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EUROPEAN SOCIAL CHARTER

28th report on the implementation of
the European Social Charter

submitted by

THE GOVERNMENT OF DENMARK

(Articles 3, 12 and 13 for the period 01/01/2005 – 31/12/2007;
Articles 11, 14 and Article 4 of the Additional
Protocol for the period 01/01/2003 – 31/12/2007)

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CYCLE 2009

Ministry of Social Welfare
Departementet
Holmens Kanal 22
1060 København K
Denmark

Tlf. +45 33929300
Fax. +45 33924628
E-mail:
cth@vfm.dk &
chk@vfm.dk

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28. Danish Report

on the European Social Charter

Concerning articles 3, 12 and 13
for the period 01.01.2005 - 31.12.2007
&
Concerning articles 11, 14 and 4 of the Additional Protocol
for the period 01.01.2003 - 31.12.2007

Oktober 2008

In accordance with article 23 of the Charter, copies of this report have been communicated to :
The Danish Employer´s Confereration (DA)
The Federation of Danish Trade Unions (LO)
The Federation of Danish Public Servants´and Salaried Employees´ Organisation (FTF)
The Danish Confederation of Professional Associations (AC)

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Article 3

Right to Safe and Healthy Working Conditions

Article 3, Paragraph 1, Question 1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The Danish Working Environment Authority

The labour inspectorate in Denmark is known as the Danish Working Environment Authority (WEA) (Arbejdstilsynet – AT).

A single legislative act for health and safety at work, the Working Environment Act, applies to all sectors of industry, but in certain sectors its enforcement lays within other government departments:

- Inspection of health and safety on seagoing ships lies with the Danish Maritime Authority in the Ministry of Economic and Business Affairs.
- Aviation falls under the responsibility of the Department of Transport.
- Health and safety on off-shore installations is monitored by inspectors from the Department of Energy.
- The Ministry of Employment has an agreement with the Institute of Radiation Hygiene, a part of the Department of Health, to monitor the use of ionising and non-ionising radiation at work.
- Responsibility for general fire matters at workplaces falls under the local fire authorities.

Apart from the above exceptions, the WEA has responsibility for inspection of health and safety in all sectors of industry, including the loading and off-loading of ships in dock and flights on ground.

The Danish Working Environment Act, Consolidated Act no. 268 of 18 March 2005, legislative amendment of Act no. 30 of 19April 2006 and together with Act no. 175 of 10 June 2007, only encompasses work performed on Danish territory, including loading and unloading of ships and shipyard work aboard ships.

The Danish Working Environment Act encompasses work for an employer. However, exception is made for:

- work in the private household of the employer,
- work exclusively performed by the family of the employer, who belong to his household, and
- work performed by the military and which can be included under actual military service.

However, certain provisions in the Working Environment Act (the extended area) also apply to the exceptions listed above as well as for work that is not performed for an employer, i.e. self-employed. This includes rules about performing work, technical equipment, and substances and materials.

The aim of the Working Environment Act is to create a safe and healthy working environment, which at all times is in accordance with the technical and social developments in society. Furthermore, the Act is intended to create the basis for enterprises themselves to solve problems related to safety and health issues with guidance from the social partners and guidance and inspection from the Working Environment Authority (WEA).

List of amendments to the main legislative acts and orders in the period from 1 January 2006 to 31 December 2007

A. Amendments under the Danish Ministry of Employment

Acts:
Act no. 175 of 27 February 2007 on amendment of Act on the Working Environment.

Act no. 268 of 6 June 2007 on smoke-free environments.

Executive orders:

- Order No 258of 20 April 2007 on authorization of working environment consolers
- Order No 259 of 20 April 2007 on use of authorized working environment consolers
- Order No 255 of 20 April 2007 on publication of the firms working environment (the Smiley-system)
- Order No 382 of 23 April 2007 on certificates for cranes and fork-lift trucks
- Order No 1012 of 16 august 2007 on REACH – on registration, assessment and approval of as well as limitations of chemicals
- Order No 1175 of 11 October 2007 on Substance and materials, measures for preventing the risk of cancer.
- Order No 100 of 31 January 2007 on use of pressure vessels and piping systems under pressure
- Order No 99 of 31 January 2007 on construction, reconstruction and mending of pressure vessels

Article 3, Paragraph 1, Question 2

> 2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organisations.

Links with social partners

The objective of the bipartite Working Environment Council is to enable the social partners to contribute to a safe and healthy environment at the workplace. It is the forum for the discussion of existing and proposed legislation, policy and preventive measures and its views and recommendations carry a good deal of weight and influence with the Government.

The Danish Working Environment strategy

The Working Environment Authority, the National Institute of Occupational Health, and the National Board of Industrial Injuries prepared the report "The Working Environment of the Future", which was published in May 2005. The report is the technical foundation for decisions on which working environment problems and issues should be in focus for efforts after 2005.

On the basis of this report the government asked the Working Environment Council, which is the advisory council for the Ministry of Employment, to recommend which working-environment problems should be afforded priority in overall working-environment efforts up to the end of 2010. The Working Environment Council was also asked to identify any special target groups, justify the priorities, and set target figures.

The government's prioritised working-environment problems up to and including 2010 are:

- Industrial accidents – 20 per cent reduction
- Psychological working environment – 10 per cent reduction
- Noise – 15 per cent reduction in hearing damage, 10 per cent reduction in nuisance noise
- Musculo-skeletal disorders – 10 per cent reduction in total sickness absence due to musculo-skeletal difficulties at work.

Article 3, Paragraph 2, Question 1

1. Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.

Since 2005, the Danish WEA has received additional resources for the purpose of implementing a working environment reform, ensuring all employees a good working environment. Under the reform, the WEA must screen all Danish enterprises with employees by the end of 2011 so that they can prioritize enterprises with the most problematic working environment for inspection. This division of enterprises provides the WEA with the opportunity to concentrate inspection resources on inspections of “less good” enterprises, and consistently do follow-ups until the enterprise's working environment starts to comply with the legislative requirement.

The inspection work of the WEA will reflect the prioritizations that have been decided at political level for the working environment efforts up until 2010 - "Report on future working environment 2010 - new priorities for the working environment". Reduction goals have been prepared for accidents, noise, musculo-skeletal disorders and the psycho-social working environment, which all players in the working environment area have committed themselves to achieve.

The goals are:

- Industrial accidents 20 per cent reduction.
- Psycho-social working environment 10 per cent reduction.
- Noise (damaging to hearing) 15 per cent reduction.
  Noise (nuisance) 10 per cent reduction.
- Musculo-skeletal disorders 10 per cent reduction.

Since 2007, the Danish WEA has received additional resources on the basis of the "Agreement on initiatives to ensure the future prosperity and welfare as well as investments in the future". According to the agreement, the WEA must launch special activities specifically aimed at preventing physical and mental attrition and which retain employees. First of all, these activities involve intensified inspections for sectors in which there is a special risk of burnout as a consequence of mental and ergonomic factors; secondly, the activities involve extended, preventive guidance at individual enterprises targeted at these areas; and thirdly, there is process guidance which can be used in preventive efforts of the enterprises in relation to problems with the mental working environment, including stress.

Smileys

The WEA has established a “smiley” scheme with the purpose of making the working environment standard at an enterprise known to the public.

The smileys are green, yellow and red, and are published on the website of the WEA. There are three smileys in the working environment area:

- A Green Smiley indicates that the enterprise has no issues with the WEA.
- A Yellow Smiley indicates that the enterprise has received a notice with a time limit or an immediate improvement notice.
- A Red Smiley indicates that the enterprise has received a consultancy notice or a prohibition notice.

A Crown Smiley indicates that the enterprise has an approved working environment certificate. Thus, the enterprise has made extraordinary efforts to ensure a high standard of working environment.

Screening of all enterprises

As from 1 January 2005 and for the following seven years, the WEA will screen the health and safety conditions of all Danish enterprises with employees. Subsequently, all enterprises will be screened approximately once every three years. Enterprises prioritised for inspection will be screened approximately every two years.

Proactive inspection for enforcement purposes

The purpose of the WEA is to contribute to a safe, healthy and evolving working environment in Danish workplaces, among other things by supervising that enterprises comply with the Working Environment Act.

The WEA aims to divide all enterprises into two categories by means of screening. When screening an enterprise, the inspector makes a judgement as to whether the health and safety conditions in the enterprise are adequate, and hence should be left alone, or whether the enterprise needs a closer inspection. If the inspector decides that the enterprise should receive a more thorough investigation with an "adapted" inspection, he reports this to the administrative staff, who then plan the adapted inspection.

The WEA also supervises project designers and consultants, as well as suppliers, and, where possible, involves project designers and consultants in measures. The purpose of these activities is to make it possible for enterprises to prevent working environment problems to a greater degree by taking the working environment into account at an early stage, for example before delivery of machines and products, as well as in project design and consultancy.

The WEA can also issue a statement to an enterprise on a planned activity where the enterprise wants to make sure that a given work process involving specific issues is planned according to the requirements in the regulations. The **statement is binding for the WEA and, if conditions in the planned work process** are not altered, the WEA will not carry out an inspection of the specific work process when visiting the enterprise.

Different types of inspection: workplace inspections, systemic inspections

The WEA has developed six methods of inspection:

Screening

Screening is a quick inspection of health and safety conditions in enterprises. The primary aim of screening is to assess whether health and safety conditions are adequate or need closer inspection. If the health and safety conditions are in order, the WEA will usually not revisit the enterprise within the near future. If, on the other hand, some health and safety conditions warrant closer examination, the WEA will carry out an "adapted" inspection.

Regardless of whether they have been selected for inspection during screening or not, all enterprises may, as previously, be visited by the WEA if complaints are made or in the event of occupational accident reports. Consequently, the WEA will always be in a position to inspect an enterprise, even if the enterprise was not selected for "adapted" inspection.

The WEA will also carry out re-screenings. This means the screening of enterprises that have already been screened but which have not been selected for "adapted" inspection.

"Adapted" inspection

Adapted inspections are thorough inspections carried out at enterprises where the screening indicates that there are or might be significant working environment problems. The objective is to check whether enterprises comply with the working environment regulations and to respond in the case of noteworthy working environment problems.

Adapted inspections are based on the working environment problems identified during the screening. This means that adapted inspections are tailored for the working environment problems that the individual enterprise has or might have.

The main rule is that adapted inspections must be carried out shortly after the screening and that they must be

announced at least 14 days in advance. The time limit may be shorter but will then have to be subject to an advance agreement with the enterprises. Adapted inspections last for three to four hours on average. The time spent depends on the working environment level, the number of employees, and size of the enterprise. Adapted inspections are dialogue-based, hence the management as well as the employees must be present at adapted inspections.

Follow-up inspection
Follow-up inspections are carried out at enterprises where adapted inspections or previous follow-up visits indicated that there might be significant working environment problems.

The objective is to ensure that enterprises maintain the improvements in the working environment for which the WEA has established requirements or provided guidance at previous visits. The WEA also controls areas where the enterprise has been issued an improvement notice. At the same time, the WEA may respond to any new and important working environment problems.

Follow-up inspections are carried out two years after the last visit and are usually unannounced. The WEA may, however, choose to announce their follow-up inspection, for instance to ensure that the relevant persons are present during the inspection.

Control inspection
Control inspections are carried out as necessary at enterprises that have been given a decision from the WEA. The objective of the inspection is to check whether the enterprise has solved their working environment problem in a satisfactory manner.

Detailed inspection
- involves supervision of particular problems or problem areas at an enterprise or workplace, without examining the entire enterprise or workplace, e.g. for the investigation of accidents or complaints.

Inspection of suppliers
- involves supervision of the safety and health aspects of products from a supplier.

Inspection of project planners and consultants
- involves supervision of the obligations and responsibilities of project planners and consultants under the Working Environment Act.

Special inspection includes the supervision of elevators, boilers, container tanks, pipeline systems, natural gas plants, high-risk enterprises, and genetics laboratories. Manufacturing controls are performed in the case of boilers for the purpose of export and import.

The WEA has different ways of taking action in order to ensure that the enterprises comply with the Working Environment Act. The choice of action is made based on the nature of the working environment problem. The WEA carried out about 40,000 inspections in 2007.

Prohibition notices
An enterprise may be issued a prohibition notice preventing it from continuing to work if there is an imminent and great danger to the safety and health of the employees and others. A prohibition notice means that all work must stop immediately and that it may not be resumed until it can be carried out safely. In 2007 the WEA issued 418 prohibition notices.

Immediate improvement notice
The enterprise may be issued an immediate improvement notice if there is a serious working environment problem. An immediate improvement notice means that the error must be corrected immediately. Enterprises that are issued an immediate improvement notice can be permitted to solve the problem temporarily until it is possible to solve the problem permanently. In 2007, the WEA issued 4,026 immediate improvement notices.

Consultancy notice
A consultancy notice is a notice for an enterprise to use an authorized safety and health advisor to help solve one or more of its working environment problems. There are several types of consultancy notices.

Improvement notice with deadline
An improvement notice with deadline means that the enterprise may continue its production while being required to find a permanent solution to the problem before expiry of the deadline. The WEA lays down a deadline that is long enough to ensure that the enterprise has the necessary time to find a good and sustainable solution to the problem. In 2007, the WEA issued 18,910 improvement notices with deadline.

Report on the psycho-social working environment
If the WEA observes a psycho-social working environment problem at an enterprise, it will be issued an improvement notice to draw up a report on the psycho-social working environment. This means that the enterprise is given the opportunity to draw up a timetable and action plan for solving the problem. On the basis of the timetable and action plan, the WEA will assess whether the enterprise is prepared and able to solve the problem. If the enterprise is not prepared and able to solve the problem, an improvement notice will be issued to use an authorized working environment advisor to help solve the problem. In 2007, the WEA received 509 reports on the psycho-social working environment.

Investigation notice
An enterprise can be issued an investigation notice to examine whether it has a working environment problem. This takes place if the WEA has a specific presumption that there are problems with the enterprise's working environment but is unable to provide documentation. In 2007, the WEA issued 122 investigation notices.

Guidelines
The enterprise can obtain guidance if there are working environment conditions at the enterprise that need adjustment but where the WEA does not find that there is basis for making a decision.

The guidance mainly takes place by the inspector referring to the printed guidance material of the WEA, but may also be given verbally or in writing in connection with an inspection.

Guidelines are not legally binding to the enterprises but merely information about the working environment regulations or recommendations as to how a specific working environment problem can be improved. In 2007, the WEA issued 5,189 guidelines.

Administrative fines
With the Statutory Order on Fines of 2002, the WEA were given the opportunity to complete criminal proceedings with administrative fines without a judicial decision.

A number of conditions must be met before the WEA may issue administrative fines. First and foremost, there must be a clear and uncomplicated violation. Next, gross violations of clear and known rules on a subject where there is documented risk of injury or danger to health must have taken place. Finally, it should not be likely that the case will lead to a more severe punishment than a fine.

If an administrative fine is accepted the effect will be the same as having imposed a penalty. Administrative fines can be used in relation to companies etc. (legal persons) as well as individuals (personally owned companies).

If the defendant does not accept the fine, e.g. by passive behavior, the WEA will recommend the public prosecution service to bring charges, after which the case is considered as in any other criminal proceeding.

Police report
In the event of gross violations of the working environment rules, the WEA can issue administrative fines or make direct Police reports. Administrative fines are only issued in the case of clear, uncomplicated violations. Both employer (the enterprise) and employee can be issued with fines or Police reports.

Failure to comply with stop notices, immediate improvement notices, or improvement notices with deadline/reports on significant problems can result in fines being issued to the enterprise or being reported to the Police.

Article 3, Paragraph 2, Question 2

2. Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on: the number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardised accident rates per 100,000 workers; on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections; and on the number of breaches to health and safety regulations and the nature and type of sanctions imposed.

INFORMATION ON ENTERPRISES (COMPANIES) **2007**		
		Comments
Total number of enterprises (companies)	175,665	Number of production units with one or more employee(s)
Number of enterprises (companies) in each size category		
1 – 9 employees	130,515	
10 – 49 employees	36,698	
50 – 249 employees	7,619	
> 250 employees	803	
Total Number of employees	2,300,000	
Total number of self-employed	188,043	
INFORMATION ON L.I. AUTHORITY		
Number of staff assigned to OSH tasks in the authority	762	
Number of inspectors	575	

Number of visits	51,300	
Percentage of Time spent ***Out of Office*** *(per inspector per year)*		
If available - Inspecting the enterprise	25 %	
- Travel	10 %	
Percentage of available time spent ***in the office*** on administrative tasks related to the visit, like report writing, per inspector per year.	50 %	
Percentage of other administrative tasks per inspector/year*(Basic training included)*	15 %	
Number of improvement notices issued	19,074	
Number of cessation of work activities	4,033	
Number of Administrative fines imposed / proposed by L.I. (on the spot fines included)	23	
Number of cases presented to the public prosecutor	616	
Percentage of cases sent to public prosecutor leading to a conviction	88 %	
Percentage of notified accidents investigated	5 %	
Number of full time "equivalent" OSH inspectors	635	

Reported occupational accidents 2002 - 2007
By type (seriousness) and year

	Number of accidents					
Year	2002	2003	2004	2005	2006	2007
Seriousness						
1 Death	61	47	45	59	61	66
2 Other serious accidents	4,847	4,879	5,007	5,250	5,781	5,543
3 Other	39,790	37,214	38,626	41,807	42,871	43,273
Total	44,698	42,140	43,678	47,116	48,713	48,882

Article 3, Paragraph 3, Question 1-3

1. Please describe the consultation with employers' and workers' organisations on measures intended to improve industrial safety and health. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the consultation with employers' and workers' organisations.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

National level - the Working Environment Council

General surveillance of trends and developments in the working environment is provided by the tripartite Danish Working Environment Council, which advises the Minister for Employment and the WEA, and makes recommendations for priorities, improvements and legislative changes. An active dialogue is maintained among the parties. The twenty members of the Working Environment Council are appointed by the Minister from among the employers' organisations, the Trades Unions and the Local Authorities' Association. The appointments are for four-year terms and the Council meets monthly.

According to article 66 in the act the Working Environment Council shall participate in the organisation and performance of all working environment work through providing consultancy for the Minister for Employment and issuing recommendations to the Minister for Employment on:

1. the overall objectives and setting of priorities for working environment work
2. allocations of the resources which are made available under section 68 between sector working environment councils and the Working Environment Council
3. following up the work of the Working Environment Council

The Working Environment Council shall on its own initiative discuss matters which it finds of importance to the working environment and shall give its opinion on such matters to the Minister for Employment. For the purpose of the Council's political discussions and setting of priorities, it may implement development and analysis activities of a cross-disciplinary nature. The Council shall issue opinions before the Minister for Employment approves sector working environment councils in pursuance of Section 14(1).

Through representatives appointed by the Council from amongst its members or from the outside, the Council shall participate in the drafting rules and submitting proposals for new rules, drawing their authority from this Act. Furthermore, the opinion of the Council shall be obtained before such rules are laid down.

Each year, the Working Environment Council shall issue a report to the Minister for Employment concerning developments in the working environment, and improvements which the Council considers desirable.

Workplace level - safety representatives and safety committees

The system for worker representation is highly developed in Denmark. All enterprises with ten or more employees (special rules applies to work on construction sites, where the number is five or more if the work is over a specific time-scale) have a statutory duty to establish an internal safety organisation.

The core of the internal safety organisation is the safety group, which consists of the foreman/supervisor and the employees' safety representatives. A safety group is set up for each department as a general rule, but several departments may also choose to have a joint safety group. Furthermore, the enterprise can decide to conclude an agreement between the employer and employees on how to organise the safety and health work.

Supplementary Information to Article 3

In the text below are embodied the answers and supplementary information requested by the Expert Committee regarding the 26th Danish report.

Article 3 – Right to safe and healthy working conditions

Paragraph 1 – Issue of safety and health regulations

The Committee takes note of the information provided in the Danish report.

Content of the regulations on health and safety at work

The Committee noted in Conclusions XIV-2 (pp. 185-186) that the general legal framework in the field of occupational health and safety was contained in the Working Environment Act of 1999. The most recent amendment to this Act was made in 2004 in response to the working environment reform adopted by the Danish parliament in May 2004. This reform stipulates, among other things, the screening of the working environment of all Danish enterprises within a period of seven years; an obligation for enterprises to seek consultancy advice; and the introduction of a "smiley" scheme to illustrate the state of working environment of the enterprises.

The report indicates the main legislative provisions on health and safety which were issued during the reference period, concerning *inter alia* protection of workers from explosive atmospheres, construction sites, work equipment, asbestos, chemical agents and dangerous substances. The Committee considers that the general requirement under Article 3§1 that Parties should cover by regulation a large majority of the risks listed in the General Introduction to Conclusions XIV-2 (pp. 39 and 40) has therefore been met.

Protection against dangerous agents and substances

– Protection of workers against asbestos. The Committee concluded in its previous conclusion that the situation in Denmark was in conformity with Article 3§1 on this point. Nevertheless, given that Council Directive 83/477/EEC of 19 September 1983 on the protection of workers against risks connected with exposure to asbestos during work[1] has been amended during the reference period, the Committee asks if the new exposure limit as well as the minimum health and safety measures introduced by Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003[2], have been transposed into Danish law.

Reply:

The Directive has been transposed into Danish law by order no. 1502 of 21 December 2004 on asbestos. http://www.at.dk/sw4831.asp

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Moreover, the Committee reiterates its question of whether measures have been taken to draw up an inventory of all contaminated buildings and materials given the importance of this question in the light of the right to health of the population (Article 11).

Reply:

In Denmark it is forbidden to produce, import and use or work with asbestos. However it is allowed in situations of demolition, reperation and maintenance where materials containing asbestos are used.

This kind of work shall be reported to the Danish Working Environment Authorithy.

[1]. Official Journal No. L. 263 of 24/09/1983 pp. 0025-0032.
[2]. Official Journal No. L 097 of 15/04/2003.

The workers involved in the work with asbestos shall have a special education in working with asbestos.

See Order no. 993 of December 1 1986 on registration of asbestos http://www.at.dk/sw4786.asp and the above mentioned order on asbestos.

Reference is made to the answer concerning measures to control the level of asbestos in housing blocks etc. (under Article 11).

– Protection of workers against ionising radiations.

The Committee notes that maximum doses of exposure to ionising radiation in the workplace as well as in respect of the general public have been set in accordance with the transposition into national law of Council Directive 96/29/Euratom of 13 May 1996 laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation[3]. The Committee therefore considers that the situation is in conformity with Article 3§1 on this point.

Protection of non-permanent workers

In reply to the Committee's question of how the authorities applied the Charter principles on the protection of non-permanent workers, the report states that Order No. 559 of 17 June 2004 on the performance of work ensures that non-permanent workers are protected at the same level as permanent workers.

Section 18 (1) of the Order stipulates that: "the employer shall ensure that each employee – irrespective of the nature and duration of the employment relationship – receives adequate and appropriate training and instructions in performing the work safely. Information shall be given about any risks of accidents and diseases specific to their jobs, including information about any occupational-medicine studies that the employees have access to. Training and instructions shall particularly be given: (i) on recruitment; (ii) in the event of a transfer or a change of job; (iii) in the event of the introduction of new work equipment or a change in equipment; and (iv) in the event of the introduction of any new technology.

As regards temporary agency workers, Section 21 of the Order states: "(1) an enterprise employing persons whose services have been hired out to the enterprise or otherwise made available to the enterprise by an outside enterprise shall be under an obligation to ensure that the work is planned, organised and performed so as to ensure safety and health and in accordance with the rules laid down by the working environment legislation; and (2) prior to the commencement of such employment the enterprise shall give the outside enterprise the following information which the latter shall be under an obligation to communicate to the persons to be employed: (i) the required professional level, including whether special qualifications are required; (ii) any requirements of health certificates, and the special nature of the work, including any risks".

The Committee considers that the above measures comply with Article 3 since they take account of the special nature of temporary work. It nevertheless asks the next report to provide information on medical supervision for temporary workers.

Reply:

Medical surveillance of work with ionizing radiation for all workers, including temporary workers, is regulated by Danish Working Environment Service Order no. 206 of 23 March 1990 with amendments. National Board of Health order no. 663 of 12 July 1996 with amendments on outside workers, who are exposed to ionizing radiation, regulates in detail the exposure monitoring of external workers and the information flow between the outside undertakings and the operators of radiation sources regarding exposure and medical surveillance of the outside workers.

According to several orders and the order on occupational medical examinations it is the duty of the employer to ensure that employees who are at a risk for their health because of their work have acess

[3]. Official Journal No. L 159 of 29/06/1966, pp. 0001-0114.

to occupational medical examination - regardless of whether the employees are working on a temporary basis or not.

http://www.at.dk/sw4752.asp http://www.at.dk/sw12846.asp (§ 10)
order on work with substances and material (chemical agent)
http://www.at.dk/sw129 5 2.asp (§15,2 order on biological agenst)
http://www.at.dk/sw19871.asp (§§14-15 - order on noise)
http://www.at.dk/sw14181.asp (§§10-11 - order on vibrations)
http://www.at.dk/sw12429.asp (§ 23 - order on cardinogenic substances and materials at work)
http://www.at.dk/sw12901.asp (§ 24 on work in sewers)
http://www.at.dk/sw12903.asp (order on medical control of work of ionising radiation)

It also asks if non-permanent workers are entitled to representation at work.

Reply:

Yes, the Order on health and safety activities of enterprises applies also to non-permanent workers. http://www.at.dk/sw12592.asp

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Article 11

Right to Protection of Health

The following answers to article 11 and the questions asked by the Committee during the last examination of Denmark often refers to the publication "Health Care in Denmark" (enclosed), which gives an overview of health care services in Denmark. The Committee is recommended to read this publication as a whole before going through the answers to article 11 and questions related thereto.

Enclosed material related to article 11 :

- The publication "Health Care in Denmark"
- The Health Care Act (only available in Danish)
- The publication "The Local Government Reform in Brief"
- The Act on the Right to Complain and Receive Compensation within the Health Service (only available in Danish)
- National Cancer Plan II
- Cervix Cancer Screening Recommendations
- Health Technology Assessment Mammography
- Smoke-free Environment Act
- Act prohibiting the selling of tobacco and alcohol to persons below the age of 16 (only available in Danish)
- Act lifting the limit for selling tobacco to persons to the age of 18 (only available in Danish)
- Extract of "The Fight Against Drugs"

Article 11, Paragraph 1, Question 1

1. Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

General health policy

All residents in Denmark are entitled to public health care benefits in kind. Please see "Health Care in Denmark ", Chapter 1 and 4.

Anybody staying in Denmark – lawfully or unlawfully - is entitled to acute hospital care free of charge in the event of accident, sudden illness and birth or aggravation of chronic diseases etc. If the patient according to the concrete circumstances can not or should not be repatriated further non-acute hospital treatment may be given – against payment or not as is considered reasonable in the concrete situation.

Legal framework and reforms:

On January 2007 the Health Care Act entered into force. The Act gathers all legislation on public health care. The Act is caused by the "Local Government Reform" concerning local and municipal authorities and holds no changes as to citizen's entitlements.

The Local Government Reform merged the existing 271 municipalities ("kommuner") into 98. Already before the local government reform, the municipalities had undertaken a major part of the citizen-related service tasks such as care of the elderly, child care, primary school and a number of social services. With the local government reform the municipalities were assigned a number of new tasks within the Health care: the overall responsibility for any rehabilitation that does not take place during hospitalisation and preventive treatment and promotion of health for citizens. The purpose is to integrate preventive treatment and health promotion with the other local tasks in the close environment of the citizens, i.e. day care, schools, centres for the elderly, etc. Furthermore, treatment of alcohol and drug abuse is now the responsibility of the municipalities. The municipalities will also be responsible for specialised dental treatment for the mentally afflicted, etc. which formerly was in the counties.

The then 14 counties, The Copenhagen Hospital Corporation and the regional municipality of Bornholm were abolished and five regions established. The primary responsibilities of the regions are health care, regional development and operation of a number of social institutions.

The main responsibility of the regions is health care. This task involves responsibility for the hospital service, including psychiatry and health insurance, general practitioners and specialists, etc.

The purpose of establishing five regions within the health care sector is to support the quality of patient care by creating the basis for grouping treatments, exploiting the advantages of specialisation and ensuring the best possible utilisation of resources.

Please see "The Local Government Reform in Brief" for details on the reform.

Patient Safety
In June 2003 the Danish Parliament adopted the Act on Patient Safety which entered into force January 1st 2004. The Act obligates frontline health care professionals to report adverse events in hospitals to the hospital owners (the regions). From January 1st 2007 the Act on Patient Safety was implemented into the Danish Health Care Act (§§ 198-202).

For further information see section 6.2 in "Health Care in Denmark" (2008).

Patients' Rights
The main parts of patients' legal rights are gathered in the Health Care Act and in the Act on the Right to Complain and Receive Compensation within the Health Service. The aim of these laws is to is to create a set of rules to ensure patients the best possible treatment and care in all situations.

A complaints system has been established regarding professional treatment in the health service. The Patients' Board of Complaints is an independent public authority which may express criticism towards the medical staff or submit particularly serious cases to the public prosecutor with a view to taking the cases to court.

See chapter 10 in "Health Care in Denmark" for more information on patients' rights.

The Danish Healthcare Quality Assessment Programme (the Danish Model)
In November 2004 the Ministry of Health, the National Board of Health and the hospital owners agreed to develop a method to generate persistent quality development across the entire health care sector in Denmark. Also, municipalities, private hospitals, and pharmacies have signed agreements on being part of the programme.

The development, planning and running of the quality programme is undertaken by the self-governing institution IKAS (Institute for Quality and Accreditation in Healthcare) which was established in 2005. IKAS is governed by a board of directors, including representatives from the National Board of Health, Danish Regions, the Ministry of Health and Prevention and Local Government Denmark, and employs approximately 30 people.

The Danish Quality Programme provides for standards of good quality – and of methods to measure and control this quality based on accreditation. In its first generation of the Danish Quality Programme, IKAS has developed 104 standards for public and private hospitals. Standards are available for general areas (such as medication, patient involvement, resuscitation and inter-sectoral transfer), the organisational area (with standards providing for management, data safety and technology) and for various disease areas (such as gastric ulcers and diabetes). The standards will be submitted in august 2009. Presently IKAS is in the process of developing standards for the local health care sector and for pharmacies.

More information about the quality programme is available in English at: www.ikas.dk

Planning of specialist functions in hospitals

General information on the planning of specialist functions in hospitals is provided in section 3.4 in "Health Care in Denmark" (2008).

The planning of specialist functions aims to provide high quality of treatment, proper coordination of treatments and an effective use of resources. Furthermore the planning of specialist functions aims to promote expertise, research, development and education. Finally the planning aims to ensure that a high quality health care is provided at a level as physically close to the patient as possible.

The National Board of Health decides the general demands for specialist functions in hospitals, e.g. for the placement of the functions, and must approve specialist functions in public and private hospitals. Also the National Board of Health sets the criteria for the reference of patients to treatment in specialist units in hospitals.

The regulations regarding the planning of specialist functions are contained in the Danish Health Care Act (§§ 207-209). The regulations entered into force on January 1st 2006.

The future hospital structure

Modern hospitals and other health care facilities are important for the quality of the treatment of patients and for working environment of the hospital staff. In 2007 the Government and the Danish Regions agreed on the need to invest in modern hospitals to meet future requirements. The Government has decided to earmark 25 billions DKK in the coming 10 years to investment in modern hospitals.

