, in data collection and reporting. It works as a

competent situation centre for the Federal Government in incidents and crises in the field of food safety.

New Food and Feed Code (*Lebensmittel- und Futtermittelgesetzbuch – LFGB*)

The new Food and Feed Code entered into force on 7 September 2005. This Act is the heart of the Act Reforming Food and Feed Law (*Gesetz zur Neuordnung des Lebensmittel- und Futtermittelrechts*) and replaces the Act on Food and Articles in Everyday Use (*Lebensmittel- und Bedarfsgegenständegesetz – LMBG*), the Feed Act (*Futtermittelgesetz*) and other regulations.

The Act includes feed in the food production chain. This means that there is now a comprehensive concept of food safety from the barn to the plate. The new Act creates uniform standards – such as in regulations on monitoring and the provisions on criminal and administrative fines. It underlines the significance of preventive consumer protection by establishing the latter as a major goal in the Act.

Furthermore, the Food and Feed Act adjusted the national regulations in line with the requirements of EC law (Directive (EC) No. 178/2002).

In addition to the provisions of Directive (EC) No. 178/2002, the Food and Feed Act also gives powers to the competent authorities to inform the public, for instance if not inconsiderable quantities of food that is unfit for consumption have come into circulation or there is sufficient suspicion that a product may entail a risk for human health.

The new Act makes a concrete contribution towards simplifying the law and reducing bureaucracy by combining eleven predecessor acts in the Food and Feed Act. This does away with the legal split in the food and feed area and creates greater transparency for all market players.

Measures connected with BSE as to consumer health protection in Germany

The measures in connection with BSE named in the previous report which have led to an improvement in consumer health protection in Germany (active supervision of BSE, active supervision of transmissible spongiform encephalopathy (TSE) and removal of risk material), have been continued. The BSE testing age for the implementation of quick BSE tests among healthy slaughtered cows in the context of meat testing was adjusted in 2006 in line with the EU standard age limit of 30 months.

See the previous report with regard to the prohibition of using animal fat for feed.

Food hygiene

The Ordinance on the Implementation of Community Food Hygiene Law (*Verordnung zur Durchführung des gemeinschaftlichen Lebensmittelhygienerechts*) entered into force on

15 August 2007. This ordinance has carried out the required adjustments of national law in line with directly-applicable EC food hygiene law, which has been applicable since 1 January 2006. Central provisions of this framework ordinance are a (new) Food Hygiene Ordinance (*Lebensmittelhygiene-Verordnung*), an Animal Food Hygiene Ordinance (*Tierische Lebensmittel-Hygieneverordnung*) and an Animal Foodstuff Monitoring Ordinance (*Tierische Lebensmittel-Überwachungsverordnung*).
The regulations thus enacted range from provisions on the general hygiene requirements related to food, training obligations when dealing with easily perishable foodstuffs, to provisions on the manufacture of cheese, on the type of labelling of the health of meat or on warning indications with minced meat and meat preparations.
A core regulation is the provision of the “ancillary activity at local level of restricted degree”, on compliance with which retail establishments may pass food of animal origin not only to the final consumer, but also to other retail establishments without in particular becoming subject to an obligation to be licensed before taking up their business activity.
The scope of the regulation also includes requirements as to distributing small quantities of primary products by the producer to the final consumer or to local retail establishments for direct distribution to the final consumer since this marketing path has been removed from the area of application of Community law.
EC food hygiene law however also opens up the possibility to the Member States to apply specific requirements of Community law for animal-origin food to retail establishments although these establishments have been removed from the area of application of Community law. Looking at the interests of consumer health protection, it was necessary in the view of the Federal Government to provide for regulations in national law for retail establishments stipulating similar hygiene requirements as for establishments which are subject to licensing in accordance with EC law.
The simultaneous rescission of a total of 13 previous hygiene ordinances is a considerable contribution towards reducing bureaucracy and the number of legal regulations.
Additionally, the General Administrative Regulation on Food Hygiene (*Allgemeine Verwaltungsvorschrift Lebensmittelhygiene*) entered into force on 26 September 2007 in order to guarantee as nationally-uniform as possible an assessment of the same facts by the respective food sector monitoring authorities.
Sanctions applied to breaches of EC food hygiene law have been stipulated in the Food Law Criminal and Administrative Fine Ordinance (*Lebensmittelrechtlichen Straf- und Bußgeldverordnung*) of 19 September 2006.

<u>Control of zoonoses (e.g. salmonella)</u>

In the period under report, the prevention of zoonoses (diseases which are communicable between animals and people, e.g. salmonella infections) along the food chain has been established as a major task to guarantee food safety. In the context of the Europe-wide battle against zoonoses, in animal husbandry, starting with poultry, stocks are increasingly examined for instance for salmonella. The Federal Government has contributed intensively towards the drafting of a large number of EU directives on the prevention and control of zoonoses in animal husbandry.
Furthermore, on 18 July 2008 a general administrative regulation entered into force on the collection, evaluation and publication of data on the occurrence of zoonoses and zoonosis pathogens along the food chain ("General Administrative Regulation on Zoonoses in the Food Chain" [*AVV Zoonosen Lebensmittelkette*]). The regulations serve the purpose of preventive consumer health protection, since collecting comparable, representative data in the context of nationwide zoonosis monitoring facilitates an improved, more comprehensive evaluation of the sources and development trends of zoonoses. This makes it easier to assess the situation in Germany with regard to zoonoses, and means that targeted measures can be concluded to combat and prevent zoonoses.

Foodstuff monitoring/veterinary monitoring

As stated in the previous report, competence for the implementation of official controls in Germany constitutionally lies with the *Länder*. The goal of the Federal Government is to further modernise foodstuff monitoring. The Federal Government has hence drafted and is implementing a package of measures in the period under report on the modernisation of foodstuff monitoring.
The core of this bundle of measures is to improve quality management in foodstuff monitoring. Uniform quality standards are to be established in foodstuff monitoring, including for the implementation of audits by the foodstuff monitoring authorities. What is more, the staff carrying out the monitoring should be rotated at regular intervals in order to be protected against dependence. Where necessary, checks on companies are implemented in accordance with the previous risk categorisation by more than one person in order to be objective about the control situation and to make it more difficult to exert an influence (four-eyes principle).
Further improvements are expected to result from also linking the results of checks in companies to risk-orientated sampling, to regulations on cooperation and to an exchange of information between authorities in the context of crisis management and from the inclusion of cosmetic means and articles of everyday use.
A further major element of the bundle of measures which is to be implemented by means of an amendment to the Food and Feed Act aims to actively close loopholes, for instance when it comes to unlawfully trading in fish that is past its sell-by date. Hence, food companies to which

unsafe food has been sold or to which such food is delivered and who reject it for this reason are obliged to inform the competent authority. Food is not safe if it is harmful to health or not fit for human consumption.
Over and above this, the competent authorities are given greater latitude to impose more hefty punishments for negligent breaches of the prohibition of circulating rotten meat. The current administrative fine framework appears to be too lenient against the background of the legal interests protected by the regulation; it should therefore be increased from Euro 20,000 to 50,000.
To assess the need for suitable measures of risk management at federal level, the Act is also to make it possible for the competent Federal Ministry to put together a situation picture at short notice with monitoring covering several *Länder* on the basis of the information which is to be transmitted by the *Länder*.

Further measures to guarantee food safety, feed safety, feed monitoring, residues of veterinary medicines and pesticides and other undesirable substances

Safe feed is a precondition for safe animal-origin food. The high level of protection in feed safety and monitoring applicable at European level is supplemented by national regulations.
Action thresholds for dioxins and dioxin-like PCBs in feed were set in July 2006 by amending the national Feed Ordinance (*Futtermittelverordnung*). Action thresholds are thresholds below set maximum contents which when they are exceeded the feed suppliers must carry out an investigation of the causes together with the competent monitoring authorities with the aim of remedying the causes.
By virtue of the agreement of the Conference of Ministers of Agriculture of the Federation and the *Länder* in April 2007 on the framework plan of the control activities in the feed sector for 2007 to 2011, goal- and risk-orientated feed monitoring by the *Länder,* coordinated at federal level, is also guaranteed for the coming years. This framework plan was drafted by the Federal Government in coordination with the *Länder* and with the participation of the coordinating Federal Office of Consumer Protection and Food Safety and the Federal Institute for Risk Assessment. It is also a major element of the multiannual National Control Plan which is to be drawn up by all Member States in accordance with European law.

Veterinary medicines are used in agriculture for the treatment of diseased animals. In order to protect consumers against residues of these veterinary medicines, the use of veterinary medicines is strictly regulated. No food may be gained from the treated animals for a specific period (waiting period), so that the food contains no residues of the veterinary medicines that are harmful to humans. Compliance with these regulations is checked by the official foodstuff monitoring authorities on the basis of the National Residue Control Plan (NRKP) by random

sampling and subsequent analysis for residues, as well as by tracing. This plan is drawn up on an annual basis by the Federal Office of Consumer Protection and Food Safety and the *Länder*, and is implemented by the monitoring authorities of the *Länder*. Its goal is to control the proper use of licensed veterinary medicines and to uncover the illegal use of prohibited or unlicensed substances. Furthermore, the burden of various environmental contaminants is covered by the NRKP.
Monitoring already takes place with the farmer and in the slaughterhouse, as well as at the first stage of production, and covers random sampling and subsequent analysis for residues. Only a limited amount of contamination with residues of pharmacologically-effective substances has been ascertained in recent years.

Residues of pesticides in food from production and storage should in principle be limited to the unavoidable concentration. A number of new maximum residual contents was established in the interest of preventive consumer protection by virtue of the transposition of European directives and by supplementing national values. Furthermore, in the new national multiannual programme on the control of pesticide residues, existing individual plans of the *Länder* for the risk-orientated monitoring of pesticide residues are now to be combined to create a nationwide plan which is to apply uniform criteria. This programme also permits a better estimate to be made of consumer exposure by means of an increased representative share of the samples.

Acrylamide is one of the undesired substances which can be formed in the manufacture and preparation of food, above all at higher temperatures, and for which as yet no maximum volume can be determined. In order nonetheless to be able to reduce acrylamide contamination through food as rapidly as possible, a minimisation concept has been agreed between the Federation and the *Länder* in which minimisation strategies are developed and implemented in a dialogue between authorities and food manufacturers. Monitoring takes place, and where appropriate a re-orientation of the concept is carried out, by means of the annual evaluation of the data from foodstuff monitoring by the Federal Office of Consumer Protection and Food Safety.
In order to protect consumers early against undesired substances in food, a systematic measurement and observation programme, foodstuff monitoring, is implemented annually together with the *Länder*. To this end, 15 to 20 selected foodstuffs per year are examined for a variety of undesired substances in order to collect representative data which facilitate an estimate of the contamination of the population, and hence also the need for measures.

Article 12 The right to social security

Re paras. 1 to 2

Information re the social insurance benefits and the respective minimum amounts

Pensions insurance:

Statistical part incl. explanation of the relevant regulations

Social insurance benefits in accordance with Article 12 para. 1 ESC should be set – insofar as it is a matter of wage replacement benefits – such that they are suitably proportionate to the previous income from work, and under no circumstances may they fall below the poverty threshold which in accordance with the Eurostat at-risk-of-poverty threshold value is defined as 50% of the median of the nationally-available equivalent income.

To guarantee continuity in reporting to the Council of Europe, the minimum standard is reviewed as in the 37th General Report of the Federal Republic of Germany on the implementation of the European Code of Social Security in the version of the Protocol (minimum standards on the basis of ILO Convention No. 128).

All calculations relate to the year 2007.

