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EUROPEAN SOCIAL CHARTER

20th National Report on the implementation of the Revised European Social Charter

submitted by

THE GOVERNMENT OF SWEDEN

(Articles 3, 11, 12, 13, 14, 23 and 30

for the period 01/01/2016 – 31/12/2019)

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REVISED EUROPEAN SOCIAL CHARTER

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Revised European Social Charter

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Twentieth report

Submitted by the Government of Sweden

in accordance with the Ministers' Deputies' decisions:

- 2 May 2006 adopted at their 936rd meeting (point 4.2),
- 26 March 2008, adopted at their 1022nd meeting (point 4.2),
- 2 April 2014, adopted at their 1196th meeting (point 4.7)

on the measures taken to give effect to the following provisions of the

Revised European Social Charter

Articles 3, 11, 12, 13, 14, 23 and 25 for the period of 1 January 2016 to 31 December 2019.

Article 3.4 and 12.4 have not been ratified by Sweden.

In accordance with the Charter, copies of this report have been communicated to

Svenskt Näringsliv (Confederation of Swedish Enterprise)
Sveriges Regioner och Landsting (the Swedish Association of Local Authorities and Regions)
Arbetsgivarverket (Swedish Agency for Government Employers)
Landsorganisationen i Sverige (the Swedish Trade Union Confederation)
Tjänstemännens Centralorganisation (the Swedish Confederation of Professional Employees)
SACO, Sveriges Akademikers Centralorganisation (the Swedish Confederation of Professional Organisations)

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1. Introduction

With regard to the report form and the requested information in letter dated 3 June May 2020 and in particular with regard to its appendix whereby it is explained that States are invited to limit report to replies to specific and targeted questions for the relevant provisions, the Government of Sweden (the Government) subsequently would like to submit the following information on article 3§1, 3§2, 3§3, 11§1, 11§2, 11§3, 12§1, 12§2, 12§3, 13§1, 13§2, 13§3, 13§4, 14§1, 14§2, 23 and 30. Please note that Sweden have not ratified article 3§4 or 12§4. Regarding the following provision 13§3 reference is primarily made to previous reports and conclusions.

2. Article 3 – The right to safe and healthy working conditions

2.1 Article 3§1

Requested information

a) Please provide information about policy formulation processes and practical arrangements made to identify new or emerging situations, that represent a challenge to the right to safe and healthy working conditions; also provide information on the results of such processes and of intended future developments.

b) With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Reference is made to the previous report. In relation to requested information and the specific questions the Government would also like to add the following information.

A national strategy for the work environment

In 2016 the Government presented a national strategy for the work environment (see 2015/16:80 A Work Environment Strategy for Modern Working Life 2016-2020). The Government's work environment policy aims to contribute to a work environment that prevents ill health, accidents and people being excluded from working life. Improving the work environment requires action on the part of both central Government and the social partners. Consequently, the process of drawing up the Government's work environment strategy for modern working life, which began in winter 2015, was commenced in consultation with the social partners. In order to maintain and deepen this tripartite process, the Government created a forum for dialogue to continually discuss with the social partners ongoing, planned and future actions in the area.

The Government's strategy for the work environment policy indicates the direction this work has taken over the course of these five years. Within the scope of the strategy, the relevant work environment issues will undergo further work in dialogue with the social partners.

The Swedish Agency for Public Management (Statskontoret) was assigned the task of evaluating the Swedish Government's Work Environment Strategy for the Modern Working Life 2016-2020 as a policy instrument (Statskontoret 2020:4). The evaluation should also include an analysis of the extent to which

the design of the strategy, and the commission which has been provided in conjunction with it, provide the prerequisites for achieving the strategy's objectives and the overall objective of the work environment policy. Among the finding, The Swedish Agency for Public Management Evaluation is of the opinion that the work environment strategy, in several respects, has strengthened the Government's implementation of the work environment policy.

The process of drawing up the Government's new work environment strategy for the next period began in winter 2019 and was commenced in consultation with the social partners and relevant authorities.

The Swedish Work Environment Authority and measures due to COVID-19
Following a Government assignment, the Swedish Work Environment Authority (SWEA) has taken measures to ensure the use of certain personal protective equipment without CE marking. The requirement to provide an adequate level of protection of the users' health and safety remains., the exemption applies when personal protective equipment with CE marking are not available.

Furthermore, the Government has decided to amend an ordinance on personal protective equipment. The amendment has the effect that instructions for the use of CE conformity marked equipment must no longer be provided in Swedish. However, the equipment shall have instructions in a language that is easy to understand for the end-user, for instance workers in the health care sector.

SWEA has also been given a Government assignment to spread knowledge about special OSH-risks as a result of the spread of the COVID-19 disease, with a focus on healthcare staff. The authority provides information and regulations about occupational safety and health. In Sweden, employers are responsible for ensuring that their workers receive information about protective equipment and on safety and health risks at work.

Preliminary data from the SWEA shows that the number of reported work-related diseases for the first six months of 2020 have increased by 60 per cent compared with the first part of 2019. Foremost, the increase of reported diseases has been seen in the health care and the care sectors. 85 per cent of the increase concerns women, 15 per cent concerns men. The number of reported work-related diseases as well as work-related accidents in other sectors have lessened according to preliminary data, most likely due to the fact that employees work from their homes when possible.

Consultations with the social partners and other stakeholders
The Work Environment policy is re-assessed by consultation with the social partners and relevant authorities, for instance through the dialogue forum, when planning and tasking measures to authorities and in the work with new strategies mentioned above.
The central assignments for the Swedish Work Environment Authority are formulated in ordinance (2007:913) with instruction for the Public employment service. According to the ordinance the authority is to consult the social partners and other organizations and agencies to the extent needed for the function of the organisation. The authority is also to consult representative workers' organisations and employers' organisations before the authority decides on specific regulations. Thereby the SWEA consult social partners and other organisations at different levels of the organisation, at management level as well as with the central representative social partner organisations regarding information and questions throughout the authority. Consultations also take place regarding new or amendments of regulations. According to SWEA the authority also invites other organisations than the central representatives of the social partners regularly regarding specific subjects, like chemistry, health and care.

The ordinance has been amended since the previous conclusions and the amendments to the Work Environment Act (WEA) Ordinance No 1166/1977 includes inter alia, that the SWEA in some aspects is responsible for the supervision according to chapter 7 of the Work Environment Act and that the SWEA, when needed during supervision, shall co-operate with for instance the Swedish Chemical Agency and municipalities, following of Regulation (EC) No 1907/2006 of the European Parliament and of the Council of Europe 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as

Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC.

The Swedish Agency for Work Environment Expertise was established in 2018. The authority has the task of centrally monitoring research and knowledge development in the fields of health and safety, disseminating information and publishing research results. However, the new authority does not conduct its own research. The Swedish Agency for Work Environment Expertise is assigned the task to collect, compile and spread existing research-based knowledge about work and the work-environment.

At the central level there are three overall organisations to coordinate cooperation between social partners. These are "Prevent" covering the private sector, "Suntarbetsliv" which covers municipalities and counties and "Partsrådet" covering the state sector. These bodies develop information materials, guidance and textbooks as well as organise and carry out training courses. There are also several sector-specific work environment committees consisting of relevant social partners. Within these bodies, specific issues and solutions related to the industry's work environment are discussed. The committees also produce teaching materials and executes information-dissemination initiatives. Examples of such committees are those concerned with the mining, construction and transport industries.

2.2 Article 3§2

a) Please provide detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or new situations (including as regards stress and harassment at work; work-related substance use and employer responsibility; strictly limiting and regulating electronic monitoring of workers; mandatory digital disconnection from the work environment during rest periods – also referred to as "digital detox"; health and safety in the digital and platform economy; etc.) and about regulatory responses to newly recognised forms of professional injury or illness (such as work-related self-harm or suicide; burn-out; alcohol or other substance use disorders; post-traumatic stress disorders (PTSD); injury and disability in the sports entertainment industry, including in cases when such injury and disability can take years or even decades to become apparent, for example in cases of difficult to detect damage to the brain; etc.).

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Reference is made to the previous report. In relation to requested information and to the specific questions the Government would also like to add the following information.

Regulatory framework
The Work Environment Act (1977:1160) has been amended several times during the period 2016 – 2019. The amendments are mentioned below.

Entering into force 31 December 2016 one provision of the Act was amended as a part of implementing the Council Directive 2014/112/EU of 19 December 2014 implementing the European Agreement concerning certain aspects of the organisation of working time in inland waterway transport, concluded by the European Barge Union (EBU), the European Skippers Organisation (ESO) and the European Transport Workers' Federation (ETF).

Entering into force 21 April 2018 several new or amended provisions were introduced to implement regulation (EU) 2016/425 of the European Parliament and of the Council of Europe 9 March 2016 on personal protective equipment and repealing Council Directive 89/686/EEC.

Entering into force 15 November 2019 one provision of the Act was amended as a part of implementing the Council Directive (EU) 2017/159 of 19 December 2016 implementing the Agreement concerning the implementation of the Work in Fishing Convention, 2007 of the International Labour Organisation,

concluded on 21 May 2012 between the General Confederation of Agricultural Cooperatives in the European Union (Cogeca), the European Transport Workers' Federation (ETF) and the Association of National Organisations of Fishing Enterprises in the European Union (Europêche).