To help evaluate the plans of the five regions for hospital structure and hospital projects the Government and the Danish Regions have appointed an expert panel with great expertise in e.g. hospital management, quality in health care, logistics and handling larger investments. The expert panel will evaluate the projects proposed by the regions in view of quality, patient safety, productivity, the need for specialisation etc.

Cooperation between the regional and local health authorities

As part of the Local Government Reform the need of cooperation between the regional and local health authorities was highly stressed. To strengthen this cooperation a new set of regulation was adopted in the Danish Health Care Act and entered into force on January 1st 2007. According to the regulations each region is obliged to form a health coordination committee in cooperation with the municipalities in the region. Furthermore each region is obliged to make a health agreement with all municipalities in the region.

The health coordination committee consists of representatives of the region, the municipalities in the region and the general practitioners. A task of the health coordination committee is to make a draft of the health agreement and survey and discuss the practical implementation of it.

As a minimum the health agreements must include the following areas: discharge of weak elderly patients, hospitalization, rehabilitation, medical aids, prevention and promotion of health and psychiatric health care. In these areas the health agreements must address the division and coordination of tasks between the regional and local authorities, the planning of capacity, development and quality of services of the regional and local health authorities and evaluation of the agreement. The health agreements must be approved by the National Board of Health. First generation of health agreements were made in the spring of 2007. As a minimum new health agreements has to be made every 4th year (according to the period of election of the municipal and regional councils).

Reform of the post-graduate medical education

The post-graduate medical education in Denmark has undergone two reforms in the last few years, an extensive reform in 2003 and a smaller reform in 2007.

The 2003 reform reduced the number of medical specialties in Denmark from 42 to 37 by converting branch specialties into medical disciplines. This followed a recommendation from a 2000 expert report, "Fremtidens speciallæge", which highlighted the need for specialties to have a sufficient size to maintain a functioning scientific and educational community.

Prior to 2003, the postgraduate medical education varied significantly between specialties. The 2003 reform divided the education into three distinct blocks:

Title	International equivalents	Duration	
-	Basic education	(Clinical internship/Vocational training)	18 months
-	Introductory education	(Clinical internship/Residency)	12 months
-	Main education	(Residency/Specialty training)	4-5 years

In 2007, forensic medicine was introduced as a new medical specialty, and the duration of the clinical internship was reduced from 18 to 12 months. As a result, the minimum length of specialisation in Denmark is now 6-7 years.

The 2007 reform also introduced a maximum deadline of 4 years between beginning basic education and undertaking the main education in order to encourage a swifter completion of the post-graduate medical education.

The reason for the 2007 reform was an increasing shortage of post-graduates. The 2007 reform aims to increase the number of post-graduates by reducing the duration of the educational period without loss of competences. The 2007 reform is expected to bring an additional 1.600 post graduates annually in 2016 and following years.

Specialisation of nurses with regards to cancer treatment
As one of the initiatives to improve cancer treatment in Denmark the Danish Government, the Association of the Danish Regions, the Association of the Danish Municipalities and the Confederation of Professionals in Denmark (FTF) agreed to establish a specialisation for nurses with regards to cancer treatment. The agreement was made in June 2007. The specialisation is established in 2008. The duration of the specialisation is 1½ year and involves both theoretical and clinical training.

Contact persons in hospitals
In 2005 the Danish Government and the Association of the Danish Regions agreed to establish an initiative to offer patients in hospitals a contact person at the hospital. The initiative aims to increase the quality and continuity in the hospitalisation process and the patients feeling of security during the process. In 2007 a large majority – about 80 % - of patients was offered a contact person according to the agreement. However in order to make sure that all relevant patients are offered a contact person the initiative is now adopted as a part of the Danish Health Act (§ 90 a) and will enter into force on January 1st 2009. Thus, by law all patients which treatment in the hospital will last more than 24 hours (no matter if they are hospitalized or not during the treatment) will have the right to be offered a contact person in the hospital.

IT in health care
See chapter 7 in "Health Care in Denmark" (2008).

Website on hospital quality and service and surveys of patients experience
See sections 6.1.2 and 6.1.3 in "Health Care in Denmark" (2008).

The survey of patient's experiences in hospital was last carried out in 2006. Although the survey showed areas where there is improvement potential, the patients overall impression of the hospitalisation process is generally positive. 90 % of the patients answered that their overall impression of the hospitalisation process is "very good" or "good".

Medical assistance

Reference to be made to the reply to Aricle 12§1, question 2-3

Article 11, Paragraph 1, Question 2

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

Measures taken to implement pubic health policy and legal framework
Please see "Health Care in Denmark" Chapter 1 for the Organisation of Health Care in Denmark, Chapter 3 for description of the Hospital sector and Chapter 4 of the Primary sector and Chapter 5 on Preventive Health Care and Health Promotion.

Health care for special groups
There are special arrangements, with limited user payment, for those who due to low mobility or mental or physical disability have difficulties using the ordinary public dentistry services. The largest group is in the 'omsorgstandpleje' where approximate 32,000 persons received dental care in 2006.

Health allowance
Old age pensioners or anticipatory pensioners (pension granted before 1 January 2003) may qualify for a health allowance if they have no other income and no capital above Dkk 59.900.
The health allowance covers up to 85 % of the costs of medicine, dental care, physiotherapy, psychological assistance etc which is also subject to contributions under the Health Act. The health allowance is a current benefit which is renewed every year.
The health allowance is granted on the discretion of the local authorities.

The rate adjustment pool (Satspuljen)
The rate adjustment pool agreement for 2008 earmarks about DKK 850 million for the improvement of vulnerable and social disadvantaged groups and recipents of transfer payemt, se under Article 14§2, The Satspulje-fond".

Pregnancy and maternity
For a general description see section 5.4.2 in "Health Care in Denmark" (2008).

It is a general principle in the care of pregnant women that the health care services are adjusted based on the woman's need.

The basic health care services offered by the regions to healthy pregnant women where no complications are expected consist of 4 consultations with the general practitioner during pregnancy and the maternity period and 4 to 7 consultations with midwifes. Furthermore all women are offered 2 ultrasound examinations during pregnancy. In addition to the health services offered by the region the municipality offers health services in the maternity period, with a basic of at least 1 consultation by a nurse with a specialisation in preventive health care specifically aimed at children.

There are screening programmes for all pregnant women for Hepatitis B virus and GBS (group B streptococcus). Screening for other infections, e.g. HIV and syphilis, is based on an individual risk evaluation. Rhesus D immunisation for women with rhesus negative blood type is systematically prevented. There is a general screening programme for newborn babies with regards to a number of rare, but serious metabolic diseases, as well as a general screening programme in order to establish early diagnosis of children with loss of hearing.

Health services are intensified for women with special need of care or with a history of or expectation of complications.

Article 11, Paragraph 1, Question 3

3. Please supply any relevant statistics or other information on the main health indicators and on

health services and professions (for example WHO and/or Eurostat data).

Activity in the health sector

– surgical procedures, discharges and average length of stay

The number of total surgical procedures (in-patient and day cases) in Denmark was around 150 per 1000 population in 2006. This is the highest level of activity among the countries in the analysis.

Since 2001, the number of total surgical procedures in Denmark has risen 13.3 percent. The majority of the OECD countries have experienced growth in this field as well.

With a total of 17,000 discharges per 100,000 population, the level of discharges in Denmark was around the same level as the OECD- and EU-15 averages in 2006. The number of total discharges in Denmark has been stable since 2001. This is also the case for our neighbouring countries.

The average length of stay for in-patient care in Denmark is among the lowest in the OECD. Since 2001, it decreased from an average length of 6.1 days to 5.2 days in 2007. The same tendency is seen in the other OECD countries, though Denmark has experienced one of the most significant decreases.

State of health

Please see "Health Care in Denmark" Chapter 8 and 9 for detailed statistics on state of health and health professions.

Death with reference to diseases

2006		
	Total Net	Per 1000
Malignant neoplasm	15610	2,75
Diseases of circulatory organs	10557	1,87
Apoplxy and age	8135	1,44
Diseases of respiratory organs	5284	0,94
Diseases of digestive organs	2910	0,51
Source: The Danish National board of Health		

Infant and Prenatal mortality rates

	2000	2001	2002	2003	2004
Prenatal mortality rate (per 1000 live births)	7,0	6,8	6,2	6,4	7,7
Infant mortality rate (per 1000 live births)	5,3	4,9	4,4	4,4	4,4

Source: OECD Health Database 2008

Number of hospitals and beds

There are 52 general hospitals (2004) with 18940 beds available and 10 psychiatric hospitals with 1698 beds. There are only a few private hospitals in the proper sense of the word. These private hospitals have a total of approximately 1000 beds (2006).

Staff in the health care sector

		per 1000
Practising physicians	(2004)	3,6
Practising dentists	(2004)	1,0
Midwives	(2006)	0,4

Practising nurses	(2006)	15,3

Source: OECD Health Database 2008

Number of pharmacies
Denmark has approximately 270 pharmacies in total. In addition there are about 55 branches of pharmacies; approximately 132 pharmacy shops and 675 over-the-counter sales outlets, which are all affiliated to one of the pharmacies. Moreover there are approximately 15 hospital pharmacies exclusively providing services to hospitals.

The location of community pharmacies is decided by the Minister of Health and Prevention.

In order to be granted a pharmacy licence one has to be a pharmacist and to be experienced in management, community pharmacy and work and economics. A pharmacy license can not be sold or otherwise transferred to third parties, including heirs.

Upon retirement, the pharmacy licence reverts back to the Minister of Health and Prevention. The pharmacy license holder is required to run his business according to a very detailed set of regulations. Normally he may only be granted a license to run one pharmacy. But under special circumstances the Minister of the Health and Prevention can grant him a license to run up till 4 pharmacies. He is required to participate in an equalization system instituting fees in order to subsidise pharmacies located in sparsely populated areas.

The prices for a medicinal product is uniform throughout the country. Pharmacy license holders are obliged to charge the price in the official list of package-prices for medicinal products published by the Danish Medicines Agency. The gross margin of pharmacies is regulated by the Minister for Health.

Article 11, Paragraph 2, Question 1

1. For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

See the report concerning article 11, paragraph 1.

Article 11, Paragraph 2, Question 2

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

Preventive Health Schemes
The preventive health schemes are described in ”Health Care in Denmark, chapter 5.4.

The preventive schemes for children and adolescents are described in “Health Care in Denmark”, chapter 5.4.3, 5.4.4 and 5.4.5.

Free advice, assistance and health examinations are given as part of the preventive health schemes as described in Health Care in Denmark chapter 5.4.3 and 5.4.4.

Pregnant women are advised regarding their lifestyle in conncetion to the preventive medical examination cf. Health Care in Denmark, Chapter 5.4.2.

The National Board of Health and several other public authorities and private organisations offer advisory services, organise information campaigns and produce teaching materials on health issues such as tobacco, alcohol, drugs, nutrition etc.

Physical Activity Campaigns (information campaign)
Each autumn in the week of 41, the National Board of Health carries out a national campaign concerning the recommendations for physical activity. The recommendations for kids and youth under 18 are 60 minutes of physical activity at moderate intensity every day (7 days a week). The recommendations for adults over 18 are 30 minutes of physical activity at moderate intensity every day (7 days a week).

The goal of the campaign is to make sure that the target group knows the recommendations.

The National Board of Health has carried out 7 campaigns the last 7 years. Information is directed to kids, youth and adults through TV. Information in TV is supported with material send directly to schools and workplaces.

The price for a campaign is 450.000 Euro. All 7 campaigns have been evaluated.

The last measure (December 2007) of the Danish population knowledge of the recommendations for physical activity are 70 % for the recommendations for adults and 60 % for the recommendation for kids and youth.

Alcohol Campaign (information campaign)
Each year since 1990, the Danish National Board of Health has carried out a national campaign in the week of 40 concerning the recommendations for alcohol consumption among adults.

The goal of the campaign is to influence knowledge on upper threshold for hazardous drinking. The recommendations for drinking limits are 21 drinks per week for men, 14 drinks per week for women, and no more than 5 drinks on each occasion. Information is directed to adults through TV, posters, internet and other materials. In addition materials are send to community professionals and general practitioners.

In 2008 the price for the campaign is 390.000 Euros. Every campaign has been evaluated. The last measure (December 2007) of the Danish population knowledge of the recommendations for alcohol are 80 % for the recommendations for men and women, and 55 % for the recommendation for maximum 5 drinks on each occasion.

Passive Smoking Information Campaign
In 2008 the National Board of Health carries out a national campaign concerning passive smoking in homes – with special focus on the exposure of children. The objectives is to inform smoking parents about the dangers of passive smoking related to their children - to make parents feel responsible for protection of their children against passive smoking - and contributes to make the home of children smoke free! There are two main massages: “The health of children can’t bear passive smoking!” and “If you want to smoke in your home – you should do it outside!”

The campaign consists of one 40 seconds TV-spot, GoCards, leaflets and posters. The campaign has two waves – just before summer and in October. The last wave will be carried out in cooperation with municipalities and pharmacists, which will ensure local activities concerning the subject.

The expenses of the campaign are around 300.000 Euro – of which the Pharmacists Organisation contributes with 70.000 Euros.

Campaign focusing on obesity among children (information campaign)
The aim of this campaign is to inform the public about the psycho-social problems related to childhood obesity, such as bullying, isolation and stigmatisation, in addition to the well-known health consequences of obesity.

The primary target group for the campaign is families with obese children, but the campaign also aims at informing professionals working with children in risk of obesity.
The campaign is planned for three years starting in November 2008.

The campaign will be communicated through TV, an internet site and posters in relevant magazines. Furthermore, local activities in the communities will support the campaign message in the getting through to the target group. These activities are for instance information material send directly to the citizens, day-care institutions, schools and activities in local sports or fitness clubs.

The price for the campaign is approximately 450.000 Euros per year, including evaluation of the campaign.

Campaign focusing on the flu (information campaign)
The aim of this campaign is to get more elderly people and people with chronic diseases to get a vaccination against the flu.

The target group is elderly people (+ 65 years of age) and people with chronic diseases like diabetes. The campaign is planned to take place in October and November 2008.

The campaign will be communicated through TV, posters, prints and articles in local and national papers and magazines. A central part of the campaign is to give the local municipalities information of the free vaccinate and make sure that Danish citizens is offered free vaccination against the flu. It is the second time the National Board of Health carries out the flu campaign. The first campaign was in October and November 2007.

In 2008 the price for the campaign is 160.000 Euros. The campaign will be evaluated.

National campaigns against Sexually Transmitted Infections (STI)
For the last 3 years the National Board of Health has carried out campaigns about Chlamydia and the use of condoms for protection of STI´s. National mass media information was through TV ads directed at youth between 16 to 25 years of age focusing on condom use, ways of transmission, testing and contact tracing. Most coverage was reached the 2 years local municipality participation was encouraged and a variety of local activities in schools, discotheques, festivals were included.

The campaigns were hugely successful among the young. The yearly budgets varied between 100.000 and 450.000 Euros.

National campaign focussing on avoiding alcohol when you are pregnant or thinking about becoming pregnant
The aim of the campaign is to prevent teratogenecity because of alcohol consumption. Furthermore the campaign encourages women you consider becoming pregnant to take folic acid as a supplement. The folic acid supplement goes on until the pregnant women are 3 months pregnant.

The primary target groups for the campaign are women between 20 – 40 years of age who are pregnant or are considering becoming pregnant. The secondary target groups are the social network around the pregnant women.

The campaign took place in the week of 26, 2008. The campaign was the first campaign of 3 campaigns. The campaign will be communicated through TV, posters, prints and websites.

In 2008 the price for the campaign was 600.000 Euros. The campaign will be evaluated.

Screening programmes in the adult population
Background
Cancer and cardiovascular diseases are the most common causes of death in Denmark. The most common cancers with high mortality rates in Denmark are for women breast, colorectal, and lung cancer and for men prostate, lung, and colorectal cancer.

The Danish national cancer screening programmes are described in the National Cancer Plan II (enclosed). Further, breast cancer screening is regulated in the Act of Health (Sundhedsloven) article 85 and article 277.

In the National Cancer Plan II from 2005 the National Board of Health recommended the following cancer screening programmes to be implemented based on international and national evidence:
- Cervix Cancer: women aged 23-59, every third year
- Breast Cancer: women aged 50-69, every second year

Further, it was recommended that screening for colorectal cancer for women and men aged 50-74 with faecal-occult-blood testing should be further investigated.

Since 2005 the following important developments have taken place:

Cervix cancer screening: Updated national recommendations have been published and a national programme for monitoring has been established.

Breast cancer screening: All regions have established programmes for breast cancer screening as of 1st of January 2008, and all women aged 50-69 must be invited for screening at least once before 31st December 2009. Clinical guidelines for breast cancer screening have been developed and a national programme for monitoring has been established.

Colorectal cancer screening: In June 2008 the National Board of Health has stated that there is a sufficient basis for a national screening programme for colorectal cancer for men and women aged 50-74. The statement follows a health technology assessment from May 2008 which concludes that screening will be cost effective also at the low rate of participation that was seen in the pilot programmes which were conducted 2005-06.
The National Board of Health will facilitate that national recommendations regarding clinical management, organisation, and monitoring will be developed and submitted to the Ministry of Health and Prevention. The recommendations are expected in the spring of 2009.

Lung cancer screening: A clinical trial with lung cancer screening financed by the Ministry of Health and Prevention is currently going on. The trial involves 4.000 participants and will run until the end of 2009.

Prostate cancer screening: International trials are currently going on. The results of these will be followed by the National Board of Health.

Screening for cardiovascular diseases: There is currently no evidence that supports mass screening for cardiovascular disease.

In the following a short status of the two implemented screening programmes is provided followed by an overview of important indicators based on scientific papers.

Cervix cancer screening - Status of the programme
In 1986 the National Board of Health published ”Preventive Measures for Cervix Cancer” and since then, all regions in Denmark have implemented screening programmes for Cervix Cancer. A Medical Technology Report from 2005 showed that the implementation varied markedly across regions. In august 2006 the National Board of Health established a working committee to update the national recommendations for screening of Cervix Cancer which are now published on the website of the National Board of Health http://www.sst.dk/publ/Publ2007/PLAN/Kraeft/Anbef_screen_livmoderhals.pdf. (enclosed)

Furthermore a national database with key indicators for the screening programme is being established. This database will ensure national monitoring of the screening programme and national data will become available.

Breast cancer screening - Status of the programme
In the Act of Health of June 24th 2005 a paragraph is devoted to screening for breast cancer. It is stated that screening by mammography should be offered by the regional board (Regionsrådet) to all women aged between 50 and 69 within the region every second year. It has been agreed that all regions must have estab-

lished a breast cancer screening programme before 1st of January 2008 and all women must be invited at least once before 31st of December 2009.

Before 2007, breast cancer screening with mammography was implemented in three of the 14 former counties in Denmark and in the capital region of Copenhagen (after 2007 the Danish counties have been replaced by 5 regions).

In 2006 a health technology assessment was performed on mammography including the interaction between clinical mammography and screening. An English summary is available at http://www.sst.dk/publ/Publ2006/CEMTV/Klin_mammo/klinisk_mammografi_UK_sam.pdf. (enclosed)
National clinical guidelines for screening of breast cancer have been developed in 2008. Furthermore a national database with key indicators for the screening programme has been established. The database will ensure national monitoring of the screening programme.

Article 11, Paragraph 2, Question 3

3. Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

Screening programmes in the adult population - Statistics
Cervix Cancer incidence
The incidence of cervix cancer has dropped from 964 cases in 1966 to 413 in 2001 in the Danish population of approximately 5 million people[4]. According to the National Cancer Register (annual report 2004) the incidence of cervix cancer was 363 in 2002, 409 in 2003 and 392 in 2004.

Detection rate
Data from one region (Fuen) show that in 2004 a total of 35.669 cervix cancer screenings were undertaken. 2,4% of the screened women had atypical findings, 1,3% had carcinoma in situ/dysplasi and 6 women had carcinoma.[5]

Rates of participation
Data from one region (Fuen) show that the rates of participation were 85,9% in 2002, 85,7% in 2003 and 84% in 2004.[6]

Breast Cancer incidence and mortality
In the National Cancer Register (annual report 2004) the incidence of breast cancer in 2004 among women was reported to be 3.991 in the Danish population of approximately 5 million people.

Detection rate
In Copenhagen a total of 106,933 screenings were undertaken from 1991-99, and 824 invasive breast carcinomas or carcinoma in situ were detected. The detection rate was 11.9 per 1000 participants in the first invitation round, and it continued to be high in subsequent rounds.[7]

[4] *Effective screening for cervical cancer screening in Denmark, Bjerregaard B, Ugeskrift for læger, February 2008, vol 170, p.711*
[5] *Screening for cervix cancer in the county of Fuen, Hølund B and Grindsted P.,, Ugeskrift for læger ,May 2006, vol168, p. 2164*
[6] *Screening for cervix cancer in the county of Fuen, Hølund B and Grindsted P.,, Ugeskrift for læger ,May 2006, vol168, p. 2165*

[7] *Early outcome of mammography screening in Copenhagen 1991-99, Lynge et al, Journal of Medical Screening, 2002,vol 9, p. 115-119*

Rates of participation
In Copenhagen the coverage rate was 71% in the first round, 65% in the second round and 63% in the third round. 91% of those participating in all of the previous three rounds attended the fourth round.[8] Thus, the programme is well accepted among women invited to participate. The programme operated with a high recall rate.

In one county (Fuen) the coverage rate was reported to be 83,5% in the first round, 83,8% in the second round and 82,1% in the third round.[9]

Reduction in mortality rates
Reduction in mortality from breast cancer in Copenhagen has been estimated to be reduced by 25 % among all women when compared to a situation without breast cancer screening. For those participating in the screening program the mortality is reduced by 37 %.[10]

Rates of false positive results
It is estimated that the cumulative risk for a false positive result for women who participate in 5 screening rounds in the screening programme in Fuen is 9% and in Copenhagen 16%.[11]

Article 11, Paragraph 3, Question 1

> 1. For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

See the report concerning article 11, paragraph 1 and 2.

Article 11, Paragraph 3, Question 2

> 2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

a) Prevention of air pollution, prevention of water pollution, - prevention of soil pollution

Air
The Ministry of Environment has laid down provisions for air quality in accordance with the EU-directives. The air quality are monitored at 12 monitoring stations. There are problems in relation to two standards. The annual limit value of 40 µg/m3 NO_2 have beenn exceeded at several locations, and the PM10 standard of a maximum of 35 days above 50 µg/m3 are exceeded at one location.

In order to reduce air pollution a number of measures have been implemented. The most significant measures are:

[8] *Mammography screening for breast cancer in Copenhagen April 1991 – March 1997, Lynge et al, APMIS, 1998, no. 83, vol 106, p.1-45*
[9] *Mammography screening in the county of Fyn November 1993 – December 1999, NjorS.H., Olsen A.H., Bellstrom et al, APMIS, 2003, vol 110, p. 1-33*
[10] *Breast cancer mortality in Copenhagen after introduction of mammography screening: cohort study by Olsen. A.H. et al from British Medical Journal 2008, p. 220*
[11] *Predicting the risk of a false-positive test for women following a mammography screening programme, Njor, S. H., 2007, Journal of Medical Screening, vol 14, p. 94-97*

- Environmental zones have been introduced in the five most densely populated municipalities. Here heavy lorries and busses are required to maintain the the newest vehicle standards or retrofit particle traps.
- Tax subsidies have been introduced in 2006 for light duty and passenger vehicles fitted with particle traps.
- Low sulphur fuel have recieved a tax subsidy since 2005 leading to a 100 % market share for both gasoline and diesel.
- 32 mio. DKK have been allocated to reduce pollution from wood fired domestic stoves and boilers. New standards have also been introduced for these installations.

Further initiatives are under preparation including a possible expansion of the requirements in the environmental zones to cover light duty and passenger vehicles.

Water

The regulation for the protection of the drinking water resource in Denmark is given by the Water Supply Act, The Soil Protection Act and the Environmental Protection Act and associated Statutory Orders from the Ministry of the Environment.

The Water Supply Act, (No. 71 of 17. January 2007) focused among others thing on regulations related to licences to abstract ground water, mapping of the groundwater resource, vulnerability assessments and planning of groundwater protection and protection of groundwater resources and regulates water resource planning.

The objective of the regulation for groundwater protection is thus, to ensure that the drinking water resource is protected and remains protected from activities and impacts posing a threat to the quality of our main water resource. Cleaning of groundwater for drinking water purposes is very seldom used in Denmark.

In the Statutory order "Water quality and supervisions of waterworks" (No 1449 of 11.December 2007) the maximum permissible concentration of constituents in water are stated. The values and the limits in this order are in accordance with the EU-directive 98/83/EC on the quality of water.

Guidelines have been issued by the Danish EPA for risk assessment of chemical substances in drinking water (DEPA, 1992).

The Danish EPA has issued guidelines (no.3, 2005 and no. 4 2005) for the municipal authorities monitoring of drinking water quality and supervision of water supplies as an amendment to Statutory order no.1449 mentioned above. The background for the guidelines is that water supply from especially private borings supplying a single household and to a lesser degree private water works often produce water of poor quality. Reasons for this are in part deficient technical installations and the borings location relative to pollution sources. The objective of the guidelines is to strengthen the procedures for water quality by increasing the local authorities' options for detecting deterioration in water quality and addressing the problem at an early stage. It is also the objective to improve the supervision of the effectiveness of water treatment.

Futher The Danish EPA has in 1997 issued supplementary guidelines (no. 2 1997) for the monitoring of drinking water quality with special emphasis on detailed analytical programmes for larger municipal water supplies producing more than 700,000 m3/year.

Planned new activities in drinking water areas are covered by the Planning act and shall therefore be subject to an impact assessment of the activity pollution threat to the drinking water resource.

On of the objective in The Soil Contamination Act is to prevent, eliminate or reduce soil contamination to hinder harmful impact of soil contamination to groundwater, human health and the general environment and the Environmental Protection Act focuses in terms of groundwater protection on the responsibility of owners of industrial, agricultural activities as well as land- and property owners in general to ensure that their activities do not give rise to a pollution threat to groundwater.

Furthermore, the Danish EPA has published health based drinking water quality criteria for several compounds and groups of compounds e.g. heavy metals, cyanides and phenols (DEPA, 1995). Appendix 1 provides a description of the methods and principles behind health assessment and derivation of drinking water quality criteria together with an overview of the present drinking water quality criteria.

b). Soil

The Environmental Protection Act prohibits the discharge of polluting substances on the ground. This is however not sufficient as there are already existing contaminated sites or areas where the soil is contaminated. The Act No. 370 of June 1999 (with subsequent amendments) covers these problems. The Act set rules for investigation, remediation/risk reduction and soil management. According to the act contaminated soil that possess a risk to residential houses, kindergartens, public playgrounds and present and future drinking water resources should be remediated. In case of slightly contaminated soil (e.g. diffuse contamination in cities) is in most cases not necessary and in stead the authorities inform the citizen about how contact to the soil could be reduced. To ensure that contaminated soil not creates new problems when moved no another location, contaminated soil and soil from city areas that are excavated and moved to another location should be notified to the authorities.

Danish EPA has published a number of guidelines to support the regional and local authorities administration. The most important are: 1) Guideline no. 8, 2000 "Mapping of contaminated sites", 2) Guideline no. 6, 1998 (main text) and no. 7, 1998 (appendix) "Remediation of contaminated Sites", 3) Guideline no. 7, 2000 "Advices to citizen in sligthly contaminated Areas". The Regions total yearly budget for investigation and remediation of contaminated sites is 380 mio. DKK.

c). Protection against noise pollution

Both the Spatial Planning Act and the Environmental Protection Act include prevention of noise annoyance in their objects clause. <**Planloven: LBK 813 af 21/06/2007; Miljøbeskyttelsesloven: LBK 1757 af 22/12/2006**> **The Health and Safety at Work Act** consists the frame for protection against damaging and annoying noise at the workplace. <LBK 268 af 18/03/2005>

Passive prevention
According to the Spatial Planning Act, noise impacted areas cannot be planned for noise sensitive use, unless the plan includes means to reduce the noise (such as noise screens). An area is noise impacted if the noise level exceeds the recommended noise limits published by the Danish Environmental Protection Agency. This rule prevents future dwellings, schools, and institutions etc. from being subject to noise pollution.

In addition the Danish building legislation sets criteria for the indoor noise level from road and rail traffic, as well as to the noise from technical installations of the building and to noise insulation between dwellings.

Active prevention
Denmark has implemented the Directives 85/337/EØF from 27 June 1985 and 2003/35/EF from 26 May 2003, ensuring that environmental impact statements are made prior to several projects, including roads, railways, airports, and larger industries. For all projects, the noise impact is analysed whenever this is relevant, and emphasis is put to keeping of the recommended noise limits. The same aim is present in the road rules, which are guidelines for road construction published by the Road Directorate.

Many types of industries and enterprises are so-called “listed enterprises” and must as such apply for and obtain an environmental permit prior to going into operation according to the rules in the Environmental Protection Act. The environmental permit contains specific noise limits, and for new enterprises these are without exceptions identical to the recommended noise limits. If these limits are not expected to be met, relocation of the project must be considered. Airports and airfields are among the “listed enterprises” as well as many noisy leisure time installations (shooting ranges, motor circuits, etc).

Measures against noise

If an industry or an enterprise, which is not a "listed enterprise", causes annoying noise, the Environmental Protection Act enables the authorities (generally the municipalities) to take measures against the noise. Measures can also be taken against noise from workshops, shops, construction activities, restaurants, sports centres, recreation centres, etc. The decision is generally based on a comparison of the noise level to the recommended noise limits, and in the decision on which measures to take emphasis is put both to the noise impact and the practical and economical possibilities to reduce the noise.

The act cannot in general empower measures against noise produced by private individuals, or against noise from road or rail traffic.

Reduction of traffic noise

The major part of the environmental noise problems in Denmark are caused by road traffic. According to the latest estimate in the government's strategy against road traffic noise **<Regeringens strategi for begrænsning af vejtrafikstøj / vejstøjstrategien 2003>** , more than 700.000 dwellings are exposed to noise in excess of the recommended limit (55 dB), corresponding to a quarter of all dwellings. As many as 150.000 dwellings are severely affected by noise (noise level above 65 dB).

Noise interval, L_{Aeq}	No. of dwellings
55 – 60 dB	340.000
60 – 65 dB	215.000
65 – 70 dB	125.000
Above 70 dB	25.000
Total above 55 dB	**705.000**
Total above 65 dB	**150.000**

Estimate of noise impacted dwellings, Road Traffic Noise Strategy (2003)

The major part of the dwellings was situated near municipal roads (appx. 90%), only about 10% of the dwellings were exposed to noise from state roads. The number of dwellings exposed to noise and severely affected by noise has not changed significantly over the past 10-15 years. A national goal set up in 1993 to reduce the number of dwellings severely affected by noise from 150,000 to 50,000 by 2010 has not been approached.

The calculations in the Road Traffic Noise Strategy of the possibilities and consequences of achieving the 1993 goal show that extremely large investments (about DKK 7 billion) are needed – which is not cost-effective compared to implementing the needed measures over a longer period (2020).