1. On the definition of the minimum standards to be complied with

In accordance with Article 65 subsection 6c, Part XI of the European Code, the minimum standards are to be calculated for a worker whose earnings are equal to 125 per cent of the average earnings. The following remuneration emerges on the basis of the average insured party's remuneration in accordance with Annex 1 and Annex 10 of Book VI of the Social Code (in € per year):

	old Federal *Länder*	new Federal *Länder*
Remuneration in accordance with Annex 1 of Book VI of the Social Code in 2007	29,488	
Conversion value in accordance with Annex 10 of Book VI of the Social Code in 2007		1.1622
125% of average earnings	**36,860**	**31,716**

After deduction of taxes and social contributions – and after accounting for children – the net income for this worker is as described in the following table. In accordance with Articles 27 D, 55 D and 61 D in conjunction with Article 6, such insurance benefits may also be included in the overall calculation which are voluntary but state-subsidised and are monitored and cover a large

share of insured parties. Roughly 17.3 million workers subject to obligatory social insurance currently have a company pension plan. Added to this are another roughly 11.1 million with private, state-subsidised insurance contracts for supplementary old-age pension provision, so-called Riester pensions. In the interest of simplification, a private old-age pension[2] is taken into account in the following calculations representing company old-age pensions and Riester pensions.

	Married, no children		Married, two children	
	old Federal *Länder*	new Federal *Länder*	old Federal *Länder*	new Federal *Länder*
Gross wage	36,860	31,716	36,860	31,716
+ child benefit	0	0	3,696	3,696
Gross income	36,860	31,716	40,556	35,412
- social contributions	7,741	6,581	7,648	6,502
- tax	4,001	2,227	3,566	2,028
- private old-age provision	982	931	950	745
Net income	**24,137**	**21,976**	**28,391**	**26,138**

In accordance with the regulations (Part XI, Protocol) of the European Social Code, the following minimum standards are to be adhered to:

Case	**Governed by Part …. of the European Social Code**	**To be based on …**	**Required level of benefits as a % of net income**
Age	V	married pension-age man	45
Disability	IX	married man, two children	50
Death of bread-winner	X	widow with two children	45

2. Old-age benefits

Pension calculation

The four following factors are relevant for the pension calculation:

- the remuneration points
- the individually-relevant access factors for the respective remuneration points (the product of "remuneration points times access factor" are the personal remuneration points)
- the pension type factor (e.g. with old-age pensions 1.0 in general pensions insurance, 1.3333 in Miners' Insurance Fund pensions insurance)
- the current pension value (€ 26.27 for the old Federal *Länder* since 1 July 2007, € 23.09 for the new Federal *Länder*).

[2] The calculations are based on the following presumptions:
amount of savings = 4 % of gross income, interest rate = 4.0 %, administrative costs = 10 % of contributions

The pension formula can be portrayed as follows: personal remuneration points x pension type factor x current pension type = gross monthly pension.

To calculate the remuneration points, the ratio from the personal remuneration gained during the insurance year to the average remuneration of all insured parties of the respective year is formed. With an average earner, this value is one remuneration point per year. The access factor is orientated in line with the time of commencement of an old-age pension: If an insured person avails themselves of the possibility of early retirement, the longer drawing period of the old-age pension because of claiming early is compensated for such that the age factor, which is 1 for an old-age pension that is not claimed early, is reduced by 0.003 points for each month by which it is claimed early. This leads to a reduction in the old-age pension by 0.3% for each month by which it is claimed prior to the respectively relevant old-age limit. The different pension type factor in accordance with the individual types of pension accommodates the goal of ensuring the respective type of pension in the ratio to the old-age pension. The current pension value depicts the respective monthly Euro value for 1 remuneration point currently applicable on calculation of an old-age pension.

Over and above the contribution periods, certain contribution-free periods are also taken into account when calculating the pension: Periods when insured persons were prevented from paying compulsory contributions, e.g. periods of war service (substitute periods) and periods for which no more contributions could be made due to premature disability/death (added period), are allowed in a manner that increases the pension. Further contribution-free periods are the credited periods. A distinction is made with these periods between credited periods (e.g. vocational schooling, maternity leave), which are allowed in a manner that increases pensions and unvalued credited periods (e.g. unemployment, incapacity for work), which do not have a direct pension-increasing impact.

The current pension value is as follows:

in the old Federal *Länder* (West)		new Federal *Länder* (East)	
01.07.2005	26.13 Euro	01.07.2005	22.97 Euro
01.07.2006	26.13 Euro	01.07.2006	22.97 Euro
01.07.2007	26.27 Euro	01.07.2007	23.09 Euro

The contribution assessment ceiling for the old Federal *Länder* (West) is as follows

	General pensions insurance	Miners' Insurance Fund pensions insurance
for the calendar year 2005	62,400 Euro	76,800 Euro

for the calendar year 2006	63,000 Euro	77,400 Euro
for the calendar year 2007	63,000 Euro	77,400 Euro
for the calendar year 2008	63,600 Euro	78,600 Euro

The contribution assessment ceiling for the new Federal *Länder* (East) is as follows

	General pensions insurance	Miners' Insurance Fund pensions insurance
for the calendar year 2005	52,800 Euro	64,800 Euro
for the calendar year 2006	52,800 Euro	64,800 Euro
for the calendar year 2007	54,600 Euro	66,600 Euro
for the calendar year 2008	54,000 Euro	66,600 Euro

Minimum standard

In accordance with the European Code, the benefit is to be determined for a worker with 125 per cent of the average earnings after 30 years of employment who retires at the age of 65. Since periods for instance of unemployment, child-rearing or training also influence the amount of the pension under German pensions law, in addition to the 30 years' gainful employment 15 months of military service, three years of vocational training and two years of specialist schooling are taken into account in the pension calculation in order to reach a more realistic biography. Such a short employment period is not the norm for circumstances among German men. Almost 80% of new male pensioners in 2006 have insurance biographies of 35 years and more.

New old-age pensions by number of insurance years

	Men	Women	Total
below 35	21.7	62.8	43.7
35 & over	78.3	37.2	56.3

As the following table shows, the ratio of net old-age pension to the net income of a worker with 125% of the average earnings with a supposed insurance biography of 30 years is 71.7 % in the old Federal *Länder* and 68.9 % in the new Federal *Länder*, and is hence above the required standard of 45 %. The calculations include a private old-age pension.

		Old-age pension	
		old Federal *Länder*	new Federal *Länder*
1	Years of employment	30	30
2	Total remuneration points (RP)	41.49	41.49
3	Current pension value (€/RP/month)	26.27	23.09
4=2*3	Gross pension (€ per year)	13,079	11,495
5	Social contributions	1,249	1,069
6	Riester pension	5,467	4,712
7=4-5+6	Net income in old age	17,306	15,138
8	Net income from work	24,137	21,976
9=7/8	**Ratio**	**71.7**	**68.9**

The adjustment of the pension values between the old and the new Federal *Länder* will take place with the adjustment of the wages in both parts of the country. When this will be the case depends on the future economic development in both parts of Germany and cannot be predicted with any degree of certainty from today's point of view (cf. on this also at para. 3 Changes).

Further information

In addition to examining compliance with the minimum standards, further information is to be reported as to the number of the estimated individuals, the number of pensioners, as well as the development in prices in comparison to the development of pensions and wages.

In millions	2005	2006
Insured parties on 31.12		
working insured parties	34.7	35.0
insured parties not working	17.0	16.9
Those in pension insurance on 31.12	24.4	24.6

The following changes occurred in Germany during the period 2006 to 2007 as to the development of the cost of living on the one hand and wages and pensions on the other:

Change as against previous year in percent	**2006 – 2007**
Consumer prices	2.26
Wages	0.95
Pension value (annual average)	0.27

The development described in the table shows that in 2007 the development of both wages and pensions was slower than the price developments (on the adjustment of the pension values cf. para. 3 Legal Amendments).

The pension adjustment rates (in %) in the period under report were

Period	West	East
1.7.2005	0.00	0.00
1.7.2006	0.00	0.00
1.7.2007	0.54	0.54

3. Benefits in case of disability

Minimum standard

In accordance with the European Code, the benefit is to be determined for the selected worker (125% of the average earnings) who then becomes disabled after 15 years of contribution or employment.

For the calculation of the pension on account of reduced earning capacity, in accordance with German pension law an added period is taken into account until the age of 60 which is evaluated with the pension entitlements acquired on average in the previous earning life. Over and above this, since the reform of 2001 the pension on account of reduced earning capacity has been reduced by a deduction for early retirement of a maximum of 10.8 %. In addition to the 15 years of gainful employment, an additional 15 months of military service, three years of vocational training and two years of specialist schooling is presumed. On becoming disabled, there is additionally a disability pension from the private old-age pension.

The following table shows that the married worker with two children defined here in the event of fully-reduced earning capacity reaches a net pension level of 59.6 % in the old Federal *Länder* or of 58.6 % in the new Federal *Länder*. The necessary minimum standard of 50 % is hence adhered to.

		Pension on account of reduced earning capacity	
		old Federal *Länder*	new Federal *Länder*
1	Years of employment	15	15
2	Total remuneration points (RP)	45.52	45.52
3	Age factor	0.892	0.892
4=2*3	Personal remuneration points	40.60	40.60
5	Current pension value (€/RP/month)	26.27	23.09
6=4*5	Gross pension (€ per year)	12,799	11,250
7	Child benefit	3,696	3,696
8	Social contributions	1,222	1,046
9	Private old-age provision	1,659	1,427
10=6+7-8+9	Net income in old age	16,932	15,327
11	Net income from work	28,391	26,138
12=10/11	**Ratio**	**59.6**	**58.6**

4. Benefits for surviving dependants

Minimum standard

In accordance with the European Code, the benefit is to be determined for the surviving dependants of the selected worker (125% of average earnings) in the event of death after 15 years of employment. Additionally, 15 months of military service, three years of training and two years of specialist schooling are added for the calculation of the benefits.

The pensions law on surviving dependants has been fundamentally reformed with the 2001 pensions reform. The new law applies to marriages concluded after the year 2002 or to couples where both partners were still under 40 years old on 1.1.2002. For calculating the surviving dependants pension, an added period up to the age of 60 years is accounted for, which as with the pension on account of reduced earning capacity is evaluated with the pension entitlements acquired on average in the previous working life of the deceased. The derived rights are reduced by a deduction for early retirement of a maximum of 10.8 %. The widow receives 55 % of the husband's (theoretical) pension rights calculated by this method. Over and above this, in accordance with the new law the widow is granted a supplement for children, which (after the pension type factor has been applied) is three remuneration points with two children.

The table below shows that the widow defined here with two children receives a benefit amounting to 56.7 % in the old Federal *Länder* or of 55.9 % in the new Federal *Länder* in the ratio to the net income of the deceased husband. The required minimum standard of 45 % is hence exceeded. Here too, the calculations included protection for surviving dependants from private old-age pensions.

		old Federal *Länder*	new Federal *Länder*
1	Years of employment	15	15
2	Total remuneration points (RP)	45.52	45.52
3	Age factor	0.892	0.892
4	Supplement for children	5.45	5.45
5=2*3+4	Personal remuneration points	46.06	46.06
6	Pension type factor	0.55	0.55
7	current pension value (€/RP/month)	26.27	23.09
8=5*6*7	Gross pension widow (€ per year)	7,985	7,019
9	Gross orphans' pensions (two children)	4,978	4,376
10	Gross pensions total (€ per year)	12,963	11,394
11	Child benefit	3,696	3,696
12	Social contributions	1,238	1,060
13	Private old-age pension provision	663	571
14=10+11-12+13	Net old-age income	16,085	14,601
15	Net income from work	28,391	26,138
16=14/15	**Ratio**	**56.7**	**55.9**

The previous law still applies to the vast majority of surviving dependants' pensions currently being added, in accordance with which a level is reached amounting to 55.7 % in the old Federal *Länder* or 54.9 % in the new Federal *Länder* in comparison to the net income of the

deceased husband. In contradistinction to the new law, the pension type factor is 0.6. In contrast, however, the supplement for children does not apply. The required minimum standard of 45 % is also adhered to in accordance with the old law, cf. the following table:

		old Federal *Länder*	new Federal *Länder*
1	Years of employment	15	15
2	Total remuneration points (RP)	46	46
3	Age factor	0.892	0.892
4	Supplement for children	0.00	0.00
5=2*3+4	Personal remuneration points	40.60	40.60
6	Pension type factor	0.60	0.60
7	current pension value (€/RP/month)	26.27	23.09
8=5*6*7	Gross pension widow (€ per year)	7,680	6,750
9	Gross orphans' pensions (two children)	4,978	4,376
10	Gross pensions total (€ per year)	12,658	11,125
11	Child benefit	3,696	3,696
12	Social contributions	1,209	1,035
13	Riester pension	663	571
14=10+11-12+13	Net old-age income	15,808	14,358
15	Net income from work	28,391	26,138
16=14/15	**Ratio**	**55.7**	**54.9**

- **Statutory health insurance**

The share of those persons insured under the statutory health insurance scheme, including non-contributing affiliated family members, among the total population is approx. 89.7 percent; approx. 10 % of the total population is secured with private full health insurance. Roughly 0.3 % had no insurance prior to 2007. Health insurance has been obligatory for all citizens since 1 April 2007. Since then, roughly 128,000 persons have returned to statutory health insurance on the basis of the new regulation. Hence, almost 100 percent of the population have health insurance protection.