Provisions issued by the SWEA 2016 -2019

AFS 2019:13 - Rök- och kemdykning (ändring av AFS 2007:7) - Modifications to the provisions regarding smoke and chemical diving
AFS 2019:12 - Vibrationer (ändring av AFS 2005:15) – Modifications to the provisions regarding vibrations
AFS 2019:11 - Artificiell optisk strålning (ändring av AFS 2009:7) - Modifications to the provisions regarding artificial optical radiation
AFS 2019:10 - Mast- och stolparbete (ändring av AFS 2000:6) - Modifications to the provisions regarding work with towers, masts and poles
AFS 2019:9 - Kemiska arbetsmiljörisker (ändring av AFS 2011:19) – Modifications to the provisions regarding chemical hazards in the working environment
AFS 2019:8 - Belastningsergonomi (ändring av AFS 2012:2) – Modifications to the provisions regarding ergonomics for the prevention of musculoskeletal disorders
AFS 2019:7 - Asbest (ändring av AFS 2006:1) - Modifications to the provisions regarding asbestos
AFS 2019:6 - Kvarts – stendamm i arbetsmiljön (ändring av AFS 2015:2) - Modifications to the provisions regarding quarts – stone dust in the working environment
AFS 2019:5 - Syntetiska oorganiska fibrer (ändring av AFS 2004:1) - Modifications to the provisions regarding synthetic inorganic fibres
AFS 2019:4 - Dykeriarbete (ändring av AFS 2010:16) - Modifications to the provisions regarding diving work
AFS 2019:3 - Medicinska kontroller i arbetslivet - Modifications to the provisions regarding certain work-related medical examinations
AFS 2019:2 - Sprängarbete (ändring av AFS 2007:1) - Modifications to the provisions regarding work with explosives
AFS 2019:1 - Användning och kontroll av trycksatta anordningar (ändring av AFS 2017:3) – Modifications to the provisions regarding use and inspection of pressurised equipment
AFS 2018:9 - Innesluten användning av genetiskt modifierade mikroorganismer (ändring av AFS 2011:2) - Modifications to the provisions regarding contained use of genetically modified microorganisms
AFS 2018:8 - Minderårigas arbetsmiljö (ändring av AFS 2012:3) - Modifications to the provisions regarding work environment for minors
AFS 2018:7 - Gravida och ammande arbetstagare (ändring av AFS 2007:5) – Modifications to the provisions regarding pregnant and nursing workers
AFS 2018:6 - Skyltar och signaler (ändring av AFS 2008:13) – Modifications to the provisions regarding signs and signals
AFS 2018:5 - Arbetsplatsens utformning (ändring av AFS 2009:2) – Modifications to the provisions regarding workplace design
AFS 2018:4 - Smittrisker – Provisions regarding risk of contagion
AFS 2018:3 - Upphävande av Arbetarskyddsstyrelsens föreskrifter om utförande av personlig skyddsutrustning – Repeal of the provisions regarding design of personal protective equipment
AFS 2018:2 - Kemiska arbetsmiljörisker (ändring av AFS 2011:19) – Modifications to the provisions regarding chemical hazards in the working environment
AFS 2018:1 - Hygieniska gränsvärden – Modifications to the provisions regarding occupational exposure limit values
AFS 2017: 5 - Gaser (ändring i Arbetarsskyddsstyrelsens föreskrifter AFS1997:7 om gaser) - Modifications to the provisions regarding gases
AFS 2017:4 - Kemiska arbetsmiljörisker (ändring i AFS 2011:19 om kemiska arbetsmiljörisker) - Modifications to the provisions regarding chemical hazards in the working environment
AFS 2017:3 - Användning och kontroll av trycksatta anordningar - Provisions regarding use and inspection of pressurised equipment
AFS 2017:2 - Användning av pressar och gradsaxar (ändring av AFS 1999:8) – Modifications to the provisions regarding the use of press tools and guillotine shears

AFS 2017:1 - Upphävande av Arbetarskyddsstyrelsens kungörelse med föreskrifter om vissa arbeten med högtrycksstråle – Repeal of the provisions regarding certain work with high pressure jets
AFS 2016:10 - Maskiner (som släppts ut på marknaden efter 29 dec 2009) (ändring av AFS 2008:3) - Modifications to the provisions regarding machines
AFS 2016:9 - Upphävande av Arbetarskyddsstyrelsens kungörelse om spikpistoler (AFS 1984:3) - Repeal of the provisions regarding nail guns
AFS 2016:8 - Upphävande av Arbetarskyddsstyrelsens kungörelse om bultpistoler (AFS 1984:2) - Repeal of the provisions regarding bolt guns
AFS 2016:7 - Arbete i explosionsfarlig miljö (ändring av AFS 2003:3) – Modifications to the provisions regarding work in potentially explosive atmospheres
AFS 2016:4 - Utrustning för potentiellt explosiva atmosfärer – Provisions regarding equipment for use in potentially explosive atmospheres
AFS 2016:3 - Elektromagnetiska fält – Provisions regarding electro-magnetic fields
AFS 2016:2 - Enkla tryckkärl – Provisions regarding simple pressure vessels
AFS 2016:1 - Tryckbärande anordningar – Provisions regarding pressure equipment

On 31 March 2016, the SWEA's new provisions about organisational and social work environment (AFS 2015:4) came into effect. The provisions apply to all operations where employees carry out work on the employers' account. The provisions about organisational and social work environment regulate knowledge requirements, goals, workloads, working hours and victimisation. The provisions have been developed by SWEA in consultation with the social partners and have a focus on preventive work environment management.

Consultations
Directive 2004/40/EC and Directive 2008/46/EC have been repealed and regarding Directive 2009/104/EC no new legislative measures were required for implementation.

According to the Work Environment Act the employer must systematically plan, direct and monitor activities in a manner that ensures that the work environment meets the prescribed requirements for a good work environment. The employer must investigate work-related injuries, continuously investigate the risks involved in the activities and take the measures required as a result. A timetable must be set for measures that cannot be taken immediately. To the extent required by the activity, the employer must document the work environment and measures adopted with respect to it. Action plans must be drawn up in this connection. Furthermore, the employer must ensure that her or his activities incorporate suitably organised job modification and rehabilitation measures in fulfilment of the duties required of her or him under this Act and under Chapter 30 of the Social Insurance Code.

Reporting incidents is an important part of the preventive work environment management. Serious incidents and work-related injuries should be reported to SWEA. According to the regulations the employer is responsible for the organisation being run in such a way that the work environment is good and that no employee gets sick or hurt because of their work. SWEA inspects workplaces they assess to have the greatest work environment risks, but the authority also works in projects and campaigns where aim is towards specific work environment problems or sectors.

2.3 Article 3§3

a) Please provide statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

b) Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections as well as on the number of breaches to health and safety regulations and the nature and type of sanctions.

c) Please indicate whether Inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. If certain workplaces are excluded, please indicate what arrangements are in place to ensure the supervision of health and safety regulations in such premises.

d) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Reference is made to the previous report. In relation requested information and the specific questions the Government would also like to add the following information.

Figure 1. Prevalence of work-related death, injury and diseases, 2016- 2019

	2016	2017	2018	2019*
No. work-related deaths	37	44	50	36
No. work-related deaths per 100 000 employees	0,77	0,9	1,01	0,9
No. occupational injury with absence from work	34 555	34 524	34 903	36 048
No. occupational injury with absence from work per 1 000 employees	7	7	7	7
No. occupational injury without absence from work	63 103	66 301	68 318	69 202
No. work-related diseases	11 645	10 228	8 873	10 607

**Figures for 2019 are preliminary and may be subject to change when final figures are presented.*

SWEA, who is responsible for statistical data, does not specify work related deaths, injuries or diseases further. Therefore data concerning suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders specifically related to work are missing. Concerning the responsibility of SWEA, see also comments under “Inspections”.

Inspections

The Government has allocated substantial resources to the work environment area. A total of 100 million SEK (appr. 9.7 million EUR) per year was invested over the course of the previous term of office 2015-2018. During the same period the Government increased the SWEA’s allocation with approximately 110 million SEK (appr. 10.7 million EUR) including to enable hiring more inspectors and increase their presence in the workplaces. Following the appropriation increase the SWEA has employed more than 150 new inspectors and the number of inspections has consequently increased.

Figure 2. Health and safety inspection visits by the labour inspectorate and fines and

sanctions 2016- 2019

	2016	2017	2018	2019
No. inspections	18 100	21 177	26 602	27 715
No. cessation of work in emergency situations, and were Work Environment Authority had to intervene	79	93	61	86
No. referrals for prosecution	146	176	161	199
No. injunctions and prohibitions	742	1 002	1 469	1 806
No. contingent fines imposed	49	48	66	89
No. sanction charges	463	775	1 134	1 551

SWEA is, as other authorities, an independent body and the Government does not intervene in how the authority handles, supervises and regulates its areas of responsibility. SWEA is the central authority responsible for work environment issues in Sweden. The authority issues regulations, collects national statistics, supervises workplaces and disseminates information and knowledge on risks and regulations. SWEA issues regulations with the support of the Work Environment Act. This is proceeded with an extensive process involving relevant social partners. Proposals for new regulations undergoes a public consultation before being issued by the authority. Seven departments fall directly under the Director-General at SWEA. These are the Inspection Department, the Legal Affairs and International Affairs Department, the Regulations Department, the Administration and Analysis Department, the joint Authority Control Department, the Communication Department and the HR Department. The management group consists of the Director-General or his or her substitute as well as the heads of the departments.

Supervision

The Work Environment Act applies to every activity in which employees perform work on behalf of an employer. Chapter 7 in the Act regulates supervision. Section 5 in chapter 7 reads as follows: ”*For purposes of supervision under this Act, the supervisory authority must be granted access to workplaces and may carry out investigations and take samples there”.* According to section 1 in the same chapter the Swedish Work Environment Authority supervises compliance with this Act and regulations issued pursuant to the Act.

SWEA is responsible authority for ensuring compliance with the Work Environment Act. The objective is achieved through supervision, legislation, and communication. According to SWEA, the authority normally inspects workplaces with greatest work environment risks, but also workplaces in projects and campaigns where they aim at specific work environment problems or sectors. The authority does a collective risk-based evaluation from e.g. occupational injury and accident statistics, dialogue with the partners in the labour market, reports from safety representatives and others as well as reports from doctors. The evaluation forms the basis of the selection and can lead to efforts towards a certain area, for example women’s work environment, towards a certain sector or towards a workplace.

The Swedish Agency for Work Environment Expertise (SAWEE) was established in 2018. SAWEE collects knowledge of what constitutes a good work environment and how that correlates with employee-health, company productivity, profitability and attractive workplaces.

Figures on the number of orders of cessation of work in emergency situations are included in the table above.

3. Article 11 – The right to protection of health

3.1 **Article 11§1**

a) Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).

b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by blood borne diseases; etc.).

Reference is made to the previous report. In relation to requested information and the specific questions the Government would also like to add the following information.

Statistics
Based on official data for year 2016–2020 life expectancy for men is 80,8 years and for women 84,3 years. Life expectancy for ethnic groups are not available in Sweden since ethnicity is not registered in official data. The expected remaining life years at age 30 are 51,5 years for men born in Sweden and 50,6 for men born abroad. The expected remaining life years at age 30 are 54,7 years for women born in Sweden and 54,5 for women born abroad.

The expected remaining life years at age 30 differ somewhat based on educational level. For Swedish citizens with pre-high school education the expected remaining life years at age 30 is 49,3 years, 52,8 years for citizens with a high-school degree and 55,6 years for citizens with post-secondary educational level.

Hence, the difference between expected remaining life years at age 30 for men born outside Sweden with pre-high school as highest educational level compared to women with at least post-secondary school as highest educational level is 57,1 – 48,9 = 8,2 years.