Other scenario calculations in the Strategy show that it is possible to reduce noise significantly with a smaller overall investment of DKK 2-3 billion, providing measures are organised towards 2020. Amongst other things, this involves first of all changing to less noisy road surfaces when the road surface has to be renewed anyway as part of regular maintenance.

On this background the Road Traffic Noise Strategy concludes that efforts against road noise are to be planned over a longer time horizon so that they can be organised more cost-effectively.

The most important initiatives to combat noise problems in existing dwellings over the past ten years have been along the state road network. From 1992 to 2002, the Road Directorate (Ministry of Transport) carried out noise-abatement initiatives along the existing state road network, in particular the establishment of noise screens, costing a total of about DKK 200 million. In follow-up of the Road Noise Strategy a supplementary DKK 100 million in the period to 2010 has been reserved for noise protection of state roads.

Denmark has implemented the Noise Directive 2002/49/EF of 25 June 2003, and the first phase of noise mapping is almost completed. In succession to mapping the noise, the central or municipal authorities shall make noise action plans, and the Danish Environmental Protection Agency has informed all municipalities about noise action plans and the possibilities they have to reduce road traffic noise. Even if a relative small number of municipalities have to make mandatory noise action plans, it is believed that knowledge about reduction of road traffic noise is well spread, and several municipalities have decided to use low-noise asphalt in general when maintaining roads.

A noise abatement programme for railways was launched in 1986, and is expected to be concluded by 2010. The scope of the programme is to reduce noise in dwellings along existing railways exposed to a noise level

above 65 dB (L_{Aeq}). The abatement programme consists of establishing noise barriers and providing noise insulation of dwellings. The owners receive an offer to insulate their houses, especially the windows. The contribution from the programme is 50 – 90 % of the insulation costs, depending on noise levels.

Until now some 41 km of noise barriers have been built, financed by the noise abatement programme, and additional 17 km have been constructed in conjunction with railway projects. The noise abatement programme is well advanced: the number of dwellings exposed to noise without having received either noise protection or an offer of noise protection has decreased from 17500 in 1986 to 3400 by the end of 2005. The noise barriers safeguard noise protection in 4300 homes. The owners of additionally 10500 homes have been offered support for noise insulation, where 3600 have accepted the offer. Until the end of 2005 a total of DKK 150 million has been spent on noise barriers and DKK 80 million on noise insulation.

Noise at the workplace
Denmark has implemented the Directive 2003/10/EF from 6 February 2003 regarding the exposure of workers to noise. The Working Environment Authority is enforced by the Working Environment Act to take measures against noise at the workplace. The Working Environment Authority has published general noise limits, but has the additional power to act against unnecessary noise. If the harmful noise cannot be reduced, hearing protectors shall be offered and must be used, and the employer shall instruct the employee about consequences of noise and the correct use of hearing protectors. Occupational medical tests are optional.

Reference is made to Article 3.

d). Food hygiene inspection

Legislation concerning food hygiene covers the production process as well as the sale of all types of foodstuffs. In particular the rules concerning the hygienic conditions in the production process are very strict. The authorities keep control on all companies that produce or sell all types of foodstuffs. The control includes laboratory control on hygiene.

Both the food hygiene and the control provisions are laid down in compliance with international standards.

Within recent years the control system have been modernised, on the basis of the "stable to table" philosophy and consequently the same authority keeps control on all hygienic conditions in all steps.

The legislation on hygiene of foodstuffs is laid down in Danish orders that complement the EU legislation. These orders are:

- Order on hygiene of foodstuffs (order nr. 778 of 25th July 2008), link: https://www.retsinformation.dk/Forms/R0710.aspx?id=117375
- Guideline on hygiene of foodstuffs (guideline nr. 9440 of 25th July 2008), Link: https://www.retsinformation.dk/Forms/R0710.aspx?id=117377
- Order on mussels (order nr. 840 of 20th July 2006): https://www.retsinformation.dk/Forms/R0710.aspx?id=31802
- Order on approval and registration of food business and own-check systems (order nr. 771 of 6th July 2006), link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31770
- Guideline on approval and registration of food business (guideline nr. 9459 of 12th July 2006), link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31798
- Order on training in the hygiene of foodstuffs (order nr. 123 of 15th February 2008, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=114549
- Guideline on training in the hygiene of foodstuffs (guideline nr. 9066 of 29th February 2008), link: https://www.retsinformation.dk/Forms/R0710.aspx?id=115658
- Guideline on microbiological criteria for foodstuffs (guideline nr. 9459 of 23rd December 2005), link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31724
- Circular on practise of the control in the meat establishments (circular nr. 9724 of 26th July), link: https://www.retsinformation.dk/Forms/R0710.aspx?id=32047

The regulation concerning the hygiene of foodstuffs is as follows:

- Regulation (EC) No 852/2004 of the European Parliament and of the Council of 29 April 2004 on the hygiene of foodstuffs, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:139:0001:0054:EN:PDF
- Regulation (EC) No 178/2002 of the European Parliament and of the Council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2002R0178:20031001:EN:PDF
- Regulation (EC) No 853/2004 of the European Parliament and of the Council of 29 April 2004 laying down specific hygiene rules for food of animal origin, link:http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2004R0853:20060101:EN:PDF
- Commission Regulation (EC) No 2074/2005 of 5 December 2005 laying down implementing measures for certain products under Regulation (EC) No 853/2004 of the European Parliament and of the Council and for the organisation of official controls under Regulation (EC) No 854/2004 of the European Parliament and of the Council and Regulation (EC) No 882/2004 of the European Parliament and of the Council, derogating from Regulation (EC) No 852/2004 of the European Parliament and of the Council and amending Regulations (EC) No 853/2004 and (EC) No 854/2004, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2005R2074:20061125:EN:PDF
- Commission Regulation (EC) No 1666/2006 of 6 November 2006 amending Regulation (EC) No 2076/2005 laying down transitional arrangements for the implementation of Regulations (EC) No 853/2004, (EC) No 854/2004 and (EC) No 882/2004 of the European Parliament and of the Council, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2005R2076:20061125:EN:PDF
- Regulation (EC) No 882/2004 of the European Parliament and of the Council of 29 April 2004 on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2004R0882:20060525:EN:PDF
- Regulation (EC) No 854/2004 of the European Parliament and of the Council of 29 April 2004 laying down specific rules for the organisation of official controls on products of animal origin intended for human consumption, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2004R0854:20060101:EN:PDF
- Commission Regulation (EC) No 2073/2005 of 15 November 2005 on microbiological criteria for foodstuffs, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2005R2073:20060101:EN:PDF

The Danish food inspection is based on principles stipulated in:

- Regulation (EC) No 178/2002 of the European Parliament and the council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2002:031:0001:0024:EN:PDF
- Regulation (EC) of the European Parliament and of the Council of 29 April 2004 No 882/2004 on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:165:0001:0141:EN:PDF

These principles are implemented in:

- Order on nr. 159/2008 on food inspection and publication of food inspection results, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=115244
- Supplemented by guide on inspection frequencies, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=116475 and
- The Inspection Manual, link: http://www.foedevarestyrelsen.dk/NR/rdonlyres/AEA8A1E9-4EC8-4BF3-BA1C-2E389098578C/0/Den_samlede_kontrolvejledning_af_070808.pdf

The most common zoonose in Denmark is Campylobacter. There has been taken measures to monitor and control Campylobacter and the occurrence of disease in humans caused by Campylobacter is decreasing. Action/monitoring programmes have been established to fight salmonella in pigs, poultry, eggs and cattle. The programmes are laid down in Danish orders that complement the EU legislation. These orders are:

- Order on the control of salmonella in hatching egg layer flocks and pullets reared for them (order nr. 1161 of 5 October 2007, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=32069)
- Order on salmonellosis in poultry and salmonella in poultry flocks and poultry meat (order nr. 1160 of 5 October 2007, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=32068)
- Order on the control of salmonella in table egg flocks and pullets reared for them (order nr. 1162 of 5 October 2007, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=32070)
- Order on salmonella in cattle and pigs (order nr. 112 of 24 February 2005, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31429)

The directive and regulations concerning Salmonella and Campylobacter are:

- Directive 2003/99/EC of the European Parliament and of the Council of 17 November 2003 on the monitoring of zoonoses and zoonotic agents, amending Council Decision 90/424/EEC and repealing Council Directive 92/117/EEC, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:325:0031:0040:EN:PDF
- Regulation (EC) No 2160/2003 of the European Parliament and of the Council of 17 November 2003 on the control of salmonella and other specified food-borne zoonotic agents, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:325:0001:0015:EN:PDF
- Commission Regulation (EC) No 1168/2006 of 31 July 2006 implementing Regulation (EC) No 2160/2003 as regards a Community target for the reduction of the prevalence of certain salmonella serotypes in laying hens of *Gallus gallus* and amending Regulation (EC) No 1003/2005. link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2006:211:0004:0008:EN:PDF
- Commission Regulation No 1003/2005 on a target for the prevalence of Salmonella in breeding flocks of Gallus gallus, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:170:0012:0017:EN:PDF
- Commission Regulation (EC) No 1237/2007 of 23 October 2007 amending Regulation (EC) No 2160/2003 of the European Parliament and of the Council and Decision 2006/696/EC as regards the placing on the market of eggs from Salmonella infected flocks of laying hens, link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:280:0005:0009:EN:PDF

The action/monitoring programmes have been successful and the occurrence of disease caused by Salmonella has dropped significantly within recent years. Denmark has a surveillance program for BSE/TSE in cattle, sheep and goat in accordance with EU-measures (Regulation (EC) No 999/2001 of the European Parliament and of the Council of 22 May 2001 laying down rules for the prevention, control and eradication of certain transmissible spongiform encephalopathies, link http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2001:147:0001:0040:EN:PDF).

The Danish programme is laid down in the following orders, guideline and circular:

- Order on surveillance and control of BSE/TSE in cattle (order nr. 800 of 13 July 2006, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31792)
- Order on surveillance and control of TSE in sheep and goat (order nr. 930 of 7 September 2006, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31823)
- Guideline on handling specified risk material (guideline nr. 9796 of 23 December 2005, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31604)
- Circular on control on handling specified risk material (circular nr. 9823 of 23 December 2005, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31603).

A detailed description of Food Safety in Denmark can be found in the Country Profile of Denmark published by The European Commission, Health and Consumer Directorate- General, Food and Veterinary Office. You can find the Country Profile here: http://ec.europa.eu/food/fvo/country_profiles/CP_denmark.pdf

The Directive concerning food labelling is:

- Directive 2000/13/EC of the European Parliament and of the Council on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs (link: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2000:109:0029:0042:DA:PDF)

The directive has been implemented in Danish legislation, and the Danish order and guideline are:

- Order on labelling (order nr. 1308 of 14th December 2005, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31582)
- Guideline on labelling (guideline nr. 9217 of 1st May 2004, link: http://www.foedevarestyrelsen.dk/NR/rdonlyres/22A1C4FE-4759-477E-941D-8DE213D08016/0/mrkningsvejlny.pdf)
- Guideline on labelling of food with allergenic ingredients (guideline nr. 9746 of 1st of January 2006, link: https://www.retsinformation.dk/Forms/R0710.aspx?id=31843)
- Guideline on labelling of food with quantitative ingredient declarations (guideline of May 2001, link: http://gl.foedevarestyrelsen.dk/FDir/Publications/2000105/Rapport.pdf)

e). Tobacco

Denmark has a thorough regulation when it comes to tobacco control.

In May 2007, the Danish Parliament adopted the Smoke-free Environments Acts, Act. No. 512 of 6 June 2007. The purpose of the Act is to promote smoke-free environments with the aim of preventing harmful health effects from passive smoking and involuntary exposure to tobacco smoke.

The Act applies to all public and private workplaces, institutions for children and adolescents, educational institutions, indoor facilities to which the public has access, including means of public transport (the public space) and hospitality establishments. As a general rule, smoking is not permitted indoors at these premises.

In January 2002, a law which banned tobacco advertising – both direct and indirect – entered into force *(*Act no. 492 of June 7 2001). And in September 2003, more stringent rules concerning the manufacture, presentation and sale of tobacco products were implemented (Act no. 375 of 6 June 2002). The act transposes the EC directive 2001/37/EC concerning the manufacture, presentation and sale of tobacco products into Danish law.

In 2004 it was prohibited by statute to sell tobacco and alcohol to persons below the age of 16 (Act no. 213 of 31 March 2004).

In 2008 the age limit for selling tobacco to persons was lifted to the age of 18 (Act no. 536 of 17 June 2008).

These legal changes have been accompagnied by a number of public campaigns to prevent smoking and encourage smoking cessation. Local tobacco addiction treatment clinics have been established in many municipalities.

These principles are implemented in:

https://www.retsinformation.dk/Forms/R0710.aspx?id=11388
https://www.retsinformation.dk/Forms/R0710.aspx?id=121328

The outcome is a declining in number of daily smokers in Denmark – from 43 % in 1990 to 25 % in 2006. Also the number of heavy smokers is declining. Especially encouraging is the limited number of young smokers, but there is still a considerable number of Danish women who smoke compared with others countries.

Denmark designed in June 2003 WHO's Framework convention on Tobacco Control.

f) Alcohol

For the last 30 years the annual consumption of alcohol per inhabitant has remained constant at approx. 12 litres of pure alcohol per person above the age of 14.

It is a task of the health service to monitor developments with regard to alcohol and for developing information, teaching material and preventive campaigns. Each autumn, for instance, the National Board of Health carries out an anti-alcohol campaign.

In 1998, the Parliament passed a law which banned the sale of alcohol to people below 15 years of age. In 2004 the Parliament passed a law which raised the age limit for saling alcohol to people form 15 years to 16 years (Act. No. 213 of 31 March 2004 of prohibiting the sale of tobacco and alcohol to persons below 16 years).

g) Drug abuse

It is the Government's view that drug abuse should be counteracted through consistent and continuing efforts to maintain and extend existing measures both qualitatively and quantitatively in order – to an even higher degree – to prevent the recruitment of new drug abusers, to help present drug abusers and to take firm action against drug related crime.

On this background, the Government launched an action plan against drug abuse in October 2003. The action plan called "The Fight Against Drugs" (extract enclosed) describes the underlying premises for the national drug policy as well as a number of concrete initiatives within prevention, medical and social treatment, law enforcement, treatment of criminal drug abusers and international cooperation. Also measures specifically aimed at reducing health risks due to drug abuse were included in the action plan.

"The Fight Against Drugs" has been followed-up by political agreements between the Government and a majority of the Parliament on the allocation of substantial financial resources to the implementation of action plan and other initiatives aimed at reducing health risks due to drug abuse:

- In October 2003, it was agreed to allocate resources to the implementation of the following initiatives:
    - A quality assessment of substitution treatment as a basis for future quality assurance in line with the way this is done in other parts of the health care sector. After having been carried out, this assessment has followed-up by new guidelines for the treatment of patients who are undergoing substitution treatment. In addition, the assessment and guidelines are now being followed-up by the development of a quality assurance system which will be in place in 2009.
    - A vaccination scheme involving early and free-of-charge vaccination against both hepatitis A and hepatitis B and a scheme involving free vaccination of drug abusers' relatives against hepatitis A and B.
    - Addition of sterile water to the injecting equipment handed out as part of syringe- and needle-exchange programmes.
    - A significant prevention programme in the shape of a three-year development project under the heading "Drugs out of the town" involving 14 municipalities in which all local partners – municipality, police, parents, primary schools, secondary schools, associations and environments where parties are held – were invited to commit themselves to cooperation with the aim of significantly reducing the spread of drugs in the local community. As part of professional support for and coordination of these local initiatives the Government, through the National Board of Health, intensified the development of basic material for local information and teaching initiatives in relation to young people and their parents and for the use of professionals who take care of information at the local level. The National Board of Health took care of coordination with regard to the gathering and communication of experience to other towns.

- In October 2005, it was agreed to allocate resources to the implementation of additional initiatives aimed at maintaining and expanding existing activities for reducing health risks due to drug abuse. This agreement contained the following initiatives:
    - A fund from which relevant municipalities can apply for resources to cover half of the costs involved in launching a health care programme targeted at the most severely addicted drug users.
    - A methadone injection scheme as a treatment option for drug abusers hugely involved in intravenous drug use, showing current or impending signs of damage to their health, in spite of adequate normal treatment, where the methadone is taken orally.
    - An action plan aimed at stepping up efforts to prevent the spread of hepatitis C among drug abusers and to treat drug abusers already infected with hepatitis C.
    - Expansion of the vaccination scheme involving early and free-of-charge vaccination against hepatitis so that also people who live with someone with chronic hepatitis B, people infected with hepatitis C and children under the age of 15 who frequent residential areas where there are many injecting drug users are now included in the scheme.
    - A fund from which local associations and organisations can apply for resources to cover the cost of developing and implementing locally based initiatives aimed at improving conditions for drug abusers and reducing the drug-related problems in Copenhagen's Vesterbro district.

In November 2007, the Government decided to take the necessary steps to introduce a scheme involving medical prescription of heroin for drug abusers as a supplement to the existing substitution treatment measures. Since then, the Government and a majority of the Parliament have allocated resources for the scheme and the necessary amendments to the narcotic drugs legislation have been adopted. Guidelines for the prescribing doctors and other important details are under preparation so that the scheme can be introduced in the beginning of 2009.

The Government's action plan against drug abuse "The Fight against Drugs" as well as the above-mentioned initiatives are being evaluated continuously with a view to the possible need for adjustment of the national drug policy and concrete measures.

Article 11, Paragraph 3, Question 3

3. Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.

Vaccinations:
Vaccination programs:
As for the Danish childhood vaccination programme the vaccination coverage is on level with earlier reports: for NMR between 88 and 90 % and for DTaP-IPV/Hib between 84 and 88 %.

The vaccination coverage for Pneumococcal vaccination which was introduced as from 1 October 2007 the coverage is only marginally lower compaired with the coverage of DTaP-IPV/Hib.

For influenza vaccinations the coverage of free vaccinations for persons over the age of 65 has been as follows: 2003: 47 %, 2004: 52 %, 2005: 55 %, 2006: 54 % og 2007: 47 %.

As from 1 October 2008 all females over the age of 12 who are Danish nationals or are resident in Denmark may be vaccinated free of charge against cervical cancer (HPV vaccination).

For information regarding smokers and alcohol consumption see the report concerning article 11, paragraph 3, question 2.

Please see “Health Care in Denmark” Chapter 5, 5.4.5.

Supplementary Information to Article 11

In the text below are embodied the answers and supplementary information requested by the Expert Committee regarding the 24th Danish report.

Article 11 – Right to protection of health

Paragraph 1 – Removal of the causes of ill-health

The Committee takes note of the information provided in the Danish report.

State of health of the population – General indicators

Life expectancy and principal causes of death

The Committee notes from OECD data[12] that life expectancy in Denmark rose to 79.5 years for women and 74.8 for men in 2002. The report states that the main causes of death remain cancers (2.90 per 1,000 persons) followed by diseases of the circulatory system (2.54 per 1,000 persons). Apoplexy and old age (1.53 per 1,000 persons), diseases of the respiratory system (0.98 per 1,000 persons) and diseases of the digestive organs (0.53 per 1,000 persons) are the other main causes of death.

The Committee refers to its previous conclusion (Conclusions XV-2, pp. 126-127), where it noted that the main causes of death could largely be ascribed to individual habits and lifestyles, especially smoking. Although it considers issues relating to harmful lifestyles from the standpoint of Articles 11§2 and 11§3, it notes that in September 2002 the government introduced a new public health programme for the years 2002-2010, in which eleven ministries are involved. The programme aims to increase life expectancy, improve quality of life and reduce health inequalities. It will focus on risk factors such as smoking and drug addiction. The Committee asks for detailed information in the next report on the measures taken to implement it.

Reply:

Policies and initiatives either supported or put forward by the government have since 2002 been part of the government's public health and disease prevention programme "Healthy throughout Life". The programme maintains a clear focus on the risk factors – tobacco, alcohol, accidents, eating habits and too little physical activity. It will also include preventive treatment of the major preventable diseases, e.g. asthma, allergies, diabetes, cardiovascular diseases and osteoporosis. One of the aims of the programme is enhanced quality of life, also for the elderly and for people with chronic diseases. The programme stresses the responsibility of the individual, but also underlines that the individual must be able to make well-informed choices. The programme enhances the role of the civil society the social networks, the workplace, private organisations etc. Lifestyle cannot be changed without regard for the social context in which people live.

The government has with its extensive reorganisation of the public sector and the new health legislation given the municipalities the primary responsibility for preventive health and health promotion from 2007. The government, thereby, aims to use the already established and close contact between the municipalities and the citizens as well as the large amount of knowledge about local conditions to make preventive health and health promotion more effective.

In January 2008 the government appointed a committee consisting of experts in the field of health promotion and disease prevention programme, health economics and representatives from both the public and private sector. The committee shall deliver its recommendations in the beginning of 2009 as to how health promotion and disease prevention in Denmark can be done even better than previously. The government will on the background of the committee's re-commendations publish a new public health and disease prevention programme in 2009 including clear aims for the future effort.

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[12] OECD Health Data, 2002

Infant and maternal mortality

The infant mortality rate has continued to fall since the previous reference period[13], from 5.3 deaths per 1,000 live births in 1997 to 4.9 in 2002**.** Despite the question in the last conclusion, the report contains no information on maternal mortality. In the absence of available data, the Committee repeats its question, and emphasises that the maternal mortality rate, which should be as close as possible to zero, is one of the indicators of compliance of the situation with Article 11§1 of the Charter. Should the necessary information not be included in the next report there would be nothing to show that Denmark was in conformity with Article 11§1 of the Charter.

Reply:

The Danish maternal mortality was 7.7 deaths per 100,000 live births in 2005. This is above the EU-15 average of 5.1 deaths but below the average of the OECD of 9.2 deaths per 100,000 live births in 2005. The maternal mortality in Denmark has been decreasing the recent years. Since 2002 there has been a decrease of almost 30 percent in the mortality rate. In comparison the EU-15 average has experienced a decrease of around 11 percent in this period while the average of the OECD has remained unchanged.

The data for maternal mortality should be analysed and used with great caution as the rates are relatively small numbers and thereby may lead to significant annual fluctuations. Moreover, the comparability of data in between countries may lack due to differences in methodology and definitions.

Health care system

Access to health care

The Committee refers to its last conclusion (Conclusions XV-2, pp.127-128) for a general description of the Danish system.
It notes in another source[14] that Denmark has adopted a number of innovatory approaches, such as financing projects to improve social-health service co-ordination. It asks for information on the content and results of these projects.

Reply:

Reference to be made to the above-mentioned reply of the supplementary question 11§1

As regards the new system for reimbursing the cost of prescription drugs introduced in March 2000, the Committee notes that the level of reimbursement varies according to expenditure over a one year period. There is no reimbursement of expenditure not exceeding 520 Danish crowns (DKK) (approximately € 70), other than for those under 18 who benefit from 50% reimbursement. For expenditure between DKK 520 and 1,260 (approximately € 170), the reimbursement rate is 50%, then 75% for expenditure up to DKK 2,950 (approximately €397) and 100% for expenditure over DKK 2,950. At the request of the treating physician the Danish Medicines Agency may grant reimbursement of 100% for all medicinal products for patients who are permanently in need of them or terminally ill. The Committee asks if full reimbursement covers chronic diseases.

Reply:

[13] *Ibid.*

[14] Council of the European Union and European Commission, Joint Report on Social Inclusion, 12 December 2001, Doc. 15223/01 (in European Union Website: http://register.consilium.eu.int/).

If the patient's doctor can document that the patient has a large, permanent and scientifically well-documented need for medicine, the doctor can apply for reimbursement for the chronically ill for his patient. Reimbursement for the chronically ill means that there is an upper limit to the annual expenses for medicinal products eligible for reimbursement: When the patient has paid DKK 3,270 within a reimbursement year, the National Health Service will pay the rest, provided that the patient use the least expensive of two identical products. This means that the patient must buy medicinal products for more than DKK 15,100 (CTR balance) before he/she has paid DKK 3,270. The Danish Medicines Agency must receive an application from the doctor before the end of the reimbursement year, but in that case, it will have retroactive effect dating back to the beginning of the reimbursement year.

The Committee notes the information in the report on domiciliary care for elderly persons, which is the responsibility of local authorities, who are statutorily required to establish quality standards, with a description of the services available and objectives against which the results achieved can be measured. The Committee asks for clarification in the next report, with appropriate statistics, on whether all categories of the population are eligible for these services.

Reply:

The Danish system for services to elderly persons, including home-help services, is a universal system. There is thus equal access to the services for anyone who needs them. Home-help services to elderly citizens in Denmark are granted on the basis of a needs assessment and not on the basis of age, gender, ethnicity, financial capability, etc. The local council must, cf. the Act on Social Services, offer personal care and practical assistance in the home to persons who are unable to carry out the said activities due to temporary or permanent impairment of physical or mental function or particular social problems. In this connection, the local council must decide how the assistance is to be allocated on the basis of a specific, individual assessment.

Total number of recipients of home-help services in Denmark 2002-2007 and the number of recipe ents broken down by number of hours/type of assistance 2005-2007 appears from the below tables:

Permanent home-help services, number of recipients, 2005 – 2007

	2005	**2006**	**2007**
Number of recipients	203,261	206,886	206,628
Broken down by number of hours provided per week			
Less than 2 hours	115,239	116,373	105,588
2 - 3.9 hours	23,935	24,282	23,070
4 - 7.9 hours	23,472	23,327	22,904
8 - 11.9 hours	11,937	12,365	12,121
12 - 19.9 hours	13,691	14,111	15,983
20 hours +	14,987	16,064	25,952
	203,261	*206,886*	*206,828*
Broken down per week by type of assistance			
Only personal assistance	19,157	20,716	21,070
Only practical assistance	84,983	84,989	72,857
Both personal and practical assistance	99,121	101,181	112,701
	203,261	*206,886*	*206,628*

Source: Statistics Denmark

It also asks for information on the relevant provisions and on the application of the legislation of 1 July 2002 on assistance to elderly and disabled persons.

Reply:

The Ministry of Social Welfare is in doubt as to what legislation the committee refers. Legislation on 'free choice of providers of personal and practical help and assistance' has been in force since 1 January 2003. Since 1 July 2002, all persons assessed to be eligible for assisted living accommodation/care home places have been entitled to choose such housing freely within the local authority as well as across local authority borders.

The free choice of housing includes all relevant local authority residential accommodation for elderly persons, i.e. both social housing for the elderly, regulated under the Act on Social Housing, and the existing care homes, regulated under the Act on Social Services.

The local council must offer all elderly persons who need such accommodation a dwelling in social housing for the elderly or a care home place. Citizens who have been assessed eligible by their local authority of residence for assisted living accommodation/a care home place can freely choose between the assisted living dwellings/care home places that form part of the residential accommodation offered by the local authority of residence. This applies irrespective of whether the dwelling is owned by the local authority, a social housing organisation or an independent care institution.

Furthermore, citizens who have been assessed eligible for assisted living accommodation/a care home place have a right freely to choose similar residential accommodation in another local authority. However, the local authority of the area in which residence is taken up must also assess the citizen concerned to be in need of assisted living accommodation/a care home place.

The Committee also notes that in March 2002, the Ministry of Social Affairs launched an action programme for the most vulnerable groups in society, with a series of initiatives aimed, *inter alia,* at the mentally ill, the homeless and prostitutes. It asks for detailed information in the next report on its implementation.

Reply:

Socially disadvantaged adults

As part of the implementation of Our Collective Responsibility, March 2002, the government established the Council for Socially Marginalised People, which is a significant advocate of disadvantaged groups. Two treatment guarantees have been introduced, so that more drug and alcohol misusers can now receive treatment. Efforts in the shelters have been improved. More new shelters for the most disadvantaged have been established, and more emergency places have been set up. More and better housing options have been established for citizens who find it difficult to live in regular residential facilities. Activities targeted at prostitutes have also been strengthened through the setup of a national competence centre. Support available for mentally ill people has been markedly improved, e.g. through the action programme "New paths to employment".

Parliamentary Assembly Recommendation 1626 (2003) on "the reform of health care systems in Europe: reconciling equity, quality and efficiency" invites member States to take as their main criterion for judging the success of health system reforms effective access to health care for all, without discrimination, as a basic human right. The Committee therefore asks for up-to-date information in the next report, backed up by statistics, on access to care for the most disadvantaged groups.

Reply:

Reference is made to reply under Article 11§1, 1 and 2 and to "Health Care in Denmark" (enclosed).

In its previous conclusion, the Committee noted the very long waiting times in certain hospitals and the rise in the average waiting time and asked for current information on the management of waiting lists and waiting times in health care, which it would consider with reference to Committee of Ministers Recommendation No. R (99) 21 on criteria for such management. The report states that two sorts of information are available, one from patients treated and the other from hospitals, which is subjective. The report, which does not supply the requested information, says that the two types of data cannot be compared. In the absence of concrete and detailed information, the Committee repeats its question and reserves its position on this issue. It also points out that, according to Recommendation No. R (99) 21[15], "information about the waiting time situation should be open to the public, including referring doctors, without prejudice to the data protection requirements. This could include standardised information at national and regional levels ...".

Reply:

It is a priority for the Danish Government to keep the waiting lists at the lowest possible level. Therefore continuous documentation of the actual waiting lists is necessary. This documentation is continuously improved and expanded to include more detailed data on different operations and treatments. As was the case at the time of the former report (2003) the data is still drawn from two different sources. One source – the National Register of Patients – is based on retrospective data and the other one – an internet based information system – is based on prospective data.

The retrospective data is primarily used as documentation for, whether the waiting times are increasing or decreasing. Since 2001 the waiting time for operation has decreased from 90 to 60 days. This data is published at least once a year in a report from the Danish National Board of Health.

The prospective data expresses the expected waiting time for the uncomplicated patient with the longest wait. As waiting time is often an important parameter for people in need of an operation this prospective data is used to improve the patient's possibilities to make their free choice of hospital. As this data is internet based (www.venteinfo.dk) it is open to the public.

The free choice of hospitals was introduced 1 January 1993. As from this date persons who are in need of hospital treatment have the possibility, within certain limits, of choosing freely in which hospital they wish to be treated. The persons may choose among all public hospitals. The extended free choice of hospitals was introduced 1 July 2002. Since then persons may choose among private hospitals or clinics in Denmark or abroad if the waiting time for treatment exceeds two months and the chosen hospital has an agreement with the Regions' Association regarding the treatment. From 1 October 2007 this right was further improved since the waiting time was reduced to one month.

However, in the beginning of October 2008 the government will introduce a bill on suspension until 30 June 2009 the extended free choice of hospital. The intention is to finish the accumulated number of patients who are on a waiting list due to a strike in hospitals in the early summer of 2008 with a view to treating first the patients who have the severest illnesses and have waited the longest time.

Apart from entitlement to acute necessary hospital treatment and the extended free choice of hospitals, patients suffering from cancer and certain heart diseases are entitled to treatment within maximum time limits specified in a government order. If the regions or the National Board of Health cannot offer patients with cancer or certain heart diseases treatment within the time limits and the patient him / herself can find a treatment abroad the patient is entitled to reimbursement of all costs for the treatment in a public hospital. Costs for treatment in a private hospital may be covered up to a maximum of the amount that would have been paid by the Danish public healthcare had the same treatment been provided in Denmark.