Note:

A description of the share of the sickness benefit and maternity benefit recipients among the total population does not appear to make sense given the fact that many inhabitants are insured via special systems (allowances, private health insurance, employer-financed healthcare). Much more significant is their share among the number of insured parties. An average of 38.7 % of insured parties therefore had a right to sickness benefit in 2007. Sickness benefit is 70 % of the regular remuneration and work income previously achieved insofar as it is subjected to the contribution calculation.

Maternity benefit is received by female members who in case of incapacity for work have a right to sickness benefit or to whom no remuneration for work is paid because of the maternity protection deadlines. Roughly 1 % of female insured persons were drawing maternity benefit in 2006.

- **Social long-term care insurance**

Long-term care insurance socially safeguards against the risk of being in need of long-term care independently of age or income, comparable to insurance against disease, accident and unemployment, as well as to safeguarding old-age income. Hence, roughly 80 million citizens receive insurance protection if they are in need of long-term care, which corresponds to almost the entire domestic population. Long-term care insurance has been implemented as an independent branch of social insurance since its introduction in 1995 (with 70.36 million insured persons – as on: 1 January 2008) and in the framework of private obligatory long-term care insurance (9.20 million insured persons – as on: 31 December 2006). The number of beneficiaries of out-patient and in-patient services from long-term care insurance is currently around 2.16 million.

- **Basic security benefits for job-seekers**

By effect from 1 January 2005, unemployment assistance and social assistance for employable persons were combined to basic security benefits for job-seekers and regulated in the Second Book of the Social Code (*SGB II*). For employable people, therefore, in addition to contributory unemployment insurance there is now a uniform tax-funded, needs-orientated and means-tested welfare system. The basic security benefits for job-seekers give the Federal Republic of Germany a consistent social security system which helps in the critical situations of unemployment and neediness. By merging the two aforementionaed benefits into one single benefit, it opens up to employable needy people, who previously only received social assistance, and offers access to a large number of activating labour market measures and services which can be tailored to the individual need of the claimants.

Basic security benefits for job-seekers cover benefits for integration into work and to ensure a livelihood (including housing costs). Beneficiaries are all employable needy persons aged between 15 and 65 who are habitually resident in the Federal Republic of Germany and the family members living with them in a joint household. Persons who are capable to work at least three hours per day are classed as employable. By this broad definition of who is employable, many persons who are “distant from the labour market” are included in the system.

The prime goal of basic security benefits for job-seekers is to strengthen the personal responsibility of people who are employable and needy and of those persons living together with them in a joint household, and to help ensure that they can make a living as soon as possible and sustainably independently of welfare, in particular by (re)taking up gainful employment. In line with the principle of “support and empowerment”, claimants should be actively involved in the measures for their integration in working life and themselves exhaust all possibilities to reduce or end their neediness. The providers of basic security benefits for job-

seekers have flexible employment measures and services at their disposal for the support of employable needy persons in taking up or retaining gainful employment.
The design of unemployment benefit II is also a major steering tool for overcoming neediness since it uses the income exemptions and the respective transfer removal rate both to influence the individual incentive to take up employment while drawing benefits, and to expand the work on offer. Accordingly, the amounts of income exempted or deductible in comparison to the former social assistance practice have been considerably increased. This benefits families with children above all.

Neediness

Anyone is considered needy who is unable to fully meet his/her need and the need of his family members living within a joint household from the means and resources to be applied, in particular income and assets. Family members who live in a joint household with an employable needy person and who themselves are not employable may also receive benefits to ensure their livelihood. This group of individuals can also receive services and benefits in kind if this ends or alleviates the neediness of the members of the joint household, or obstacles to seeking a job are remedied or avoided.
The number of employable needy persons fell by 2.1 % in 2007 to 5,276,835 persons who need support from basic security benefits for job-seekers in order to retain or take up gainful employment and to ensure their livelihood. The share of employable needy persons among the working-age population was 9.7 % in the same year, and had been successfully reduced by 0.2 percentage points in comparison to 2006.

The joint household

Basic security benefits for job-seekers include the family members of employable needy persons (financial benefits, social services). In addition to the employable needy person, the joint household includes the parents, unmarried children, quasi-marital partners, as well as partners of a registered civil union living in the household. A right to basic security benefits for job-seekers exists if the income or assets of all persons belonging to the joint household are insufficient to provide their livelihood.
The number of joint households receiving basic security benefits for job-seekers fell considerably in 2007 (by 6.4 % to 3,725,405), also as a result of statutory adjustments as to the establishment of juveniles' own joint households. The number of persons who live together in a joint household and are receiving support benefits has also fallen, albeit less rapidly. For instance, the number of persons in joint households fell in 2007, by 1.5 %, to 7,240,562 persons. The number of these individuals, related to the population aged under 65 (so called

"SGBII-rate") was 11.0 % in 2007; 0.1 percentage point lower than in the same period in the previous year. The data have been summarised in Annex 3.

Financial benefits

Employable needy persons receive unemployment benefit II; those not employable needy persons who live in a joint household with the employable needy person receive social benefit. Social assistance is the reference system for the amount of the standard benefit. Accordingly, the consumption expenditure of persons in the lower income bracket forms the basis for determining the standard benefit in accordance with the Second Book of the Social Code. There were two different flat rates nationally for standard benefits up to 30 June 2006: Euro 345 per month in the old Federal *Länder* including Berlin and Euro 331 per month in the new Federal *Länder*. Since 1 July 2006, the standard benefit has been Euro 345 nationwide. It was increased to a nationally standard Euro 347 as on 1 July 2007. The standard benefits cover ongoing and – if a flat rate can be applied – one-off needs. Benefits for additional needs (e.g. for expectant mothers, sole parents, persons with a disability or for high-cost food) are provided in a flat-rate form as a percentage of the relevant standard benefit. Accommodation and heating costs, if they are appropriate, are additionally assumed in the amount of the actual expenditure. Over and above the standard benefit, there are one-off benefits, such as for the first equipment of the home, the initial clothing, including for pregnancy and birth, as well as for several-day school trips.

A supplement is paid in the transition from unemployment benefit to basic security benefits for job-seekers which is time-limited for two years. It is two-thirds of the difference from the last drawn unemployment benefit, plus housing benefit and unemployment benefit II (not including supplement). The supplement is limited to Euro 160 with single persons, to Euro 320 with spouses who are not separated and to Euro 60 per child for the minor children living together with the beneficiary of the supplement. The supplement is halved after a year and does not apply after the end of the second year after unemployment benefit finishes.

The benefit claims per joint household in 2007 was Euro 818.61. Unemployment benefit II and social benefit claims increased by 1.0 % from Euro 353.61 in 2006 to Euro 357.32 in 2007. Claims for housing and heating benefits increased by 6.7 % in 2007 to Euro 306.37 per joint household.

Social Insurance

All needy employable persons have compulsory statutory health and long-term care insurance unless family insurance already applies. If there is obligatory insurance in accordance with the Sixth Book of the Social Code because of drawing unemployment benefit II, contributions to statutory pensions insurance are also paid.

Benefits for integration into work

Germany is pursuing a strategy of enabling – generally known under the dual term “promoting and demanding”. Each needy employable person is comprehensively supported with the aim in mind of integration into work by provider of basic security benefits for job-seekers. To this end, each claimant should be assigned to a personal contact person; if necessary, support is provided by skilled case management. The basis for the integration process is careful profiling together with the needy person regarding strengths, weaknesses and neediness.

Labour market integration takes place using a care and support concept that is tailored to the specific problems of employable needy persons and those living together with them in a joint household. To this end, case management can fall back on traditional employment promotion, but also on accompanying, social-integrative measures (childcare, debt counselling, psychosocial care, addiction advice). What is more, time-limited wage subsidies – the “back-to-work bonus” as combined wage – and various wage subsidies to employers are used where appropriate.

As a result of the analysis process, the integration agreement is to include jointly worked out commitments as to the activation benefits and the obligations of the unemployed person which are binding on and clear to both sides. The integration agreement is a central element of the integration process. It contains precise information on which training measures, further training, social-integrative benefits, etc., a needy person receives, and which concrete obligations he/she takes on in return (e.g. the type and scope of applications, as well as their proof, participation in measures, density of contact).

In order to avoid neediness from the outset, and to prevent a long period of neediness, but also to examine help-seekers’ willingness to work, an employable person should be offered an integration measure without delay on making their first application (e.g. job, subsidized community work).

Reference is made to the predecessor report as to the amount of the unemployment benefit in accordance with Book III of the Social Code.

Para. 3 – Raising the system of social security to a higher level

Major legal amendments in the period under report 2005-2007

- **Statutory pensions insurance**

The changes resulting from the fall in the number of births and the increased life expectancy lead in statutory pensions insurance to a change in the numerical relationship of the active earning phase as against the average pension-drawing phase. The duration of drawing a pension has increased in the last 40 years on average by roughly 7 years to 17 years now. One

may presume that the life expectancy of 65-year-old men and women will increase by another 2 ½ years by 2030.

Too few older people are in gainful employment. At roughly 45 percent, the employment rate of people between 55 and 64 was much lower in 2005 than the employment rate for all working-age people (roughly 65 percent). It is necessary to steer against this development. Moreover, the number of young people in gainful employment will also fall in the future. So that the competitiveness of Germany as an industrial and business location is retained, the experience and knowledge of older workers must not be lost.

The fundamental decisions on the 2001 pension reform and the Act to Safeguard the Sustainable Financing Basis of Statutory Pensions Insurance (Pensions Insurance Sustainability Act) (*Gesetz zur Sicherung der nachhaltigen Finanzierungsgrundlagen der gesetzlichen Rentenversicherung – Rentenversicherung-Nachhaltigkeitsgesetz*) of 2004 already reacted to demographic change, but also to economic and social framework conditions changes and laid the foundation for a pension system that ensures intergenerational equity and for broad state promotion of additional old-age pension provision.

In this context, the stage was set for the future development of pensions insurance with statutory contribution rate ceilings and goals relating to safeguarding pension levels. The contribution rate is not to exceed 19.9 percent by 2009, 20 percent by 2020 and 22 percent by 2030. The pensions level (pre-tax safeguarding level) is not to fall below 46 percent before 2020 and 43 percent before 2030, a level of 46 percent also being striven for beyond 2020.

a. Pension adjustment 2005 *(Pension Value Determination Ordinance [Rentenwert-bestimmungsverordnung] 2005)*

The provision of the relevant current pension value as on 1 July 2005 and of the current pension value (East) took place for the first time in accordance with the adjustment formula modified by the Pensions Insurance Sustainability Act, emerging from the factors for changing the gross wage and salary amount per average employed employee, the average contribution rate to general pensions insurance and the old-age pension provision share, as well as the sustainability factor.