Based on residence at municipality level, the largest difference of life expectance for men and women respectively in Sweden is 7,5 and 6,1 years. The difference is between a male in the municipality Filipstad (76,6 expected years at birth for men and 82,9 for women) and a woman in the municipality Danderyd (86,6 for woman and 84,1 for men). Based on categorization of Sweden's 290 municipalities in nine different groups (rural municipalities, commuting municipalities near small towns, commuting municipalities with a low commuting rate near medium-sized towns, rural municipalities with a visitor industry, commuting municipalities near medium-sized towns, small towns, large cities, medium-sized towns and commuting municipalities near large cities) the expected remaining life years at birth differs by nearly five years, 84,9 for women in commuting near large cities and 79,7 for men living in rural municipalities.

Pregnancy and sexual and reproductive health
Pregnancy
Maternal mortality is rare in Sweden. The delivery care in Sweden is under examination with the aim to guarantee a more equal care. Miscarriage is the most common non-desirable result of a pregnancy in

Sweden.

The number of infant mortalities in Sweden has decreased gradually since 1946. In 2018 there was 2,0 infant mortalities per 1 000 born alive. 46 per cent of the deaths occurred during the babies first week when the baby is considered neonatal (younger than 28 days).

The occurrence of underage motherhood in Sweden is decreasing. Cases of births with underage mothers per year during 2013-2018 have varied between 216 and 324 according to the Swedish Medical Birth Register upheld by the National Board of Health and WelfareThe figure 324 is from2016 and the all-time lowest number (since the register started in 1973) of mothers under 18 years of age giving birth ,216 cases, was in 2018, which is the latest data available.

Sexual and reproductive health
During 2019 sexually transmitted diseases had increased in the cases of chlamydia (8 per cent increase) and gonorrhoea (20 per cent increase). There were 449 reported cases of HIV which is equivalent to the previous year. There was a decrease of 9.5 per cent in cases of syphilis Hepatitis C decreased with 200 cases during the same year.

In 2017 three per cent of women and men over the age of 30 were reported involuntarily childless and seven per cent had become parent without a desire to be one

The availability to and counselling about contraception is generally good. The cost for contraception is subsidized for young women and girls under the age of 21. Quality reviewed condoms are available for purchase everywhere in Sweden and given out for free to youths and young adults in different arenas, like youth centres and health clinics.

Education
Sex and cohabitation education is a compulsory part of the curricula in Swedish schools since 1955. The education has developed and sexuality, relationships, gender equality, norms and identity are now integral parts of the criteria for the course. These issues are according to the Public Health Agency considered to be relevant for making informed choices about reproduction for biologically born women since the focus of the field traditionally has been on women’s health.

Abortion
During 2017 37 000 abortions were reported in Sweden, which means 20 abortions per 1 000 women aged 15-44. The number of early term abortions (before the end of week seven) has increased steadily, in 2017 55 per cent of all abortions were early term abortions. 93 per cent of all abortions performed under 2017 were medical. Abortion is most common in the age group 25-29 followed by the age group 20-24.

National strategy
The Government assigned in 2019 the Public Health Agency to develop a national strategy for sexual and reproductive health and rights with the vision and target of contributing to a culture of consent surrounding sexual and reproductive health and rights.

Public health
The public health policy has been focussed from eleven to eight target areas. These are: 1. The condition of early life 2. Knowledge, competences and training 3. Work, working conditions and working environment 4. Income and livelihoods 5. Accommodation and local environment 6. Lifestyle7. Control, influence and participation 8. Equal and health-promoting health care. The Public Health Authority's task is to monitor developments in each target area.

Diet and physical activity
Overweight and obesity cause a large part of the burden of diseases in Sweden. The annual cost related to obesity is estimated at over SEK 70 billion (appr. 6.9 billion EUR) . Overweight and obesity are accompanied by, for example, cardiovascular diseases, type 2 diabetes, musculoskeletal disorders, certain

cancers and premature death. The proportion of adults with obesity has tripled in Sweden since the 1980. Today, more than half of the population aged 16 to 84 is overweight (36 per cent) or obese (15 per cent) In 2018, the proportion of obese people was 15 per cent for women and 16 per cent for men.

In order to reverse the trend of overweight and obesity, the Government has decided to appoint a special investigator to propose measures to promote physical activity. The investigator, who shall act as national coordinator, shall increase, inter alia, the general knowledge of the positive effects of physical activity and involve relevant actors in society. Government
The coordinator shall also disseminate success factors and good practice that promote physical activity in the population and propose measures to promote physical activity. In carrying out the mission, particularly vulnerable groups, such as children, young people, the elderly and people with disabilities, shall be considered. The assignment is to be finalised by 1 March 2023.

Mental health
Annual agreements in the area of mental health
The Government annually enters agreements in the area of mental health with The Swedish Association of Local Authorities and Regions (SALAR) which represents the Swedish regions and municipalities. The purpose of the agreements is to improve the Swedish regions and municipalities work in the area of mental health in accordance with the national mental health plan 2016–2020. For 2020 a total of SEK 1,7 million (appr. 167 000 EUR) is allocated through the agreement which includes efforts to strengthen promotion and prevention, including suicide prevention, to increase the accessibility and quality in mental health care and social care, to improve access to psychiatric trauma care for individuals of all ages, including psychiatric trauma care for asylum seekers and newly arrived migrants, as well as efforts to develop and strengthen the inpatient mental health care, including the compulsory mental health care, for patients of all ages.

The National Board of Health and Welfare submitted in May 2019 a follow-up of the 2016–2018 agreements in the area of mental health with the Government and SALAR. The follow-up shows i.a. that the agreements have strengthen the conditions for a more knowledge-based, safe, individualized, efficient and accessible health care and social care. The National Board of Health and Welfare has not been able to determine via this follow-up to what extent this development has led to locally and regionally improved access to care or care of higher quality than before.

Psychiatric trauma care for asylum seekers and newly arrived migrants
The Government has since 2017, though agreements with SALAR, stimulated measures to increase the accessibility of care and rehabilitation for traumatised groups and/or individuals. For 2020 a total of SEK 50 million (appr. 4.9 million EUR) is allocated to the regions, through the agreement, in order to improve access and quality for all ages in the psychiatric trauma care, including psychiatric trauma care for asylum seekers and newly arrived migrants

The civil society's work with mental health
During the period 2016-2019 the Government has gradually increased the funds allocated to civil society organizations in the field of mental health and suicide prevention. In 2019 more than SEK 93 million (appr. 93 million EUR) is distributed to strengthen the civil society's work with mental health/ill health and suicide prevention.

Preventive work against suicide
The Government has commissioned the Swedish Public Health Agency to build up, develop and coordinate the national work to promote mental health and prevent suicide in the entire population. For 2019, the authority has distributed SEK 25 million (appr. 2.5 million EUR) to 29 non-profit organizations that conduct promotional or preventive work in the area of mental health and suicide prevention. Results from the 2018 funds shows that the grant has been used for relevant activities that have strengthened suicide prevention work and improved mental health. The Government has commissioned the Swedish Public Health Agency to carry out an in-depth study and distribute funds concerning mental health and suicide prevention to transgender people.

Access to treatment and rehabilitation interventions for patients with mild or moderate mental ill health
Since 2016, the Government has allocated SEK 500 million annually in order to stimulate access to treatment and rehabilitation interventions for patients with mild or moderate mental ill health or pain problems within the framework of the agreement with SALAR mentioned above.

Improved health care for people with mild mental health problems needs
The health care for people with mild mental health problems is to be improved. The Government has commissioned an inquiry to propose measures for a new form of care where patients quickly receive help for mental health problems. It is important that the care is in line with the structural transformation that currently takes place in the Swedish health care system. Regarding children and young people the inquiry is tasked with proposing how efforts should be better coordinated to achieve a coherent care chain, which is particularly important for children and young people with mental ill health. The proposals shall contribute to the care being designed so that children, young people and relatives can be involved in the planning, implementation and follow-up of support and initiatives.

Coherent child and adolescent care
The coordination of child and adolescent health care is to be strengthened. Today, care is fragmented with several caregivers, both in terms of somatic and mental health care. The responsibility for children's health, from maternity care until the child reaches the age of 18, needs to be coordinated. An inquiry has been appointed with the mission to strengthen the coordination around child and adolescent health (dir. MSEK 2019/93)

Compulsory psychiatric care
On 1 July 2017 certain legislative amendments entered into force intended to increase the possibilities for patients to be involved in care provided under the Compulsory Mental Care Act (1991:1128), CMCA, and the Forensic Mental Care Act (1991:1129), the FMCA. One of the legislative amendments provides that in out-patient compulsory care a coordinated health care plan must be drawn up as far as possible in consultation with the patient and, if this is not inappropriate, with the people close to the patient. In addition, the position of the patient on the interventions stated in the coordinated health care plan must be reported as far as possible in connection with applications for health care. Another new point is that in compulsory mental care and forensic mental care the chief consultant must ensure that a patient is offered a follow-up interview after the completion of a coercive measure, as soon as the patient’s condition permits this.

The Government has taken action to improve the quality of inpatient mental health care, including compulsory mental health care, for children under the age of 18. This by proposing that all children in inpatient mental health care, including compulsory mental health care, should be given the right to daily outdoor stay (at least 1 hour) as well as imposing further restrictions regarding the right to use coercive measures against children. The proposals were accepted by the riksdag and the legislative amendments will enter into force on 1 July 2020.

To secure the implementation of the new legal framework the Government has permanently allocated MSEK 100 (9,8 MEUR) to the Swedish regions responsible for the inpatient mental health care, including compulsory mental health care, for children.

The Government has also tasked The National Board of Health and Welfare to stimulate and strengthen the national efforts to develop and implement relevant and up-to-date knowledge, methods and guidelines in the inpatient mental health care, including the compulsory mental health care for children under the age of eighteen. The task will be reported to the Government Offices (Ministry of Health and Social Affairs) no later than 30 November 2022.

Alcohol, Narcotics, Doping and Tobacco

The overall goal of the Government's strategy for alcohol, drug, doping and tobacco use is a society free of drugs and doping with reduced medical and social damage caused by alcohol and with reduced tobacco use. The national strategy, also called the ANDT-strategy, comprises six goals and is valid 2016–2020.

The focus areas include initiatives at national, regional and local level.

To measure the effects of the work, the Government has commissioned the development of a follow-up system linked to the strategy's goal structure. About a hundred indicators are collected in a database available on the Swedish Public Health Agency's website (www.andtuppfoljning.se).