[15] Appendix to recommendation, § 22.

Health professionals and equipment

In its previous conclusion, the Committee referred to the decline in the number of hospital beds and the low density of hospital beds compared with other European OECD countries. The information in the report is not sufficient for it to assess the situation so it repeats its request for information.

Reply:

Number of hospital beds: In 2005 the total number of hospital beds was 3.7 per 1,000 population. This is significantly lower than the averages of the OECD and EU-15 with 5.6 and 5.5 beds respectively in 2005. Since 2001 the number of hospital beds has decreased by around 12 percent from 4.2 beds per 1,000 population. During this period there has also been a general decrease in the averages of the OECD and EU-15, not as heavily as the Danish decrease though. Of all OECD countries Denmark has experienced the second highest relative decrease in the total number of hospital beds since 2001.
In the analysis and interpretation of data concerning the number of hospital beds, data on activity in the health sector listed below should be taken into account. This data shows are very high activity in the Danish health sector and a very efficient utilization of the capacity of hospital beds.

Surgical procedures: The number of total surgical procedures (in-patient and day cases) in Denmark was around 150 per 1000 population in 2006. This is the highest level of activity among the countries in the analysis. Since 2001, the number of total surgical procedures in Denmark has risen 13.3 percent. The majority of the OECD countries have experienced growth in this field as well.

Discharges With a total of 17,000 discharges per 100,000 population, the level of discharges in Denmark was around the same level as the OECD- and EU-15 averages in 2006. The number of total discharges in Denmark has been stable since 2001. This is also the case for our neighbouring countries.

Average length of stay The average length of stay for in-patient care in Denmark is among the lowest in the OECD. Since 2001, it decreased from an average length of 6.1 days to 5.2 days in 2007. The same tendency is seen in the other OECD countries, though Denmark has experienced one of the most significant decreases.

It also asks for up-to-date information and statistics in the next report regarding health care professionals and equipment.

Reply:

Practicing physicians: With 3.6 physicians per 1000 population, Denmark is placed above the averages of both the OECD and EU-15 countries. The density of practising physicians in Denmark has risen 9 percent since 2001, which is a greater relative increase than the averages of both the OECD and EU-15 countries.

Medical graduates: The number of medical graduates is relatively high in Denmark. In 2006, there were 15.6 new medical graduates per 100,000 population, which is more than in any of our neighbouring countries. Since 2001, there has been an increase in the number of new medical graduates in Denmark of more than 52 percent. This is the largest relative increase among all OECD countries.

Nurses: In 2006, the density of practising nurses in Denmark was 15.3 nurses per 1000 population. This is significantly above the averages of OECD as well as EU-15 and has been slightly increasing since 2001.

Paragraph 2 – Advisory and educational facilities

Encouragement of individual responsibility

Health education in schools

The report contains details of information campaigns aimed at children and young persons. The national board of health has sent information and documentation to schools, teachers and parents encouraging schools to develop alcohol prevention policies. In November 2003 the government launched a "better health for children and adolescents" action plan, with a series of initiatives concerned with physical activity, nutrition, obesity, tobacco and alcohol. The Committee asks for details in the next report on measures taken as part of the programme.

Reply:

In the period 2007-2008 a large number of concrete initiatives have been implemented. Below is mentioned some examples of those.

Each autumn in week 40, the National Board of Health carries out a nationwide campaign concerning the harmful effects of alcohol and the recommended maximum intake – 14 units per week for women and 21 units per week for men. In 2007 and 2008 the campaign adresses the health damages due to alcohol consumption.

The National Board of Health has during 2005-2008 developed the education material, Tackling, that encourage young school childen age 13-15 to not smoke, drink alcohol or take drugs. The material is based on the american education material Life Skills Training.The material has been tested on 150 schools from 6 geografical areas in Denmark from 2005-2008.

Since the beginning of 2001, the Danish Veterinary and Food Administration, the Danish Nutrition Council, Danish Consumer Information, the Nation Board of Health, The Danish Cancer Society and others have cooperated on promoting the consumption of fruit and vegetables in Denmark – the Six per Day Campaign. This work has also continued in 2007 and 2008.

It notes however that the report fails to answer its questions (Conclusions XV-2, p. 129) on whether a general health education programme exists, the extent to which teachers are involved and what training they receive, and what financial resources are devoted to it. Nor does it say whether health education continues throughout the period of schooling. The Committee repeats its questions and reserves its position on this subject.

Reply:

Health education in schools

The Danish Ministry of Education is able to provide the following information: among the number of subjects taught in primary and lower secondary school, instruction in a healthy diet and physical activity is given in the subject areas *home economics* and *PE and sports. Home economics* is taught at one or more of the 4th-7th form levels and *PE and sports* is taught at the 1st-9th form levels. Furthermore, the obligatory discipline *Health and sex education and family studies* covers instruction in

topics such as health, habits and lifestyle. Instruction in this discipline must be provided at the 1st-9th form levels, and the basic knowledge is to be developed as a whole throughout primary and lower secondary school, both taught as a specific discipline and in connection with cross-disciplinary issues.

Home economics
Health and quality of life must constitute a natural part of the education in *home economics*, both in connection with practical work and in discussions of choices and consequences. The instruction must place focus on ensuring that the pupils acquire knowledge and skills that enable them, among other things, to

- examine various foods and the quality of foods in relation to health
- explain the importance of hygiene to health
- understand the importance of the use of resources in relation to the environment, health and quality of life
- assess meals and dishes against the background of health, taste and consumption criteria

PE and sports
The objective of the instruction in *PE and sports* is, among other things, that the pupils through comprehensive sports-related events, experience and deliberations acquire skills and gain insight into and experience of conditions for health and body culture. The instruction must place focus on ensuring that the pupils acquire knowledge and skills that enable them, among other things, to

- know of the food and fluid intake that is required in connection with physical activity
- explain the connection between food and physical activity
- know of the importance of exercise to health and well-being
- assess current issues, including body ideals
- know of the importance of PE and sports to quality of life, health and lifestyle
- know of current sports-related issues, including doping

Health and sex education and family studies
The objective of the instruction in *health and sex education and family studies* is that the pupils gain insight into conditions and values that impact on health, sexuality and family life. The pupils are to acquire an understanding of the significance of sexuality and family life to health as well as the interaction between health and the environment. The instruction must in every respect contribute to ensuring that the pupils develop qualifications for making up their minds and taking action to promote their own health and the health of others, both in collaboration with others and on an individual basis. The instruction must place focus on ensuring that the pupils acquire knowledge and skills that enable them, among other things, to

- describe physical and mental factors and discuss their interaction and impact on health and sexuality
- explain the importance of feelings and love to health, sexuality and family life
- give examples of conditions that are of importance to their own and their friends' health, including food, sleep and housing conditions
- set out simple, important rules for a healthy life
- explain how the day-to-day lifestyle impacts on health, including food, exercise, alcohol and tobacco
- examine how living conditions impact on health
- define and relate to concepts such as self-confidence, self-respect and equal status

Public information and awareness-raising

From the information in the report, the Committee notes that a series of steps have been taken to prevent lifestyles that are harmful to health. It asks for updated information on this in the next report.

Reply:

The answer refers to Art. 11§2, quest. 2.

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Consultation and screening

Pregnant women, children and adolescents

The Committee notes that pregnant women are entitled to preventive examinations by general practitioners and in hospitals. Counties are required to offer free check-ups before pregnancy and immediately after.

In answer to a question of the Committee (Conclusions XV-2, p. 130) the report states that apart from school medical examinations there are no other forms of regular medical screening of children and adolescents.

Rest of the population

The Committee notes from the answer on screening for types of cancer that every county offers screening for cervical cancer. Under Act no. 1117 of 29 December 1999, counties must introduce cancer screening for women between 50 and 69. By 2010 all counties are expected to have introduced screening for breast cancer. Screening for colon cancer has been introduced as a pilot project. The Committee hopes that there will be full and current information in the next report on all forms of screening for diseases responsible for high mortality rates.

Reply:

Please refer to the information regarding screening programmes in the adult population, article 11§2.

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Paragraph 3 – Prevention of diseases

The Committee takes note of the information provided in the Danish report.

Policies on the prevention of avoidable risks

Reduction of environmental risks

The report states that the environment ministry has not replied to the questions on air, soil and water pollution, or to the Committee's question on noise. The Committee asks for updated data on these topics in the next report in order to evaluate whether the situation is in conformity with the Charter.

Reply:

See the report concerning article 11§3, question 2.

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Ionising radiation – Apart from the information already known to the Committee (Conclusions XV-2, p.131), the report states in answer to it that Directive 97/43/Euratom on health protection of individuals against the

dangers of ionising radiation in relation to medical exposure[16] has been transposed into Danish law. The Committee also notes that there are arrangements for monitoring radiation doses and quantified dose limits.

Asbestos – In the absence of the requested information on whether measures were being taken to control levels of asbestos in housing blocks and whether companies were under specific obligations with regard to the disposal of asbestos waste, the Committee repeats its question and reserves its position on this point.

Reply:

Waste
The Danish Environmental Protection Agency is at the moment working on the implementation of the Council Decision of 19 December 2002 establishing criteria and procedures for the acceptance of waste at landfills pursuant to Article 16 of and Annex II to Directive 1999/31/EC. We expect that the new Danish legislation can come into force in the autumn of 2008.

Reference to be made to the reply to Article 11§3question 2

http://www.euro.who.int/eehc/ctryinfo/CtryInfoRes?COUNTRY=DEN&CtryInputSubmit

Use of asbestos in buildings is prohibited
Any new use of asbestos in buildings in Denmark is not allowed and has been prohibited for more than 20 years.

The endeavours by Danish authorities to avoid exposure to asbestos dust in buildings have been made with a view to protecting workers against exposure to asbestos dust in relation to their work with asbestos-containing materials that have been installed in compliance with legislation applicable at the time of installation. Thus, the Danish Working Environment Service has issued rules on the use of asbestos setting out clear and strict requirements for all types of work with asbestos (cf. the Danish Working Environment Service order no. 1502 of 21 December 2004).

Requirements for the following apply: Organization of work, layout and cleaning of the work place, use of personal protective equipment, limitation of working hours, protective screening of the work place, displaying of warning signs, demolition, repair and maintenance work, filing and training, measuring of asbestos dust, waste disposal, medical examinations and registration of asbestos-exposed persons.

Moreover, it is a requirement that the occurrence of damaged asbestos in industrial constructions be registered and that it be registered where asbestos is used before carrying out repair, maintenance and installation work or other types of building work (cf. the Danish Working Environment Service order no. 993 of 1 December 1986 on registration etc. of asbestos).

The requirements laid down by the Danish Working Environment Service primarily aim at protecting persons dealing with demolition, repair, encapsulation and sealing of asbestos-containing materials as well as the environment. Such protective measures include other users of the building, e.g. residents and other employees not exposed to asbestos in their work. In particular, the requirements for layout and screening of the work place, displaying of warning signs, requirements for demolition work etc. and waste disposal will contribute to the protection of the ordinary citizen against exposure to asbestos-containing dust.

In addition to issuance of orders, the Danish Working Environment Service has prepared a number of user guides and leaflets containing information on the requirements. Part of this material is available in several languages.

With a view to further develop the existing knowledge on the occurrence of and work with asbestos, which is required in order to achieve safe working conditions in existing buildings, the Danish Work-

[16] Council Directive 97/43/Euratom of 30 June 1997 on health protection of individuals against the dangers of ionising radiation in relation to medical exposure, *Official Journal No. L 193 of 22/07/97, p. 001*.

ing Environment Service launched a so-called "asbestos guide" on the internet on 1 September 2008. This guide has been issued with the purpose of disseminating information about where asbestos-containing materials can be found in old buildings in Denmark and how to identify such materials.

Food safety

In the absence of precise information in the report the Committee is unable to assess either the Danish legal framework or its application. It recalls that in order to comply with the Charter in this field, states must set national legal standards for food hygiene, taking into account scientific data, and establish and maintain machinery for monitoring compliance with these standards throughout the food chain. They must also develop, implement and update systematic prevention measures, particularly through labelling, and monitor the occurrence of food-borne diseases. The Committee therefore asks for current information in the next report on all the above points.

Reply:

See the report concerning article 11§3, question 2.

Measures to combat smoking, alcoholism and drug addiction

The Committee notes that the new public health programme for the years 2002-2010 focuses on risk factors such as smoking and drug addiction. The Committee asks for detailed information in the next report on the measures taken to implement it.

Reply:

The answer refers to the reply to article 11, para. 2, question 2 (smoking) and article 11§3, question 2 (drug addiction).

Smoking – the Committee notes that the legislation has been strengthened and that a number of significant measures and activities have been introduced in Denmark to combat smoking. In particular, Act no. 1313 of 20 December 2000 bans smoking in primary and secondary schools, Act no. 492 of 7 June 2001 prohibits direct or indirect tobacco advertising and Act no. 375 of 6 June 2002 transposes Directive 2001/37/EC[17] on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products into Danish law. According to the report, this legislation has been accompanied by additional measures, such as voluntary agreements on no-smoking areas, for example in the health sector, in many private workplaces and in hotels and restaurants. Local tobacco addiction treatment clinics have been established in many counties and municipalities. 16 million Danish Crowns (DKK; € 2,152,970) has been allocated to support such centres.

The Committee notes that the number of smokers fell from 44% of the population in 1990 to 27% in 2003. It asks for updated information in the next report on measures taken and results achieved.

Reply:

The answer refers to Art. 11§.3, question 2.

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[17] 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, *Official Journal No. L 194 of 18/0720017, pp. 0026-0035.1*

Alcoholism – In its previous conclusion (Conclusions XV-2, p. 133) the Committee noted that Denmark had one of the highest levels of alcohol consumption of any country and said that it should strengthen its policies in this area. The report acknowledges the scale of the problem and refers to a series of measures to deal with it, such as an annual anti-alcohol campaign organised by the national health board and various local initiatives. DKK 30 million (€ 4,036,819) has been allocated to anti-alcohol measures. Moreover, in November 2003 the government introduced legislation to raise the legal limit for the sale of alcohol and tobacco from 15 – the current statutory minimum – to 16. To assess the effectiveness of such policies the Committee needs statistics on trends in alcohol consumption. It therefore asks for information in the next report, backed up by figures, on the results achieved.

Reply:

Annual alcohol consumption in liter per capita (age 15+) 1910-2004							
Year	Liter	Year	Liter	Year	Liter	Year	Liter
1910	10,7	1940	2,9	1970	8,7	2000	11,5
1911	11,0	1941	3,4	1971	9,4	2001	11,4
1912	9,8	1942	3,2	1972	10,1	2002	11,3
1913	9,2	1943	3,6	1973	11,0	2003	11,5
1914	9,3	1944	4,0	1974	10,8	2004	11,4
1915	9,2	1945	3,4	1975	11,5		
1916	9,6	1946	4,4	1976	12,0		
1917	4,7	1947	4,4	1977	11,6		
1918	2,2	1948	4,7	1978	11,0		
1919	3,4	1949	4,5	1979	11,9		
1920	4,1	1950	4,5	1980	11,7		
1921	3,6	1951	4,3	1981	12,1		
1922	3,8	1952	4,5	1982	12,4		
1923	4,0	1953	4,6	1983	12,8		
1924	4,2	1954	4,8	1984	12,2		
1925	4,0	1955	4,2	1985	12,3		
1926	3,8	1956	4,2	1986	12,1		
1927	3,4	1957	4,4	1987	11,9		
1928	3,2	1958	4,5	1988	11,8		
1929	3,6	1959	5,0	1989	11,5		
1930	3,6	1960	5,4	1990	11,6		
1931	3,4	1961	5,9	1991	11,5		
1932	3,0	1962	5,7	1992	11,8		
1933	3,0	1963	5,9	1993	11,7		
1934	3,3	1964	6,6	1994	12,0		
1935	3,2	1965	6,6	1995	12,1		
1936	3,3	1966	7,0	1996	12,2		
1937	3,3	1967	7,2	1997	12,1		
1938	3,3	1968	7,5	1998	11,6		
1939	3,6	1969	8,0	1999	11,6		
Source: Thorsen (1990); Danmarks Statistik 1910-2004							

No progress has been made on this issue since 2003. The annual alcohol consumption is still more than 11 liter per capita (age 15+).

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Drug addiction – The Committee notes the information in the report and in particular the national action plan against drug abuse launched in 2003. It asks for detailed information on the measures introduced and their effects in the next report.

Reply:

Please see the section on drug abuse under article 11§3, question 2.

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Prophylactic measures

The Committee asks for detailed and up-to-date information on vaccination rates and epidemiological monitoring.

Reply:

Reference is made to reply under Article 11§3, 3 and “Health Care in Denmark”, Chapter 5 (enclosure 2).

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Article 12

Right to Social Security

Article 12, Paragraph 1, Question 1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The Health Act, the Daily Cash Benefits (Sickness) Act, the Act on Unemployment Insurance, the Social Pensions Act, the Act on Work Accidents and Industrial Injuries, the Act on Family Benefits and Family Allowances, the Act on the Highest, Intermediate, Ordinary and Increased Ordinary Pensions

Article 12, Paragraph 1, Question 2-3

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

A) MEDICAL CARE

"The reimbursement system in Denmark is based on individual need, and the reimbursement rate for reimbursable medical products depends on a given patient's prior consumption of medicine within an individual reimbursement period of one year. E.g. the reimbursed amount depends on the total cost – calculated on the basis of reimbursement prices (see below) – of reimbursable medical products which the given patient has purchased within a period of one year reckoned from the date of the first purchase. A new period of one year shall commence the first time the patient purchases reimbursable medical products after the expiration of the preceding period. All reimbursable medical products have an equal status from the point of view of reimbursement.

According to the reimbursement system there is no reimbursement for persons over 18 years of age if their expenditure for reimbursable pharmaceuticals does not exceed 800 DKK within a year.

- If a patient's expenditure exceeds 800 DKK but is below 1,300 DKK within a year, 50% of the expenditure between 800 and 1,300 DKK will be reimbursed.
- If a patient's expenditure lies between 1,300 and 2,800 DKK, 75% of the expenditure between 1,300 and 2,800 DKK will be reimbursed.
- And if expenditure for reimbursable medicine exceeds 2,800 DKK, the amount exceeding 2,800 will be reimbursed at the rate of 85%.

Persons under 18 years of age are not covered by the lower limit of 800 DKK. For children and young people there is a reimbursement of 60% of expenditure up to 1,300 DKK. In the case of expenditure over 1,300 DKK reimbursement rates are similar to the rates that apply to persons over 18.

On application from the treating physician the Danish Medicines Agency may determine that for persons with an extensive, permanent and professionally well-documented need for medical products, the reimbursement rate shall be 100% of the part of the total *co-payment* which is in excess of 3,270 DKK per year (i.e. in excess of total cost of DKK 15,100 for persons over 18).
On application from the treating physician the Danish Medicines Agency shall grant reimbursement of 100% of *all* medical products prescribed by a physician for patients who are terminally ill and who, according to a physician's prognosis, will not live much longer and will not benefit from hospital treatment.

For all reimbursable products a "reimbursement price" is set. The reimbursement price is used when calculating reimbursement and co-payment. The reimbursement price of the generic group is the price of the cheapest product in the group

According to The Health Act the Minister for Health and Prevention shall lay down regulations on the adjustment of the general cost limits and the ceiling on co-payment for persons with and extensive, permanent and professionally well-documented need for medical products mentioned above. *The cost limits and the price ceiling are changed 1st January each year.*"

Reference to be make to the reply to question Article 11§1 question 1

B) SICKNESS BENEFIT

Act No 563 of 9 June 2006. The Daily Cash Benefits (Sickness) Act.

No 389 of 27 May 2008, Act on amendment of the Daily Cash Benefit (Sickness) Act. Extension of the employers obligation to pay sickness benefits from 15 to 21 days.

The maximum weekly amount of sickness benefits 2008 is DKK 3,515.00

In June 2008 the government unveiled a new strategy for dealing with sickness absence. The strategy comprises 30 recommendations in four target areas:

- Preventing sick leave
- Proactive stance against long term absence
- Increased use of labour market activation of unemployed workers on sick leave
- Better coordination between the Ministry of Health and the Ministry of Employment

When parliament convenes after the summer holiday, the government will table a number of legislative bills with an eye on enacting reform of the sickness absence system.

The Danish National Centre for Social Research has published a study of the effects of current legislation concerning sickness absence, using data from the period 2005-2008. The results of this study form part of the basis for the government's report to parliament on the effects of changes undertaken in 2005 to laws concerning sickness absence.

C) UNEMPLOYMENT BENEFIT

Act No 498 of June 6th 2007 on amendment of the Act on unemployment insurance. The act concerns benefits or voluntary early retirement pay scheme after taking care of a handicapped or seriously ill child or a related person, who wishes to die in his own home.

Act No 108 of February 26th 2008 on amendment of the Act on unemployment insurance and act on flexi-benefits. The act is an adjustment of the specific rules of regret*) in relation to the voluntary early retirement pay scheme and the flexi-benefits scheme.
*) rules of regret: if a person has not joined the VERP-scheme but wishes to opt in it is possible subject to a reduction of 2% for each year outside the scheme.

Act No 481 of June 17th 2008 on amendment of the Act on unemployment insurance. The act is on the limitation of the period of supplementary unemployment benefits. The period decreases in which a person can get supplementary unemployment benefits.

Act No 482 of June 17th 2008 on amendment of the Act on unemployment insurance. The act is on the employer's payment of unemployment benefits if the employee is laid off work. The payment changes from two days to three days.

The maximum weekly amount of employment benefits 2008 is DKK 3,515.00

Please see under Additional remarks concerning question raised by the Independent Experts as at 28 January 2008.

E) OLD AGE BENEFIT

Amendments to the Act on Social Pension – The Jobplan.

In order to remedy the lack of manpower the Government concluded an agreement on a Jobplan the aim of which is to increase the supply of manpower and create better financial conditions for seniors who wish to stay on the labour market beyond the age of 65.

The amendment introduced by the Minister for Social Welfare on 28 March 2008 is aimed at seniors who have already retired, those who receive social pension and who wish to increase the income from pensions by an additional earned income, and at seniors who wish to defer the pension.

Re income adjustment:

Entitlement to pension allowance and personal allowances is calculated on the basis of all taxable income, inclusive of pension. Under the new provision the first 30,000 of earned income by old age pensioners shall not be taken into consideration in the calculation of personal allowances (as e.g. the means-tested personal allowance, pension allowance, supplementary pension allowance and health allowance).

Re deferred pension:

For persons who meet the requirements for deferred social pension the number of compulsory annual working hours shall be reduced from 1,500 hours to 1,000 per year in order to favour a more flexible transition from working life to retirement.

The provisions entered into force on 1 July 2008.

Supplementary pension allowance.

On 1 July 2008 the Danish Folketing adopted an amendment to the Social Pension Act to the effect that the supplementary pension allowance was increased to a maximum of DKK 10,000 with effect as at 1 January 2009. The allowance is means-tested.

Social pension (old age) per month in DKK, January 2008

Non-single persons:	
Basic amount	5,096
Pension supplement	2,396
Total	**7,492**

Single persons:	
Basic amount	5,096
Pension supplement	5,130
Total	**10,226**

D) WORK ACCIDENTS AND OCCUPATIONAL DISEASE BENEFIT

Amounts in 2007:

Loss of earning capacity:
Compensation for loss of earning capacity is granted if there is a permanent loss of earning capacity of between 15 and 100 per cent as a consequence of the industrial injury. The compensation is calculated on the basis of the earned income in the 12 months preceding the injury. The maximum annual earned income is adjusted on an annual basis in step with the general development in wages. Compensation is always only paid as equivalent to 80 per cent of the decrease in earned income. Maximum annual earned income:
DKK 407,000

Compensation for permanent injury rated at a permanent injury rating of 100 per cent (lump sum):
DKK 677,500

Carry-over in case of death:
DKK 127,500

Compensation for loss of family provider:

- Surviving spouse (maximum 30 per cent of the annual earned income of the deceased. Maximum annual earned income DKK 407,000): Max. **DKK 122,100**
- Children (10 per cent of the annual earned income of the deceased. Maximum annual earned income DKK 407,000): Max. **DKK 40,700**
- Orphans (20 per cent of the annual earned income of the deceased. Maximum annual earned income DKK 407,000): Max. **DKK 81,400**

Compensation for surviving dependants (maximum): **DKK 100,000**

Amounts in 2008:

Loss of earning capacity:
Compensation for loss of earning capacity is granted if there is a permanent loss of earning capacity of between 15 and 100 per cent as a consequence of the industrial injury. The compensation is calculated on the basis of the earned income in the 12 months preceding the injury. The maximum annual earned income is adjusted on an annual basis in step with the general development in wages. Compensation is always only paid as equivalent to 80 per cent of the decrease in earned income. Maximum annual earned income:
DKK 419,000

Compensation for permanent injury rated at a permanent injury rating of 100 per cent (lump sum):
DKK 699,000

Carry-over in case of death:
DKK 131,500

Compensation for loss of family provider:

- Surviving spouse (maximum 30 per cent of the annual earned income of the deceased. Maximum annual earned income DKK 419,000): Max. **DKK 125,700**
- Children (10 per cent of the annual earned income of the deceased. Maximum annual earned income DKK 419,000): Max. **DKK 41,900**
- Orphans (20 per cent of the annual earned income of the deceased. Maximum annual earned income DKK 419,000): Max. **DKK 83,800**

Compensation for surviving dependants (maximum): **DKK 100,000**

For comments relating to “Conclusions made by the Committee of Experts” please see under additional remarks.

F) FAMILY BENEFITS

- **Ordinary child allowance** is payable to single parents and to parents who both receive a pension under the Social Pensions Act. The allowance is **DKK 4,556 annually** as at January 2008.

- **Extra child allowance** is payable as a supplement to the ordinary child allowance to single parents who have the child living with them. The allowance is **DKK 4,636 annually** January 2008 irrespective of the number of children.

- **Special child allowance** is payable to children who have lost one or both parents, or when paternity has not been determined. Furthermore, a child may qualify for the special allowance if one or both parents receive a pension under the Social Pensions Act and in some other cases. As at January 2008, the special child allowance is **DKK 13,128 annually** per child. An orphan, however, receives twice this amount.

- **Multiple birth allowance** is granted in the event of multiple births and until the children reach the age of 7. The multiple birth allowance is **DKK 7,504 annually** as at January 2008 for each child, except for the first.

- **Adoption allowance** is granted to adopters of a foreign child through one of the recognised adoption organisations. The allowance is **DKK 43,225** as at January 2008 and is payable as a **lump sum** to cover some of the expenses incurred in connection with the adoption.

- **Students allowance.** Parents who are under education who have a child living with them are entitled to an allowance of **DKK 5.976 annually as** at 1 January 2008. A parent can only receive one such allowance and there is only paid one allowance per child.

Advance payment of child support. Any amount of child support fixed in pursuance of the Children Act remaining unpaid on the due date for payment may be disbursed out of public funds to the person entitled to require child support. Advance payment may be required as to the amount provided for by the Children Act, but not exceeding the standard amount of child support, that is **DKK 13,128 annually** as at January 2008.

Both family allowances and child allowances are free of tax and paid quarterly, independent of income.

The general family allowance payable under the rules of the Ministry for Taxation amounts to: DKK 15,072 per year as at 1 July 2008.

Effective coverage of the population for family benefits. The family benefit system in Denmark theoretically covers the whole population, since it is give on objective criteria. Once the citizen meets the criteria the benefit is paid out.
The regular family allowance (børnefamilieydelse) is given to every family with children under the age of 18 years. So the effective coverage for this benefit is 100 percent.

Besides børnefamilieydelsen there are a number of other family benefits which are paid out then objective criteria are meet. These are:
Ordinary, extra and special child benefits.

Ordinary child benefit covers approximately 16,5 percent of the population of children under 18 years in 2007.

Extra child benefit covers approximately 18,3 percent of all families with children in 2007.

There are two special child benefits, but these are both given with a reduction depending on the parents' income, so it's not possible to calculate the number of benefits paid out.

G) MATERNITY BENEFIT

Act No 566 of 9 June 2006. The Maternity Leave and Benefits (Maternity) Act

The weekly amount of maternity benefit is DKK 3,515.00

H) INVALIDITY BENEFIT

As an element in the Jobplan (referred to above under old age pensions) the Government has introduced regulations the purpose of which is to give anticipatory pensioners, who receive anticipatory pension in accordance with the "old" scheme (in force before 1 January 2003) an incentive to re-enter the labour market, should they so wish. Attachment to the labour market – whether on a big or small scale – may contribute to the personal development of the person concerned and be beneficial to the labour market. Anticipatory pensioner – under the old scheme – may to a certain extent use their residual working capacity on the labour market without loosing their right to pension. It is to be assumed that some of these anticipatory pensioners could work on a somewhat larger scale, but might refrain from doing so for fear of loosing the pension.

The regulations just introduced provides for full security for anticipatory pensioners to work without loosing their right to the pension.

The local government shall receive information on the amount of earned income and shall make an estimate if the pension is to be made pending. The pension shall be pending if the income, on a permanent basis, is expected to be twice the basic pension amount (DKK 122,306 in 2008).

The regulation entered into force on 1 July 2008.

With effect as at January 2003 the Danish government reformed the procedures for rehabilitation, flexijob and anticipatory pension. The purpose was to make sure that as many as possible could stay at or enter the labour market. Among other things a new method was developed to be used in all cases concerning rehabilitation, flexijob or disability pension. The method was designed to expand and support the already existing active orientation in social policy. The assessment of the citizen shifted from a focus on a person's limitations and incapability to a focus on the remaining working capability. This is the reason why the anticipatory pensioners under the new scheme (after 2003) are not comprised by the above regulation under the Jobplan.

Benefits

New anticipatory pension scheme (after 2003):

Anticipatory pension as at 1 January 2008 according to the new scheme:

Single persons: DKK 15,232 per month
Non-single persons: DKK 12,947 per month

Old scheme:

Anticipatory pension per month, DKK, January 2008

Non-single persons:	
Ordinary	9,970
Increased ordinary	9,970
Intermediate	9,970
Highest	13,391

Single persons:	
Ordinary	12,704
Increased ordinary	12,704
Intermediate	12,704
Highest	16,125

Article 12, Paragraph 2, Question 1-2

> 1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
>
> 2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Unemployment insurance

Act no. 176 of 27 February 2007. The Act to amend the Act on active employment measures, the Act on the responsibility for and control of the active employment measures, the Act on unemployment insurance, etc., the Act on an active social policy, the Integration Act, the Act on government grants for adult education, and the Act on compensation in connection with participation in vocational adult education and continuing professional development (the welfare reform – improved efforts to reduce unemployment, etc.).

Act no. 1540 of 20 December 2006. The Act to amend the Act on unemployment insurance, etc. the Act on active employment measures, the Integration Act, and the Act on assessment of income tax to the state (Raising of the early retirement age, more flexible early retirement scheme, cooling off arrangement, improved job opportunities for the over 55s, etc.)

These legislative amendments implement part of the Welfare Agreement, which will result in higher employment rates, growing prosperity and will balance the public budgets in the long term. The improved employment rates mean fewer unemployed people as well as fewer people outside the workforce claiming transfer income. All initiatives are deemed to counter most of the decline in the workforce which would otherwise result from demographic factors as the population mix changes.