Because of the attenuation impact of the old-age pension provision share and of the sustainability factor, on the basis of a low wage increase, the application of the pension adjustment formula would have led all in all to a reduction of the current pension value of at that time Euro 26.13 to Euro 25.84 and to a fall in the current pension value (East) of at that time Euro 22.97 to Euro 22.74.

This was however prevented by the protection clause that was also introduced with the Pensions Insurance Sustainability Act: Accordingly, the factors for the change of the old-age

pension provision share and the sustainability factor are not applicable in this respect in that as a combination they would lead to a reduction in the previous current pension value.
For this reason, the current pension value of Euro 26.13 and the current pension value (East) of Euro 22.97 continued to apply in the period from 1 July 2005 to 30 June 2006.

b. Pension adjustment 2006 *(Act on the Further Application of the Current Pension Values from 1 July 2006 [Gesetz über die Weitergeltung der aktuellen Rentenwerte ab 1. Juli 2006])*

After submission of the preliminary data, a negative wage development not covered by the protection clause, and hence a reduction in pensions, could not be ruled out at the beginning of 2006. The Act on the Further Application of the Current Pension Values from 1 July 2006 was launched in February for this reason. By these means, any risk of a reduction in the gross pensions was ruled out in good time.
According to the final data of the Federal Statistical Office and of the German Federal Pension Insurance, a slightly positive pension adjustment relevant to wage development nonetheless ultimately emerged. On application of the adjustment formula, however, it would not have been sufficient for an increase in the current pension values. Because of the attenuation elements in the formula, a mathematical pension adjustment of roughly – 0.6 % in the West and roughly – 0.3 % in the East would have emerged as on 1 July 2006. The protection clause would have applied as in 2005. In hindsight, the same current pension values would have emerged had the adjustment formula from 1 July 2006 been applied as with the Adjustment Act.

c. Pension adjustment 2007 *(Pension Value Determination Ordinance [Rentenwert-bestimmungsverordnung] 2007)*

The pensions of the statutory pensions insurance have been adjusted by 0.54 % in the old Federal *Länder* as on 1 July 2007. Since the wage development relevant for adjustment in the new Federal *Länder* has not been as high as in the old Federal *Länder*, only an increase of the current pension value (East) by 0.04 % would have emerged in mathematical terms.
With the “protection clause for the East” introduced by the Pensions Insurance Sustainability Act, in accordance with which the pensions in the new *Länder* are to be adjusted at least as high as those in the old *Länder*, it is intended to prevent a reverse adjustment process with a worsening wage development in the new *Länder*. The pensions provided by statutory pensions insurance in the new Federal *Länder* were hence also adjusted by 0.54 %.

d. Act to Adjust the Standard Age Limit to Demographic Developments and to Strengthen the Financing Basis of Statutory Pensions Insurance (Pensions Insurance Age Adjustment Act) (*Gesetz zur Anpassung der Regelaltersgrenze an die demografische*

Entwicklung und zur Stärkung der Finanzierungsgrundlagen der gesetzlichen Rentenversicherung – RV-Altersgrenzenanpassungsgesetz) **from 9 March 2007**

Against the background of further increasing life expectancy and of falling numbers of births, the gradual increase in the age limit for the standard old-age pension from previously 65 years to the age of 67 is a major pensions policy measure in order to be able to adhere to the statutory contribution rate and goals relating to safeguarding pension levels.

As an accompanying measure, the employment situation of elderly workers in Germany is to be further improved. The Federation supports this with the “Initiative 50plus” and a number of model projects in the regions. Industry and trade unions are equally called upon, as are the operational parties in working life, with collective and works agreements to shape working conditions which maintain employability in old age and increase employment among the elderly.

The increase in the age limits and the targeted promotion of elderly workers are also indispensable for economic reasons. The number of young qualified workers will also fall in future in the course of demographic change. For this reason, the increase in the age limits also counters a threatening shortage of specialists. What is more, the experience and knowledge of elderly workers are important resources.

The individual measures:

- standard age limit
  The standard age limit will be gradually increased to 67 from 2012 onwards until 2029, starting with those born in 1947. The stages of the increase are initially one month per year (standard age limit of 65 to 66 years) and then two months per year from those born in 1959 (standard age limit from 66 to 67). The standard age limit is 67 for all born after 1963.
- Old-age pension for specially longtime insured parties with 45 obligatory contributory years
  With the beginning of the gradual increase in the standard age limit as on 1 January 2012, a new old-age pension is being introduced for insured persons with many years of contributions. Insured persons with an extraordinarily long vocational activity – in frequent cases associated with considerable strain – and who accordingly have a long contribution history to statutory pensions insurance are placed in a privileged position. Insured persons who reach at least 45 years with obligatory contributions from employment, self-employment and periods of caring (for relatives at home), as well as child-rearing periods up to their child’s tenth birthday, have a claim to a deduction-free retirement pension on reaching the age of 65. The old-age pension for insured persons with many years of contributions cannot be taken early.
- Old-age pension for longtime insured persons:
  The age limit for a deduction-free old-age pension for longtime insured persons is gradually being increased from 65 to 67 years. As previously, it is possible to claim this old-age pension early at 63 years at the earliest. Claiming this early old-age pension from the age of

63 – four years prior to the possibility of a deduction-free pension – entails a pension deduction of 14.4 percent.

- Old-age pension for severly disabled persons
  The age limit for a deduction-free old-age pension for persons with a serious disability is to be gradually increased from 63 to 65 years. The youngest age limit for claiming this pension early is to be increased from 60 to 62 years. Hence, there remains a maximum deduction of 10.8 percent if it is claimed as early as possible, namely three years prior to deduction-free eligibility.
- Pensions on account of reduced earning capacity
  The reference age for the calculation of deductions on claiming a pension for reduced earning capacity or a surviving dependants' pension is to be increased to 65 years. For insured persons with 35 obligatory contribution years, the previous reference age of 63 years remains. From 2024 this reference age only applies to persons with reduced earning capacity who can prove 40 obligatory contribution years. The same periods apply as obligatory contribution years as with the old-age pension for insured persons with many years of contributions.

The previous age limits continue to apply to those born before 1952, for whom, under certain preconditions, there are currently still old-age pensions for women and old-age pensions because of unemployment or after part-time work for older employees (protection of legitimate expectations).

Members of the birth years 1954 and older enjoy special protection of their legitimate expectations with increasing the age limits for old-age pensions if they had already bindingly agreed part-time work for older employees prior to 1 January 2007. Insured persons in mining who received an adjustment benefit enjoy special protection of their legitimate expectations. The age limits applicable today continue to apply to the groups of individuals named.

- Subsequent implementation of pension adjustment attenuation that had been omitted (modified protection clause)
  It had been shown in 2005 and 2006 that the protection clause which prevents the application of the attenuation factors in the pension adjustment (change of the pension insurance contribution rate and of the old-age pension provision share, sustainability factor) bringing about a reduction in the previous monthly amount of the pension, would entail a permanent additional burden on the contributors. Adjustment attenuation to the tune of -1.75 % had not been realised in the old *Länder*; the corresponding value in the new *Länder* was -1.3 %. For this reason, the protection clause was modified in 2007 with the Pension Insurance Age Limit Adjustment Act. The adjustment attenuation that had not been carried out since 2005 is realised from 2011 onwards if pension increases are possible because of

the wage development. This takes place by halving the positive adjustments in order to completely remove the need for compensation.

e. 2007 contribution rate *(*Act on the Determination of the Contribution Rates in Statutory Pensions Insurance for 2007 *[Gesetz zur Bestimmung der Beitragssätze in der gesetzlichen Rentenversicherung für das Jahr 2007])*

The above Act increased the contribution rate in general pensions insurance for 2007 from 19.5 % to 19.9 %, as had been agreed in the Coalition Agreement.

In accordance with the statutory requirements to determine the contribution rate, an increase in the contribution rate for 2007 to 19.7 % was necessary in order to ensure the attainment of the minimum sustainability reserve of 0.2 months' expenditure at the end of 2007. Increasing the contribution rate for 2007 to 19.7 percent would however had led to a situation from the point of view of that period in which the contribution rate would already have had to be set at 20.1 % for 2008. The statutory contribution rate ceiling of 20 % applicable until 2020 would hence have been exceeded. By determining the contribution rate for 2007 at 19.9 %, by contrast, the income situation in 2007 was improved in such a way that there is no need for a further increase in the contribution rate in the coming years.

f. Development of company and private old-age pension provision based on invested capital

- **Improved access to company old-age pensions**

State-promoted additional old-age pension provision (second and third pillars) has certainly developed positively in recent years. Company old-age pensions have been on a solid growth path since 2002 after years of stagnation. At the end of 2001, only almost half the active employees subject to obligatory social insurance had accrued entitlements for a company old-age pension. According to a current study by TNS Infratest Sozialforschung, this share has grown constantly since then. It was roughly 65% at the end of 2006. Hence, roughly 17.3 million employees subject to obligatory social insurance had a claim to a company pension from their current employers (cf. Fig. 2). Roughly 12 million persons with entitlements are accounted for by private industry and roughly 5.3 million by the pension funds of the public service. The distribution among men and women is roughly the same here (more men in private industry, more women in the public service).

Growth in company old-age pension provision had slowed somewhat in private industry in 2006. Current measures of the Federal Government on strengthening company old-age pension provision, in particular the arrangement for continuing exemption from social insurance in the conversion of remuneration into pension entitlements beyond 2008, will however help to keep the positive trend stable in the future.

- **Private old-age pension provision (Riester pension)**

On development cf. Annex 5.

Private old-age pension provision is also expanding further. Since the pension reform 2001, the State has been promoting the conclusion of insurance, investment or bank savings plans through fiscal advantages and/or fixed subsidies to build up additional pension cover based on invested capital. It is being increasingly made use of. More than 11 million Riester contracts had been concluded by March 2008. The distribution of the Riester pension has particularly accelerated once more in the last two years: 5.1 million new contracts were added in 2006 and 2007 (cf. Fig. 2 in Annex 5).

The reason for the growth in the Riester pension lies in the attractive structure of state subsidy, particularly also for those on a low income, because of the allowances system. There was a major improvement here in 2007: With the Act to Promote Company Old-age Pensions and to Amend the Third Book of the Social Code (*Gesetz zur Förderung der betrieblichen Alters-versorgung und zur Änderung des SGB III*), the Federal Government increased the child allowance from a current annual € 185 for births from 2008 per child to € 300 for each child born from 2008. Hence, the additional state allowance towards contributions to the Riester pension, which was already far above 50% in accordance with the old law, in particular for those on a low income with children, was increased considerably by the new child allowance, which will further increase the attractiveness of the Riester pension.

Because of basic and child allowances, which are independent of income, the promotion rate increases considerably with shrinking incomes. In fact, the Riester pension is well accepted by people on a low income, as was shown by a study by the Bonus Office for Retirement Assets (ZfA), which forms part of the German Federal Pension Insurance: Some 40% of allowance recipients have an income below € 20,000, and roughly 20% in fact earn less than € 10,000 (average earnings per worker in 2007: € 27,000). It is also shown that the child bonus plays a major role in the context of Riester promotion. Almost half of the allowance recipients were drawing a child allowance in 2004.