Long-term objective 1: Curtailing the supply of illegal drugs, doping substances, alcohol and tobacco
Access-limiting efforts in the area of alcohol and tobacco are yielding results. In 2016–2019, alcohol consumption amounted to approximately 9,0 litres of pure alcohol per inhabitant 15 years and older. Alcohol consumption in Sweden has decreased at the same time as Systembolaget's sales increased. Systembolaget is the largest source of procurement and accounted for 65 per cent of the alcohol consumed.

The number of points of sale of tobacco products has decreased continuously over the past ten-year period. The real prices for cigarettes and the tobacco product snus during the period are basically unchanged. The actual supply of drugs is difficult to assess due to the lack of data. Estimates of the availability of drugs consist of data in the form of seizures by customs and police, number of tests carried out to identify drug use and estimates of price levels for drugs.

Long-term objective 2: Gradually reducing the number of children and young people who initiate the use of tobacco, illicit drugs or doping substances or begin drinking alcohol early
In recent years, the trend has been clearly downward among students in grade 9 who indicated that they have drunk alcohol in the past 12 months, a decrease from 64 per cent in 2008 to about 40 per cent in 2018 (about 43 per cent of girls and 36 per cent of boys). Even in upper secondary school year 2, the proportion who drank alcohol during the past 12 months has decreased among both girls and boys. The proportion of high consumers of alcohol has also decreased. At the same time, the proportion who debut with alcohol before the age of 13 has increased slightly in 2018 (12.2 per cent for girls and 11.9 per cent for boys). Over a ten-year period, however, the number of girls and boys who debut early with alcohol has fallen sharply, from about 30 per cent in 2008 to about 12 per cent in 2018.

More girls than boys in grade 9 state that they smoked in the last 12 months and still smoke. For 2019 it is just over 13 per cent among girls and almost 9 per cent among boys, which is a small increase compared to previous years. In upper secondary school tobacco use increased marginally for girls but decreased for boys. Snus consumption in upper secondary school remain largely the same for the period.

The trend of reduced use of alcohol and tobacco among young people over the last ten-year period is not reflected in the use of drugs. In year 9, almost six per cent of girls and eight per cent of boys state that they have ever tried drugs. In 2019, about 14 per cent of the girls and about 17 per cent of the boys in year 2 of high school stated that they had ever used drugs, which is a decrease compared to previous years. The use of anabolic androgenic steroids (AAS) and other doping substances among children and adolescents has decreased in recent years.

Long-term objective 3: Gradually reducing the number of women and men, girls and boys who become involved in harmful use, abuse or dependence on alcohol, illicit drugs, doping substances or tobacco
During the years 2004–2016, the proportion of men with risk alcohol consumption in the population decreased from 23 to 20 per cent. The proportion of women with risk consumption during the same period remained largely unchanged at 13 per cent. The proportion of boys and girls with risk consumption decreased in 2012–2017 for pupils in grade nine as well as in upper secondary school year two.

The proportion of persons who smoke daily has decreased over time, both for women and men and in groups with different levels of education. In the age group 16–29 years five per cent of women and men state that they smoke daily, a decrease with 50 per cent compared to 2008. The proportion of snus users in the same age range is three percent among women and sixteen percent among men. There are significant socio-economic differences in smoking among both men and women. People with a pre-secondary education as highest education level smoke to a greater extent than people with post-secondary education.

Although drug use among young people in upper secondary school is relatively stable over time, the long-

term trend is that the volume has increased measured in the number of consumption occasions. This means e.g. that those who consume cannabis consume more often, more or with a higher content of the substance THC (tetrahydrocannabinol).

Significant socio-economic differences are noticed in drug dependence. Drug addiction is 1.8 times higher among men with a low level of education compared with those with a high level of education (2.8 per cent and 1.6 per cent, respectively). The corresponding difference among women is 2.5 times higher for women with a shorter education (4.0 per cent and 1.6 per cent, respectively).

Long-term objective 4: Improving access to good quality care and support for women and men, girls and boys with substance abuse or addiction
The number of alcohol-related outpatient or inpatient care decreased in 2008–2017 (from 346 to 292 per 100,000 inhabitants aged 15 and older). Alcohol-related care was most common in the age group 50–64 years, with an increase in the age group 64–85 years. The majority of patients cared for were men (just over 70 per cent). In the last ten years, there has been a large increase in the proportion of women and men aged 65 years or older, who have been cared for due to harmful use or alcohol abuse in health care. The number of people cared for in health care (inpatient and/or specialized outpatient care) with drug diagnosis has increased in 2010–2014, especially among men. During 2015–2017, however, the number of people in need of care, both women and men, decreased. Among both men and women, care was most common in the youngest age group 16–29 years.

Long-term objective 5: Reducing the number of women and men, girls and boys who die or suffer injuries or damage to their health as a result of their own or others' use of alcohol, illicit drugs, doping substances or tobacco
Up to 14 per cent of the population have stated in survey studies that they have been negatively affected by the drinking of a close relative. In recent years, the proportion of pregnant women who smoke or has a risky consumption of alcohol has decreased. The number of women who die annually with the diagnosis of chronic obstructive pulmonary disease (COPD) continues to increase, which is explained by the fact that the COPD -related death primarily includes older people who could have been smokers before and now fall ill). There are more numbers of deaths with an explicit alcohol diagnosis among people with only pre-secondary education compared with other groups.

The number of deaths from drug poisoning per 100000 inhabitants aged 15 years and over has increased during the period 2008–2017.

Long-term objective 6: Promoting a public health based, restrictive approach to ANDT in the EU and internationally
Sweden's international work with alcohol is to promote an effective alcohol policy with a focus on preventive measures. At EU level, the Government works primarily to implement initiatives on cross-border issues such as marketing, e-commerce, pricing, import quotas and product labelling.

New narcotic drugs legislation
In March 2017, several amendments were made to the Act on the Exchange of Syringes and Needles (2006: 323). The responsibility for syringe exchange operations to the regions was, among other things, streamlined and the previous age limit was reduced from 20 to 18 years. To start syringe exchange operations, the regions apply for a permit from the Swedish Health and Care Inspectorate (IVO). The primary purpose of syringe exchange activities is to limit infection and the spread of infection, such as hepatitis C and HIV. Another important aspect is that activities can function as an entrance for contact to care and social services for a person with addiction, provide advice and support and motivate voluntary care and treatment for addiction or dependence.

Tobacco
The Tobacco Act
The Tobacco Act (1993:581) was repealed as a result of the new act on tobacco and similar products (2018:2088) which for instance included the prohibition of smoking in public places like entrances to establishments, restaurants and other outdoor places where serving occurs and playgrounds to name a few.

The use of tobacco
In 2018 seven per cent of the population (age 16-84 years) smoked cigarettes daily, according to The National Institute of Health's survey. No statistical difference between men and women who smoke daily. The proportion of smokers has decreased since 2006. There continues to be a gap between groups with different levels of education, where people with no high school education or ahigh school education as the highest education are more likely to smoke than people with a higher education.
18 per cent of men (16-84 years) and 3-4 per cent of women (16-84 years) use the tobacco product daily. The amount of men using snus has decreased since 2004 while the number of women who use it has been relatively unaltered.

The selling of tobacco
Both the number of places to purchase tobacco and the selling itself has decreased. The outlets with tobacco as a product reduced from 17 to 12 locations per every 10 000nd resident (age 15 and older) in the years 2006 – 2016. The selling of cigarettes has decreased with one-third during the period of year 2000 and 2017 and the sales of the tobacco product snus went down 3,5 per cent during the same time-lapse. In 2019, 660 cigarettes and 0,83 kg snus were sold per person from the age of 15 years and older according to The National Institute of Health's report on the public health development in relation to the goals of the ANDT-strategy (2020).

Unregistered acquisition of tobacco
The unregistered procurement of cigarettes decreased from 58 to 39 cigarettes per person 15 years or older. The unregistered acquisition of the tobacco product snus has decreased from 0,8 to 0,7 units of snus per person 15 or older. The statistics are estimations of travel import and purchases of smuggled cigarettes and snus over the years 2012-2016

ANDTS-strategy on Tobacco
According to the report from the National Institute of Public Health about the development of the ANDTS-strategy, progress is being made in the area of tobacco use. The general access to tobacco is decreasing which is in line with the first goal of the strategy. The prices have increased, and the point of sales has decreased. Youths with an early introduction to tobacco has decreased in number over time from 2012-2019, which is in parity with the second goal. In the years 2016-2019 there has been more of a levelling than a decrease in the number of students in grade 9 that use tobacco in any form. The number of people who develop a harmful use of tobacco is in line with the goal to reduce a harmful use. Goal number four is not possible to assess due to uncertainty about how to analyse the quality of care for addicts in relation to the available indicators. The development of goal number five concerning death and harm to one self as a consequence of one's own use of harmful substances, and in this case tobacco in particular, is going the opposite direction of the goals intent and increasing in cases (except for the number of men who die of lung cancer caused by tobacco-use which is decreasing).

In summary, the progress of the strategy regarding on tobacco is in line with the Governments' ambitions and targets in the area.except for goal number five, where the cases of harm and death due to tobacco-use is increasing in all areas except one.

Alcohol
An addition to the Alcohol Act (2010:1622) was made in 2019, A new paragraph (1st chapter 10 a §) clarified that the act also applies to alcoholic-beverage-equivalent preparations. The paragraph refers to alcoholic preparation that from a consumption standpoint is equivalent to alcoholic beverages or that otherwise may be assumed to be used as an intoxicant). The insertion came into question after an emergence of alcoholic ice creams on the market. The term alcoholic beverage-equivalent preparation was, in conjunction with this, also inserted in other paragraphs of relevance (2019:345). On 1 July 2019 an alteration was made in the contract between the state and the state-owned monopoly for selling alcohol, Systembolaget. The amendment made it possible for Systembolaget to make home deliveries of beverages bought at Systembolaget to adjust its sales to the increased demand for e-commerce among consumers The alteration in the contract was preceded by a trial period of home deliveries in certain regions that showed that alcohol consumption had not increased due to the introduction of home deliveries.

Government inquiries on alcohol

- The Supervisory Inquiry gave proposals for the oversight of marketing and e-commerce of alcohol (SOU 2013:50)
- The Alcohol Delivery Inquiry and the memorandum produced by the Ministry of Health and Social Affairs on distance selling of alcoholic beverages proposed regulation of forms for e-commerce of alcoholic beverages (SOU 2014:58)
- The Inquiry on Alcohol Advertising on Social Media proposed a ban on commercial ads of alcoholic beverages on social media (2017:113).

These inquire proposals are currently being processed at the Swedish Government Offices.