Overall, the proposals for later retirement including adjustment to longer life expectancy are expected to provide a long-term balance in the economy of the welfare society and could finance future welfare expenses, such as care for the elderly and health care.

Specifically in the area of unemployment insurance, a gradually increasing early retirement age and a more flexible early retirement scheme will strengthen employment. The two-year rule offers the opportunity to receive a higher early retirement benefit rate, to have a more favourable pension allowance and the opportunity to earn a tax-free premium if you defer your early retirement at least two years after obtaining your early retirement certificate and you have worked 3,120 hours during that period. Efforts will be made to maintain uniform rules for early retirement benefits and flex benefits (the early retirement scheme for persons in flex jobs). This means that the age for receiving flex benefits will continue to correspond to that of the early retirement scheme.

Moreover, the extended right to unemployment benefits will be phased out and replaced by so-called senior jobs. Persons over 55 years are not allowed to use up their unemployment benefit entitlement if they have prospects of retiring early as 60-year-olds. This is also called the extended right to unemployment benefits. In future, the right to unemployment benefits will be the same for all persons, that is a maximum of four years. The discontinuation of the extended right to unemployment benefits does not mean that you lose the

right to retire early later on. The right to retire early is maintained if the relevant person continues paying early retirement contributions and being a member of an unemployment insurance fund.

Sickness benefits

Act no. 563 of 9 June 2006 on sickness benefits. With a view to updating and simplifying legislation in the area of sickness benefits, the previous Act on benefits in the event of sickness or childbirth was superseded by the Act on sickness benefits.

The new Act on sickness benefits contains a clearer structure than the previous Act. Moreover, material provisions from the Executive Order on sickness benefits have been incorporated in the Act and practice in a range of areas has been included in the Act.

The rules on maternity/paternity benefits have been removed from the Sickness Benefits Act and are now set out in a separate Act on the right to leave and benefits in connection with maternity/paternity leave (the Maternity/Paternity Act).

The Act contains the following new elements:

- Local authorities' access to advance claims for recourse have become limited to the effect that they can have no recourse against an employer in a case where an employee with the relevant employer has suffered an industrial injury.
- The period during which an employer with a chronically ill employee can have his expenses for sickness benefits covered is extended from one to two years.
- The basis of calculation of sickness benefits for self-employed persons has been changed from six days to five days.

Act no. 1545 of 20 December 2006 to amend the Act on sickness benefits and various other statutes (Amendment of the rules on extension of the sickness benefit entitlement period, sickness benefits for persons partially absent due to sickness, extension of the employers' coverage period and consequential amendments). The amendment of the Act allows persons absent due to sickness who are receiving or awaiting medical treatment to have their sickness benefit entitlement period extended by up to two years beyond the usual period of 52 weeks. Furthermore, the rules on reduced sickness benefits have been improved to the effect that special groups of employees partially absent due to sickness are entitled to full sickness benefits. This is primarily of relevance to insured unemployed persons who are partially absent due to sickness, employees losing their jobs during part-time sickness, and employees partially absent due to sickness in an employment relationship in which the employer does not offer employment on reduced hours. Finally, the employers' coverage period has been extended by one day by the amendment of the Act to the effect that the employer pays the sickness benefits for the first 15 days of the employee's sickness absence.

Act no. 389 of 27 May 2008 to amend the Act on sickness benefits (Extension of the employers' coverage period). The employers' coverage period has been extended from 15 calendar days to 21 calendar days. The reason for this amendment of the Act is that a longer employers' coverage period will give the individual employer a better economic incentive to conduct an active sickness absence policy and thereby prevent short-term sickness to a higher degree.

Based on Act no. 563 of 9 June 2006 on sickness benefits, guidelines no. 9300 of 25 June 2008 on sickness benefits have been issued. The purpose of the guidelines is to describe and amplify the connection between the individual components of the sickness benefits rules.

Sickness benefits - rates:
Maximum sickness benefits in 2006 amounted to approximately DKK 173,264 per annum (DKK 3,332 per week).
Maximum sickness benefits in 2007 amounted to approximately DKK 177,580 per annum (DKK 3,415 per week).

Unemployment benefits - rates:

Maximum unemployment benefits in 2006 amounted to approximately DKK 173,420 per annum (DKK 667 per day for full-time insured persons).

Minimum unemployment benefits in 2006 amounted to approximately DKK 142,220 per annum (minimum rate DKK 547 per day for full-time insured persons).

Maximum unemployment benefits in 2007 amounted to approximately DKK 177,580 per annum (DKK 683 per day for full-time insured persons).

Minimum unemployment benefits in 2007 amounted to approximately DKK 149,760 per annum (minimum rate DKK 576 per day for full-time insured persons).

Maternity/paternity benefits - rates:
Maximum maternity/paternity benefits in 2006 amounted to approximately DKK 173,264 per annum (DKK 3,332 per week).

Maximum maternity/paternity benefits in 2007 amounted to approximately DKK 177,580 per annum (DKK 3,415 per week).

Article 12, Paragraph 2, Question 3

3. Please provide pertinent figures, statistics or any other relevant information, in particular on the extent to which the branches of social security in your country fulfils (or goes beyond or falls short of) the requirements of ILO Convention No. 102.

Denmark ratified the ILO's Convention no. 201, the C102 Social Security (Minimum Standards) Convention, by royal decree in 1955.

Denmark regularly reports to the ILO about compliance with the Convention. The most recent report covering the period up until 31 May 2006 was submitted to the ILO on 29 September 2006. A copy of the report is enclosed with the information about Denmark's compliance with ILO Convention No. 102.

Article 12, Paragraph 3, Question 1-3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.

The social security benefits follow the general, annual increases in wages. The rate of increase was 2.9% in 2008.

Article 12, Paragraph 4, Question 1-3

1. Please describe the legal framework, in particular the complete list of bilateral and multilateral agreements or any other means such as unilateral, legislation proposed or adopted, or administrative measures and indicate how they allow for the various social benefits the implementation of the principles provided in sub-paragraphs a) and b).

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures or any other relevant information, Please, indicate also the length of residence requirements when applicable.

Relevant for the Social Charter we can inform that Denmark has bilateral agreement on social security with the republic of Turkey (1976 and 1999) and EX- Yugoslavia (1978) and Croatia (2005).

With regard to the 102 th meeting (14. – 18. october 2002) we can refer to the information given in the national report concerning the accumulation of insurance and employment periods.

The bilateral agreements do not cover aggregation of employment or insurance periods for all the social benefits.

The bilateral agreements on social security are based on reciprocity and ensures equal treatment of Danes and nationals of the countries in question.

This means that the issue affects only nationals of a very limited number of countries (Albania, Moldova, Armenia and the non-EU part of Cyprus).

With respect to countries not covered by reciprocal agreements we can inform , that is a general Danish policy, that setting up a bilateral convention requires a mutual interest and willingness from the countries in question – and that a convention or agreement will apply on a reasonable number of persons.

Supplementary Information to Article 12

In the text below are embodied the answers and supplementary information requested by the Expert Committee regarding the 25th Danish report.

Article 12 – Right to social security

Paragraph 1 – Existence of a social security system

The Committee takes note of the information provided in the Danish report.

The Committee refers to its previous conclusion for the detailed description of the social security system (Conclusions XVII-1, p. 136) and notes that the number of branches covered by the social security system is sufficient. The system rests on collective funding as it is generally funded by taxation, with the exception of unemployment insurance which is voluntary but largely subscribed to by employees and self-employed[18].

The Committee recalls that, under Article 12§1, the social security system should protect a significant proportion of the population in the following branches: health care, sickness, unemployment, old age, employment injury, family, and maternity. The report provides figures for 2004 for old-age pensioners (713,961), beneficiaries of maternity benefits (83,393) and family benefits (see conclusion under Article 16). The Committee asks the next report to provide figures, for the period of reference, for any branch in percentage in order to be able to assess the effective coverage of the population (health care, sickness insurance and family benefits) and of the active population (sickness and maternity benefits, unemployment benefits, pensions, and work accidents or occupational diseases benefits).

Reply:

The effective coverage of Danish workers' compensation is 100 per cent. This means that anyone who is injured at work is protected against the consequences of an industrial injury. This includes persons who receive pay as well as unpaid helpers who are in permanent, temporary or passing employment.

Employers are under an obligation to take out an industrial injuries policy for their employees. Even if an employer has not taken out statutory industrial injuries insurance, the injured person is still entitled to workers' compensation.

Self-employed persons are not covered by the statutory workers' compensation. Self-employed persons do, however, have the option of taking out voluntary industrial injuries insurance if they wish to be protected against industrial injury in the event of an injury or disease caused by their work.

In principle the included groups of persons are covered when they perform work in Denmark. Under certain circumstances the insurance scheme also applies to work which is performed while the person is temporarily posted in another country. The rules for this are set out in EU Regulation 1408/71, for employees sent to another EU/EEA Member State, and in the Workers' Compensation Act (by way of an Administrative Order) for employees who are sent out to work in a third country.

Below follows a table showing the number of reported workers' compensation claims in 2006 and 2007 respectively.

	2006	2007
Accidents at work	21,529	20,407
Occupational diseases	18,368	19,448
Sudden lifting injuries	42	13
Damage to spectacles	87	81
Total	40,026	39,949

[18] European Commission, DG Employment and Social Affairs, Your social security rights when moving within the European Union, 2002, Denmark p. 29; www.europa.eu.int/comm/employment_social/publications/2003/ke4101696_en.pdf

It appears from the table that the share of reported accidents at work has dropped by more than 1000 claims from 2006-2007. On the other hand, reported occupational diseases have increased by approximately 1000 claims in the same period of time.

The table below outlines the recognition percentage for workers' compensation claims in 2006 and 2007.

	2006	2007
Accidents at work	76,7	78,4
Occupational diseases	17,8	24,3
Sudden lifting injuries	43,9	38,6
Damage to spectacles	78,4	59,7

It appears from the table that the recognition percentage for accidents at work as well as occupational diseases went up in 2007 as compared to 2006.

Table 3. The share of sickness benefit claimants as a percentage of the workforce in 2006 and 2007

	2006	**2007**
Total workforce	2,755,134	2,901,911
Sickness benefit claimants during the year	457,929	468,353
Percentage sickness benefit claimants	17	16

Source: Statistics Denmark
Note: The sum of employed and unemployed people is equivalent to the workforce.

Table 4. The share of maternity/paternity benefit claimants as a percentage of the workforce in 2006 and 2007

	2006	**2007**
Total workforce	2,755,134	2,901,911
Maternity/paternity benefit claimants during the year	150,141	152,615
Percentage maternity/paternity benefit claimants	6	5

Source: Statistics Denmark
Note: The sum of employed and unemployed people is equivalent to the workforce.

Table 5. The share of unemployment benefit claimants (recipients) as a percentage of the workforce in 2006 and 2007

	2006	**2007**
Total workforce	2,755,134	2,901,911
Unemployment benefit claimants during the year	297,667	234,635
Percentage unemployment benefit claimants	11	8

Source: Statistics Denmark
Note: The sum of employed and unemployed people is equivalent to the workforce.

Health Care benefits in kind:
Health care: Reference is made to the answer to question 1 to Article 11§1, 1:

All residents, i.e. 100 % of the population, are entitled to public health care benefits in kind.

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Paragraph 3 – Development of the social security system

The Committee takes note of the information provided in the Danish report.

According to the report changes occurred in the social security system. The Committee focuses on the amendments concerning the Unemployment Insurance Act, already examined in its previous conclusion (Conclusions XVII-1, p. 138). In reply to the Committee's question about the effects in practice of these amendments, the report indicates that the introduction of one uniform benefit period for unemployed and persons participating in active measures was meant to simplify the administration of the unemployment insurance funds.

Under Article 12, the Committee considers that one of the aims of an unemployment benefit system is to offer unemployed persons adequate protection during at least an initial period of unemployment from the obligation to take up any job irrespective of their occupational field, with a view to giving them the opportunity of finding a job which is suitable taking into account their individual preferences, skills and qualifications. The Committee recalls that it found the 2002 amended rules on jobseekers' availability to be very stringent and decided to wait for further information. According to this information, unemployed persons in Denmark are obliged to take any reasonable job from the first day of employment, which includes jobs outside the individual's occupational field. Reasonable work is any work that the individual is able to perform. Moreover, unemployment benefits may be suspended for three weeks for refusing to taking up an offer of reasonable employment.

The Committee considers that the legislation on unemployment is not in conformity with the Charter since there is no reasonable initial period during which the unemployed may refuse a job not matching with his previous occupation and skills without loosing his unemployment benefits. The Committee considers this measure to undermine the adequate coverage of the unemployment risk for which every worker has contributed during his working activity.

The report indicates that a new Workers' Compensation Act relating to work accidents and occupational diseases entered into force in 2004. The act simplifies the notion of injury into two categories - work accidents and occupational disease, and introduces procedural changes for the processing of claims. Under the new act self-employed persons can insure themselves in the same way as employers do for their employees. Compensation is provided for loss of earning capacity, for permanent injury, in case of death and for loss of family provider.

The Committee concludes that the situation in Denmark is not in conformity with Article 12§3 of the Charter on the grounds that there is no reasonable initial period during which the unemployed may refuse a job not matching with his previous occupation and skills without loosing his unemployment benefits.

Reply:

Reference to be made to the reply under article 12§1

Paragraph 4 – Social security of persons moving between states

The Danish report does not provide information under Article 12§4. The Committee therefore understands that there is no change in the situation and recalls that its previous conclusion found the situation not to be in conformity on the following grounds:

– the payment of family benefits is conditional on the claimant's children being resident in Denmark, subject to any bilateral or multilateral agreements that may be applicable;
– retention of accrued benefits is not guaranteed where persons move to a state party not bound by Community regulations or by an agreement with Denmark;
– Danish legislation does not provide for the accumulation of insurance or employment periods completed by the nationals of States party not covered by Community regulations or bound by an agreement with Denmark.

As regards the payment of family benefits, the Committee considers that according to Article 12§4, any child resident in a state party is entitled to the payment of family benefits on an equal footing with nationals of the

state concerned. Therefore, whoever is the beneficiary under the social security system, i.e. whether it is the worker or the child, States party are under the obligation to secure through unilateral measures the actual payment of family benefits to all children residing on their territory. In other words, imposing an obligation of residence of the child concerned on the territory of the State is compatible with Article 12§4 and its Appendix. However since not all countries apply such a system, states applying the 'child residence requirement' are under the obligation, in order to secure equal treatment within the meaning of Article 12§4, to conclude within a reasonable period of time bilateral or multilateral agreements with those states which apply a different entitlement principle. The Committee therefore asks the next report to indicate whether such agreements exist with the following countries: Albania, Armenia, Georgia and Turkey, or, if not, whether it is envisaged to conclude them and in what time delay.

Reply:

As stated by the ECSR Danish legislation does not provide for the accumulation of insurance or employment periods completed by the nationals of States not covered by Community regulations or bound by an agreement with Denmark.

Denmark does not, as of now, envisage engaging in agreements with Albania, Armenia, Georgia or Turkey.

For further information see the report concerning article 12§ 4.

Article 13

Right to Social and Medical Assistance

Article 13, Paragraph 1, Question 1-3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

Health care
Reference is made to the reply to question 1 to Article 11§1

Medical assistance
The reimbursement system is based on individual need, and the reimbursement rate for reimbursable medicinal products depends on a given patient's prior consumption of pharmaceuticals within an individual reimbursement period of one year. See article 11.

Further information on Pharmaceuticals and reimbursement can be found at www.dkma.dk.

Cash benefits, etc.
Cash benefits are the lowest financial safety net for persons who cannot provide for themselves or their families. A person who becomes ill will not lose his right to cash benefits for that reason.

Act no. 1460 of 12 December 2007 (the Act on an active social policy). The government's integration plan "A new chance for everyone" from 2005 implies for instance:

Enhanced economic incentives to take a job for married couples on cash benefits: So far, it has posed a problem that many married couples claiming cash benefits have been stuck on passive welfare benefits, particularly many immigrants. Consequently, enhanced economic incentives have been introduced for married couples to take jobs instead of receiving cash benefits by requiring that work of some duration be performed. No persons who are prevented from working because of illness, etc. are covered by these incentives.

Improved follow-up procedures on cash benefit claimants who call in sick: Improved follow-up has been introduced to the effect that cash benefit claimants who call in sick do not risk alienating themselves further from the labour market.

Strengthened education efforts targeting young cash benefit claimants: In order for young people to complete an education programme instead of being passively provided for by receiving cash benefits, a duty has been introduced for youth between 18 and 25 years to commence a relevant education programme as a condition for receiving benefits.

Cash benefits - rates:
Aged 25 or over, provides for children: DKK 12,249 per month – DKK 146,988 per annum.
Aged 25 or over, others: DKK 9,219 per month – DKK 110,628 per annum.
Under the age of 25, not living at home: DKK 5,940 per month – DKK 71,280 per annum.
Under the age of 25, not living at home, reduced benefits: DKK 5,007 per month – DKK 60,084 per annum.
Under the age of 25, not living at home, supplement determined by needs: DKK 948 per month – DKK 11,376 per annum.

Under the age of 25, living at home: DKK 2,867 per month – DKK 34,404 per annum.
Under the age of 25, living at home, supplement determined by needs: DKK 385 per month – DKK 4,620 per annum.
Under the age of 25, children: DKK 12,249 per month – DKK 146,988 per annum.
Under the age of 25, mentally ill, children: DKK 12,249 per month – DKK 146,988 per annum.
Under the age of 25, mentally ill, not living at home: DKK 9,219 per month – DKK 110,628 per annum.
Under the age of 25, pregnant: DKK 9,219 per month – DKK 110,628 per annum.
Under the age of 25, duty of support, max. benefits including supplement: DKK 12,249 per month – DKK 146,988 per annum.
Supplement, spouse working at home: DKK 2,867 per month – DKK 34,404 per annum.
Cash benefit reduction: DKK 582 per month – DKK 6,984 per annum.

Starting allowance - rates:
Starting allowance is paid to persons who have not stayed in Denmark for more than seven of the past eight years. However, special rules apply to citizens of EU/EEA Member States.

Aged 25 or over, married and cohabiting: DKK 4,926 per month – DKK 59,112 per annum.
Aged 25 or over, single: DKK 5,940 per month – DKK 71,280 per annum.
Under the age of 25, not living at home: DKK 4,926 per month – DKK 59,112 per annum.
Under the age of 25, living at home: DKK 2,449 per month – DKK 29,388 per annum.
Increase for dependents, single: DKK 1,486 per month – DKK 17,832 per annum.
Increase for dependents, married and cohabiting: DKK 1,232 per month – DKK 14,784 per annum.

Poverty line
Denmark does not make use of the concept "poverty line". The government does not want to categorise a group as poor or weak, but wants to focus on the resources all persons possess. The government's aim is for all persons to be in work or attending an education programme to the extent possible. Those needing it should have the necessary assistance to achieve this.
With regard to low income, it is often pointed out that low income is not always per se a reliable indicator of poverty. By way of example, a person may have a low income, but at the same time have considerable assets. Quite often, young people/students will be relatively "poor" during a short period of their lives, until they have completed their studies and have obtained employment. The purpose of providing assistance is to relieve actual poverty.

Expenses for social security purposes, measured relative to the gross domestic product (GDP) and measured per capita in KKP Euro broken down by functions, are shown in **tables 1 and 2 below**.

The tables illustrate that Denmark tops the list in relation to social expenses in comparison with the other European countries. Thus, a relatively high level of social protection exists in Denmark.

Table 1. Expenses for social security purposes as a percentage of GDP in the EU, the Faroe Islands, Iceland and Norway 2004

Denmark	30.7	Cyprus	17.8	Latvia	12,.6	Slovenia	24.3
Faroe Islands	26.8	Estonia	13.4	Lithuania	13.3	Spain	20
Finland	26.7	France	31.2	Luxembourg	22.6	UK	26.3
Iceland	22.9	Greece	26	Malta	18.8	Czech Republic	19.6
Norway	23.7	Netherlands	28.5	Poland	20	Germany	29.5
Sweden	32.9	Ireland	17	Portugal	24.9	Hungary	20.7
Belgium	29.3	Italy	26.1	Slovakia	17.2	Austria	29.1

Source: Social Protection in the Nordic Countries, NOSOSCO, 2005, EUROSTAT: Social Protection Expenditure and Receipts. European Union, Iceland and Norway. 2006. The source for the Faroe Islands is the then Ministry of Social Affairs and Health.

Table 2. Expenses per capita for social security benefits broken down by main groups in the EU

Faroe Islands, Iceland and Norway 2004, KKP Euro1)

	Families and children	Unemployment	Illness	Old age, disability and survivors	Housing benefits	Other social benefits	Total
Denmark	1,072	779	1,693	4,202	197	284	8,225
Faroe Islands	922	231	1,532	2,576	.	139	5,516
Finland	767	654	1,701	3,348	74	135	6,679
Iceland	910	159	2,268	2,951	63	170	6,522
Norway	1,064	281	2,973	4,366	58	229	8,970
Sweden	810	524	2,142	4,628	151	182	8,437
Belgium	531	938	2,085	3,828	16	120	7,519
Cyprus	382	166	807	1,763	80	151	3,349
Estonia	203	26	503	846	5	18	1,602
France	618	567	2,188	3,608	208	109	7,299
Greece	324	278	1,242	2,617	109	110	4,680
Netherlands	362	471	2,284	3,951	97	355	7,521
Ireland	779	414	2,113	1,432	164	113	5,015
Italy	267	119	1,565	4,074	6	11	6,043
Latvia	125	40	292	710	7	15	1,189
Lithuania	124	22	414	806	.	36	1,401
Luxembourg	2,075	562	2,988	5,987	86	264	11,964
Malta	154	205	800	1,717	48	37	2,964
Poland	99	75	423	1,553	.	17	2,167
Portugal	202	217	1,158	2,195	1	37	3,810
Slovakia	213	124	599	989	3	62	1,990
Slovenia	368	132	1,402	2,261	.	120	4,283
Spain	151	555	1,329	2,213	34	39	4,321
UK	458	180	2,089	3,696	387	53	6,863
Czech Republic	253	119	1,066	1,482	15	88	3,023
Germany	732	597	1,895	3,578	58	117	6,977
Hungary	341	83	830	1,483	56	18	2,810
Austria	840	466	1,954	4,418	29	114	7,822

Source: See table 5

1) To be able to compare the purchasing power of different groups across various countries, it is necessary to translate into a common currency and to adjust for price disparities between various countries. Such adjustment is effected by translating income into so-called purchasing power parities (PPP). In brief, you must be able to buy the same amount of goods and services in the different countries for the
amount resulting from the adjustment by means of PPP .

Article 13, Paragraph 2, Question 1-3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Right to social and health assistance does not generate any limitations on the recipient's political or social rights.

Article 13, Paragraph 3, Question 1-3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

When a person seeks assistance, the local authorities must advise them about the possibilities available for the authorities to provide assistance under social security legislation. In this connection, the local authorities can instruct the person about how to improve his/her possibilities of obtaining employment or commencing an education programme.

Reference to be make to Article 13§1, question 1-3.

Elderly people

Pursuant to the Danish Act on Social Services, the local council must ensure that everybody is given an opportunity to obtain free counselling. The objects of such counselling are to prevent social problems and to help the recipient overcome immediate difficulties.

Counselling may be provided separately or in connection with other assistance provided under the Act on Social Services or under any other legislation. Counselling must be provided on an anonymous and open basis. In connection with counselling, the local council must seek to establish whether the recipient is in need of any other assistance under the Act on Social Services or under any other legislation. The task may be handled in cooperation with other local authorities.

The local council must also be responsible for establishing whether any relative or other person is in a position to safeguard the interests of a person with substantial impairment of mental function, including persons suffering from dementia. The local council must consider whether the regional state administration should be requested to appoint a legal guardian under the Legal Guardianship Act.

See more about elderly persons' access to social services, etc., under reply to question 1 to Article 4 in 1988 ADDITIONAL PROTOCOL TO THE EUROPEAN SOCIAL CHARTER.

Reference to be make to the reply to question Article 13§2, question 1-3 and question 2 to Article 4 in 1988 ADDITIONAL PROTOCOL TO THE EUROPEAN SOCIAL CHARTER.**.**

Children

The legal framework is implemented by written guidelines describing how legislation should be interpreted. Furthermore the members of the local councils are obliged to implement the legislation.

For children at risk, education of social workers is a supplementary measure to implement the legal framework. All social workers in Denmark working with children at risk have passed educational courses in the legislation concerning this group of children. Continuously, all new social workers in this area are offered this educational course.

The setup of inspiration and experience networks for local institute managers working with children is another measure taken. In the networks, the managers share their knowledge of good practice and effective initiatives aimed at children at risk.

Both educational courses and networks are financed by the Ministry of Social Welfare.

a) Day-care for children

Day-care centres have both learning, social and care objectives. These objectives share the same status. All children have equal access to day-care facilities, independent of their parents' labour market affiliation. All local authorities must provide day-care from the child reaches the age of 6 months and until the child starts school.

Denmark has several types of centre-based day-care facilities which are either publicly, independently or privately operated:

- Crèches/nursery for children between 6 months and 3 years
- Nursery schools for children between 3 and 6 years
- Age-integrated institutions for children between 6 months and 6 years – possibly up to 9-10 years
- After-school centres for children attending school
- Public family day-care

The local authority is responsible for the main part of the funding, ensuring enough places, staff training and supervision of the day-care centres. The day-care management is responsible for the daily work.

Some day-care centres operate as theme day-care centres, for example as nature, music or Rudolf Steiner day-care centres.

An act came into force in 2004, designed to ensure that all day-care centres focus on children's learning abilities with regard to the child's language, personal development, interest in physical performance, cultural values and social competences. For every day-care institution and every family day-carer approved by the local authority, an educational curriculum must be drawn up, describing the goals and methods in relation to the above themes. The curriculum is subject to approval by the parents' board and local council and has to be evaluated annually. The children are, however, not tested in any curriculum.

In Denmark, parents generally pay a fixed price for a place in a public day-care centre and in an independent day-care facility, irrespective of how much the child uses the facility. Parent payment for children aged 0-6 years in day-care facilities accounts as a maximum for 25% of the local authority's expenses for the place. Furthermore, the payment for a day-care place is earnings-related, so that parents with incomes below a certain level are eligible for fully or partly aided places. Parent payment is also reduced for parents with more than one child in day-care.

In contrast to parent payment in public and independent day-care facilities, no maximum limit applies for the parent payment in private day-care. The parents pay the difference between the operating costs in the private day-care and the local authority grant. Parent payment therefore reflects the standard of service in the individual private day-care.

Each local authority determines the opening hours of day-care centres in the local authority area which may differ from day-care centre to day-care centre and among local authorities.

Children in Denmark are normally in day-care between the ages of 0 and 6, starting primary school at the age of 6. The provisions in the Act on Social Services do not regulate the contact between day-care and schools in detail. The Act only stipulates that the local authority is required to consider day-care for children in an overall perspective together with schools and other institutions for children. The local authorities are responsible for ensuring contacts between day-care facilities and schools.

The parents of children in each day-care centre must elect a parents' board (it also seats a staff representative) which is responsible for setting up overall principles and a part of the budget.

b) Children at risk

The local councils hold overall responsibility for supervising living conditions for children and young people under the age of 18. Each local council is responsible for discharging such supervisory duties in a manner enabling it to identify as early as possible any cases requiring special support for a child or young person under the age of 18.

The local councils are also responsible for offering free family-related counselling to expectant parents, parents with children or youths, or any other people having the actual care of a child or a young person, the counselling being designed to resolve any problems or difficulties in the family. The local councils offer such counselling through fieldwork specifically aimed at people considered in need of counselling due to particular circumstances.

When a child or a young person is characterised as being in need of special support, the local council must examine the current living conditions of the child in question. If a child is believed to be in need of special supervision and support from birth, the local council is responsible for examining the current conditions and providing necessary help to remedy the situation of the expectant parents.

In addition, the local council must decide on the measures to be taken where such measures are deemed to be of importance to a child's or young person's special needs for support.

The measures that can be taken are:

i) consulting assistance related to the conditions of the child or young person. In certain cases, the local council may decide to seek admission for the child into a daytime facility, youth club, training or education establishment, etc.;
ii) practical, educational or other relevant home support;
iii) family therapy or specific treatment of the child's or young person's problems;
iv) residential accommodation for both the custodial parent or other person having custody, the child or young person and other members of the family, with a foster family, an approved facility or institution;
v) a relief care arrangement with a network foster family, a foster family, an approved facility or a residential institution;
vi) appointment of a welfare officer for the child or young person;
vii) appointment of a permanent contact person for the child or young person and for the whole family;
viii) arrangement to place the child or young person in a care facility outside the home;
ix) arrangement of in-service training of the young person with a public or private employer coupled with payment of compensation to the young person;
x) any other type of support designed to provide counselling, treatment and practical or pedagogic support.

All children and families resident in Denmark have free access to help and support provided under the Act.

The Consolidation Act on Social Services states that the local council must ensure that the necessary numbers of places are available in residential institutions for children and young people needing to be placed in care due to social or behavioural problems (Section 67 of the Consolidation Act on Social Services). The Act furthermore provides that "residences for children and young people must be subject to approval by the municipal council of the municipality of location as being generally suitable" (Section 142(5) of the Consolidation Act on Social Services)

The legislation also states that the Minister for Social Welfare must collect and present information on local, regional and private services and facilities in a national online survey (Social Services Gateway). Only services or facilities registered in the Social Services Gateway may be included in the services and facilities provided by the local council.

Socially disadvantaged adults

As an aspect of the local government reform, a new Act on Social Services was adopted. The local government reform primarily reformed the way in which legislation is implemented. In the context of social service, the reform means that in future local governments will be the sole authority responsible for granting services under the Act.

The Act on Social Services sets out the general legal framework for the target group of socially disadvantaged adults. The Act compels local authorities to offer general and specialised counselling, socio-pedagogic assistance, support and contact persons, treatment of drug misusers, offers of treatment, social and other activity offers, short or long stays in various housing arrangements. The local authorities must also, as an element of their activities, consider whether it would be appropriate to prepare a complete action plan for the individual person.

Additionally, the general legal framework encompasses the Act on forcible retention of drug misusers in treatment. According to the Act, the local government can offer a binding agreement with a pregnant drug misusef on her retention in a treatment programme.

The acts are implemented through guidelines to the acts (*guidelines to Act on Social Services 1-7 of 5 December 2006 and guidelines for Act on forcible retention of drug misusers in treatment of 20 February 2008*). The guidelines describe the functional criteria required for a client to obtain a certain service, the areas in which the act applies and the character of the service.