In accordance with the Own Home Pension Act (*Eigenheimrentengesetz*), which was adopted in June 2008, self-used residential housing is also included in the Riester promotion. Accordingly, repayment amounts for building loans can also be promoted in future. The capital collected in a Riester account can also be used to relieve the debt burden on self-used residential housing. Furthermore, the Own Home Pension Act introduces a so-called job-starter bonus. Accordingly, young people under 25 receive a one-off special bonus of € 200 on concluding a Riester contract. This gives young insured persons a special incentive to enter the additional pension system in good time and benefit from the concomitant compound interest effect, the impact of which is frequently underestimated. Furthermore, the group of individuals eligible for a Riester

pension is expanded to include those with reduced earning capacity and those completely incapacitated for work.

- **Statutory accident insurance**

The Act Amending of the Seventh Book of the Social Code (*Gesetz zur Änderung des Siebten Buches Sozialgesetzbuch*) of 14 August 2005 reformed the equalization of burdens between the commercial employers' liability insurance associations. Hence, the impact of the structural change was accounted for and the solidarity concept strengthened.
The Act to Modernise Agricultural Social Insurance (*Gesetz zur Modernisierung der land-wirtschaftlichen Sozialversicherung*) of 18 December 2007 laid the cornerstone for a modern, and future-proof social security system in agriculture. In addition to organisational measures, measures were also decided on in the law on benefits of agricultural accident insurance aiming to keep farmers' contributions in the coming years as stable as possible, or indeed to reduce them. A time-limited special settlement action was facilitated to capitalise existing pensions.

- **Statutory health insurance**

In order to ensure a comprehensive, high-quality, affordable health system in the long term, Germany adopted two reforms in the period under report. The Act Amending the Law on Panel Doctors (*Vertragsarztrechtsänderungsgesetz – VÄG*), which primarily provides for regulations to make the pension structures for panel doctors more flexible, as well as to alleviate regional supply shortfalls, entered into force in January 2007.
With the 2007 health reform, the Act to Increase Competition in Statutory Health Insurance (*Gesetz zur Stärkung des Wettbewerbs in der gesetzlichen Krankenversicherung, GKV-WSG*), which largely entered into force on 1 April 2007, further necessary steps were initiated subsequent to the 2004 Health Modernisation Act (*Gesundheitsmodernisierungsgesetz – GMG*) to restructure the health system. The Health Modernisation Act provides firstly for focussing on a reform of funding for statutory health insurance. Secondly, competition is stepped up between service-providers and funds. Increased cost transparency and expenditure transparency further promote an efficient, needs-orientated use of resources.

1. Act Amending the Law on Panel Doctors:

The Act provides for considerable alleviation in the supply situation with regard to panel dentists and physicians by in particular (list not exhaustive)

- making it possible for the care mandate ensuing from the licence to be restricted to half a full-time activity (partial licence), and hence helping to better reconcile work and family,
- making it possible for panel doctors to simultaneously work as employed doctors in hospitals,

- improving the recruitment possibilities for doctors and dentists,
- completely abolishing the age limit of 55 years for taking up work as a panel doctor, and abolishing the age limit of 68 for the end of work as a panel doctor in undersupplied areas.

Over and above this, the Act contains regulations inter alia

- to eliminate difficulties in establishing medical supply centres,
- to alleviate regional supply problems.

These measures aim in particular to improve the medical care of the population in rural areas with a weaker infrastructure.

2. Act to Increase Competition in Statutory Health Insurance

The main goals of the Act are:

- to provide insurance protection for all citizens,
- to improve the quality of care,
- to increase economic efficiency in healthcare by increasing transparency and intensifying competition,
- to expand insured parties' options,
- to reduce the bureaucratic effort for all concerned, and
- to institute a blanket payment from the federal budget for expenditure by the health insurance funds on tasks which are incumbent on society as a whole

These goals are to be achieved mainly by means of the following measures:

- promotion of contractual competition in statutory health insurance by expanded individual contractual possibilities for insurance funds and health care providers, promotion of special forms of care (e.g. GP-centred care, integrated care), as well as by introducing optional tariffs for the insured parties,
- optimising the supply of medicines by improving the "discount contracts" tool and introducing the cost-benefit assessment of medicines,
- re-structuring funding by introducing a uniform contribution rate and a health fund from 2009, annual increase in the federal subsidy to the health fund up to 2016,
- refining risk adjustment by means of standard, morbidity-orientated allocations from the health fund to the health insurance funds,
- refining the organisational structure by facilitating mergers between different types of funds, and tightening up the association structures of the health insurance funds, as well as by introducing the facility for all health insurance funds to be insolvent,

- reform of the physicians' remuneration system by a new Euro Fee Code, blanket remuneration in combination with individual benefit remuneration, as well as by transferring the morbidity risk to the health insurance funds,
- reforms in private health insurance by introducing a basic tariff (legal obligation to accept contracts – without risk exclusions or supplements), as well as by introducing the portability of ageing reserves,

Over and above this, the Federation will gradually provide a growing subsidy to statutory health insurance of up to € 14 billion in 2016.
The health reform 2007 is the first reform after many years which does not provide for increased co-payments or benefit reductions. Rather, where it is necessary, benefits have been targetedly expanded and gaps in medical care have been closed. This includes the expansion of palliative medicine, also granting domestic care in shared accommodation or new living arrangements and the transfer of geriatric rehabilitation benefits, as well as of all other rehabilitation benefits, medically-required vaccinations and mother/father-child rehabilitation from statute-based and discretionary benefits to become obligatory benefits to be provided by the health insurance funds.

- **Social long-term care insurance**

Act to Accommodate Child-rearing in the Law on Contributions of Social Long-term Care Insurance (*Gesetz zur Berücksichtigung von Kindererziehung im Beitragsrecht der sozialen Pflegeversicherung – KiBG*) of 15 December 2004 (Federal Law Gazette [*BGBl*] Part I 2004, p. 3448)

The introduction of a childless supplement of 0.25 % on the contribution to long-term care insurance for childless insured parties was regulated in 2005. Childless members who were born prior to the key day of 1 January 1940 are exempted from the obligatory supplement. Exemptions are also granted until reaching the age of 23, as well as to recipients of unemployment benefit II and those rendering armed or alternative service. Adoptive, step and foster children are included. This amendment became necessary after a judgment by the Federal Constitutional Court of 3 April 2001 (judgment 1 BvR 1629/94) in accordance with which families with children are to receive a contribution advantage in long-term care insurance.

Act to Increase Competition in Statutory Health Insurance of 26 March 2007 (Federal Law Gazette Part I 2007, p. 378)

The Act to Increase Competition in Statutory Health Insurance has already launched a series of improvements for insured persons which also directly benefit care for those in need of long-term care, such as:

(a) Improving release management after a hospital stay

The Act has introduced a benefit claim of the insured party for release management with which benefit-providers have been obliged together with the health insurance funds to ensure proper subsequent care of insured parties. It is important from the point of view of those in need of long-term care to prevent “revolving door effects”, as well as “absorption effects into a home”. Release management is to guarantee to hospitals a seamless transition from hospital treatment into out-patient treatment, to rehabilitation or to care by long-term care facilities. Experienced, skilled carers with additional training are to take on the role of a case manager.

(b) Amplifying the principle of “rehabilitation before long-term care”

The principle of rehabilitation before long-term care is being amplified: There will be a legal right to medical rehabilitation benefits, including a legal right to out-patient rehabilitation benefits in in-patient care facilities (section 40 of Book Five of the Social Code).

(c) Expansion of domestic care

Just as with “release management”, with domestic care, any special circumstances of the individual will also be taken more closely into account in future. By expanding the term “domestic”, domestic care can also be granted in new living arrangements such as shared accommodation, as well as being granted as a benefit in homes in special exceptional cases. This is a major aspect for many in need of long-term care since experience shows that new living arrangements can only be used in many cases if the residents are not cut off from domestic care benefits.

(d) Right to benefits for specialised out-patient palliative care

Furthermore, a right to benefits for specialised out-patient palliative care has been introduced with the statutory health insurance reform 2007 to help facilitate and improve the care of patients in need of long-term care in their familiar domestic environment. Palliative patients for whom domestic care is not justifiable in specialised terms will continue to be cared for in the current structures, in particular by panel doctors, care services and in-patient facilities providing palliative care. In order to guarantee linking with honorary hospice work, the palliative care teams should work together with the existing out-patient hospice services where hospice services participate in care for insured persons. With this new benefit right, special out-patient palliative teams can also be deployed in in-patient long-term care facilities. Under certain preconditions, qualified staff of the long-term care home may also provide specialised (in-patient) palliative care services for this. This may mean as a result that the long-term care home either employs a physician specialising in palliative medicine or at least concludes a cooperation agreement with such a physician.

In response to the request of the Committee for information on the health reform 2004, in particular on the question of whether restrictions have been introduced:

Medical progress, as well as demographic change, have led to an increase in expenditure in statutory health insurance which led to shortfalls in statutory health insurance in several consecutive years up to 2003. This required structural reforms with the goal of improving the effectiveness and quality of medical care. At the same time, all concerned were to make a modest contribution towards the savings. In addition to the burdens for benefit-providers, this also included suitable participation by insured persons in the costs caused by illness, social concerns however being taken into consideration. These include above all:

- the abolition of the funeral allowance (previously € 525 on the death of a member; € 262.50 on the death of an affiliated family member)
- the abolition of the birth allowance (€ 77 was previously granted if there was no right to maternity benefit)
- the reform of the co-payment regulations: In principle insured parties pay co-payments amounting to 10 %, at least Euro 5 and up to a maximum of Euro 10, but never more than the cost of the benefit; payment of a quarterly consultation fee of € 10 in each case on the first visit to a surgery in the quarter (previously none at all); with in-patient treatment, the co-payment is € 10 per day up to 28 days (previously € 9 for a maximum of 14 days); with medicines and domestic care (previously no co-payment) 10 % of the costs are charged, as well as € 10 per prescription.
- Regulations against overtaxing protect people on a low income against excessive financial burdens; the amount of the co-payments was limited to 2 % of gross household income; the co-payment ceiling for the chronically ill is 1 % of gross household income; children are completely exempt from co-payments.

- **Basic security benefits for job-seekers and unemployment insurance**

First Act Amending the Second Book of the Social Code and other Statutes (*Erstes Gesetz zur Änderung des Zweiten Buches Sozialgesetzbuch und anderer Gesetze*)

Adjustment of the standard cost-of-living allowance in the new Federal *Länder* to the level of the standard benefit in the old Federal *Länder* (cf. also at Art. 12 para. 1).

Second Act Amending the Second Book of the Social Code – Perspectives for the Long-Term Unemployed who are Specially Hard to Place (*Perspektiven für Langzeitarbeitslose mit besonderen Vermittlungshemmnissen*) – JobPerspektive –

A labour market policy tool entered into force on 1 October 2007 in order to improve the employment opportunities of people who are specially hard to place. Experience has shown that even when the economy and the labour market are developing positively, people who are

classed as “distant from the labour market” have virtually no chance to become integrated in the general labour market in the foreseeable future. The new benefits for employment promotion in accordance with section 16a of the Second Book of the Social Code - JobPerspektive – can be received by employers who are willing to employ the long-term unemployed who are hard to place.

The benefits essentially consist of a non time-limited employment subsidy amounting to up to 75 % of the gross remuneration paid. In addition to the unlimited possibility to promote the long-term unemployed who are particularly hard to place, introduced in labour market policy instruments for the first time, there is an activation phase of at least six months prescribed by law forming the core element of the new tool. It contains the “principle of two opportunities”. The first and primary opportunity consists of integration in the general labour market using the intensive activation measures. If integration is not possible within the activation phase, there is a second opportunity for integration on the labour market via the JobPerspektive.

Seventh Act Amending the Third Book of the Social Code and other Statutes (*Siebtes Gesetz zur Änderung des Dritten Buches Sozialgesetzbuch und anderer Gesetze*)

This Act contains new regulations to extend the duration of claims, and entered into force on 1 January 2008.