Health information and prevention strategies
The aim of Sweden's alcohol policies is to reduce the medical and social harm caused by alcohol. and is based on four pillars. The first is to reduce the private interest in selling alcohol by having a state-owned monopoly, Systembolaget, to sell alcohol to consumers (off-premises). Systembolaget's mission is to sell alcohol responsibly, with a non-profit interest. The second pillar is limiting the availability of alcohol in the society. This is made through limiting the number, location and opening hours of the Systembolaget shops. The third pillar consists of strict regulations for marketing of alcohol and the fourth pillar regulates the financial availability of alcohol through comprehensive taxes and a ban on selling alcohol below asking price on-premises. Governmental authorities along with local and regional authorities and non-profit organisations perform alcohol preventative work on community levels.

3.2 Article 11§2

a) Please provide information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence.

b) Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.

Reference is made to the previous report. In relation to requested information and the specific questions the Government would also like to add the following information.

The relevant applicable legal framework consists of the Patient Act (2014:821) and Patient Safety Act (2010:659).

Informed consent
The Patient Act ensures informed consent to health-related interventions or treatment. Caregivers must fully inform the patients about the following:

- State of health.
- The examination, care and treatment options that are available.
- What aids are available.
- When the patient can expect to obtain care.
- What the aim is with the current care and treatment.
- What risks exist for developing various complications or adverse effects.
- How any follow-up care will be arranged.
- The methods available to prevent injury or illness.
- How to find out about obtaining care in another EEA country or Switzerland.

Specific measures to combat pseudoscience in respect of health issues
According to the Patient Safety Act, all healthcare professionals must carry out their work in accordance with "science and proven experience." Furthermore, a patient shall be given "professional health care which is in accordance with these requirements".

The law thus stipulates that health care staff must work in accordance with scientific knowledge and accepted standards of practice. It means that research results and comprehensive clinical experience should guide the delivery of health care.

In order to provide caregivers with necessary scientific knowledge used in health-care services, the independent national authority Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) is tasked with assessing and evaluating methods in use in healthcare and social services. The aim is to evaluate what effect interventions and methods are known to have; whether there are any risks involved; whether the interventions provide benefit in relation to cost; as well as raising ethical questions.

As it is not deemed possible for each individual health care professional to follow all relevant scientific research in order to provide such health care which is in accordance with the aforementioned Patient Safety act, SBU thus provides such systemic assessment reviews which are used to form a base for decision making.

National Vaccine programs
Vaccination coverage remains high and stable in Sweden. In the general population, there is a high level of confidence in vaccination programs. The Swedish Public Health Agency's latest report from 2019 on the national vaccination programs shows that about 97 per cent of 2-year-olds are fully vaccinated.

In Sweden, there are no requirements for compulsory vaccination. Parents decide whether their child should be vaccinated. Before these decisions, parents often have many questions about why children should be vaccinated; on risks, side effects and how the vaccination is carried out. Child health care has an important role to inform and communicate with the parents.

In June 2018, the Government commissioned the Swedish Public Health Agency to implement measures in 2018–2020 to strengthen and develop the work with information and communication about vaccinations. The measures are intended to strengthen the work carried out by the county councils and municipalities regarding vaccinations, which is primarily aimed at children.

Within the framework of an agreement of increased accessibility in child health care, etc. between the Government and Sweden's Municipalities and County Councils 2018, information initiatives for parents have been carried out about the benefits of vaccination.

Incorrect information and rumours that spread about vaccinations have been met. Targeted efforts have been made to increase vaccination coverage in areas where vaccine coverage is lower. Information meetings for parents have been organized, local flow schedules for treatment and conversations with parents about vaccination have been prepared and a structure for support for parents who are hesitant about vaccination.

In December 2018, the European Council recommendations were adopted on strengthened cooperation against diseases that can be prevented through vaccination. The recommendations aim to strengthen cooperation and coordination between Member States, industry and other relevant stakeholders in order to increase vaccination coverage and promote confidence in vaccinations.

Antimicrobial resistance, AMR
The Swedish Public Health Agency reports that antibiotic resistance in the population in Sweden is increasing.
The Government has commissioned more than 20 authorities to be part of a national cooperation on combating the problem of antibiotic resistance that also involves non-state actors. Within the framework of

the collaboration function, several activities were carried out in 2018 in accordance with the action plan that has been produced. In Sweden, persistent work against antibiotic resistance for several years has led to a steady decline in antibiotic sales on prescription.

3.3 Article 11§3

a) Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

b) Please provide a general overview health care services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).

c) Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison healthcare services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.

d) Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. Provide an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the "available, accessible, acceptable and sufficient quality" criteria (WHO's 3AQ) are respected, subject always to the exigency of informed consent, which rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

e) Please provide information on measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as measures taken to address health problems of the populations affected. Please provide also information about measures taken to inform the public, including pupils and students, about general and local environmental problems.

f) In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and selfisolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.

Reference is made to the previous report. In relation to requested information and to the specific questions the Government would also like to add the following information

The Swedish psychiatric reform from 1995, whereas the community-based mental health services and the transition to community-based mental health from former large-scale institutions began, should be seen as part of the deinstitutionalisation process that has been going on for several decades. The process is slow and contains several parts. One part of the process is about developing new methods and activities for community-based support for people with mental disabilities. Another part is about developing working strategies between the various welfare actors and adding the necessary skills to the staff. The reform work consists of questions about both the care and support system's efforts and is dependent on attitudes and values in society. The form of care, support and rehabilitation offered affects the degree of goal fulfilment in the psychiatric reform, but crucial is also society's ability to involve people with mental disabilities - in residential areas, workplaces, associations, the education system, etc. That means, the change is difficult to value by only studying the municipal and county council activities. Despite the problems with the long-term nature of the interventions, it is obvious that the psychiatric reform has entailed an addition of community-based interventions to people with mental disabilities. Virtually all Swedish municipalities today can offer activities for employment or rehabilitation, as well as adapted housing solutions and the needs of the target group have been given better attention than before.

The National Board of Health and Welfare cannot present statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion ore unemployment. The information i not included in the Patient Registry.

The Government has introduced a national mental health strategy for 2016-2020. It is based on five focus areas identified as the most important to strengthen mental health and prevent mental illness:

- Prevention and promotion efforts
- Accessible early interventions
- Focus on vulnerable groups
- Participation and rights
- Organization and leadership

Each focus area includes people of all ages Just as the focus areas were developed in collaboration between many different stakeholders, the Government emphasises that all development work in the field must be conducted simultaneously and collaboratively. The Public Health Agency of Sweden as well as The National Board of Health and Welfare plays a leading role in this effort.

The Government annually enters into agreements in the area of mental health with The Swedish Association of Local Authorities and Regions (SALAR). The purpose of the agreements is to improve the Swedish regions and municipalities work in the area of mental health in accordance with the national mental health plan 2016-2020. For 2020 a total of SEK 1,7 million (appr. 170 000 EUR), allocated through the agreement which includes efforts to strengthen promotion and prevention, including suicide prevention, to increase the accessibility and quality in mental health care and social care, to improve access to psychiatric trauma care for individuals of all ages, including psychiatric trauma care for asylum seekers and newly arrived citizens, as well as efforts to develop and strengthen the inpatient mental health care, including the compulsory mental health care, for patients of all ages.

The National Board of Health and Welfare submitted in May 2019 a follow-up of the 2016–2018 agreements in the area of mental health between the Government and SALAR. The follow-up shows i.a. that the agreements have strengthen the conditions for a more knowledge-based, safe, individualized, efficient and accessible health care and social care.

Narcotic drugs (illegal drugs)
The use of drugs in the population (age 17–84 years) has increased and the medical and social harms of drug use remain large. Among school students, drug use has varied and was in 2019 at about the same level as 10 years earlier. Furthermore, there are problems with non-prescribed use of narcotic-classified medicines, both in the population and among schoolchildren. Since the mid-2000s and until 2018, there has been an increase in the number of people diagnosed with substance use disorders and the number of deaths as a result of drugs and narcotic overdose.

However, the number of drug related deaths in 2019 was lower than in 2017 and 2018, but the reduction ought to be interpreted with caution. A gradual decrease can also be seen in the number of hepatitis C cases with infection via unclean injection tools, and it may be partly due to more syringe exchange programs in the country. Most reported drug crimes are the result of the police's intervention activities. The total number of drug seizures by customs and the police has increased and street prices for most types of drugs have decreased during the 2000s. At the same time, many substances have become purer, meaning, stronger. Cannabis is the most seized substance, followed by drug-class drugs. All in all, the statistics indicate that the supply of drugs has increased in Sweden.

Different individuals and groups are affected to varying degrees by the health and social problems that drug use can lead to. These differences contribute to unequal health and are important to consider in prevention work. When it comes to drug use and harm from drug use, there are major differences between different groups. Men use more drugs than women, and younger people use more than older people. Having used cannabis in the past year is more common among people with low incomes compared to people with medium and high incomes. It is also more common to have used cannabis in the past year among people in big cities compared to those who live in small and medium-sized cities. Cannabis use among people aged 25 or older was higher among people with post-secondary education than among people with the highest pre-secondary education, but when age is considered, an inverse relationship is seen with higher use among people with the highest pre-secondary education.

For both men and women, drug addiction is more common for people with a pre-secondary education as highest education compared with people with post-secondary education. Drug addiction is also more common in the group with the lowest income than in the group with the highest income. Men also account for about 60 per cent of all drug and drug poisonings. Drug-related deaths among men are more common at younger ages, while deaths among women are more common at slightly older ages. In addition, drug-related deaths are higher in the group with a pre-secondary education as highest education than in the group with post-secondary education. Finally, there is less knowledge about the use and distribution of drug-classified narcotics outside of prescription compared with the existing knowledge for other drugs.

The management of COVID-19
The reorganization of health care
The overall goal for Sweden's management of the new coronavirus and its effects is to limit the spread of infection to protect human life and health and to secure the capacity of health care. Securing resources for health care, limiting the impact on other socially important activities, mitigating consequences for citizens and companies and mitigating concerns are also part of the goals.

The outbreak of COVID-19 has meant that the health service has, among other things, had to reorganize operations in order to greatly increase the capacity for intensive care. To support the regions in this work, the Government commissioned the National Board of Health and Welfare to establish a coordination function for intensive care units. On 23 April 2020, there were 1,131 ICU places with a respirator, compared with 526 places before the reorganization. Furthermore, the regions have had to adapt and increase the number of intermediate care places for patients seriously ill with COVID-19 but have not

required intensive care. On 4 July 2020 the Government also gave the National Board of Health and Welfare the task of supporting the coordination of the regions' health and medical care resources during the summer of 2020 due to the outbreak of COVID-19. The assignment aimed to strengthen the health care capacity in suitable places in the country, for example through national reinforcement resources. The assignment also included coordinating and, if necessary, strengthening the regions' capacity to transport patients between different regions.