The government has launched a series of programmes aimed at further strengthening activities and the implementation of the acts aimed at socially disadvantaged groups. They are:

- A new life – The government's proposal for multi-agency activities in the area of prostitution for the period 1 January 2005-08. As an aspect of implementing the action plan, the government has set up a nationwide competence centre for prostitution, extended the outreach team scheme to cover the entire country and set up anonymous telephone and Internet counselling. The government earmarked DKK 45.8 million for the action plan.
- New paths to employment – help to the mentally ill and other disadvantaged groups. Through the programme, the government aims to strengthen individuals' personal, professional and social competences, so that mentally ill people and other disadvantaged groups can cope in the labour market or the educational system.
- Our Collective Responsibility II – the government's second action programme for the most disadvantaged groups for 2007-2010. The government will build on the foundation laid by Our Collective Responsibility I from March 2002. Through Our Collective Responsibility II, the government will, in accordance with the wishes of the Council for Socially Marginalised People, help break down barriers and thus pave the way for giving the most marginalised groups better possibilities for developing and using their own resources and competencies. The government set aside DKK 622 million for the action plan. Initiatives in the action programme includes:
    - Bolstering outreach, contact-creating and supportive activities
    - Providing more means of accessing the labour market
    - Improving local authority casework
- Strategy for homeless people – As an aspect of the 2008 rate adjustment pool agreement, the government and the parties supporting the rate adjustment pool allocated DKK 500 million for the period 2008–2011. The overall goal of the strategy is to reduce and ultimately eliminate homelessness in Denmark. The strategy will be realised by means of four goals: Reducing the number of homeless sleeping in the streets; Finding solutions for young people other than a place in a reception centre; Limiting stays at reception centres to 3-4 months for citizens ready to move into a home and receiving the needed support and; Finding solutions to homeless peoples' housing problems before they are discharged from treatment institutions or released from prison.

People with disabilities

In the social area, the Danish Act on Social Services governs help and assistance to disabled people. This act lays down a number of provisions for the compensation which disabled people need. The local authorities hold full responsibility for furnishing social services to disabled people.

Assistance to people with disabilities
The general legal framework regulating social services to disabled people as outlined in the Act on Social Services is based on the compensation principle. The compensation principle entails that society offers people with reduced functional capacity a number of services and relief measures to limit or counterbalance the consequences of their reduced functional capacity as much as possible. The compensation is to remedy or level the consequences of reduced functional capacity with a view to giving disabled people as good a starting point as possible for achieving a self sufficient life and furthering the quality of life. A fundamental part of Danish disability policy stipulates that compensation is free and provided without regard to the person's own or his/her family's income or assets. (For a more elaborate description of the specific social service offered to disabled people, see reply to *article 14, paragraph 1, Q 1.)*

Guidelines
Pursuant to the Danish Act on Social Services, the local council must ensure that everybody has access to free counselling. The objective of such counselling is to prevent social problems and to help the citizen overcome immediate difficulties.

Local authority service offers must also comprise outreach work. In most cases, people with reduced functional capacity will be or have been in contact with the local authority administration. However, counselling initiated by the local authority may be needed to maintain and enhance knowledge of the person in question and to keep abreast of whether the support provided meets the individual's needs.

In the most specialised individual cases in the social area and in the special education area, the local authority and the citizen alike may contact the counselling institution VISO for free special advisory services.

The implementation of the compensation principle is based on the sector accountability principle. The sector accountability principle entails that responsibility for equal treatment of disabled people within a given social area lies with the authority generally responsible for the area in question. The compensation principle thus applies generally for legislation in all sectors.

The Ministry of Social Welfare is the disability-coordinating ministry.

Article 13, Paragraph 4, Question 1-3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Reference is made to the reply to question 1 to Article 11§1 and to replies to the Expert Committee's questions regarding Article 13.

The *Nordic Convention on Social Assistance and Social Services* applies to legislation in the Nordic countries on social assistance and social services. It also applies to other benefits which are not covered by the Nordic Convention on Social Security, for example advance payments of maintenance allowance to children.

The Convention supplements the rules relation to social rights in force under the EU rules and the EEA agreement.

Personal scope:
The Convention is applicable to all Nordic nationals. As far as a number of the provisions are concerned they apply also to other people who are legal residents in a Nordic country, including refugees and stateless people.

Equality of treatment:
Nordic nationals obtain the same rights in another Nordic country as that country's own nationals according to the legislation which is covered by the Convention if they live in the country or stay there temporarily.

Use of Nordic languages:
The Convention provides for extended rights compared with the Nordic Language Convention of 1981. In written communications with the authorities in another Nordic country in specific cases people are entitled to use their own language: Danish Finnish, Icelandic, Norwegian or Swedish, and in such cases the authorities must ensure that the required assistance from interpreters and translators is available if required. If the language is very important to achieving the objective of the service, the authority or institution making the benefit available should, to the widest possible extent, use a language which the person in question understands.

The rules relating to the use of Nordic languages apply to social assistance as well as social services and also to health service and medical care.

Assistance during temporary stays:
Anyone who stays temporarily in a Nordic country and who experiences an immediate need for help is entitled to social assistance and social service under the legislation of the country in which he is staying until the stay in this country ends.

Protection against repatriation:
A Nordic national cannot be sent home to his own country because of a need for social assistance if he has a special connection with the country of residence, for example family ties, and in any case not after three years of residence.

Moving to another Nordic country is case of need for long-term care or treatment:
If a person needs long-term care and wishes to move to another Nordic country because of a special connection with that country, the authorities must try to contribute to the move if it will improve the quality of life of that person.

Travel schemes for disables and elderly people:
Local authority districts in border areas must cooperate for the purpose of extending travel arrangements in force to include journeys to neighbouring local authority districts in another Nordic country.

Advance payments of maintenance allowance to children:
A person who moves to another Nordic country is entitled to receive an advance payment of maintenance allowance to children in the new country of residence on the basis of the original document concerning the right to payments towards the maintenance of children, which document has been issued in the country from which the move take place.

Anyone who moves from one Nordic country to another is entitled to an advance payment of maintenance allowance to children without any waiting period in the country to which that person moves. This also applies to people other than Nordic nationals.

Concerning the *European Convention on Social and Medical Assistance,* the provisions are implemented in the national legislation, including Article 7 of the Convention on repatriation.

Supplementary Information to Article 13

In the text below are embodied the answers and supplementary information requested by the Expert Committee regarding the 25th Danish report.

Article 13 – Right to social and medical assistance

Paragraph 4 – Specific emergency assistance for non-residents

The Committee takes note of the information provided in the Danish report.
The Committee asks what form of social and medical assistance foreign nationals lawfully present but not resident in Denmark are eligible for, following the entry into force of the Active Social Policy Act of 10 June 1997 replacing the 1974 Social Assistance Act.

Reply:

Any lawful resident of Denmark is entitled to assistance under the Act on Social Services, including general services.

The conditions for the right to maintenance in the form of cash benefits are stipulated in the Act on an active social policy (Act no. 455 of 10 June 1997, cf. Consolidating Act no. 1460 of 12 December 2007). Any persons and their relatives who are entitled to reside in Denmark in pursuance of community law concerning residence for first time job seekers and persons entitled to residence for up to three months without administrative conditions may only receive assistance in connection with their home journey.

Health care
Reference is made to the answer to question 1 to Article 11§1

The Committee asks the Government to reply to the question posed in the General Introduction to these Conclusions on the social and medical assistance available to foreigners who are not lawfully in the territory.
Pending receipt of the information requested the Committee defers its conclusion.

Reply:

Concerning the rights to social and medical assistance for asylumseekers, including rejected asylum seekers, see the answer to the question from the general introduction below.

Question from the General Introduction

The Committee asks whether unlawfully present foreign nationals, including persons whose applications for refugee or stateless person status have been rejected, are eligible for social and medical assistance in case of need, where necessary until they are repatriated.

Reply:

Assistance pursuant to the Act on an active social policy targets persons legally residing in Denmark. Persons who cannot be repatriated, but who have procedural residence**,** receive assistance on equal terms with others until the time-limit for repatriation, if any, has been exceeded. Subsequently, the relevant persons are transferred to state benefits.

In accordance with Part 7 of the Danish Aliens Act the Danish Immigration Service provides for the necessary social assistance to asylum seekers and rejected asylum seekers, who cannot support them-

selves. The necessary social assistance implies cash allowances for meals, or alternatively free meals, housing at a accommodation centre, school for children, school and other activities for adults and transportation to meetings with authorities etc.

In accordance with Part 7 of the Danish Aliens Act the Danish Immigration Service also provides for the health care treatment
of asylum seekers – including rejected asylum seekers. Reference is made to the Aliens (Consolidation) Act no. 808 of 8th July 2008. For the moment, only a Danish version of the consolidation act is available.

No distinction is made between children of asylum seekers and other children residing in Denmark concerning the right to health care treatment. Accordingly, Danish children, children of foreign nationals residing in Denmark, children of rejected asylum seekers etc. are entitled to the same health care treatment.

Adult asylum seekers are entitled to free health care treatment provided that the treatment is necessary (as oppose to cosmetic), urgent and alleviating/soothing. Thus, The Danish Immigration Service meets the cost of health care treatment if for example an asylum seeker is in pain or there is a risk of permanent injury in case of non-treatment. Furthermore, the health care personnel at the accommodation centre can arrange a variety of treatments including consultations at a doctor, specialist (e.g. otologist), psychologist/psychiatrist, midwife etc."

Health care
Reference is made to the answer to question 1 to Article 11§1.

Article 14

Right to Benefit from Social Welfare Services

Article 14, Paragraph 1, Question 1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Elderly people

Social legislation must satisfy needs resulting from impaired physical or mental function or special social problems; cf. the Act on Social Services. In respect of elderly persons, services must be provided as "help to recipients to help themselves". This means that assistance must be planned in close cooperation with the recipient, and that the main object of the assistance is to enable the recipient to manage on his or her own and to perform as many tasks as possible alone. See more under the reply to question 1 to Article 4 in 1988 ADDITIONAL PROTOCOL TO THE EUROPEAN SOCIAL CHARTER.

Children and families

All children under 18 years at risk and their families have guaranteed access to social services provided by the legislation described under Article 13. For a reply, see Article 13, paragraph 3, 1-2.

Socially disadvantaged adults

Social legislation must satisfy needs resulting from impaired physical or mental function or special social problems; cf. the Act on Social Services. It is aimed at homeless people, alcohol and substance misusers, abused people and people released from prisons.

In Denmark, homelessness is interpreted broadly, tying in with a wide range of problems besides the mere lack of a home. Misuse, mental diseases, violence, crime, inferior labour market attachment, poor social networks and rootlessness are some of the problems often connected with homelessness. Homeless people are entitled to services and support under the Act on Social Services on par with other socially disadvantaged citizens. This means that, if they meet the described functional criteria, they are entitled to receive the services as described in article 13. Under section 110 of the Act of Social Services, all local authorities in Denmark are obliged to ensure the necessary number of places in housing arrangements for people who have special social problems, do not have or cannot stay in their own homes and need residential facilities and offers of activating support, care and subsequent assistance. Such people may, for instance, be homeless individuals. Residential facilities under section 110 comprise reception centres, refuges, sheltered boarding houses and family institutions. Admission may be granted on direct personal application (voluntary application) or on referral from a public authority. The manager of the housing arrangement decides on admission. The residents pay for their stays in the housing arrangement (board and lodging).

Drug and alcohol misusers are entitled to receive services in accordance with section 13 of the Act on Social Services. For drug misusers, this right relates to social drug misuse treatment under section 101 of the Act on Social Services. An offer of drug misuse treatment may be coupled with an offer of a stay in a temporary housing arrangement under section 107 of the Act. The service is free of charge.

Homeless people, drug and alcohol misusers as well as the mentally ill are entitled to have a support and contact person appointed under section 99 of the Act. The service is free of charge.

Offers for treatment of alcohol misuse are extended under section 141 of the Health Act, as managed by the Ministry of Health and Prevention. Alcohol misusers are also entitled to socio-pedagogic assistance under

section 85 of the Act on Social Services as well as support and aftercare following concluded treatment under section 107 of the Act on Social Services. The residents pay for their stays in the housing arrangement (room and board).

Abused people can apply to the shelter under section 109 of the Act on Social Services without being registered, the purpose being to respect their right of anonymity. During the stay at the shelter, a woman may be accompanied by her children. Shelter offers for women and any children may be Protected stay, i.e. offer physical safety, emergency crisis counselling, care and support for coming to terms with any violent experiences. The women pay for board and lodging during their stay at the shelter.

The government has set the objective that no one should be released from prison without having a solution to his or her housing situation. Since 1 March 2006, the local governments have been obliged to coordinate action plans with the Prison and Probation Service for certain groups of people (*Executive Order on local authorities' duty to coordinate action plans with the Prison and Probation Service for certain groups of people*). The action plan coordination focuses on the transition from prison to freedom, including in particular any housing problems. The target group for coordinated action plans comprises citizens (inmates and probationers) whom the local authorities are obliged to offer action plans under the current section 141 of the Act on Social Services and who are also covered by the mandatory action plan scheme under the Execution of Sentences Act.

The initiative for coordinating action plans rests with the Prison and Probation Service, which must contact the local authority no later than one year prior to any probation.

The local authority is responsible for coordinating its action plans with the Prison and Probation Service, for constantly coordinating its services – including financial support, misuse treatment, social reintegration, provision of housing, home support and any other type of assistance – with the activities of the Prison and Probation Service, and for ensuring that any other relevant cooperation partners be included in the work.

People with disabilities

In the social area, help and assistance to disabled people are governed by the Danish Act on Social Services. This act lays down a number of provisions for the compensation which disabled people need. Any lawful resident in Denmark is entitled to assistance under the Act on Social Services. Personal and practical assistance under this act is free, except for temporary assistance, which is income adjusted. The local authority provides support subject to specific assessment of needs based on the eligibility criteria for assistance laid down in the individual provisions of the Act on Social Services.

Aids

Responsibility for allocating and financing aids and other support measures lies with the local authorities. People with permanently reduced functional capacity may be granted aids if the aid significantly remedies the consequences of the reduced functional capacity, thus making daily life easier or increasing the possibility of having a job. No predefined limit exists for what can be defined as an aid; its purpose should merely observe the provisions of the act. An aid may be a crutch or a wheelchair, special clothing items, special tools or orthopaedic footwear. Grants are made irrespective of the person's age. The local authority grants individual services based on a specific assessment of the need and without regard to the person's income or assets.

Personal assistance and support

If the aid does not enable a person to perform a given function, local-authority home help may be granted. Home help provides practical and personal assistance for e.g. personal hygiene and support, etc. Personal assistance and support is granted when the local authority assesses that it is necessary in order for the person to function in his/her own home. For temporary assistance and support the local authority can determine

payment based on the recipients income and the actual costs. Most people with disabilities will however recieve permanent assistance which is free.

Disabled people can get assistance to maintain physical or mental skills through training, e.g. physiotherapy or occupational therapy. This may take place at a clinic, a day centre or at the home of the person in need of the training.

The local authority must also offer socio-pedagogic assistance for people who, due to reduced functional capacity, need assistance, care or support as well as rehabilitation and help to develop skills. Socio-pedagogic assistance comprises a broad spectrum of support measures e.g. training and rehabilitation of everyday skills. Socio-pedagogic assistance is provided regardless of housing arrangement. However, socio-pedagogic assistance will often form an integral part of an accommodation facility.

The local authority may grant financial assistance to hire personal assistants if a person due to permanently reduced functional capacity has massive need for care, monitoring and escort.

Additional expenses in case of disability
Subject to an assessment of their functional capacity, people with permanently reduced physical or mental functional capacity may receive allowance for additional expenses arising out of their reduced functional capacity. The objective of this provision is that disabled people must be compensated for any additional expenses resulting from their functional impairment. The allowance for additional expenses may be granted in a number of cases. It may be used to cover expenses for nutrition and dietary products, special clothing, etc. The provision can also be used to cover special additional expenses that disabled people may have when having to support children, e.g. greater expenses for childcare, etc. Moreover, the provision can be used to cover additional expenses of transportation, which disabled people may have in connection with education, in their spare time and for treatment-related transport.

Employment and activity offers
People with severely reduced physical or mental functional capacities are offered special day-care offers in the form of 'sheltered employment' or 'activity and social activity offers'. The local authority is in charge of the day-care offers.

Disabled children and young people
The local authority is also obliged to provide assistance if the child or young person needs personal care or assistance and/or practical support for necessary tasks in the home exceeding the parents' capacity. The local authority may provide assistance in the home or offer relief outside the home. Many children with reduced functional capacity live at home with their families, but many also live at residential homes because their families cannot provide the necessary care or are unable to handle the task.

Housing
Because of their functional impairment, some disabled people may need a special design of their home. The public authorities can support construction of housing designed for elderly and disabled people. The local authorities have a special obligation to provide housing for disabled people in need of care or treatment. Disabled people in need of extensive support and assistance often live in residential accommodations under the Act on Social Service § 108. This is the case if a disability causes a person to need comprehensive assistance for ordinary daily tasks or extensive care or treatment. The local authority can determine payment for the stay in residential accommodations, including heating and electricity. Furthermore, the local authority determines the level of payment for board and other services, that are integrated parts of the stay. There is no payment for permanent personal assistance and support in connection with the stay in a residential accommodation.

Important reforms
Since the local government reform of 2006, the local authorities have full authority, supply and financing responsibility in the social area. This gave the individual local council overall responsibility for making decisions on citizen eligibility, responsibility for ensuring that relevant social offers exist for the citizens and for financing the offers. One of the objectives of the reform was to create a clearer and simpler structure vis-à-vis the citizens. A second objective was to solve tasks much closer to the citizens and in much closer coop-

eration with the ordinary offers, while ensuring and developing specialised offers for citizens with special needs. To ensure the existing special advisory expertise, the Centre of Specialist Advisory Services, VISO, was established. This organisation is to ensure coherent and comprehensive compilation of knowledge, development in the social and special education areas and assist local authorities and citizens with free special advisory services in the most specialised individual cases.

Refugees etc.

The purpose of the Danish Integration Act is to ensure that newly arrived aliens are given the possibility to use their abilities and resources to become involved and contributing citizens on an equal footing with other citizens of the society. Among other things, efforts must be made to make newly arrived aliens self-supporting as quickly as possible through employment. The Integration Act stipulates that all new arriving refugees and immigrants must be offered participation in special introduction programmes comprising Danish lessons, including classes on Danish society and culture, as well as labour market training, including short term education and work training. The introduction programme has a duration of up to 3 years. The act also includes provisions under which immigrants and refugees who cannot support themselves receive a special introduction allowance. Reference is made to the Consolidation Act on Integration of Aliens in Denmark no. 1593 of 14th December 2007. For the moment, only a Danish version of the consolidation act is available.

The introduction programme according to the Integration Act is as most social welfare services provided by the local municipalities. The municipalities are economically supported by subsidies and refunds from the State. The scope and content of the introduction programme is elaborated by the local council of the municipality in close cooperation with the individual taking into account education skills, former employment and special needs. In addition, the act gives the municipalities the possibility of paying necessary extra costs enabling the individual concerned to take part in the programme, including travel expenses and educational materials, or covering special expenses such as dental treatment etc.

With few exceptions, decisions taken by the local municipalities under the Integration Act can be appealed to the Employment Board [Beskæftigelsesankenævnet] under the rules of Part 8 of the Act on [lov om ansvaret for og styringen af den aktive beskæftigelsesindsats] or the Social Complaints Board under the rules of Part 10 of the Act on Legal Protection and Administration in Social Matters.

Article 14, Paragraph 1, Question 2

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Elderly people

See the reply to question 2 to Article 4 in 1988 ADDITIONAL PROTOCOL TO THE EUROPEAN SOCIAL CHARTER.

Children and families

All children under 18 years at risk and their families have guaranteed access to social services provided by the legislation described under Article 13. For a reply, see Article 13§3, 1-2.

Socially disadvantaged adults

Danish social legislation rests on the basic assumption that the local authorities will, because the local authorities hold authority responsibility for the individual citizens, employ the optimum number of professionally qualified staff required to solve the tasks which legislation commits them to perform. The local self-government is another basic assumption entailing that the local authorities hold authority obligation for the individual citizens, an obligation that also includes employing the optimum number of professionally qualified staff required to solve the tasks which legislation commits them to perform.

The government has adopted a range of activities aimed at further underpinning local authority responsibility for the group of socially disadvantaged people.

Reference is made to the government's strategy for homeless people described in the response to article 13.

As to the target group of alcohol misusers, reference is made to the treatment guarantee for alcohol misuse implemented on 1 July 2005, under which the local authorities must offer free alcohol misuse treatment. The alcohol misuse must start treatment no more than two weeks after having applied to the local authority for treatment (*the Health Act*).

As to the target group of drug misusers, reference is made to the treatment guarantee for drug misusers implemented on 1 January 2003, which stipulates that no more than two weeks must pass between the misuser's application to the local authority and the commencement of treatment (*Act on Social Services*).

As to the target group of abused people, reference is made to:
the government 2002-2005 action plan to stop violence against women (*Regeringens handlingsplan til bekæmpelse af vold mod kvinder 2002-2005*). The government intends to bolster existing activities and seek new avenues for providing better support to victims of abuse and stopping domestic violence. The action plan comprises:

- Providing support to victims
- Investigating the capacity of shelters
- Preparing an information pamphlet in several languages on support measures to battered women
- Establishing a website in several languages about support measures to battered women
- Establishing a 24-hour phone counselling service
- Targeting efforts at particularly exposed groups – children and women from ethnic minorities
- Offering assault alarms to women threatened by abuse

The government has prepared the "2005-2008 Action plan to stop men's domestic violence against women and children" (*Handlingsplan til bekæmpelse af mænds vold mod kvinder og børn i familien 2005–2008*). The government has allocated DKK 63 million to implement the planned initiatives, which are targeted not only at women but also at the abuser. Additionally, special activities target ethnic minority women as well as children and young people. All action plan activities must contribute to preventing violence against women, supporting victims and preventing repetition. The action plan has four main goals:

- Giving victims the support they need
- Halting violence through, for instance, treatment offers to abusers
- Strengthening multi-agency activities of professionals
- Compiling more knowledge on violence

As to people released from prisons, reference is made to the "Good release project". The obligation to coordinate action plans, as described above, has now made the tools available that can, e.g., help prevent criminals from ending up homeless when released from prison. An element of the project consists of an interministerial partnership between the Ministry of Social Welfare, the Ministry of Employment and the Directorate of Prisons and Probation. The partnership must ensure that the systems entailing cooperation and the setup of guidelines for good release from prison are constantly upheld with the welfare of the released people in mind.

People with disabilities

In its proposal for a quality reform, the Danish government focused among other things on continued innovation and quality development for disabled people. The proposal comprises eight reforms and a total of 180 initiatives for improved welfare for the citizens, improved conditions and greater job satisfaction for public-sector employees providing the welfare. Initiatives for strong local self-government will be launched in the disability area. A total of nine initiatives, including local service targets for citizens (quality contracts) and greater freedom for institutions. The proposal also encompasses a debureaucratisation reform to ensure more time for care and less time for paperwork, a total of six initiatives, including debureaucratisation based on employee experience.

Refugees etc.

The Integration Act renders the State to revise annually the integration efforts of the municipalities in connection with the granting of subsidies and refunds. In this connection, the municipalities are obliged to give relevant information as required by the State.

The Integration Act also contains a number of economic incentives for the local municipalities to manage the integration efforts as efficient as possible. Thus, as an example, the Government reimburses up to 50 percent of the costs related to the integration effort and receives a special grant if the municipality succeeds in getting a person into ordinary employment, education or to finish a language course.
The Ministry of Refugee, Immigration and Integration Affairs also supervises the municipalities by preparing a wide range of analysis about the integration process. As an example the Ministry has initiated an annual analysis on the effects of the three-year introductory programme on refugees and immigrants. Furthermore, every 4-5 years the ministry evaluates the implementation of the Integration Act in the municipalities.

Each year benchmarking of the integration efforts are carried out in a large number of municipalities, enabling the authorities to discover how fast newcomers obtain ordinary employment. Benchmarking has encouraged the municipalities to evaluate their efforts and focus on future integration challenges. In addition, benchmarking has stimulated the municipalities to share experiences in the integration field. The Ministry of Refugee, Immigration and Integration Affairs funds within the ministry a special taskforce of integration consultants, "The Integration Service". The Integration Service advises the municipalities in all kinds of integration related questions.

Every year the Government also allocates substantial funds for projects organised by local authorities and organisations in civil society to strengthen local integration projects. The Government has increased focus also on benchmarking the projects supported by public funding.

The Integration Act renders that some integration efforts, e.g. Danish lessons or work training, are carried out by non-governmental actors. In such cases non-governmental actors are under the supervision of the local municipality responsible for the individual concerned.

Many municipalities have on a voluntary basis established an integration council with representatives from different ethnic minority groups. The council plays an advisory role in the municipality and contributes to the quality of local integration policies. Many municipalities employ special integration consultants enabling the authorities to meet the special needs of persons with a foreign background.

Article 14, Paragraph 1, Question 3

3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).

Elderly people

The number of persons in Denmark aged 67 and over: 736,657 (1 January 2008). The total amount spent on social protection and services (excluding social pensions) for the elderly: 33 billion DKK (2007). Residents (aged 67 and over) in assisted living accommodation/care homes (including sheltered housing): 41,635 (week 16, 2007).

Total number of recipients of home-help services in Denmark 2002-2007 and the number of recipients broken down by number of hours/type of assistance 2005-2007 appears from the below tables:

Permanent home-help services, number of recipients, 2005 – 2007

	2005	2006	2007
Number of recipients	203,261	206,886	206,628
Broken down by number of hours provided per week			
Less than 2 hours	115,239	116,373	105,588
2 - 3.9 hours	23,935	24,282	23,070
4 - 7.9 hours	23,472	23,327	22,904
8 - 11.9 hours	11,937	12,365	12,121
12 - 19.9 hours	13,691	14,111	15,983
20 hours +	14,987	16,064	25,952
	203,261	*206,886*	*206,828*
Broken down per week by type of assistance			
Only personal assistance	19,157	20,716	21,070
Only practical assistance	84,983	84,989	72,857
Both personal and practical assistance	99,121	101,181	112,701
	203,261	*206,886*	*206,628*

Source: Statistics Denmark

Children and families

All children under 18 years at risk and their families have guaranteed access to social services provided by the legislation described under Article 13. For a reply, see Article 13, paragraph 3, 1-2.

People with disabilities

Denmark cannot give the precise number of people with reduced physical or mental functional capacity. People are not registered according to functional capacity, and it is impossible to make a clear-cut definition of when a person has reduced functional capacity.
However, figures exist for the number of people receiving specific social services.

Number of recipients of social services

	2001	2002	2003	2004	2005	2006
Escort schemes for physically disabled people	4,578	4,712	5,297	5,530	6,956	7,915

Assistant scheme	1,074	1,070	1,070	1,072	1,192	1,209
Contact person for deaf-blind persons	298	210	255	289	315	349
Sheltered employment	2,940	3,404	3,178	3,290	3,794	3,067
Activity and social activity offers	10,099	10,120	10,047	9,204	9,127	9,923
Socio-pedagogic assistance[1]						
Of which: - Mentally disabled people	5,206	5,468	5,052	5,503	6,174	-
- Physically disabled people	321	392	610	694	1,770	-
Treatment services[1]						
Of which: - Mentally disabled people	445	180	135	141	150	-
- Physically disabled people	70	53	47	26	35	-
Long-term residential accommodation	7,703	7,691	7,593	7,793	7,732	7,925
Temporary residential accommodation	6,772	6,612	6,894	6,688	6,982	7,168

[1] Figures for the breakdown into mentally and physically disabled people come from Statistics Denmark but has not been published in the Social Resource Statistics.
Source: Statistics Denmark. Social Resource Statistics

Refugees etc.

Measures to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services, Article 14, subsection 2

In addition to the above mentioned integration councils and as a supplement to the integration effort provided by the municipalities the Danish NGO Danish Refugee Council (DRC) organizes voluntary work. The voluntary effort covers integration at local level, creates contacts, dialogue and mutual understanding between newcomers and the rest of the society and contributes to giving newly arrived a locally based network. Since 2005 the Government has allocated 15 million DKK every year to the information and volunteer work carried out by DRC.

Mechanisms for supervising the adequacy of services, public as well as private

With few exceptions, decisions taken by the local municipalities under the Integration Act can be appealed to the Employment Board [Beskæftigelsesankenævnet] under the rules of Part 8 of the Act on [lov om ansvaret for og styringen af den aktive beskæftigelsesindsats] or the Social Complaints Board under the rules of Part 10 of the Act on Legal Protection and Administration in Social Matters.

The Integration Act renders the State to revise annually the integration efforts of the municipalities in connection with the granting of subsidies and refunds. In this connection, the municipalities are obliged to give relevant information as required by the State.

The Integration Act also contains a number of economic incentives for the local municipalities to manage the integration efforts as efficient as possible. Thus, as an example, the Government reimburses up to 50 percent of the costs related to the integration effort and receives a special grant if the municipality succeeds in getting a person into ordinary employment, education or to finish a language course.
The Ministry of Refugee, Immigration and Integration Affairs also supervises the municipalities by preparing a wide range of analysis about the integration process. As an example the Ministry has initiated an an-

nual analysis on the effects of the three-year introductory programme on refugees and immigrants. Furthermore, every 4-5 years the ministry evaluates the implementation of the Integration Act in the municipalities.

Each year benchmarking of the integration efforts are carried out in a large number of municipalities, enabling the authorities to discover how fast newcomers obtain ordinary employment. Benchmarking has encouraged the municipalities to evaluate their efforts and focus on future integration challenges. In addition, benchmarking has stimulated the municipalities to share experiences in the integration field.

Every year the Government also allocates substantial funds for projects organised by local authorities and organisations in civil society to strengthen local integration projects. The Government has increased focus also on benchmarking the projects supported by public funding.

The Integration Act renders that some integration efforts, e.g. Danish lessons or work training, are carried out by non-governmental actors. In such cases non-governmental actors are under the supervision of the local municipality responsible for the individual concerned.

Article 14, Paragraph 2, Question 1-3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

The non-profit sector in Denmark

Representing Denmark's contribution to a large-scale international research project, the Danish volunteer survey paints for the first time a full picture of the entire non-profit sector in Denmark. The survey forms part of the international project known as The Johns Hopkins Comparative Nonprofit Sector Project, which comprises some 50 countries.

According to the survey, about one third of the Danish population performs voluntary work. This means that about 35% of the Danish population performs voluntary unpaid work, be it in the field of sports, politics, social work, etc.

In the social area, some 300,000 people regularly carry out voluntary social work, corresponding to 6% of the Danish population.

With regard to voluntary organisations and societies, about 350 national organisations operate in the voluntary social and health sector areas. They are supplemented by a large number of local organisations and societies.

Strengthening voluntary social work ranks high on the government agenda.

The high priority of the voluntary sector is based partly on the recognition that public social services cannot cover everything but must be supplemented by other participants, and partly on the recognition that voluntary social work is of great significance to the future welfare state – not only from a financial point of view, but, what is equally important, because the voluntary organisations and volunteers offer special possibilities and qualities in their services for the most disadvantaged people in society.

The government's 2007 quality improvement reform has shifted focus to several issues aimed at strengthening the non-profit sector.

A number of national initiatives to improve the general framework conditions as well as develop cooperation between the voluntary social organisations, private organisations and the public sector have been set up:

- Conversion of state subsidies to voluntary social work
- Cohesive volunteer policies in local authority areas
- Experience in voluntary work is of value in connection with public sector employment
- All people enrolled in youth education programmes must be offered voluntary work

(Government's quality improvement reform, august 2007: pp. 44-45)

Danish Council for Volunteer Action

The Danish Council for Volunteer Action, the political body for all voluntary social work, was set up in 1983. The aim was partly to create a forum for discussing the development of voluntary social work and partly to strengthen the relationship between the former Ministry of Social Affairs, now the Ministry of Social Welfare, and the voluntary social work sector.