The duration of entitlement to unemployment benefit is increased in three phases for the unemployed whose benefit claim comes into being from 2008 onwards, depending on the respective age and the respective pre-employment periods for the over 50s (cf. also table):

- 15 months for 50-year-olds with 30 months’ insurance within the past five years
- 18 months for 55-year-olds with 36 months’ insurance within the past five years
- 24 months for 58-year-olds with 48 months’ insurance within the past five years.

according to obligatory insurance periods with a duration totalling at least … months	and on reaching the age of …	… months
12		6
16		8
20		10
24		12
30	50	15
36	55	18
48	58	24

An unemployed person whose benefit claim came into being prior to 1 January 2008 can also expect a claim duration in line with his/her age if he/she still has a residual claim from an unemployment benefit claim on 31 December which, taking account of his/her age, was already based on the maximum claim duration in accordance with the law as applicable until 31 December 2007.
The background of the extension of the claim duration was that while the employment opportunities of employees over 50 had become much better in recent years, reintegration back to work for many elderly persons was nonetheless still difficult.
To improve their integration chances, elderly unemployed persons also receive an integration voucher. With the integration voucher, the Employment Agency undertakes to pay a wage cost subsidy to the employer. The wage cost subsidy is paid in the amount of 30 to 50 percent of the allowable remuneration for the duration of twelve months. For elderly workers who have been unemployed for at least twelve months, the amount of the promotion is 50 percent of the allowable remuneration. The issuance of the integration voucher is linked either with a concrete job offer or with an agreement on the necessary individual efforts.

On the conclusions of the Committee regarding the reduction of the claim duration by the Third Act for Modern Services on the Labour Market it is pointed out once more for what reasons the reduction took place in 2003:
Before the reduction of the duration of claim, the German regulation offered generous protection in case of unemployment in the shape of unemployment benefit for the elderly long-term unemployed – also in a European comparison. This however also led to some highly undesirable developments:
In some cases, employers used the relatively long durations of benefit entitlement to systematically retire elderly workers early, posing a burden on the social security systems. Unemployment benefit is however not to be treated as “early retirement funding”. Such funding would not come from the contribution funds of unemployment insurance. Unemployment benefit should rather be used to safeguard against temporary shortfalls resulting from unemployment. This restructuring of the claim duration was therefore intended to reduce the longer duration of elderly workers in working life, together with new labour market policy tools created specially for elderly workers in Agenda 2010, and hence to reduce the risk of unemployment for elderly workers in particular.
As academic studies prove, a long claim duration reduces some unemployed persons’ willingness to seek new employment to the required degree.
The previous structure of the duration of benefit was no longer fundable in the long term. It places a strain on contributing workers and their employers in terms of high social insurance contributions, which at the same time have proven to be an obstacle to employment.

To ensure existing jobs and the creation of new jobs, the burden on the factor work had to be sustainably reduced in the long-term, i.e. ancillary wage costs had to be reduced. As a result of the reforms and of the positive development in the economic situation, it was possible to reduce the contribution rate to unemployment insurance from 6.5 % in 2003 to 3.3 % in 2008. Existing unemployment benefit claims were not affected by the new regulation that was provided for by the Labour Market Reform Act (*Gesetz zu Reformen am Arbeitsmarkt*) of 24 December 2004. The previous regulations on the duration of the claim also continued to apply to workers still employed who became unemployed as on 31 January 2006.

The following statement is submitted re the conclusions of the Committee concerning the regulations on the suspension periods in unemployment benefit:

A suspension period in the case of rejection of a job offer from the Federal Employment Agency does not apply if the unemployed person has an important reason for his/her rejection. Such an important reason for refusing a job would also be the unacceptability of the job offer. Hence, it is also entrenched in the Act that no suspension period may apply if the Federal Employment Agency makes the unemployed person an unacceptable job offer counter to the statutory provisions.

Hence, the regulations on the acceptability of taking up a job are orientated not only in accordance with the provision contained in section 121 of the Third Book of the Social Code, which links to the amount of the remuneration, but also in accordance with the general principles set out in section 1 of the Third Book of the Social Code. Accordingly, employment promotion benefits, including placement in work, are in particular to promote individual employability by maintaining knowledge, abilities and skills, as well as countering low-value employment. These are the goals which are to serve as an orientation for the local Employment Agencies in the framework of their placement activity by attempting primarily to integrate the unemployed in line with their skills. The contradiction between practice and legislation seen by the Committee hence does not exist.

Maintaining existing qualification protection for the unemployed can in any case no longer replace modern job placement which reacts to the circumstances on the labour market in the face of structural change and globalisation. An unemployed person can be expected in principle to also take up activities in other areas for which he/she is suited as long as these activities are suitably remunerated. In this respect, it is proper in answer to the question of whether employment is reasonable for an unemployed person to base the response primarily on the amount of the remuneration in relation to his/her previous income. Strictly holding onto qualification protection appears to be inexpedient, in particular in cases in which placement in employment corresponding to the previous activity is clearly not possible from the outset.

Granting a blanket starting period with qualification protection would unnecessarily further exacerbate the budget situation in such cases.
If a period of disqualification is imposed because a job offer was in fact rejected without a good cause, the recipient of unemployment benefit may apply for basic security benefits for job seekers. They cover the job-seeker's living expenses, if he/she does not have sufficient financial resources of his/her own. The basic security benefits for job-seekers are diminished by 30 per cent of the relevant standard benefit in cases of first-time rejection.

Para. 4 Equal treatment of nationals of other Parties in respect of social security

Countries which have ratified the European Social Charter or the Revised European Social Charter, which are not Members of the EU or of the EEA and with which Germany has not concluded an agreement on social security, were named by the Committee as Albania, Andorra, Armenia, Azerbaijan, Georgia, and Moldova.
The principle of the retention of accrued benefits demanded by the Committee is safeguarded by adding German and foreign insurance periods in the pension law in accordance with bilateral agreements. These are only concluded on the basis of reciprocity, equivalence and financial balance if there is an adequate practical need to regulate on this. The adoption of unilateral measures as the Committee recommends by aggregating German and foreign insurance periods in the German legal regulations cannot be considered for the Federal Government because of the principle of reciprocity. This also concerns health insurance.
Old-age pensions can be exported outside of bilateral agreements, but are restricted to 70%.

As to accident insurance, the benefits of German statutory accident insurance are also provided to insured persons who have their habitual residence abroad. The insured parties receive monetary benefits, in particular pensions, as well as the costs refunded for all other benefits to be provided, such as medical treatment, including the costs for a carer or for care in a home. The allowance of foreign insurance periods is immaterial for the benefits of German statutory accident insurance. Accident insurance is acute insurance. Insurance protection and scope are hence determined by the current situation of the insured party at the time of the insured event. Earlier insurance periods are also not relevant for financial benefits such as pensions, regardless of whether they were at home or abroad.

The inclusion of third-state nationals with legal residence in a Member State and with cross-border situations within the EU took place with Council Regulation (EC) No 859/2003. Germany also adheres in practical application to the principle of equal treatment determined therein. Annex I to the directive contains a special provision for Germany on family benefits. Accordingly, the regulation only applies to third-country nationals who are in possession of a

residence permit provided for in German law, such as an “*Aufenthaltserlaubnis*” (residence permit) or “*Aufenthaltsberechtigung*” (right of unlimited residence).

Family benefits

Nationals of the states named by the Committee with which there is no agreement receive family benefits if the other preconditions for the respective benefit apply, as long as they have their place of residence or habitual residence in Germany, their children live in Germany and it is to be presumed on the basis of their residence title that their residence is permanent. Discrimination as against a German national does not apply since the latter also does not receive family benefits for the child if his/her child lives in a state which is not a Member State of the EU or to which the EEA Agreement does not apply.
If the children live in the other state, the income of the parents is exempted from tax at the amount of the child’s subsistence level in the context of the equalisation of family burdens in accordance with sections 31 et seqq. of the Income Tax Act (*Einkommenssteuergesetz*). The purpose of child benefit, namely to exempt the income of the parents from tax in this amount, is hence guaranteed in accordance with the valid law.

Article 13 The right to social and medical assistance

Para. 1 Support and medical care for those without adequate resources

With effect from 1 January 2005, social assistance was essentially allocated as the Twelfth Book of the Social Code.
This complied with long-standing demands to refine the law on social assistance. After the entry into force of basic security benefits in old age and in case of reduced earning capacity on 1 January 2003 through the introduction of unemployment benefit II (cf. reporting on Article 12) and the reform of social assistance, a second step was taken towards restructuring the means-tested, tax-funded social benefits systems.
The reform of social assistance followed the following principles in particular:

1. Determination of the amount of the benefit by redefined standard rates

The standard rate is the core of an needs-orientated benefit. Its measurement on a statistical basis (“Income and Consumption Sample”) has been embodied in the law since 1996, but had been repeatedly postponed. The new assessment system is largely entrenched in a new Standard Rates Ordinance (*Regelsatzverordnung*) and was introduced as on 1 January 2005 with the Twelfth Book of the Social Code.

The amount of the standard rates is orientated in line with factual, statistically-calculated consumption expenditure of households in the lower income groups. The new standard rate was with few exceptions also to include the previous one-off payments (e.g. clothing, household goods). By these means, the standard rate was increased to an average of € 345 (old *Länder*) and € 331 (new *Länder*).

The amount of the standard rates in the period under report (2005-2007) is:

until 1 January 2007: € 345 (old *Länder*) and € 331 (new *Länder*),

from 1 January 2007: € 345 (nationwide),

from 1 January 2007: € 347 (nationwide).

By consolidating the one-off payments into flat-rate payment, the benefit recipients receive greater independence and personal responsibility for their housekeeping. It simplifies administration for the social assistance funding agencies because one-off benefits no longer need to be individually applied for, decided on and paid out.

As was previously the case, the standard rates for household members are ascertained from the standard rate of the head of the household, the previous four age grades being reduced to two age grades in the interest of simplification. The resultant change as against the previous social assistance is needs-orientated: It has led to an increase for small children and to a reduction for older children. The previous reduction of the standard rate on reaching the age of 18, which was not factually justified, is therefore avoided in future.

There is now a cohesive, simple procedure to assess the standard rates which is suited to ensure the socio cultural subsistence level in the long term.

The new social assistance remains the reference system in particular for tax-funded welfare benefits, including basic security benefits for job-seekers in accordance with the Second Book of the Social Code. The new definition of the standard rate and its continuation were accordingly taken into the Second Book of the Social Code.

2. Activating benefits

For the group of individuals continuing to social assistance, in contradistinction to recipients of unemployment benefit II, it can not be primarily a matter of integration in the general labour market. There is however a need for support of all benefit recipients, in other words also for people with a disability and those in need of long-term care. These are to be enabled to live a responsible life where possible outside of social assistance. To this end, the tools to promote an active life and to overcome neediness are expanded. Considerable significance is given to the increased personal responsibility of those entitled to benefits. In particular, advice and support is intensified and made goal-orientated, and individual ways out of social assistance are paved. In accordance with the principle of “supporting and demanding”, the beneficiary is to take over greater responsibility here; if he/she refuses, he/she must also accept disadvantages.

3. Personal budget, priority of out-patient benefits

The paradigm change which has already been initiated to support the sick, people with a disability and people in need of long-term care more than previously in leading as independent and self-determined a life as possible has been continued and expanded. This was helped in particular by the creation of a supra-funding agency personal budget as the total budget of all benefits that can be considered. People with a disability and people in need of long-term care are as a rule provided with financial benefits here with which they can organise and pay for certain care services themselves. The resulting amplification of the principle of “out-patient before in-patient” should reduce the financial burden for the benefit funds at least in the medium and long term.