The reorganization of health care has meant that physical visits at the premises sometimes are not possible. The Government has therefore commissioned the Legal, Financial and Administrative Services Agency to disburse 24 million SEK (appr. 2,35 million EUR) 2020 to the regions in order to develop and strengthen the digital contact opportunities for facilities that meet patients with mental illness. The Government has also decided to temporarily make it possible for care providers on the national rate to receive compensation for digital care contacts. The purpose is to reduce the number of unnecessary physical care visits and thereby reduce the risk of spreading COVID-19. The ongoing outbreak of COVID-19 means that many care and nursing activities are heavily burdened. In these circumstances, effective supervision and licensing is important. The Government has therefore commissioned the Swedish Health and Care Inspectorate (IVO) to analyse the consequences of COVID-19 regarding quality and safety in health and care. The purpose is to gather important knowledge under current circumstances as well as for future disease outbreaks.

Reduced administrative requirements as a result of COVID-19
To make it easier for the regions in the difficult situation they are in, the Government has removed several of the 2020 performance requirements under the Government grant package to reduce health care queues. The Government has also decided to temporarily remove reporting requirements for 2020 within five agreements between the state and The Swedish Association of Local Authorities and Regions (SALAR). Furthermore, the introduction of the National Medicines List Act (2018: 1212) and the basic service reform for doctors have been postponed. The Act on the National List of Medicinal Products will enter into force on 1 May 2021. The parts of the Act relating to affiliation requirements for health care actors and information obligations will, however, not come into force until 1 May 2023.

Financial support for health care
The Government works to ensure that municipalities and regions where care is provided have all the necessary resources. Therefore, the Government has i.e. commissioned the National Board of Health and Welfare to distribute grants to regions and municipalities in 2020 in order to financially support activities for additional costs for health care and in elderly care and care of people with disabilities as a result of COVID-19 disease. A total of 10 billion SEK (appr. 980 000 000 EUR) has been set aside for additional costs that regions and municipalities will have in the areas described above as a result of the COVID-19 disease for 2020. Government grants may be provided for additional costs regarding health care personnel. If a municipality or region has decided to hand over the management of operations to a subcontractor, they can apply for compensation for the subcontractor's extra costs as well. The Government has also provided extra funds to increase Sweden's ability to perform testing and contact tracing of COVID-19 cases.

Challenge in terms of access to healthcare materials and protective equipment
The outbreak of COVID-19 triggered a very high global demand for protective equipment in health and care. A critical situation regarding the availability of protective equipment arose in principle immediately in the regions early affected by the outbreak. Responsibility for the purchase and storage of protective equipment is the responsibility of each region and municipality according to the principle of responsibility. Even before the outbreak of COVID-19 reached a greater spread in Sweden it was clear that the regions' preparedness was not sufficient to cope with a crisis of the magnitude that followed the spread of COVID-19. On 16 March 2020 the Government commissioned the National Board of Health and Welfare to be the national purchasing centre for healthcare materials, protective equipment, and certain medical equipment, due to COVID-19. In addition to purchasing and distributing healthcare materials and protective equipment to the country's regions and municipalities, the National Board of Health and Welfare was assigned the responsibility at national level for distribution and, if necessary, redistribute equipment between the principals.

At the end of May 2020, the National Board of Health and Welfare had ordered materials for approximately 1.3 billion SEK (appr. 130 000 000 EUR). The National Board of Health and Welfare had then distributed i.a. 5 million protective gloves, 1.3 million respiratory protection and face masks and 150,000 litres of rubbing alcohol to regions and municipalities, as well as rented out medical equipment in the form of respirators. On 8 May, the National Board of Health and Welfare submitted a report on the work regarding the purchase of protective equipment to the Government, where e.g. its collaboration with regions is included. Collaborations with several different actors have led to developed procurement and logistics systems of protective equipment for healthcare. The purpose is to prevent shortages through active work to identify the health services' needs for both protective equipment and medical equipment, such as respirators. The Government also worked actively to lift the national export restrictions on certain medical equipment that were introduced in several EU countries and participated in EU joint procurements of medical equipment. Sweden has also pushed for the abolition of tariffs and trade barriers on this type of goods.

Pent-up care needs
The outbreak of COVID-19 has led to that the health services has had to cancel or postpone planned measures in order to ensure capacity for emergency care of patients with COVID-19 as well as patients with other acute and severe disease conditions. At the same time, the number of people applying for acute problems, e.g. myocardial infarction and stroke, decreased sharply in several parts of the country during the pandemic, according to information from the Swedish myocardial infarction register Swedeheart.

4. Article 12 – The right to social security

4.1 Article 12§1

For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Reference is made to the previous report. In relation to information requested the Government would also like to add the following information. Statistics from previous report are as far as possible updated within the reference period. If no data is presented, data previously presented remain left unchanged.

In February 2016 the previous limit of 914 consecutive days with sickness cash benefit was abolished Thereafter no time limit applies.

The minimum level of sickness cash benefit in 2019 was 22 SEK per day. Persons with low income may be eligible for financial assistance from the municipality/social services. In order to receive sickness cash benefit a person must be covered by the work-related insurance and have an income exceeding 24 per cent of the price base amount, approximately SEK 11 100 per year (2019) (appr. 1 090 EUR). The price base amount for 2019 was SEK 46 500 (appr. 4 600 EUR).

In 2018 the ceiling of incomes was raised, from 7,5 to 8 times the price base amount, for sickness cash benefit. The highest possible amount per day was SEK 791 (appr. 77,4 EUR) SEK 543 (appr. 53 EUR, when unemployed, as of 31 December 2019. The minimum level of sickness cash benefit in 2019 was SEK 22 (appr. 2,15 EUR) per day. Persons with low income may be eligible for financial assistance from the municipality and social services.

In 2020, full guaranteed pension amounts to 2.13 Price base amount, i.e. SEK (103 164 appr. 1 001 EU) per year for a single person and to SEK 92 280 (10 001 EUR) for a married person.

The maintenance support establishes a reasonable standard of living after housing-costs are paid SEK 70 284 (appr. 7 070 EUR) in 2020 for a single person and SEK 57 252 (appr. 5 600 EUR) for a married person. The support is means tested.

Housing supplement covers up to 96 per cent of the housing costs up to SEK 5 000 (appr. 490 EUR) and

70 per cent of the housing costs between SEK 5 000 (appr. 490 EUR) and SEK 5 600 (550 EUR) per month (in 2020). The supplement is means tested.

Since 1 July 2018 the responsibility for an individual to present a statement from his or her employer on the possibility of rehabilitation or repositioning at the workplace has been replaced. Now it is mandatory for the employer to present a plan for a employee return to work, for those employees whose ability to work has been reduced or can be assumed to be reduced due to illness for at least 60 days.

During the period 2016- 2019, the base amount, by which several benefits under the Swedish social security system are calculated, was changed as follows:

Figure 3: Change in base amount 2016- 2019

Year	Base amount	Increased base amount
2016	44 300 SEK (appr. 4 320 EUR)	45 200 SEK (appr. 4 400 EUR)
2017	44 800 SEK (appr. 4 360 EUR)	45 700 SEK (appr. 4 450 EUR)
2018	45 500 SEK (appr. 4 440 EUR)	46 500 SEK (appr. 4 530 EUR)
2019	46 500 SEK (appr. 4 530 EUR)	47 400 SEK (appr. 4 600 EUR)

The Swedish population 31 December 2019 totalled to 10 327 589 persons, 5 195 814 men and 5 131 775 women. 21.1 per cent of the total population were aged between 0-17 years and 20 per cent were over 65 years. Foreign nationals comprised nine per cent of the total population and foreign-born persons 19.6 per cent. In 2018 and 2017 the population amounted to 10 230 185 and 10 120 242 respectively. Some 4.5 million persons between the ages of 15 and 74 were employed in 2018, viz 2.3 million men and 2.2 million women.

Expenditure on sickness allowances and rehabilitation allowances during 2019 totalled just under MSEK 37.2 (appr 3,6 MEUR). For 2018, 2017 and 2016 the expenditure amounted to MSEK 37.5 (appr 3 656 MEUR), MSEK 37.6 (appr 3.7 MEUR) and MSEK 39.6 (appr 3,9 MEUR).The sickness rate, i.e., the average number of sickness allowance benefit days per insured has come down since 2017, from 10.5 days (July 2017) to 9.4 days (September 2020) per annum.

According to the Swedish Social Insurance Agency, some 8.1 million persons (all residents aged over 16) are included in this insurance scheme. 2.3 million persons were in receipt of old age pensions in December 2019. Of these, 0.7 million received guarantee pensions. The cost of income-related pensions for 2019 was MSEK 316 600 (appr. 31 00 MEUR) and guarantee expenditure pension expenditure totalled MSEK 13 100 (ppr. 1 300 MEUR). Housing supplements for old age pensioners were paid to some 288 000 old age pensioners at a cost of just under MSEK 9 200 (appr. 920 MEUR). Almost 24 000 persons were in receipt of maintenance support for the elderly in July 2020, at a cost of MSEK 1,100 (appr. 110 MEUR).

Some 37 000 persons were in receipt of annuities in 2019. Disbursements for the year totalled just under MSEK 2 700 (approx. 279 MEUR).

Figure 4. The monthly large family supplement 2019

Number of children	SEK per month
for the second child	75
for the third child	365
for the fourth child	870
for the fifth child	1 495
for the sixth child	2 120

Parental benefit in connection with childbirth was paid out to 891 000 parents in 2019. The expenditure was SEK 32.7 billion (approx. 3,3 billion EUR). Most of that amount was paid out for children aged younger than a year and a half. Total expenditure was SEK 7 billion in 2018.

Pregnancy benefit is payable to women only. The benefit forms part on employment-based insurance. In 2018 just under 25 000 women received pregnancy benefit, expenditure was SEK 607 million. On average 39 days per women was covered.

Some 276 000 persons received some form of sickness or activity compensation in December 2019. Approximately 163 000 received guarantee compensation. Expenditure in 2018 totalled MSEK 44 000.

Caring allowances were awarded for some 50 000 children in December 2019. During 2019 the Swedish Social Insurance Agency disbursed a total of MSEK 3 360. Disability benefit in 2018 amounted to approximately MSEK 1 300 and was paid to 58 000 persons in 2019. 14 000 persons were entitled to assistance compensation in December 2019. Expenditure in 2018 totalled some MSEK 29 000. In 2018 nearly 1 200 persons received car allowances, at a total cost of MSEK 143.