The Danish Council for Volunteer Action is financed by the Ministry of Social Welfare.

It has been a priority that the Danish Council for Volunteer Action is focus on developing the cooperation between the public sector, the voluntary social sector and the corporate sector.

The latest appointment of members to the council reflects this priority as the council members come from all three sectors.

The Danish Council for Volunteer Action has 12 members, including the chairman and vice-chairman. The Minister for Social Welfare appoints the members of the Danish Council for Volunteer Action as well as the chairman. The vice-chairman is elected by the members of the council.

The council members are appointed on the basis of their insight into and interest in how the non-profit sector can develop and be integrated into welfare policy task performance.

The Danish Council for Volunteer Action advises the Minister for Social Welfare and the Danish parliament on voluntary social work. One of the council responsibilities is actively to promote the public debate on the terms and development potential of voluntary work in today's welfare society.

The Danish Council for Volunteer Action focuses on:

- Development of policies and the cooperation between the local authorities and the voluntary social organisations.
- Interaction between the non-profit sector and the surrounding society such as residential areas and housing associations, schools, athletic associations and the corporate sector in relation to voluntary social work.

Centre for Voluntary Social Work

The Centre for Voluntary Social Work was established in 1992 for the purpose of promoting and supporting the development of voluntary social work in Denmark. The centre is now an independent institution under the auspices of the Ministry of Social Welfare and is financed by public funding. On a small scale, this also involves self-financing activities.

The centre's primary target group consists of volunteers and voluntary organisations and societies within the social and health areas. Other target groups are comprised by professionals from the public and private sectors working with issues with a bearing on voluntary social work. Furthermore, the centre is required to communicate knowledge and experience to public authorities and other partners.

The centre performs the following tasks:

- Advice and guidelines for volunteers and voluntary organisations. Advice and guidelines are free of charge and may consist of specific guidelines on regulations and committee matters and of information about funding and support opportunities available to this area.

- Courses and consultancy support for voluntary social work. The courses cover subjects of wide relevance to voluntary social work and serve as meeting points for exchange of experience between organisations and societies.
- Documentation and information. The centre distributes literature on special conditions prevailing for voluntary social work as well as a newsletter containing relevant material about voluntary social work.
- Project and method development in which context the centre works through goal-oriented tasks and projects in order to obtain knowledge of and experience in voluntary social work.

Section 18 of the Danish Act on Social Services

The Act on Social Services came into effect on 1 July 1998, but was amended in 2006. Section 115 was then changed to section 18 of the Act of Social Services.

The content of section 18 has not been significantly amended. The difference between the former section 115 and the existing section 18 is that the responsibility for social work, as a result of the local government reform, is now placed with the local authorities. Hence, the local authorities are exclusively responsible for lending support to voluntary social activities in the entire social area.

Section 18 plays a key role in relation to local interaction between public and voluntary social work in that it requires local authorities to cooperate with the voluntary social organisations and societies and to allocate an annual amount in support of voluntary social work.

The government and the local authorities have signed an agreement on financial compensation in the form of an extra general grant (block grant) for the local authorities. The government compensation totals around DKK 100 million annually (1997 figure, which is regulated annually; in 2005 figures, the amount was around DKK 125 million) "on the condition" that the local authorities spend these funds to muster support for voluntary social work.

The local authorities must provide information on their cooperation with voluntary social organisations and their support to voluntary social work. The information must be submitted once a year before 1 April to the Ministry of Social Welfare or the party appointed by the ministry to perform the task.

On this basis, the ministry prepares an annual report, outlining the status of the cooperation between the voluntary social organisations and the local authorities, see section 18 of the Danish Act on Social Services. The report is intended to help raise awareness of the work actually being undertaken by the local authorities in concert with the public social services and the voluntary social organisations.

The report is made up of a quantitative element and a qualitative element. The quantitative element shows, for instance, the trend in local authorities' financial support to voluntary social work and the types of voluntary social work supported. The qualitative element considers selected key problems in relation to development of the interaction between the local authorities and volunteers.

Distribution of section 18 subsidies

The latest figures on the distribution of section 18 subsidies (formerly section 115) date back to 2005. In 2005, both regional and local authorities existed and had a hand in distributing the subsidies among the voluntary organisations. (In 2005, prior to the amendment of the Act on Social Services, the subsidies were still section 115 subsidies).

The following table shows the trend in section 115 subsidies and extra grants for local and regional authorities (DKK million) in fixed prices (2005).

Section 115 (section 18) subsidies in 2002-2005

Year	**2002**	**2003**	**2004**	**2005**
Section 115 subsidies paid	123.6	112.5	111.3	126.9
Extra grants received	124.8	124.8	124.8	124.8
Additional consumption	-1.2	-12.3	-13.5	2.1

Source: Report on section 115 cooperation in 2005, Ministry of Social Affairs, September 2006

The figures on section 18 subsidies distributed in 2007 will not be published until the end of 2008.

The "Satspulje-fund"

The "Satspulje-fund" (the rate adjustment pool) agreement for 2008 earmarks about DKK 850 million in 2008 for improvement of the conditions of vulnerable and socially disadvantaged groups and recipients of transfer payments.

Between 2008 and 2011, a total of just over DKK 3.7 billion will be earmarked for initiatives in the following areas:

- Psychiatry
- Equal opportunities
- Socially disadvantaged groups
- Disabled people
- Integration and vulnerable groups in the labour market
- Other initiatives

PUF Fund

Each year, the Minister for Social Welfare lends financial support to voluntary social organisations and societies via the PUF Fund (the fund for voluntary social work for the benefit of socially exposed people). The fund comprises some DKK 50 million a year. For the year 2008, the fund comprises nearly DKK 48.3 million. An amount of DKK 2 million hereof is set aside every year for research in voluntary social work.

The support is given to projects strengthening the voluntary unpaid work and preventing and solving problems of socially disadvantaged people. Organisations, societies, groups of people and private individuals can apply for support from the fund.

The target group of the initiatives or projects is socially disadvantaged groups such as the mentally ill, the homeless, alcohol and drug misusers, prostitutes, ethnic minorities with special needs, children and young people at risk. Financial support is, for example, given to initiatives to redress problems for people in difficult life situations – such as offers of advice, telephone lines, self-help projects and volunteer centres.

Funds for education and courses for volunteers

The Ministry of Social Welfare has set aside four times DKK 11 million for education and training of volunteers in the period 2008-2011.

The pool has been in existence since 1998 and has regularly been renewed as a rate adjustment grant for a period of four years at a time. The Danish Council for Volunteer Action manages the funds in accordance with the general guidelines laid down by the Minister for Social Welfare.

The objective of the pool is to lend financial support to voluntary social organisations' own course programmes as well as inter-disciplinary course activities offered by the Centre for Voluntary Social Work.

Furthermore, the activities financially supported by the pool must have a content capable of promoting, for instance, one of the following goals:

- increasing volunteers' qualifications for serving as volunteers in meetings with people with differing needs
- supporting development of partnerships between volunteers and staff in the organisations

Betting and lottery funding

The government financially supports the voluntary organisations, including organisations in the social sector, the support amounting to about DKK 168.4 million in 2008 allocated from betting and lottery funds.

Supplementary Information to Article 14

In the text below are embodied the answers and supplementary information requested by the Expert Committee regarding the 24th Danish report.

Article 14 – Right to benefit from social welfare services

Paragraph 1 – Provision or promotion of social welfare services

The right to benefit from social welfare services provided for by Article 14§1 requires State parties to set up a network of social services to help people to reach or maintain well-being and to overcome any problems of social adjustment. The Committee reviews the overall organisation and functioning of social services under Article 14§1.

Social services include in particular counselling, advice, rehabilitation and other forms of support from social workers, home help services (assistance in the running of the home, personal hygiene, social support, delivery of meals), residential care, and social emergency care (shelters). Issues such as childcare, childminding, domestic violence, family mediation, adoption, foster and residential childcare, services relating to child abuse, and services for the elderly are primarily covered by Articles 7§10, 16, 17, 23 and 27. Co-ordination measures to fight poverty and social exclusion are dealt with under Article 30 of the Revised European Social Charter, while social housing services and measures to combat homelessness are dealt with under Article 31 of the Revised European Social Charter.

The provision of social welfare services should concern all those in need, in particular the vulnerable groups and individuals who have a social problem. Groups which are vulnerable – children, the family, the elderly, people with disabilities, young people with problems, young offenders, refugees, the homeless, alcohol and drug abusers, victims of domestic violence and former prisoners – should be able to avail themselves of social services in practice. Since many of these categories are also dealt with by more specific provisions of the Charter, under Article 14 the Committee reviews the overall availability of such services and refers to those other provisions for the detailed analysis of the services afforded. This overall review follows the criteria mentioned below as regards effective and equal access to, and quality of the services delivered as well as issues of rights of clients and participation.

The right to social services must be guaranteed in law and in practice. Effective and equal access to social services implies that:

- *The general eligibility criterion regulating access to social services is the lack of personal capabilities and means to cope. The goal of welfare services is the well-being, the capability to become self-sufficient and the adjustment to the social environment of the individual;*
- *An individual right of access to counselling and advice from social services shall be guaranteed to everyone likely to need it. Access to other kind of services can be organised according to eligibility criteria, which shall be not too restricted and at any event ensure care in case of urgent need;*
- *The rights of the client shall be protected: any decision should be made in consultation with and not against the will of the client; remedies must be available for those who wish to complain about social welfare services and there must be a right to appeal to an independent body where allegations of discrimination and violation of human dignity are made;*
- *Social services may be provided subject to fees, fixed or variable, but they must not be so high as to prevent the effective access of these services. For persons lacking adequate financial resources in the terms of Article 13§1 such services should be provided free of charge;*
- *The geographical distribution of these services shall be sufficiently wide;*
- *Recourse to these services must not interfere with people's right to privacy, including protection of personal data.*

Social services must have resources matching their responsibilities and the changing needs of users. This implies that:

- *staff shall be qualified and in sufficient numbers;*
- *decision–making shall be as close to users as possible;*
- *there must be mechanisms for supervising the adequacy of services, public as well as private.*

The Committee takes note of the information provided in the Danish report.

Organisation of the social services

The organisation of social services is regulated by the Act on Social Services. This framework legislation is implemented by the regional and local authorities. Social services are delivered by the local authorities at municipal level and by county authorities at regional level if specialised benefits are required. They include: counselling, day-care facilities for children, clubs and other social-pedagogical leisure-time facilities for older children and young persons, support for children with special needs, personal assistance; care and attendance for adults, including the elderly, payment of necessary extra-costs to persons with substantially and permanently impaired physical or mental function, sheltered employment and other activities, accommodation facilities, technical aids, and individual transportation.

Effective and equal access

According to the report, the Act on Social Services organises access to benefits on three levels. At the first level, everyone has an individual right to receive free counselling in order to overcome social difficulties and prevent them from becoming worse. Counselling is provided separately or in connection with any other assistance. The second level includes general services which are available to special groups, such as families with children. The third level includes special services which are intended for persons with special needs (physical impairment, etc.). Access to social services is based on individual need and on the conditions laid down in the Act on Social Services. The Committee asks that the next report provide information on the eligibility criteria, on whether second and third level social services are free of charge, and what criteria regulate fees where they apply. The report indicates that non-nationals who are lawfully resident in Denmark are guaranteed equal treatment as regards access to social services.

Reply:

Elderly people

Any lawful resident of Denmark is entitled to assistance under the Act on Social Services. Personal and practical assistance under this act is free, except for temporary assistance, which is income adjusted.

Pursuant to the Order on payment for general services and for personal and practical assistance, payment for temporary assistance is calculated on the basis of the recipient's and any spouse's income basis. Cohabitants who contribute to the joint household with cash contributions, work in the home or similar, and where cohabitation may lead to marriage pursuant to Danish law are put on an equal footing with married couples. Payment is charged only if the income basis exceeds certain limits. The income basis is assessed on the basis of the income in the income year most recently completed, and the assessment is made on the basis of the same income concepts as those used in Danish tax legislation.

If temporary assistance is changed to permanent assistance, payment will stop from the time when it is assessed that the recipient will be unable to manage on his or her own. The local authority makes this decision.

Children

All children under 18 years resident in Denmark have access to help and support as provided by the legislation for children at risk. This also includes non-nationals.

People with disabilities

Reference is made to the above reply to Article 14, paragraph 1, Q 1.

Socially disadvantaged adults

Any lawful resident in Denmark is entitled to assistance under the Act on Social Services.

Executive order no. 1387 of 12 December 2006 (*Executive order no. 1387 of 12 December 2006*) states that user payment can be collected for stays in temporary housing arrangements under sections §§ 107, 109 and 110 of the Act on Social Services – offers for socially disadvantaged groups, including drug and alcohol misusers, abused people and the homeless. Under the Executive Order, the local authority can determine payment for the stay in housing arrangements, including heating and electricity. Furthermore, the local authority determines the level of payment for board and other services, including laundry, that are integrated parts of the stay under the Act on Social Service. Residents not earning an income will not be charged for the stay.

Residents will also pay for the stay, if, under section 108, they are staying at housing arrangements set up for long-term stays. The local authority determines the level of payment based on housing costs and the resident's income. In very special cases, the local authority may decide to reduce the payment for the housing arrangement due to the resident's financial conditions.

The report indicates that local authorities enjoy discretion in deciding on access to social services; but their discretion is nonetheless circumscribed by the case law of the regional and national Social Appeal Boards. In addition, decisions are taken in consultation with the individual recipient and an appeals system is available (see Conclusions XV-2, p. 136 for a description). As regards appeals, the report adds that regional social appeals boards must be independent of any instruction concerning the decision in the individual case. They must also ensure that any decision brought before them is decided in pursuance of statute and to this purpose the National Social Appeals Board shall ensure co-ordination. Users must be given the opportunity to participate in the proceedings. The members of the regional social appeals boards are appointed by the Minister for Social Affairs upon recommendation of the national confederations of social partners, national associations of county and local authorities and the Danish Council of organisations of Disabled People.

Quality of services

The report indicates that, in 2002, a total of 245,970 full-time employees were engaged in county and local authorities social services, mainly in day-care for children and in care of the elderly. In 2002, about 1.3 million persons received social service assistance. As regards resources, the report indicates that expenditure is shared among municipalities and counties, while the state covers 50% of certain municipal costs, mainly those relating to financial support for the care of physically or mentally impaired persons. In 2002, expenditure for social assistance was DKK 13.5 billion (about € 1.8 billion).

The report gives no information on how the provision of social services is monitored, if there are conditions which must be met by social services providers and what are the supervisory procedures in place to ensure that the conditions are met in practice. Therefore, the Committee asks that this information to be provided in the next report.

Reply:

Elderly people

The local council must, cf. the Act on Social Services, supervise the performance of the local authority duties, including the provision of personal and practical assistance to elderly persons. The local council's duty of supervision implies that the local council as an authority must ensure that tasks are performed in the quality – both professionally and financially – that the authority itself has, within the legislative framework, decided should apply in the local authority.

If, for example, information emerges that care for residents in assisted living accommodation or in care homes apparently is not in keeping with the local authority policy in the area, the local council has a duty to investigate and, if relevant, remedy the matter as soon as possible. Further, under the duty of supervision the local council must not only react if the local council specifically receives in-

formation that certain parts of the assistance are subject to criticism, but the supervision must also be active, out-reaching and systematic.

In cases where private providers perform local authority tasks, the local council is also responsible for supervising the provider performing the task. This is because the local council is responsible for how the task is performed and thus also for supervising the performance and following up on the supervision, whether it is a local authority or private provider that actually carries out a task for the local authority.

As part of the local council's duty of supervision, the local council must carry out inspection visits in care homes and similar dwelling units at least twice a year, as well as prepare an inspection report after each visit, cf. the Order on inspection in care homes, assisted living accommodation, etc. One of these visits must be unannounced. The local council's duty of supervision must be seen in connection with the health inspection carried out by the medical officer of health. The local council must also prepare an annual report of the overall supervision activities in the old age care sector.

Children

Provision of social services are mainly monitored by the National Social Appeals Board (Ankestyrelsen). One of the tasks of the Social Appeals Board is to communicate knowledge on political developments in social matters through, for instance, analyses and statistics. Statistics of children placed in residential care are generated for each quarter. The statistics contain information about gender, age, reason for placement, whether parents consent or not to the placement.

Statistics Denmark also collects data on children placed in residential care. The statistics show the number of children placed in different kinds of placements every year on 31 December broken down by age, gender and region.

Furthermore, in the area of children at risk, the National Social Appeal Board publishes practice surveys, i.e. surveys of casework. Similarly, five state prefects supervise the local authorities and publish practice surveys.

Socially disadvantaged adults

The government has prepared executive orders on quality standards for residential facilities under section 108 of the Act on Social Services (*Executive Order on quality standards for residential facilities under section 108 of the Act on Social Services*) and on quality standards for social treatment for drug misuse under section 101 of the Act on Social Services (*Executive Order on quality standards for social treatment for drug misuse under section 101 of the Act on Social Services*). The quality standards require complete information to be available for citizens on the offers and services, the local authorities provide to them.

The individual local authority approves and supervises private residential or placement facilities under section 107 of the Act on Social Services, cf. Executive Order on Approval and Supervision of Private Residential Facilities (*Executive Order on Approval and Supervision of Private Residential Facilities*). The local council must ensure that the educational methodology and objectives for the educational work of the residential facilities and placement facilities reflect the needs of the target group. The local council must also endorse the physical setup of the residential or placement facility as being suitable for the purpose.

The individual local council must supervise the approved facilities.

According to *Executive Order no. 681 of 20 June 2007* on the Social Services Gateway *(Executive order on the Social Services Gateway no. 681 of 20 June 2007)* local and regional councils *must* submit information on residential facilities to the Gateway as an aspect of improving the overview of and planning basis for social offers, etc. Local authorities can only refer clients to offers approved by the Social Services Gateway. This procedure implies that offers under sections 107, 108, 109 and 110 of the Act on Social Services are approved.

People with disabilities

The local council must supervise the discharge of local authority duties under the Danish Act on Legal Protection and Administration in Social Matters. Such supervision includes the contents as well as the implementation of the initiatives provided. The supervisory obligation applies to all social service types approved by the local authority. This means both public and private offers. In relation to residential accommodation, quality standards must be prepared in which the local council is to decide on the content, scope and performance of offers for adults and follow up these decisions. The quality standard can be seen as a tool, which the local council can use in supervising the specific offers."

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Paragraph 2 – Public participation in the establishment and maintenance of social welfare services

Strengthening the role of voluntary sector is still a priority for the Government. In 1999, 300,000 people, i.e. 12% of the population, were regularly involved in voluntary social work carried out by 350 national organisations and other local organisations. The report provides information on the measures taken to improve the training of volunteers. The Committee notes that the Danish Committee on Volunteer Effort plays the role of a discussion forum for involving civil society in the elaboration of social services policy.

The Committee asks that the next report provide information on the procedure that non-state providers shall undergo and the conditions they must fulfil to become service providers and how their services are monitored.

Reply:

Reference to be made to the reply to question 4 to article 14 below.

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It also asks the next report to indicate that effective and equal access to social services provided by non-state providers is guaranteed in accordance with the above interpretation of Article 14§2.

Reply:

In Denmark, local councils are responsible for providing social services and for their performance. According to the local government act, the local council must decide whether services should be tendered and, if so, which ones. The act sets no limits on which services can be tendered or whether the local council should select non-profit or for-profit suppliers for the tasks.

Thus, non-profit organisations enjoy the same access to winning the service provider tender as for-profit organisations.

The local council will lay down the framework within which the providers are to solve the tasks. Differing regulations may prevail, depending on the service area to which the task belongs. Thus, they may differ for tasks related to day-care facilities, services to elderly or operation of women's shelters.

Consequently, it is impossible to describe general procedures or general requirements which non-profit organisations must follow or fulfil with a view to providing welfare services. The procedure and requirements may vary from local authority to local authority but also from service area to service area.

In many instances, non-profit organisations will conclude an operating accord or agreement with the local council, the agreement covering the provision of a particular welfare service.

As to supervising and monitoring the services provided by welfare providers, non-profit and for-profit alike, the local authority must supervise the provider, just as it must also ensure correct performance of the service with a view to fulfilling its responsibility for secure provision.
Various requirements will apply for supervising and monitoring, but – again – the regulations will differ depending on the service area.

However, in some areas citizens have freedom of choice. Meal arrangements for elderly citizens constitute an example. This means that a few areas of social service provision are under a mandatory requirement of tendering.

Article 4 of the 1998 Additional Protocol

Right of Elderly Persons to Social Protection

Article 4 of the additional protocol, Question 1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The Act on Social Services is the primary legal framework for services for elderly persons in Denmark. It appears from the Act that a citizen can get personal and practical assistance if he or she is an adult, is resident in Denmark and cannot perform the personal and practical tasks him- or herself. The term personal assistance and care covers assistance with, for example, personal hygiene, getting into or out of bed, or getting dressed. Practical assistance in the home may be assistance with cleaning, laundering or shopping.

Citizens are entitled to home-help services irrespective of whether they live in their own house/flat or in, for example, assisted living accommodation. The local authority decides whether the elderly person is entitled to receive home-help services. The local authority's decision as to the assistance required by each person must be based on a specific and individual assessment of the need for assistance. This means that the local authority must specifically consider the person's needs:

Requirements to the decision on personal and pracitical assistance:

1. Requests for assistance must be considered on the basis of a specific and individual assessment of the need for assistance.
2. The local authority must consider all requests for assistance.
3. The assistance provided must help the recipient maintain mental and physical abilities.
4. The decision on assistance must be regularly adapted if the need for assistance changes.
5. The home-help recipient must receive a written decision on the assistance to which he or she is entitled. The decision must describe the tasks included in the assistance, the object of the assistance and the period in which the assistance is given.
6. The decision must include written reasons for the assistance granted to the recipient as well as for the assistance requested by the person, but to which the local authority assesses he or she is not entitled.
7. The decision must also state the requirements the local authority has posed to the provider as regards when the assistance is to be provided. It must also stipulate a time limit within which the recipient must receive replacement help if the provider cancels the help.
8. If the recipient lives in a care home or in assisted living accommodation, the decision must also include information on the overall plan for the care activities to be provided to the recipient.
9. The decision must inform the recipient about options for complaining about the local authority's decision on assistance.

Complaints about decisions on personal and practical assistance must be addressed to the local complaints council and then to the Social Complaints Board.

The local council in the local authority is the body obliged to offer personal and practical assistance. The local council also determines the level for home-help services in the local authority (the service level). Finally, the local authority makes the decision as to who is entitled to receive home-help services.

On the other hand, the local authority is not necessarily responsible for providing the personal and practical assistance. Since 2003, local authorities have thus been obliged to establish the framework for enabling private providers to enter the market for personal and practical assistance; cf. the Act on Social Services and the Order on quality standards and free choice of provider of personal and practical assistance, etc. They may do so through an invitation to tender or through the approval model where prices are determined on the basis of the local authority provider's average long-term costs. The local authority must always impose quality requirements and, if the approval model is applied, also price requirements.

It is a fundamental principle of Danish legislation that personal and practical assistance is provided as "help to recipients to help themselves". Recipients of personal and practical assistance must thus to the widest extent possible participate actively in performing the tasks. This means that assistance must be planned in close

cooperation with recipients, and that the main object of the assistance is to enable recipients to manage on their own and to perform as many tasks as possible alone. In practice, this may, for example, mean that the home-help recipient and the home help work together to perform the various tasks.

If a person lives together with one or more family members, the local authority may also consider whether the family can help with some of the tasks that need doing. For example, the local authority may assess that a spouse will be able to take responsibility for the shopping of the entire household.

Dementia and the use of force
The Act on Social Services also includes a set of rules on the use of force in respect of persons with significant and permanent mental impairment, such as persons suffering from dementia (see also the Order on the use of force and other infringements of the right of self-determination). The basis for the provisions on the use of force and other infringements of the right of self-determination is respect for the integrity of the individual. The principles on which the rules on the use of force and other infringements of personal freedom are based are as follows:

- Socio-pedagogic assistance should always be given before using force
- The principle of the least restrictive measure, i.e. the least restrictive solution, must always be given first priority
- The principle of individuality, i.e. infringements of personal freedom must be adapted to the individual's situation and needs
- Openness, i.e. the decisions made must be clear to the individual or relatives, guardian or legal adviser
- Legality, requirement for clear legal authority for infringements of personal freedom
- Special requirements for the basis for decisions and right to appeal.

Residential accommodation
As regards housing for elderly persons, the local authority must with effect from 1 January 2009, cf. the care-home guarantee, offer a dwelling in social housing for the elderly or a care home place to elderly persons in need of such dwelling or place, two months after the need has been established. An offer means that the older person is offered a specified dwelling in social housing for the elderly or care home place that can be occupied at the latest two weeks after the expiry of the two-month time limit.

Social housing for the elderly may, cf. the Act on Social Housing, be established and laid out as independent dwellings, assisted living accommodation or as shared housing arrangements. The dwellings must be specially suited for elderly and disabled persons, including being suited for wheelchairs, and means of access and layout must be suited for walking-impaired persons. Social housing for the elderly must have private toilet and shower, and generally the dwellings must include a kitchen.

Social housing for the elderly must be rented to elderly and disabled persons. Basically, the local council has the right of allotment for housing for the elderly, irrespective of who owns it. This means that the local council individually assesses and decides to whom the dwellings should be rented.

The authority for residential accommodation in the form of care homes and sheltered housing is found in the Act on Social Services in the form of a temporary provision. This is because the local authorities can no longer build care homes and sheltered housing pursuant to the Act on Social Services. As a result of closing and rebuilding into retirement housing/social housing for the elderly pursuant to the Act on Social Housing, the number of existing care homes and sheltered housing will gradually decrease in importance. Traditionally, care homes were meant for persons with comprehensive care needs. Sheltered dwellings were offered to persons who could no longer stay in their own homes, but did not require assistance so comprehensive that a care home place was needed. The sharp division of the dwellings according to function has been abandoned in many local authorities. Today, the possibilities of providing care are more or less the same in sheltered housing as in traditional care homes.

Quality reform

As regards major reforms, the Danish government has submitted a proposal for a quality reform to ensure continued renewal and development of the quality in the old age care sector. The quality reform will contribute across the board to improving circumstances for elderly persons and employees in the old age care sector.

The reform means that the provision of old age care must be even more flexible than today and focus more strongly on the individual needs of the elderly. Elderly persons must be put first, and the institutions must help develop quality. One way to achieve this is to spread positive experience more quickly to other institutions and invest in a better physical framework and new technology in the old age care sector. Examples of specific old age care initiatives in the reform are:

Permanent contact person
In the 2008-2009 parliamentary year, the government will present a bill to the effect that recipients of home-help services will be entitled to one permanent contact person who must be close to the citizen.

Up-to-date buildings, facilities and technology
As part of the quality strategy, a quality fund is established, some funds of which will be given to improve the physical framework and introduce new technology, including in the care sector. The money in the quality fund will be distributed among the local authorities. One initiative is to give special focus to labour-saving technology in the social and health area, including old age care.

Better learning among local authorities and sectors
Experiments should be made with the development and test of a system where care staff, residents and relatives can report errors and unintended incidents in the care sector to create better learning possibilities across local authorities and sectors.

Accreditation
In 2009, experiments will be done in the care home/assisted living accommodation area to develop and test an accreditation model that systematically supports the staff's work with quality development through ongoing learning by providing the opportunity to use experts as sounding boards. In the long term, the principles of the model are expected to be disseminated to other parts of the social area.

Quality contracts
With effect from 2010, quality contracts will replace the present local authority service strategies. Quality contracts are the local council's contract with the citizen and must include clear and measurable objectives for each of the local authority service areas. The aim is for citizens to get clear information about the service level they can expect in individual local authority service areas.

Preventive initiatives
Finally the government's preventive initiatives should also be seen in the context of initiatives for the elderly. The government's objective is for as many people as possible to have good conditions for a healthy, well-functioning and high-quality life. This will also help postpone the need for public assistance.

Article 4 of the additional protocol, Question 2

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

The legislation in the old age care area is described in guidelines to the acts. The guidelines describe the criteria required to obtain a certain service, the areas in which the act applies and the specific character of the service. Finally, practical examples of the application of the acts are given. The guidelines are meant as administrative help to the local authorities, which have the specific authority responsibility.

The local council must, cf. the Act on Social Services, supervise the performance of the local authority duties, including the provision of personal and practical assistance to elderly persons. The local council's duty of supervision implies that the local council as an authority must ensure that tasks are performed in the quality – both professionally and financially – that the authority itself has, within the legislative framework, decided should apply in the local authority.

In cases where private providers perform local authority tasks, the local council is also responsible for supervising the provider performing the task. This is because the local council is responsible for how the task is performed and thus also for supervising the performance and following up on the supervision, whether it is a local authority or private provider that actually carries out a task for the local authority.

As part of the local council's duty of supervision, the local council must carry out inspection visits in care homes and similar dwelling units at least twice a year, as well as prepare an inspection report after each visit, cf. the Order on inspection in care homes, assisted living accommodation, etc. One of these visits must be unannounced. The local council's duty of supervision must be seen in connection with the health inspection carried out by the medical officer of health. The local council must also prepare an annual report of the overall supervision activities in the old age care sector.

Article 4 of the additional protocol, Question 3

> 3. Please provide pertinent figures, statistics or any other relevant information on measures taken to ensure that elderly persons have access to adequate benefits in cash or in kind; on the level of public expenditure for social protection and services for the elderly, on the accessibility of measures and the number of elderly people benefiting from them; on the number of places available in institutions for elderly persons, on the number of elderly living in such institutions, and on whether a shortage of places is reported.

Reference to be make to the above-mentioned question 1 and 2.

Supplementary Information to Article 4 of the 1998 Additional Protocol

In the text below are embodied the answers and supplementary information requested by the Expert Committee regarding the 24th Danish report.

Article 4 of the 1988 Additional Protocol – Right of elderly persons to social protection

The Committee takes note of the information provided in the Danish report.

The Committee notes from the report that in 2002 there were 804,578 persons over the age of 65 in Denmark of which 218,365 were over 80 years of age. It recalls that overall responsibility for the elderly in Denmark lies with the Ministry of Social Affairs but that the implementation of concrete measures with respect to care for the elderly takes place at the municipal level. A senior citizens' council is established at each municipal board to advise on elderly policy and to raise issues of concern within the board.

In reply to the Committee's question, the report states that there exists no specific non-discrimination legislation protecting elderly persons against discrimination on grounds of age. **The Committee recalls that non-discrimination legislation or similar protecting the elderly should exist at least in certain domains and asks whether the adoption of such legislation is planned in Denmark.**

Reply:

The Danish government has no current plans of legislating in respect of age discrimination.

As far as the Committee's question regarding the existence of a procedure on assisted decision making for elderly persons with reduced decision making powers is concerned, the report makes reference to the senior citizens' council and the complaints board for personal and practical help established on the municipal level. The Committee takes note that the senior citizens' council provides a forum for a dialogue between the local council and the group of elderly people as a whole in the local district and advises the local council in all matters concerning the elderly. However, the Committee wishes to know whether Danish law provides for a procedure of assisted decision making where legal representatives such as tutors, guardians etc. or other intermediaries assist an incapable elderly person or an elderly person having reduced decision making capacity regarding matters of his or her everyday life. It refers in this respect to the principles laid down in the Council of Europe's Committee of Minister's Recommendation No. R. (99) 4 concerning legal protection of incapable adults.