4. Modernisation of the administration

The reform has supported the modernisation of the administration.
A large number of regulations serving to simplify administration implemented many demands from among practitioners in particular. The most comprehensive simplification was the application of flat-rate payments to most one-off payments and their inclusion in the standard rate, making detailed means testing and individual case decisions superfluous. It also avoids disputes between the offices and the beneficiaries, as well as objection and court proceedings. Furthermore, for instance, the number of cost refund cases was clearly reduced between social assistance funding agencies; a practicable delimitation of the group of individuals able to receive benefits was carried out in the context of the Second Book of the Social Code, application of flat rates to housing and heating costs by the social assistance funding agencies was permitted and regulations on civil unions, previously missing, were inserted.

5. Allocation to the Social Code

By allocating social assistance law as the Twelfth Book in the Social Code, the content structure, the system and the definitions were adjusted. At the same time, the transition of employable former social assistance recipients to unemployment benefit II was contingent on a refinement of the law.
One should also not underestimate the linguistic adjustments to the Social Code which correspond better to today’s perceptions. For instance, the previous “assistance-seeker” or “help recipient” is as a rule now referred to as a “beneficiary”. These linguistic modifications make it clear that the Act has its eye more on personally-responsible citizens.
The Regulation on Social Assistance for Foreigners (*Regelung zur Sozialhilfe für Ausländer*) was largely taken over with the content unaltered from the previous section 120 of the Federal Social Assistance Act (*Bundessozialhilfegesetz - BSHG*) into section 23 of the Twelfth Book of the Social Code. It is hence the case in Germany for all foreigners with legal habitual residence

that they continue to receive the same social assistance benefits which are of existentially-necessary significance (fundamental benefits of social assistance) as a German national. This includes assistance towards living expenses, which in turn includes all necessary benefits needed by a person for their daily life, such as food, housing, clothing, hygiene, household goods, heating as well as benefits to cover personal needs of daily life, assistance for health and assistance for long-term care. In this respect, foreigners are placed on the same footing as German nationals without restriction. Hence, the same entitlement conditions apply to them, with the same modalities of granting benefits, the same scope of benefits and the same benefit duration as to German nationals.

Care in the event of sickness is provided to the same degree as for persons with statutory health insurance in Germany. In particular, all medical measures necessary to detect and heal a disease are granted to both foreign and German social assistance recipients, as are all necessary measures serving to prevent diseases worsening, and to alleviate the symptoms of diseases.

The former benefits in accordance with section 30 of the Federal Social Assistance Act ("Help to build up or safeguard the source of livelihood") complained of by the Committee have been abolished for all social assistance beneficiaries without replacement because there was no longer any practical need for them. There were only 20 cases falling under these regulations in 2003.

6. Basic security benefits in old age and in case of reduced earning capacity

The basic security benefits in old age and in case of reduced earning capacity were introduced as on 1 January 2003. The basis was formed by the Act on Needs-Orientated Basic Security Benefits in Old Age and in Case of Reduced Earning Capacity (*Gesetz über eine bedarfs-orientierte Grundsicherung im Alter und bei Erwerbsminderung – GSiG*), which was adopted as an element of the Retirement Assets Act (*Altersvermögensgesetz*) (of 26 June 2001).

The Retirement Assets Act supplemented the old-age security system to include fiscally-promoted, capital-covered private old-age pension provision. At the same time, the introduction of basic security benefits in old age and in case of reduced earning capacity improved the security of the sociocultural subsistence level for needy elderly people, as well as people with permanently completely reduced earning capacity. The basic security benefits were a social assistance benefit according to their conception and structure, even if this was not regulated in the context of the social assistance law that was applicable at that time (Federal Social Assistance Act). The claim preconditions in accordance with the Act on Needs-Orientated Basic Security Benefits in Old Age and in Case of Reduced Earning Capacity largely corresponded to the regulations applicable to assistance towards living expenses in accordance with the Federal Social Assistance Act.

The reform of social assistance was also used in order to integrate the law on basic security benefits in old age and in case of reduced earning capacity into the new social assistance law. Basic security benefits have been an element of social assistance law since 1 January 2005, as the Fourth Chapter in the Twelfth Book of the Social Code. The regulations contained in the Act on Needs-Orientated Basic Security Benefits in Old Age and in Case of Reduced Earning Capacity until the end of 2004 were taken on largely unchanged in terms of their content in the Twelfth Book of the Social Code, but were adjusted to the Twelfth Book of the Social Code systematically and in terms of definitions.

Beneficiaries in basic security benefits in old age and in case of reduced earning capacity are needy persons. Neediness exists if a person's own income and assets, as well as the income and assets of a spouse or same-sex partner, and of a partner in a quasi-marital partnership, are not sufficient to fund the livelihood amounting to the requirement under social assistance law (socio cultural subsistence level). The nationality of a needy person is irrelevant. It is exclusively based on habitual residence in Germany. However, foreigners who fall under the Asylum-Seekers Benefit Act (*Asylbewerberleistungsgesetz*) are not entitled to claim.

The global-amount standard rate system newly introduced with the Twelfth Book of the Social Code for assistance towards living expenses also applies here (same amount of benefit). Integration into the Twelfth Book of the Social Code has however changed nothing as to the central difference as against assistance towards living expenses applicable since the introduction of basic security benefits: Children or parents of benefit recipients are not called on to refund these benefits (no recourse to maintenance). Furthermore, it is not supposed that individuals who draw basic security benefits and who live in a household with other adult individuals grant one another maintenance (no maintenance presumption). Waiving the recourse to maintenance serves to combat shameful pension poverty. Shameful, because prior to 2003 elderly people frequently did not make claims for assistance towards living expenses for fear of a recourse to maintenance by the social office from their children.

439,000 individuals were drawing basic security benefits at the end of the first year after the introduction of basic security benefits, in other words at the end of 2003, 258,000 of whom were 65 or over. At the end of 2006 (the most recent data available) there were 682,000 individuals, of whom 370,543 were 65 or over; this corresponded to a share of 2.3 percent of all people in Germany who are at least 65 years old. The average need (standard rate and suitable costs of housing, as well as further supplementary benefits in individual cases) was Euro 627 for basic security benefit recipients from 65; the average benefit payable after deduction of income was Euro 372.

All the data on social assistance and basic security benefits are contained in Annex 4.

Para. 2

cf. preliminary reports

Para. 3 Advice and assistance in emergency situations

The regulation contained in section 72 of the Federal Social Assistance Act is now found in sections 67 - 69 of the Twelfth Book of the Social Code. Access to advice and personal assistance with regard to state welfare benefits is equally applicable to foreigners as to German nationals. Advice and assistance are a central task of social assistance. The legislature had deliberately entrenched them as personal assistance in section 10 subsections 1 and 2 of the Twelfth Book of the Social Code among the primary forms of social assistance. Emergencies in which benefits of assistance towards living expenses are necessary or are to be anticipated should be avoided by means of advice and support in accordance with section 11 subsections 1 to 3 of the Twelfth Book of the Social Code. It can be said in general terms that assistance-seekers in the context of section 10 of the Twelfth Book of the Social Code and section 14 of the First Book of the Social Code as a rule have a legal right to advice on matters related to social assistance.

Para. 4 – Equal treatment of nationals of other contractual parties

As to the question of the Committee of Experts regarding medical care for foreigners who are illegally on sovereign territory, it should be initially noted that such foreigners do not fall within the area of application of Art. 13 para. 4.

A foreigner who has no residence permit and no residence right based on European Community law receives benefits covering necessary subsistence and non-postponable medical benefits (basic medical care) in accordance with the Asylum-Seekers Benefit Act.

In accordance with section 4 of the Asylum-Seekers Benefit Act, medical and dental treatment, supply of medicines and bandages, as well as other benefits necessary to heal, improve or alleviate diseases or their consequences are however provided only with acute diseases and pain conditions. Also included is hospital treatment plus the further care benefits necessary with a hospital stay since this is medical treatment. The doctor decides on the necessary treatment in the individual case from a medical point of view. If an acute need to treat a chronic disease arises, this too is covered by section 4 of the Asylum-Seekers Benefit Act.

Over and above this, in accordance with section 6 of the Asylum-Seekers Benefit Act, benefits can also be granted which are indispensable to ensure health in individual cases. This may also include treatment measures with chronic diseases, non-postponable medically-necessary measures for rehabilitation or medically-necessary aids.

The above restrictions only apply to asylum-seekers during the first 36 months of their asylum proceedings. After that time, in accordance with section 2 of the Asylum-Seekers Benefit Act,

this group of individuals receives benefits in accordance with the regulations of the Federal Social Assistance Act on assistance during sickness, i.e. they receive medical treatment according to the nature and scope of the benefits of statutory health insurance (section 48 subsection 2 sentence 2 of the Twelfth Book of the Social Code).
The Federal Government does not have precise figures at its disposal regarding the number of benefit recipients with illegal residence.
In other respects, reference is made to the previous reports.

Article 14 The right to benefit from social welfare services

Para. 1 Social services

Benefits provided by non-statutory welfare services (*freie Wohlfahrtspflege*)

Non-statutory welfare (*freie Wohlfahrtspflege)* is the totality of all social assistance provided in the Federal Republic of Germany on a charitable basis and in an organised form. Non-statutory welfare (*freie Wohlfahrtspflege)* differs on the one hand from commercial – for-a-profit – services and on the other hand from those of public funding agencies. The coexistence of public and non-statutory welfare in Germany is unique in the world. The national associations of non-statutory welfare are a major element of the social welfare state because of their contribution to the community. The social network would collapse if they did not do their work: Roughly 1.4 million people are employed on a full-time basis in the facilities and services of the welfare associations; an estimated 2.5 to 3 million provide voluntary committed assistance in initiatives, aid agencies and self-help groups. The welfare associations have a federal structure, i.e. the devisions and membership organisations are largely legally independent. The national associations of independent welfare provide the largest range of social services in many areas. With their assistance services, they make a major contribution to building and expanding the social welfare system in Germany and facilitate a broad range of skilled social assistance. Examples are:

- support and services for children and juveniles, educational advice and youth clubs, help for families and sole parents, as well as marriage and pregnancy counselling, life counselling, family care and mothers' convalescence and recuperation,
- help for the elderly, such as senior citizens' meetings, meal and visiting services, old-age and long-term care homes,
- services for people with a disability such as early promotion, kindergartens and schools, vocational promotion and vocational training works, day centres and residential homes,
- care of the sick in hospitals, day clinics, day-care facilities, sanatoriums and advisory agencies,

- offers for migrants, such as social advice for foreigners, advice for ethnic German repatriates, psychosocial centres for refugees, integration projects,
- general social advice agencies and out-patient services, neighbourhood centres,
- help for people in social need, such as accommodation for the homeless, debt counselling, railway mission, telephone welfare,
- contact, information and advisory agencies for self-help groups and civil commitment groups, and
- basic and further training facilities for social and care professions

For the existing overall statistics, these aids are seen in work areas/categories 1 to 9. The key date of the numbers presently available is 1 January 2004. There are not yet any more up-to-date data.

Overview of facilities and independent welfare services 2004

	Facilities	**Beds/places**	**Full-time employees**	**Part-time employees**
1. Health assistance	7,882	227,442	231,792	136,575
2. Youth assistance	36,406	1,915,782	146,037	129,023
3. Family assistance	7,646	47,208	20,040	47,017
4. Assistance for the elderly	15,796	517,788	166,474	200,829
5. Assistance for people with a disability and mental diseases	14,285	499,390	133,157	109,673
6. Help for persons in special social situations	7,233	76,249	15,157	10,882
7. Further assistance	8,047	240,209	30,375	21,834
8. Basic and further training facilities for social and care vocations	1,542	95,731	8,218	7,854
9. Self-help groups and groups of civil commitment	34,923	----	2,363	4,419
Total	**133,76**	**1706,714**	**753,613**	**668,106**

From: Overall statistics of the independent welfare facilities and services, as on: 1 January 2004, published by of the Federal Joint Association of Independent Welfare Services

Assistance to prisoners

In accordance with section 74 of the Prison Act (*Strafvollzugsgesetz - StVollzG*), in order to prepare for release, prisoners are to be given advice regarding the settlement of their personal, financial and social affairs. They are to be supported in finding employment, accommodation and personal assistance for the period after release. The advice covers the naming of the agencies competent for social benefits. This support from the prison authority provides a major contribution towards the social integration of released convicts. Further assistance to shape circumstances is provided by independent funding agencies, such as the Joint Federal Agency for Support of Convicts (BAG-S), a conglomeration of charitable associations supported by the Federal Government. Over and above this, projects are operated in several Federal *Länder* in order to intensify follow-up care for released inmates.