Guarantee pension for survivors is a residentially based benefit. The Social reports that some 6,5 million persons were included in this scheme in 2019. Recipients of income-related widows pensions constitute the largest group, numbering almost 220 000 in 2019.

Unemployment benefit

In 2018 the Swedish Government appointed a commission of inquiry to submit proposals for a more effective unemployment insurance based on income and including conditions allowing more persons to qualify for benefits. The purpose of the commission of inquiry was among other things to analyse and propose a more appropriate regulatory framework with increased predictability and reduced administration, adapted to new conditions. The assignment also included to analyse whether it is appropriate to introduce a rule in which the unemployed is given the right to limit his or her job search during the first 100 days (the so called 100-day rule) and in that case submit proposals for regulation. The commission presented its report to the Swedish Government on 16 June 2020. In its report the committee assesses that the so called 100-day rule should not be introduced into a new regulatory framework for the unemployment insurance. A consultation has been held on the inquiry report, which is now being processed in the Government Offices.

From 15 May 2017 the provisions for right to unemployment benefits during part-time employment have been changed. A person who performs or declare part-time work is paid unemployment benefits for a total maximum of 60 weeks in a benefit period. The remaining benefit days of that period must be used only for weeks when the person is not performing or declaring any work at all. Prior to the amendment a person who performed or declared part-time work, could only be paid unemployment benefits for a total of 75 days of a benefit period. The remaining benefit days of that period could be used only for weeks when the person did not perform or declare any work.

4.2 Article 12§2, 12§3

a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

c) Please provide information on any impact of the COVID-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact. Reference is made to the previous report. The Government would also like to add the following information.

The Swedish unemployment insurance covers both employees and self-employed workers. Persons whose work is managed through digital platforms have the same right to unemployment benefit based on the same conditions and regulations as those applying to employees and self-employed workers. The Swedish unemployment insurance does not contain any specific rules for persons whose work is managed through digital platforms. Platform workers are entitled to unemployment benefit under the same conditions and regulations as other employees and self-employed workers.

Article 12§2
At 2 July 2018), the length of the unemployment insurance's so-called waiting period was shortened by one day. The waiting period is set at the introduction of a benefit period, when a person entitled to benefit has to "wait" for the benefit period to begin. For this period, no benefit is paid. The waiting period is now six days during a consecutive period of twelve months (waiting period condition). The waiting period only includes days during which the daily allowance would have been paid if the waiting period would have expired.

Article 12§3
The suggestions and assessments presented by the cross-party parliamentary committee on sustainable sickness and unemployment insurances (S 2010:04) have not resulted in any major structural changes of the Swedish unemployment insurance.

In 2018 the Swedish Government appointed a commission of inquiry (A 2018:01) to submit proposals for a more effective unemployment insurance, based on income. The purpose of the inquiry was among other things to include conditions enabling more persons to qualify for benefits, analyze and propose a more appropriate regulatory framework with increased predictability and reduced administration, adapted to new conditions. . The inquiry proposed in its report that the Unemployment insurance act (lagen (1997:238) om arbetslöshetsförsäkring) should be replaced by a new law and that the Regulation on Unemployment Insurance

(förordning (1997:835) om arbetslöshetsförsäkring) should be replaced by a new regulation.

The commission presented its report to the Swedish Government on 16 June 2020 The report was sent for consultation to relevant consultation bodies in June 2020 and is currently being processed in the Government offices.

In 2020, Sweden implemented several temporarily legislative changes in the unemployment insurance to meet the needs caused by the corona pandemic. Many of the measures aim to ensure economic support for those who lost their jobs as a result of the COVID-19 crisis but also to alleviate the economic impact on people who become unemployed.

Following temporarily legislative changes have been implemented in the unemployment insurance to meet the needs caused by the corona pandemic;

- The work requirement has temporarily been relieved in terms of how much a jobseeker needs to have worked in order to meet the work requirement
-
- The membership condition, that regulates for how long a jobseeker needs to have been a member of an unemployment insurance fund to be able to receive income related benefits, was temporarily relieved between March to December 2020.

- The highest and the lowest amounts paid out by an unemployment insurance fund (both income-related benefit and basic benefit) have been raised temporarily to alleviate the economic impact on people who become unemployed.

- The unemployment insurance's so-called waiting period condition was temporarily abolished during 2020. The Government has furthermore in its budget bill for 2022 proposed that the waiting period should be temporarily reduced from six to two days during 2022.

- Temporarily increased opportunities for entrepreneurs to receive unemployment benefit and temporarily increased opportunities to receive unemployment benefit when a company has been dormant were also introduced in 2020.

For a full reference to issues regarding temporary changes of the unemployment insurance in response to the COVID-19 situation, please see key-acts-and-ordinances-entering-into-force-in-mid-2020.pdf (government.se) and key-acts-and-ordinances-entering-into-force-in-2020_2021.

The unemployment insurance funds have also received additional funding for administration.

Persons whose work is managed through digital platforms have the same right to unemployment benefit as other persons. Digital platform workers are regarded as either employees or self-employed workers. In the latter case the regulations concerning self-employed workers are applicable.

In 2020, Sweden implemented a number of legislative changes to meet the needs created by the corona pandemic. Many of the measures aim to reduce the spread of infection and reduce the effects of the pandemic. These include compensation to individuals and entrepreneurs for qualifying period deductions, compensation to employers for sick pay costs, compensation to various risk groups, strengthened housing allowance, temporary parental benefit in the event of school closure.

A selection of measures to meet the needs created by the corona pandemic**;**

- People in at-risk groups that cannot work from home and certain groups of close relatives to people in at-risk groups can receive a benefit due to lack of income. The benefit is calculated from a flat amount and a person can receive a maximum of SEK 804 before taxes per day. (The Government has included a number of illnesses that carry a higher risk of falling seriously ill with covid-19 and that gives certain people a right to receive a benefit. A doctor´s certificate is needed that verifies the illness and that the person is considered be in at-risk group).

- Temporarily suspended the deduction from sick pay. Persons can apply for retroactive reimbursement for deductions that the employer has made from the sick pay. This is applicable for employees who has had had a deduction of sick pay or self-employed with a deduction of sick pay in the beginning of the sick period. For persons unemployed or on parental leave, there is no deduction from the sickness benefit paid by Swedish Social Insurance Agency.

- Temporarily removed the requirement to submit a doctor's certificate from day eight to the employer or the Swedish Social Insurance Agency when applying for sick pay or sickness cash benefit. A doctor´s certificate is instead needed from day fifteen.

- Due to the Covid-19 pandemic, planned health care or treatment can been suspended or postponed. The Swedish Social Insurance Agency has a temporarily possibility to postpone the assessment against jobs, normally a part of the labour market requirements from day 181 of illness

- Families with housing allowance will receive a temporary additional payment each month.

- Temporary legislation that is applicable if the child´s school or preschool closes. A person gets approximately 90 per cent of the reimbursement he/she normally receives when staying at home when the child is ill.

- Parents of children who recently been seriously ill can receive a preventive benefit if they have to stay at home in order to shield the child from contracting covid-19. A doctor´s certificate is required.

5. Article 13 – The right to social and medical assistance

5.1 Article 13§1

a) Please describe any reforms to the general legal framework. 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.

b) Please indicate any specific measures taken to ensure social and medical assistance for persons without resources in the context of a pandemic such as the COVID-19 crisis. Please also provide information on the extent and modalities in which social and medical assistance was provided to people without a residence or other status allowing them to reside lawfully in your country's territory.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Reference is made to the previous report. In relation to requested information and to the specific questions the Government would also like to add the following information.

The Swedish municipalities can provide social assistance which is a financial support under the Social Services Act (2001:453). Social assistance is a temporary solution to support citizens who have temporary financial difficulties until a level of self-support is achieved. An individual with little or no income can receive support for the upkeep and for other items needed to have a reasonable standard of living. Help with the individual upkeep is called income support and consists of a standard (the national standard) plus reasonable costs for other common needs such as housing and household electricity. Some of the subsistence benefit is to cover costs of food, clothes and shoes, leisure and hobbies, hygiene, child and youth insurance, consumer goods, and newspapers and telephone. The other part of the subsistence benefit is to cover costs for housing, electricity, home insurance, trade union fees, and unemployment insurance. Items not included in income support are other living expenses. These are not part of the income support but deemed necessary.

The social services decide in each individual case, and social assistance is paid for one month at a time. The Swedish social assistance consists of two parts – a subsistence allowance and financial support for day-to-day expenses. The subsistence benefit is to cover the household's fixed expenses.

Other financial assistance is to cover costs that arise from time to time. Examples are costs relating to glasses, dental care, medical treatment and medicine, contact with children, moving expenses, and funeral costs. An individual assessment is made of what is reasonable for the applicant in their life situation.

To be eligible for social assistance a person must also apply for existing general allowances and benefits, such as sickness allowance, parental benefit, housing allowance and maintenance support from the Swedish social insurance agency. A person with money in the bank or assets is not entitled to social assistance.

The Social Services Act emphasises the individual's responsibility for his or her situation. A person applying for social assistance must be available to the labour market if he or she can work. If the person is not in a condition to work a medical certificate is needed about impaired capacity for work

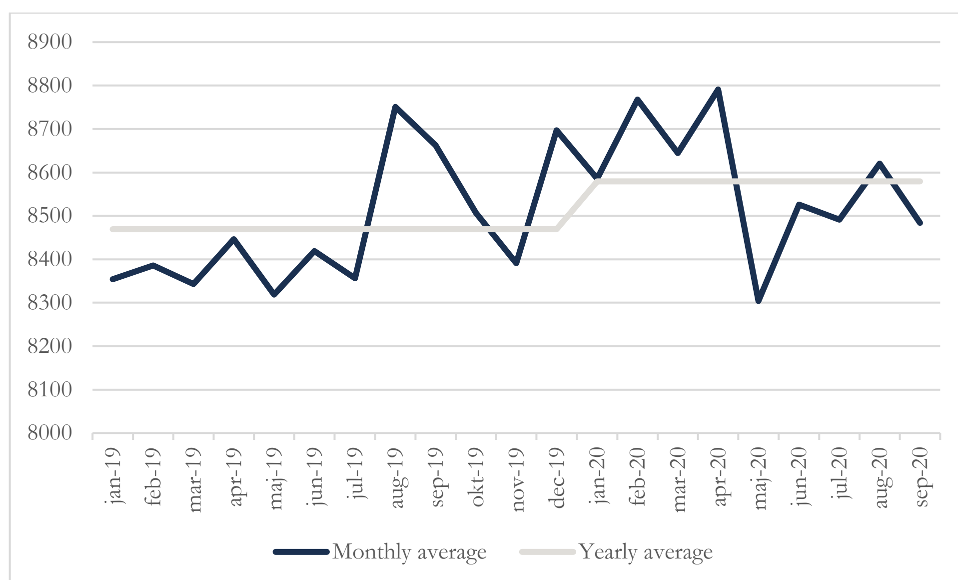
The social assistance allowance is the same for all municipalities and is based on the national norm. Each year, the Swedish Government sets a national norm (riksnorm) for costs for food, clothes and shoes, hygiene and health, leisure and hobbies, child insurance, consumer goods, newspapers and

telephone. The norm also covers individual costs for housing, domestic electricity, work-related travel, home insurance and trade union fees, and for example expenses for prescription drugs. The national norm forms the basis for the level of social assistance. The national norm also considers how many live in a household, children and their ages, whether children and young people eat lunch at home, and whether the adults in the household are single occupants or cohabitants.