Reply:

The Act on Social Services emphasises the importance of involving others who know the person in need of help well in the decision procedure.

The right to have a legal adviser appears from the Public Administration Act. Pursuant to the Act, a party to a case is at any time during the consideration of the case entitled to be represented or receive legal assistance from others.

The authority must consider whether the regional state administration should be requested to appoint a legal guardian under the Legal Guardianship Act. This applies, for example, in situations where the person concerned has reduced mental functions, for example because of dementia, and consequently is unable to enter into qualified cooperation with the legal adviser. Especially in situations where a disagreement exists about the protection of interests between relatives and the authority, the authority must be aware of the possibility of appointing a legal guardian.

Adequate Resources

The Committee recalls that persons who have reached the age of 65 years, or 67 years in the event of persons who have reached the age of 60 before 1 July 1999, are entitled to an old age pension (social pension) provided that certain conditions regarding residence and nationality are met. In addition, pensioners may receive a personal supplement, health allowance, heating allowance and housing benefit. For details on the various allowances available, the Committee refers to its last conclusion on Article 4 of the 1988 Additional Protocol (Conclusions XVI-2, p. 236 et seq).

The Committee asked in this respect how adequate resources are guaranteed to persons who do not meet the requirements for entitlement to the social pension. The report specifies that persons who are aged 60 years or more and who do not qualify for social pension are offered a special rate of social assistance corresponding to the amount payable to a married old-age pensioner if they have been resident in Denmark for a total of seven years within the period of eight years preceding their 60th birthday. According to the report, in 2002 the special social assistance rate was 6,433 Danish Crowns (DKK) (€ 836) for persons meeting the aforementioned residence requirement for the entitlement to social assistance and 2,128 DKK (€277) for persons who do not meet this requirement. The Committee assumes that these are monthly rates and understands that financial means, although in a lower amount, are granted to persons not entitled to the full social assistance rate. It wishes to receive confirmation in the next report that these assumptions are correct.

Reply:

> Persons who are aged 60 years or more and who do not qualify for social pension are offered a special rate of social assistance corresponding to the amount payable to a married old-age pensioner, if they have been resident in Denmark for a total of seven years within the period of eight years, when they apply for help. If not they are offered starting allowance. In 2002 the special social assistance rate was DKK 6,433 (€ 836) for persons meeting the aforementioned residence requirement for the entitlement to social assistance (in 2008: DKK 7,492). The equivalent starting allowance in 2002 was DKK 4,231 (€ 550) for persons who are married/living together (in 2008: DKK 4,926) and DKK 5,103 (€ 663) for singles (in 2008: DKK 5,940). These rates are monthly, and there is a supplement if the person has an obligation to support children.
>
> Cash benefit claimants will cease receiving cash benefits when they meet the conditions for receiving pension, early retirement benefits, etc.

The Committee further wishes to know whether persons not entitled to a social pension may also claim the personal supplement, health allowance, heating allowance and housing benefits.

Reply:

> Persons not entitled to a social pension (old age or anticipatory) are not eligible for personal, supplement, health allowance and housing benefits for pensioners.

The Committee noted in its last conclusion that in the case of a single pensioner the gross income before housing benefit is just over half of the income of an average wage earner. The Committee found that gap to be considerable and asked the Government's comments on this. The report states that the difference between the gross social old age pension and the gross income of an average wage earner does in no way reflect a corresponding difference in disposable income or consumption possibilities. Public old age pension grants pensioners a basic income and is accompanied by a number of special benefits for housing, heating, health services, etc. most of which depend on the individual pensioner's income and assets. Furthermore, pensioners are entitled to a number of free services, such as home help and hospital treatment.

In addition, particularly disadvantaged pensioners may be granted a personal allowance following a specific, individual assessment of their needs. According to the report, a new benefit was introduced for old age pensioners with no or a very small supplementary income as of 2003 providing a pension supplement which shall reach up to 5,100 DKK (€ 663) until 2004 provided that the pensioner does not have monetary assets over 54,600 DKK (€ 7,098). The Committee assumes that this supplement is paid on a monthly basis and wishes this to be confirmed in the next report.

Reply:

> The personal allowance referred to (5.100 DKK in 2004) has been adjusted and is DKK 10,000 with the effect as at 1 January 2009. This extraordinary personal allowance is paid in an annual rate and is means-tested.

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According to an analysis of the income situation of elderly persons carried out by the Ministry of Finance in 2003 only 1.3% of old age pensioners have a disposable income below 50% of the medium disposable income of the whole population. In the year 2001 around 73% of pensioners had a supplementary income in addition to their public pension, a figure which is expected to rise to 93% until 2018.

The Committee notes from the report, that people who look after close relatives in their own homes may be granted compensation for loss of earnings by local authorities in the event that a medical assessment has shown that treatment in a hospital would not be sufficient.

Services and Facilities

Municipalities provide home help services in the form of personal and practical assistance and are obliged to provide or financially support other services of a “preventative and activating” kind such as meals on wheels and transportation services. The primary aim of Danish care for elderly persons is to enable the recipients of services to manage on their own as long as possible. A number of voluntary bodies provide these and other services of a social, cultural and educational nature and that the municipalities may outsource and provide financial support to these bodies. The Committee reiterates its question whether in general the supply of such services matches the demand.

Reply:

> The Ministry of Social Welfare has no specific documentation of whether the voluntary associations’ services meet the demand for such services. Generally, the supply of services from voluntary associations, etc., is widespread in Denmark. About one third of the Danish population carries out voluntary work. Some 6% of the population carries out voluntary work in the social and health area (2006).

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The Committee notes from the report that in spring 2002 the Danish Parliament adopted new legislation which as from January 2003 entitles elderly people to choose freely between private or municipal providers of personal and practical help and assistance. This obliges local authorities to ensure to the extent possible a selection of several service providers from which to choose.

The quality standards and price requirements for both public and private services must be adopted by the local authority which follows up on the quality and management of the services provided at least once a year. The quality standards must describe the services available at the local level to citizens who need personal or practical help and assistance, physical rehabilitation or general physical exercise in order to ensure transparency as regards citizens’ rights and to enable the users of these services to evaluate the performance of local authorities and service providers. Local authorities are required to make a clear distinction between their function as a local authority and their function as service provider and have to isolate the costs for home help services and make them transparent.

In reply to the Committee’s question, the report states that according to Danish legislation local authorities can determine the content and extent of the assistance offered to the elderly people on the basis of local conditions and may also decide on the allocation of funds required to achieve the service level decided. The

level of services may thus differ from one municipality to the other. Some municipalities may prioritise an extensive home care whereas others encourage the offer of places in residential facilities. With respect to charges levied for services provided the report states that local authorities are only allowed to demand charges for products and materials used in connection with permanent practical assistance and personal care in people's homes but may not demand payment of expenses relating to staff providing the services. The Committee wishes to know whether this is also true for private service providers.

Reply:

The published price requirements form the basis for settlement between the local council and all approved providers and thus apply to both local authority and private providers.

Funding for the services is provided for through local taxes and grants from the Government. However, residents in ordinary housing as well as in nursing homes have to pay a monthly contribution covering the operating costs of the facility. The Committee wishes to receive information on the average amount of such payments.

Reply:

The Ministry of Social Welfare does not have any figures for the average expense of 'operating costs of the facility' for the groups of residents mentioned.

The Committee recalls that municipalities provide information about the services and facilities available to the elderly in regular intervals. It notes from the report that information is also made available by the Government via the internet. Furthermore, to facilitate the free choice of service providers by the elderly, a central database of the services available has been established by the Ministry of Social Affairs including all price and quality requirements established by local authorities in this respect.

In reply to the Committee's question regarding information on services (information and training) or facilities for families caring for elderly members as well as any particular services for those suffering from dementia or Alzheimer's disease the report states that the municipalities are under obligation to inform carers and recipients of care about the possibilities of receiving supplementary help like home help or home nurse services or around the clock domiciliary care. Local authorities must furthermore offer relief and respite care to spouses or other close relatives who look after a person with impaired physical or mental capacity. For the relief of the carer, an elderly person can stay for a short term period in a nursing home or a day home.

The report further states that local authorities are promoting the improvement of organisation of dementia care in order to ensure coordination between local authority services and the health service regarding the treatment and care of people suffering from dementia. The Committee wishes to receive information on how such improvements have progressed in the next report and what are the services actually available for those suffering from dementia or Alzheimer's disease.

Reply:

Since 2003, the Danish parliament has earmarked a total of DKK 137 million for dementia initiatives, the major part of which has been distributed through the Ministry of Social Welfare (formerly the Ministry of Social Affairs), including the National Board of Social Services.

Initiatives include

- Providing supplementary training of care staff and professionals
- Reducing the use of force through social-pedagogic methods and better dwelling layouts
- Improving the evidence in the dementia area, including through support to the DAISY intervention project at Copenhagen University Hospital's Memory Clinic

- Improving cooperation between sectors and between relatives, volunteers and the public sector
- Disseminating knowledge to authorities, professionals, relatives and citizens in general, including also information and guidelines in relation to legislation
- Developing day and relief care services for demented people and their relatives
- Developing services for special groups of demented people, including mentally disabled and young persons suffering from dementia.

As regards treatment, signs of illness, fact-finding and other disease-related questions in relation to dementia, the National Board of Social Services (under the auspices of the Ministry of Social Welfare) has multi-pronged cooperation with the nationwide National Knowledge Centre for Dementia at the Copenhagen University Hospital.

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Housing

As far as subsidised housing and housing benefits available to the elderly are concerned, reference is made to the Committee's last conclusion on Article 4 of the Additional Protocol. The Committee drew attention to the fact that the housing benefit available to pensioners was reduced during the reference period of the previous report and asked for more information on this trend. The current report states that the reform of legislation on housing benefits occurred between March 1999 and January 2004.

The Committee recalls that the housing benefit is calculated as a percentage of the housing cost less a percentage of the household income up to a ceiling. As of 2002 the housing benefit is calculated as 81% of the difference between the annual housing costs plus 2,000 DKK (€ 260) and 5.5% of the annual income – up to 119,200 DKK (€15,496) and 26.5% of income in excess of this. The law sets maximum limits for the amount of benefit (31,920 DKK; € 4,150), the housing costs (60,500 DKK; € 7,865) and the dwelling size. In 2002 pensioners had to pay a minimum part of the housing cost which amounts to 11% of the household income and at least 11,400 DKK (€1,482) per annum before they are entitled to housing benefit.

Health Care

According to the report, health care and long term care in Denmark are based on the principle of free and equal access to such care, i.e. that in relation to healthcare all residents in Denmark have access to the services provided by the healthcare system irrespective of their financial status, labour market affiliation and personal insurance.

In its last conclusion on Article 4 of the 1988 Additional Protocol the Committee asked for information on health care programmes and services specifically aimed at the elderly, guidelines on health care for elderly persons, mental health programmes for persons with dementia and related illnesses as well as on palliative care services for the elderly. The Committee notes that the report does not contain any information on these matters but that the Government states that such information will be included in the next report.

Reply:

Health care for the elderly is an integrated part of the health care system in Denmark.

The National Board of Health has in 2008 published the report "Diagnostic evaluation and treatment of dementia". The report assess the efficacy of drugs for treatment dementia and various types of interventions to support the informal caregivers of people with dementia. The report analysis hospital-based initiatives and initiatives of general practitioners.

The National Board of Health has in 1999 published guidelines of how to take care of seriously ill or dying people.

Local authorities must twice a year offer all citizens aged 75 and over a preventive home visit; cf. the Act on Preventive Home Visits.

Institutional Care

The emphasis in Denmark with respect to institutional care for the elderly is to provide housing with associated services and care rather than nursing home type institutions. According to the report, the great majority of elderly people live in ordinary housing. Danish ageing policy is based on the idea that the type of housing should not decide the care and services available but only the individual's needs should determine the level of care needed and provided. Thus, no conventional nursing type homes have been created in Denmark since 1987 but have been rather replaced by the building of social housing for the elderly, including housing with care and nursing facilities and staff. Conventional nursing homes and sheltered flats built before 1987 may continue to be run under a temporary provision in the Social Services act.

Housing for elderly people and traditional nursing home facilities are available to elderly people who are in need of these facilities according to a specific assessment of the functional capacities of the individual. Elderly persons who need sheltered housing, a place in a residential care facility or a place in a nursing home are entitled to choose a facility outside the geographical area covered by their local authority. If they wish to cohabit with their spouse or partner, they are entitled to a housing unit that can accommodate two people.

The Committee notes from the report that municipalities are obliged to provide information on waiting lists for residential accommodation including nursing homes. In this respect the Committee reiterates its question whether supply of the places available in residential accommodation matches the demand.

Reply:

> With effect from 1 January 2009, cf. the care-home guarantee, the local council must offer a dwelling in social housing for the elderly or a place in a care home to older persons who need such dwelling or place two months after the need has been established. An offer means that the older person is offered a specified dwelling in social housing for the elderly or care home place that can be occupied at the latest two weeks after the expiry of the two-month time limit.

In reply to the Committee's question, the report states that there were 4,923 shielded units for people suffering from dementia in Denmark in 2002 as opposed to 4,362 in 1999. According to the report, there were a further 25,802 housing opportunities available in nursing homes, 4,105 in shielded units, 39,631 in ordinary housing and 19,875 in other dwellings for elderly people in Denmark in 2002. The Committee notes that the number of ordinary housing units has increased from 1999 to 2002 by 5,203 units whereas for the rest of facilities there was a decrease in the number of units during this period.

With respect to the Committee's question as to how the rights of elderly persons placed in institutional care to privacy and dignity and their right to maintain personal contact with persons close to them are guaranteed, the report mentions that the majority of elderly people reside in units which have an individual kitchen, bathroom and lavatory. The law also requires that each dwelling is covered by a 24-hour emergency help call-out scheme and that the fittings and fixtures and accessibility be especially adapted to cater for the needs of the elderly and disabled.

The Committee further asked whether elderly persons can be compulsorily placed in housing with associated services and care and what the corresponding procedure is. According to the report, the municipal or the relevant county authority may recommend that the social appeal agency should decide that a person be admitted to a specific accommodation facility where it is absolutely mandatory in order to ensure that the person in question receives the necessary assistance and in the event that such assistance cannot be provided in the person's own home. Compulsory placement is only permissible in the event that the respective person is unable to understand the effects of his/her actions and risks suffering serious personal injury if not committed to institutional care.

The Committee wishes the next report to provide information on guidelines regarding the appropriate use of sedatives in institutions.

Reply:

Persons in nursing homes etc. all have their own doctor - often the same family-doctor as the patient has had for many years. According to the legislation, the doctor has the responsibility to prescribe the right medicine to the patient in nursing homes etc. Personnel in the institutions are responsible for securing, that the patient gets the medicine that the doctor has prescribed. The Institute for Rational Pharmacotherapy (IRF) continuously informs all GPs on rational use of sedatives etc.

Furthermore, the Committee would like to have an estimate on the number of elderly persons in institutional care of foreign origin not being able to communicate in the national language and wishes to receive information on the measures taken to ensure that these persons may express themselves, communicate and be consulted in an appropriate manner.

Reply:

The Ministry of Social Welfare has no figures on the number of elderly persons with ethnic minority background who live in Danish assisted living accommodation, etc. However, the Danish old age care sector is built in a way that enables the prevention and solution of ethnic elderly persons' special social and health problems. Care and support to elderly persons, including also assisted living accommodation, is granted on the basis of specific and individual assessment. Generally, the citizen in question must receive the help he or she needs.

In the 2004-2006 period the Ministry of Social Affairs implemented a project, the object of which was to create tool-oriented results that the local authorities can use in their planning and daily work with elderly ethnic citizens.

Similarly, with a view to supporting the work aimed at elderly persons with an ethnic background other than Danish, an application pool of DKK 13 million was allocated for improved efforts aimed at such elderly persons.

The objects of the application pool were to:

- Prevent and solve social and health problems among ethnic elderly persons
- Promote dialogue between ethnic elderly persons, their relatives and the local authority care for elderly persons
- Motivate and increase the group's participation in local activating and preventive measures
- Improve efforts aimed at ethnic elderly persons with dementia and to promote interaction/dialogue with their relatives.

Ten projects ranging from preventive health work to local association activities received support from the pool. The last projects will end on 31 October 2009. The pool will be evaluated.

Supplements

Received from The Ministry of the Environment

The Water Supply Act no. 71 of 17th of January 2007:
https://www.retsinformation.dk/Forms/R0710.aspx?id=13075

Order no. 1449 of 11th of December 2007 on Water Quality and Supervisions of Waterworks:
https://www.retsinformation.dk/Forms/R0710.aspx?id=113759

Act no. 370 of June 1999 – Om forurenet jord:
https://www.retsinformation.dk/Forms/R0710.aspx?id=13097

Spatial Planning Act no. 813 of 21st of June 2004:
https://www.retsinformation.dk/Forms/R0710.aspx?id=13152

Environmental Protection Act no. 1757 of 22nd of December 2006:
https://www.retsinformation.dk/Forms/R0710.aspx?id=13072

The Health and Safety at Work Act no. 268 of 18th of March 2005:
https://www.retsinformation.dk/Forms/R0710.aspx?id=30120

Received from Ministry of Food, Agriculture and Fisheries

Order no. 778 of 25th of July 2008 on Hygiene of Foodstuffs:
https://www.retsinformation.dk/Forms/R0710.aspx?id=117375

Guideline no. 9440 of 25th of July 2008 on Hygiene of Foodstuffs:
https://www.retsinformation.dk/Forms/R0710.aspx?id=117377

Order no. 840 of 20th of July 2006 on mussels:
https://www.retsinformation.dk/Forms/R0710.aspx?id=31802

Order no. 771 of 6th of July 2006 on Approval and Registration of Food Business and Own-check Systems:
https://www.retsinformation.dk/Forms/R0710.aspx?id=31770

Guideline no. 9459 of 12th of July 2006 on Approval and Registration of Food Business:
https://www.retsinformation.dk/Forms/R0710.aspx?id=31798

Order no. 123 of 15th of February 2008 on Training in the Hygiene of Foodstuffs:
https://www.retsinformation.dk/Forms/R0710.aspx?id=114549

Guideline no. 9066 of 29th of February 2008 on Training in the Hygiene of Foodstuffs:
https://www.retsinformation.dk/Forms/R0710.aspx?id=115658

Guideline no. 9459 of 23rd of December 2005 on Microbiological Criteria for Foodstuffs:
https://www.retsinformation.dk/Forms/R0710.aspx?id=31724

Circular no. 9724 of 26th of July on Practise of the Control in the Meat Establishments:
https://www.retsinformation.dk/Forms/R0710.aspx?id=32047

Order no. 159 of 15th of March 2008 on Food Inspection and Publication of Food Inspection Results:
https://www.retsinformation.dk/Forms/R0710.aspx?id=115244

Guide on inspection frequencies:

https://www.retsinformation.dk/Forms/R0710.aspx?id=116475

The Inspection Manual:
http://www.foedevarestyrelsen.dk/NR/rdonlyres/AEA8A1E9-4EC8-4BF3-BA1C-2E389098578C/0/Den_samlede_kontrolvejledning_af_070808.pdf

Received from the Ministry of Health and Prevention

The Health Care Act no. 95 of 7th February 2008:
https://www.retsinformation.dk/print.aspx?id=114054

The Act on the Right to Complain and Receive Compensation within the Health Service no. 547 f 24th June 2005:
https://www.retsinformation.dk/print.aspx?id=10075

Smoke-free Environment Act no. 512 of 6th of June 2007:
https://www.retsinformation.dk/Forms/R0710.aspx?id=11388

Act Prohibiting the Selling of Tobacco and Alcohol to Persons Below the Age of 16 no. 1020 of 21st of October 2008:
https://www.retsinformation.dk/Forms/R0710.aspx?id=121328

Act Lifting the Limit for Selling Tobacco to Persons to the Age of 18 no. 536 of 17th of June 2008:
https://www.retsinformation.dk/Forms/R0710.aspx?id=120344

Publications:
Extract of "The Fight Against Drugs (attached electronically)
The publication "Health Care in Denmark" (attached electronically)
The publication "The Local Government Reform in Brief" (attached electronically)
National Cancer Plan II (attached electronically)
Cervix Cancer Screening Recommendations (attached electronically)
Health Technology Assessment Mammography (attached electronically)

Received from the Ministry of Refugee, Immigration and Integration Affairs

Act no. 808 of 7th of July 2008 – Udlændingeloven:
https://www.retsinformation.dk/Forms/R0710.aspx?id=120712

Act no. 1593 of 14th of December 2007 - Integrationsloven:
https://www.retsinformation.dk/Forms/R0710.aspx?id=114165

From the Ministry of Social Welfare

Act on Social Services no. 1117 of 26th of September 2007:
https://www.retsinformation.dk/Forms/R0710.aspx?id=20938

Act on Legal Protection and Administration in Social Matters no. 877 of 3rd of September 2008:
https://www.retsinformation.dk/Forms/R0710.aspx?id=121097

Act on day-care, after-school centres and club facilities, etc. for children and young people no. 501 of 6th of June 2007:
https://www.retsinformation.dk/Forms/R0710.aspx?id=32025

Act on Social Services no. 979 of 1st January 2008
https://www.retsinformation.dk/Forms/R0710.aspx?id=121091

Act no. 696 of 27th of June 2008 - Den kommunale styrelseslov
https://www.retsinformation.dk/Forms/R0710.aspx?id=120424

Act no. 542 of 6th of June 2007 - Lov om tilbageholdelse af stofmisbrugere i behandling

Act no. 95 of 7th of February 2008 - Sundhedsloven

Guideline of 5th of December 2006 - Vejledning til lov om social service 1-7

Guideline no. 10 of 20th of February 2008 - Vejledning om Lov om tilbageholdelse af stofmisbrugere i behandling

Order no. 1387 of 12 th of December 2006 - Bekendtgørelse om betaling for botilbud m.v.

Order no. 620 of 15th of June 2006 - Bekendtgørelse om kvalitetsstandard for botilbud efter § 108 i serviceloven

Order no. 622 of 15th of June 2006 - Bekendtgørelse om kvalitetsstandard for social behandling for stofmisbrug efter § 101 i lov om social service

Order no. 681 of 20th of June 2007 - Bekendtgørelse om Tilbudsportalen

A new life – The government's proposal for multi-agency activities in the area of prostitution for the period 1 January 2005-08:
http://www.social.dk/global/udgivelser/Publikationsdatabase/SM/SM05/Et_andet_liv.html

New paths to employment – help to the mentally ill and other disadvantaged groups:
http://www.social.dk/ministeriets_omraader/udsatte_grupper/index.aspx?id=bdffa96b-0088-4ed4-b6fb-d9fb7621b082

Our Collective Responsibility II – the government's second action programme for the most disadvantaged groups for 2007-2010:
http://www.social.dk/netpublikationer/2006/p3asII3008/pdf/publikation.pdf

Strategy for homeless people:
http://www.social.dk/ministeriets_omraader/udsatte_grupper/hjemloese.html

The government's 2002-2005 action plan to stop violence against women:
http://www.lige.dk/files/PDF/vmk_uk.pdf

2005-2008 Action plan to stop men's domestic violence against women and children:
http://www.lige.dk/files/PDF/MFL_handlingsplan_UK.pdf

Consolidation Act on Social Services of 18th of January 2007 (in English):
http://eng.social.dk/index.aspx?id=5447dd14-839d-466d-8be2-04bddb536de8

Consolidation Act on Social Housing, etc. of 8th of August 2006:
http://eng.social.dk/index.aspx?id=98a6010b-285b-4d2f-a3b1-6a6e9c2aaa2f

Act no. 1365 of 7th of December 2007- Forvaltningsloven:
https://www.retsinformation.dk/Forms/R0710.aspx?id=105127

Act no. 1015 of 20th of August 2007 - Værgemålsloven
https://www.retsinformation.dk/Forms/R0710.aspx?id=2681

Order no. 616 of 15th of June 2006 - Bekendtgørelse om betaling for generelle tilbud og for tilbud om personlig og praktisk hjælp m.v. (Servicelovens §§ 79, 83 og 84):
https://www.retsinformation.dk/Forms/R0710.aspx?id=20565

Order no. 805 of 29th of June 2007 - Bekendtgørelse om tilsyn på plejehjem og i plejeboliger m.v.
https://www.retsinformation.dk/Forms/R0710.aspx?id=20900

Order no. 1614 of 12th of December 2006 - Bekendtgørelse om kvalitetsstandarder og frit valg af leverandør af personlig og praktisk hjælp m.v.
https://www.retsinformation.dk/Forms/R0710.aspx?id=20753

Order no. 789 of 6th of July 2006 - Bekendtgørelse om magtanvendelse og andre indgreb i selvbestemmelsesretten over for voksne samt om særlige sikkerhedsforanstaltninger for voksne og modtagepligt i boformer efter serviceloven
https://www.retsinformation.dk/Forms/R0710.aspx?id=20643

Act no. 484 of 29th of May 2007 - The Social Pensions Act:
https://www.retsinformation.dk/Forms/R0710.aspx?id=20625

Act no. 485 of 29th of May 2007 - The Act on the Highest, Intermediate, Increased Ordinary and Ordinary Anticipatory Pension:
https://www.retsinformation.dk/Forms/R0710.aspx?id=20626

Act no. 909 of 3rd of September 2004 - The Act on Child Benefits and Advance Payment of Child Maintenance:
https://www.retsinformation.dk/Forms/R0710.aspx?id=20139

Received from the Ministry of Employment

Order no. 1502 of 21st of December 2004 on asbestos:
http://www.at.dk/sw4831.asp

Order no. 993 of 1st of December 1986 on registration of asbestos:
http://www.at.dk/sw4786.asp

Order no. 1165 of 16th of December 1992 on occupational medical examinations.
http://www.at.dk/sw4752.asp

§ 10 – Order no. 864 of 10th November 1993 on work with substances and material.
http://www.at.dk/sw12846.asp

§15,2 - Order no. 292 of 26th April 2001 on biological agents.
http://www.at.dk/sw12952.asp

§§14-15 - Order no. 63 of February 2006 on noise.
http://www.at.dk/sw19871.asp

§§10-11 – Order no. 682 of 30th June 2005 on vibrations.
http://www.at.dk/sw14181.asp

§ 23 - Order no. 908 of 27th September 2005 on carcinogenic substances and materials at work.
http://www.at.dk/sw12429.asp

§ 24 – Order no. 473 of October 1983 on work in sewers.
http://www.at.dk/sw12901.asp

Order no. 206 of March 1990 on medical control of work of ionising radiation.
http://www.at.dk/sw12903.asp

Order No. 575 of 21st June 2001 on health and safety activities of enterprises.
http://www.at.dk/sw12592.asp

Act no. 175 February 2007 on amendment of act on the working environment.
http://www.at.dk/sw33581.asp

Act no. 512 6th June 2007 on smoke-free environments.
http://www.at.dk/sw40136.asp

Order no. 258 of 20th March 2007 on authorization of working environment counsellors.
http://www.at.dk/sw11327.asp

Order no. 259 of 20th March 2007 on use of authorized working environment counsellors:
http://www.at.dk/sw36140.asp

Order no. 255 of 20th March 2007 on publication of the firms working environment (the smiley system).
http://www.at.dk/sw13245.asp

Order no. 382 of 23rd April 2007 on certificates for cranes and fork-lift trucks.
http://www.at.dk/sw14273.asp

Order no. 1012 of August 16 2007 on REACH.
http://www.at.dk/sw43055.asp

Order no. 1175 of 11th October 2007 on substances and materials, measures for preventing the risk of cancer.
http://www.at.dk/sw45275.asp

Order no. 100 of 31st January 2007 on use of pressure vessels.
http://www.at.dk/sw18052.asp

Order no. 99 of 31st January 2007 on construction, reconstruction and mending of pressure vessels.
http://www.at.dk/sw18133.asp

Order no. 1502 of 21st December 2004 - Asbestbekendtgørelsen:
http://www.at.dk/sw4831.asp

Order no. 993 of 1st December 1986 - Registreringsbekendtgørelsen:
http://www.at.dk/sw4786.asp

Guideline - Asbestvejledningen:
http://www.at.dk/sw14293.asp

Folderen om arbejde med asbest (in Danish):
http://www.at.dk/graphics/at/05-Information/04-Andre-informationsmaterialer/Byggeri-projekterende-og-raadgivere/Regler-for-bygningsarbejdere-i-DK/Asbest-dk.pdf

Asbestguiden:
http://www.at.dk/sw58380.asp

Order no. 853 of 20th of October 2003 - Bekendtgørelse om arbejdsskadesikring for personer, der udsendes til midlertidigt arbejde i udlandet.
https://www.retsinformation.dk/Forms/R0710.aspx?id=29908

Act no. 154 of 7th of March 2006, Chapter 2 - Bekendtgørelse af lov om arbejdsskadesikring, kapitel 2.
https://www.retsinformation.dk/Forms/R0710.aspx?id=30573#K2

Act no. 154 of 7th of March 2006, Chapter 9 - Bekendtgørelse af lov om arbejdsskadesikring, kapitel 9.
https://www.retsinformation.dk/Forms/R0710.aspx?id=30573#K9

Act no. 154 of 7th of March 2006, chapter 10 - Bekendtgørelse af lov om arbejdsskadesikring, kapitel 10.
https://www.retsinformation.dk/Forms/R0710.aspx?id=30573#K10

Act no. 176 of 27th February 2007 - Lov om ændring af lov om en aktiv beskæftigelsesindsats, lov om ansvaret for og styringen af den aktive beskæftigelsesindsats, lov om arbejdsløshedsforsikring m.v., lov om aktiv socialpolitik, integrationsloven, lov om statens voksenuddannelsesstøtte og lov om godtgørelse ved deltagelse i erhvervsrettet voksen- og efteruddannelse.:
https://www.retsinformation.dk/Forms/R0710.aspx?id=31135

Act no. 1540 of 20th of December 2006. - Lov om ændring af lov om arbejdsløshedsforsikring m.v., lov om en aktiv beskæftigelsesindsats, integrationsloven og lov om påligningen af indkomstskat til staten.
https://www.retsinformation.dk/Forms/R0710.aspx?id=31085

Act no. 563 of 9th of June 2006 - om sygedagpenge.
https://www.retsinformation.dk/Forms/R0710.aspx?id=30746

Act no. 1545 of 20th of December 2006 - om ændring af lov om sygedagpenge og forskellige andre love (Ændring af regler om forlængelse af sygedagpengeperioden, sygedagpenge til delvis sygemeldte, udvidelse af arbejdsgiverperioden samt konsekvensændringer).
https://www.retsinformation.dk/Forms/R0710.aspx?id=31090

Act no. 389 of 27th of May 2008 - om ændring af lov om sygedagpenge (Udvidelse af arbejdsgiverperioden).
https://www.retsinformation.dk/Forms/R0710.aspx?id=117417

Act no. 566 of 9th of June 2006 - Lov om ret til orlov og dagpenge ved barsel
https://www.retsinformation.dk/Forms/R0710.aspx?id=31753

Act no. 1460 of 12th December 2007 - Lov om aktiv socialpolitik.
https://www.retsinformation.dk/Forms/R0710.aspx?id=113596