Public funding agencies

The social benefit funds, the Federal *Länder* and local authorities may also make available social services or set up such facilities themselves (e.g. specialist integration services for severely disabled people). These benefits are promoted in accordance with the corresponding regulations contained in the Books of the Social Code. A detailed portrayal of all types of service, access routes, groups of participants and the like would go beyond the framework of this report. For certain groups of individuals, such as people with disabilities, the reporting takes place on the respective person group-specific Articles of the ESC.

For instance, here we describe some interesting projects of the Federal Government:

Local Alliances for the Family Initiative

In 2004, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth initiated the national Local Alliances for the Family Initiative and co-funded it from ESF funding. Its goal is to improve the living and working conditions of families in situ. Local alliances for the family are impact-orientated combinations working in a spirit of partnership in which different social groups – industry, the political arena, the administration, trade unions, chambers, independent funding agencies, associations, clubs, facilities, initiatives and church parishes – implement projects together at local level in the interest of greater family friendliness. Central action foci of the nationally currently 506 local alliances (as in: August 2008) are the better reconciliation of family and work, as well as the creation of needs-orientated, flexible childcare services.

Families in difficult circumstances also benefit from the measures and projects initiated in a local alliance. Welfare associations, church parishes, local funding agencies of social services and facilities, as well as local initiatives, are major partners in local associations for the family in this context. Welfare associations in 61% of associations and at 307 of the current 506 alliance locations (as in: August 2008) are committed or provide contributions in association or as funding agencies of social facilities in local alliances for the family. In the alliance, they can

particularly contribute towards providing advice for families in situ, but can also suggest the establishment of supporting services. Many alliances have taken on the task of offering advice services for families in transparent and bundled form and making access to specific advisory services easier with family offices and family guides. The joint commitment in the local alliance additionally strengthens cooperation between the funding agencies in situ and opens up new possibilities for cooperation. Representatives from the business community are also active in 77% of all alliances. All in all, almost 4,000 enterprises are partners in alliances (as in: August 2008). This constellation from the political arena, the business community and society in local alliances for the family also opens up space for cooperation between the business community and civil society, which at project level can help families in special circumstances.

Advice in the field of assistance for the elderly:

There is no standard advisory structure at federal level for the field of assistance for the elderly. There is no statutory obligation to provide advice.

Welfare associations and local authorities are important as funding agencies for advisory services, but specialist associations and self-help organisations also contribute their particular skills on special topics, such as dementia.

The ongoing support provided for the work of the German Alzheimer Society since 1999 by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth helps to ensure that services are improved that provide information and advice to caring family members to help ease their load, and that the regional self-help networks can be further developed.

Help has been successfully provided since 2002 with the central advice hotline (Alzheimer telephone helpline). A total of 5,252 enquiries were processed by the Alzheimer telephone helpline in 2007. This corresponds to the level of the previous year.

The structure of the callers, ascertained from 5,040 statistical forms, is essentially unchanged as against the previous year. The largest group, at 38%, are children and children-in-law. Almost ¼ of those who are ill live alone.

The most important topics remain constant

- difficulties in dealing with the sick people,
- medical care, and
- the particular burden on the family members (has become more significant).

There is an internal quality assurance programme for the Alzheimer telephone helpline which guarantees ongoing staff skill-building.

Para. 2

1. Description of the general statutory framework:

Social services are provided in Germany by the social benefit funds, but largely by non-statutory, charitable and private-commercial funding agencies. The State has a safeguarding

mandate here, i.e. it bears responsibility for the social services being available to an adequate degree. The framework for this is embedded in the federal state and social system of the Federal Republic of Germany. Initial responsibility in social policy lies in principle with the Federal *Länder* and the local authorities.
Social services are largely provided as benefits in kind. The citizen has a legal right to some services, whilst others are at the discretion of the social benefit fund.
It is possible to distinguish between several forms of provision and funding for social services:

a) direct provision of benefits by a social benefit fund (or a commissioner),
b) provision at the expense of the benefit fund by a provider selected by the beneficiary in a so-called triangle relationship,
c) granting a personal budget to the beneficiary to purchase the service (as seen above all under the law on rehabilitation),
d) the promotion of benefit-providers by means of subsidies (as seen above all in the law on youth assistance), and
e) the provision of benefits with no state participation, i.e. through the funds of the independent, charitable facilities (e.g. lunch, shops with donated stock for those on a low income).

The most frequent form of the provision of social services is that seen in a social-law triangle relationship. It is applied in particular in social assistance law (incl. help for the homeless, advice for drug addicts, support of convicts), law on youth assistance and in basic security benefits for job-seekers. In the social law triangle relationship, suitable facilities and services conclude a contract with the social benefit fund. The facilities are hence licensed to provide services. All suitable providers have a right to be licensed here. In its decision on the benefit claim in individual cases, i.e. on whether the statutory requirements are met, the social benefit fund must comply with the wishes of the benefit recipient as to the structure of the assistance and in respecting his/her selection of a suitable provider. As a result, therefore, the benefit recipient decides independently which provider provides the service.
The conclusion of the service agreement between the social benefit fund and the provider does not entail a guarantee that the service will be taken up; the service-provider bears the risk of the service being taken up. The social benefit fund does not incur any costs if overcapacities exist since they only pay for places that are actually occupied. The benefit recipient concludes a private contract with the service-provider. This means that the offering funding agency concludes a contract with the benefit recipient; it does not act as a contractor with the social benefit funding agency. A social law triangle relationship is a subject-orientated funding method. Benefit recipients can select from among all licensed service-providers. Hence, the interests of the benefit recipient are particularly well catered for, and it is ensured that the assistance is

suitable in terms of his/her individual needs and circumstances. The social benefit fund does not monitor or influence the form of the service offered. The service-provider has no exclusive right to provide the service. This method of benefit-provision hence takes account not only of the interests of the benefit recipient, but also leads to competition among benefit-providers whose claim depends on the choice of the benefit recipient. A discrimination-free social law triangle relationship is hence compatible with European competition law, and particularly takes account of the specifics of social services.
Where social services are provided directly by the social benefit fund and the latter uses contractors to this end, the provider is selected via the law on the award of contract. This procedure is applied in the law on employment promotion in particular.

2. Ensuring quality of service:
It has not yet been specified in detail at European level what is meant by quality. The terms used in many European documents such as sustainability, continuity and reliability, general accessibility and availability are highly abstract terms which are relatively far removed from concrete benefits. They cannot be regarded as typical quality standards, but demonstrate a political framework. The definition of “quality” is however important in order to make it clear that, in addition to a market-related/economic view, social goals must also be considered when providing social service benefits. Quality depends essentially on the resources that are socially accepted and made available. It may be possible to reach a quick agreement as to structural qualities: How many beds/places must be available in order to ensure universal coverage? What is the staff key (deployment of specialists)? The design of the actual assistance processes is decisive in achieving the agreed benefit goals and results.
The national non-statutory welfare associations have agreed on a joint quality policy based on three pillars:
1. recognised European quality model (DIN EN ISO 9001 and EFQM),
2. continuous inclusion of specialist standards of the various areas of work, as well as
3. value orientation on the basis of the guidelines and their implementation.

Over and above this, independent welfare has agreed on quality orientations which are to do justice to the benefits needed, to include their value orientation and accommodate an individualised approach to providing assistance. In this, the joint quality policy of non-statutory welfare is based on the conviction that competition between social service enterprises must be primarily quality competition for the optimum support of people in certain situations. To this end, they have defined joint quality requirements in an intensive work process as welfare-specific standards and lent them concrete form for working practice at a level susceptible to audit:
1. guideline orientation,

2. orientation towards personal (consumer) benefit,
3. goal and effect orientation,
4. staff orientation,
5. orientation towards community and society,
6. contractual partnership,
7. resource orientation, and
8. quality management.

These standards in the supra-association sense are to be benchmarks of quality management of professional social service enterprises within independent welfare. The six national associations recommend the implementation of such quality requirements not only internally and hence with regard to their facilities. They consider these standards to also be a quality level which is to provide leadership in Germany and Europe. In this, they would also be a contribution towards a necessary European debate on the quality of professional social work in which it is not only the price of a service which may become an all-deciding criterion for evaluation.

3. Cooperation with civil society

The charitably-orientated social service funding agencies provide a major contribution towards guaranteeing social well-being through the promotion of civil commitment. The inclusion and mobilisation of civil society resources is of high importance for the European social model. Initiative, commitment and participation by citizens are major elements of political and social life, as well as forming the basis of the value and administrative system in the Member States. By virtue of their commitment to the common well-being, citizens bring about social cohesion, bring democracy to life and make a contribution towards shaping and refining society.
Social services that are orientated towards the common well-being enable people to contribute towards the common good and provide opportunities to act and participate to this end. They therefore make a major contribution towards shouldering social responsibility, towards genuine democracy and solidarity.
Committed citizens act for example by:
- shouldering responsibility for social services, such as board members of a funding agency association or as a local councillor for a church parish,
- providing support through conceptual and financial contributions,
- helping by taking on concrete tasks in areas which interest them, and
- as lawyers and mediators for the interests of the disadvantaged and marginalised.

The deployment of volunteers is a major element of common well-being-orientated social work. Many initiatives and services in the health and social system are unthinkable without voluntary

commitment. Volunteers can correct a purely specialist and monetary view of social work and help to promote innovation. They can put forward questions in the social policy debate and new need for social action. They can enrich the quality of life and atmosphere in social facilities, and hence contribute something which is not described in any list of benefits. As a result of people's increasing individualisation and mobility, as well as of the plurality of circumstances, there is a dissolution of social environments, and hence a loss of social relations. Commitment and civil society participation counter this, but are also made more difficult by it. Interested citizens and providers of social services are for instance brought together by volunteer agencies, many of which have been founded in recent years.

Civil society social commitment is a complementary element of professional assistance. It is neither a replacement for professional assistance, nor is it an element being introduced to reduce the cost of social services. The deployment of volunteer helpers is contingent on a framework which facilitates their deployment and helps to avoid the imposition of excessive burdens. This includes for instance suitable, competent specialist preparation, regular and further training, coordination, accompaniment and supervision.

An example of the promotion of voluntary commitment is the model programme entitled "Supra-Generational Voluntary Services", which ran out on 30 June 2008, in which roughly 9,000 volunteers (number planned 2,400) took up a commitment in roughly 140 funding agencies in more than 1,600 deployment locations all over the country. It is continued by the new 3-year programme entitled "Voluntary Service of all Generations" from January 2009. A total of 30 projects are to be promoted in communities and towns nationally with € 50,000 per year over a term of three years. As "lighthouse projects", the projects are to act as models and provide encouragement to transfer their concept to as many locations as possible. New and creative concepts are decisive in the selection which document the refinement stage.

The following accompanying building bricks are offered:

- skill-building services with needs-orientated training modules for the volunteers, coordinators and other specialists in situ,
- mobile teams to advise volunteers, full-timers and decision-makers in situ, and
- an Internet platform as a central information and networking agency for civil commitment.

The new volunteer service of all generations hence promotes communication as well as cohesion between the generations, supports the building of a commitment culture for all generations and opens access to voluntary commitment to new target groups.

LIST OF ANNEXES