In 2019, the average amount that were provided through social assistance was SEK 8 275 (appr 827 EUR). In many cases the amount is added to other benefits, such as sickness allowance, parental benefit, housing allowance, and maintenance support. Due to the obligation for a person seeking social assistance to also apply for other available benefits, the disposable income for people receiving social assistance vary. In some cases, social assistance is granted only for one month, for example if a person is between jobs and cannot receive unemployment insurance benefit. In other cases, a person might have been unemployed for several months, and have no other means of self-support and therefore receive a steady and higher amount, compared to the average 2019.

The basic benefit in 2020 for a single person amounted to SEK 3 150 (310 EUR) covering expenditures on food, clothing and footwear, health and hygiene, daily newspaper, telephone and television fee. On top of these amounts a single person received 99 EUR in 2020.

Figure 5. Monthly and yearly average of social assistance per household 2019



In Sweden every citizen is eligible for medical care regardless of cause to the patient's state, and the right to healthcare has not changed during the COVID-19 pandemic.
Social assistance is provided by the municipalities and is described further in previous section. As per the time span of this report, no measures have been enforced regarding social assistance due to the COVID-19 pandemic.

Healthcare in Sweden is largely tax-funded, a system which ensures everyone, including persons without resources, equal access to healthcare services.

5.2 Article 13§2

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Reference is made to the previous report. The Government would also like to add the following information.

The overall objective of the Government's policy against discrimination is a society free from discrimination. Measures aimed at preventing and counteracting discrimination are fundamental to ensure that all persons are equal in dignity and rights. Preventing all forms of discrimination is therefore an important part of the work for participation and equality. Expanded protection against age discrimination entered into force on 1 January 2013. (For more information see under article 23.) The Discrimination Act (2008:567) does not include social status as a ground for non discrimination. However, there are no restriction in law or in practice to the exercise of social and political rights of people on account of them being beneficiaries of social assistance. Information on persons being beneficiaries of social assistance is covered by secrecy and according to the Publicity and Secrecy Act (2009:400) this is something which is not be revealed to other public institutions, authorities or private organs.

5.3 Article 13§3

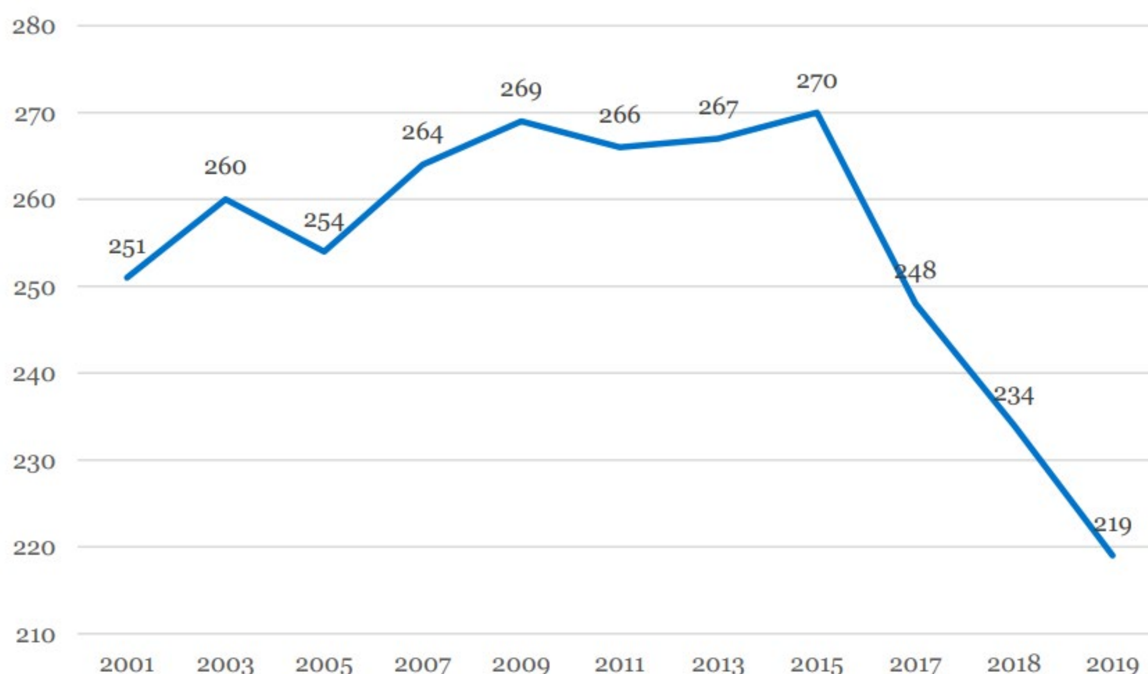
No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity,

please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised

Reference is made to the previous report.

A yearly survey made by The Swedish Consumer Agency of the municipality's consumer guidance services shows that fewer people used consumer guidance compared to previous years. In Sweden 2019 of 290 municipalities offer consumer guidance. That is 15 less than in 2018and the lowest number in the 2000's. Eight municipalities have started operations since 2018 whereas 23 have shut down.
100 municipalities buy their consumer guidance from another municipality or from consultants.

Figure 6. Number of municipalities (out of 290) providing consumer guidance 2001- 2019



Source: The Swedish Consumer Agency – "Läget i landet – KVL 2019"

5.4 Article 13§4

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Reference is made to the previous report. In relation to the specific questions the Government would also like to add the following information.

Regarding care for undocumented migrants in Sweden, they are entitled to:
- medical care and dental care that can not be deferred
- maternity care,
- counselling and care for abortion and sterilization,
- contraceptive advice,
- protective care in case of infectious disease,
- health examination when obviously needed,

- medicines given on prescription from a doctor.

With "Medical care and dental care that cannot be deferred” mean care that cannot wait and emergency care. Both psychiatric care and aid for the disabled can be care that cannot be delayed. It is the dentist or the care staff who decides whether the care can wait or not.

6. Article 14 – The right to benefit from social welfare services

6.1 Article 14§1

a) Please explain how and to what extent the operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Reference is made to the previous report. In relation to the specific questions the Government would also like to add the following information.

Consequences of COVID-19 for social services and efforts made for future solutions
The COVID-19 pandemic has posed major challenges for society, health care and social services. However, studies show that access to social services in general has not yet been affected to any great extent during the time span for this report. Information on COVID-19 has continuously been disseminated to all social service personnel, with emphasis on those who work with support and service for persons with certain functional impairments, personal assistance and elderly care. The Public Health Agency of Sweden (Folkhälsomyndigheten) has also been commissioned by the Government to investigate the need for further regulations to reduce the risk of infection spreading within the social services' activities.

In order to limit the negative repercussions of COVID-19 and to strengthen knowledge and preparedness for future similar situations the Government has commissioned many authorities to analyse the consequences of COVID-19 for staff, users and for vulnerable groups in the population. As for example:

- the National Board of Health and Welfare has been instructed to disseminate information on SARS-CoV-2/COVID-19 to all social services personnel including elderly care. Since then the Board has published a multitude of knowledge-based reports and web-based guidance for the health and social care workforce *(See also Article 23)*

- The Agency for Health and Care Services shall analyse the consequences of the pandemic for the services provided by the social services in individual and family care. The commission will both cast light on the consequences from a short-term perspective and include a prospective analysis looking one year ahead.

- The Health and Social Care Inspectorate (IVO) has been commissioned to analyse the implications of COVID-19 for quality and safety in health and social care. To enhance learning in care for older people and to facilitate the implementation of improvement measures IVO has inspected 1 000 care facilities for older people in all of Sweden’s municipalities.

- The Government has instructed the County Administrative Board, together with The National Board on Health and Social welfare and Swedish Association of Local Authorities and Regions (SALAR), to provide an overall picture of Swedish municipalities' assessments of possible risk of

social problems and vulnerability due to the COVID-19 pandemic, and how the local authorities work to prevent and combat negative social consequences, including children living in families at risk, domestic and honour related violence, alcohol and substance abuse, mental illness and unemployment.

- The National Board on Health and Welfare has been commissioned to map and analyse consequences for persons with certain functional impairments and to what extent they have access to all activities and support they are granted by law (The Support and Service Act) during the pandemic.

- The Board has also been instructed to map and analyse consequences of COVID-19 for children with physical and mental impairments and for their families.

- The Swedish Family Care Competence Centre has been granted SEK 1 million to carry out a survey of how relatives to persons in need of help and support from society and how parents and other relatives' support are affected by the covid-19 pandemic.

- The Government has assigned the Gender Equality Agency to identify and develop efficient methods on how to reach out to victims of violence with information concerning gender-based violence and honour-related violence and oppression in the context of the COVID-19 pandemic. The methods elaborated are required to be adapted to the operations by the municipalities, and the Swedish Gender Equality Agency is assigned to carry out the mission in a quick manner and subsequently disseminate the methods to the municipal level. The Agency is given 1,8 million Swedish Crowns (approximately € 700 000) for the year of 2020 in order to complete the task.

Financial support to people at risk

The Government's ordinance means a right to compensation of up to SEK 804 per day for people who belong to risk groups and for family members of people who belong to risk groups. The benefits are paid for the period when the person refrains from work to avoid being infected by the COVID-19 disease or infecting family members with that disease. The ordinance entered into force on 1 July 2020.

A general description of the organisation and functioning of the social services
Sweden consists of 290 municipalities. Each municipality is responsible for social services within its boundaries. The tasks of the municipal social welfare committee (Socialnämnden) includes i.e. helping to facilitate good living conditions, assuming responsibility for the provision of care and service, information, counselling, support and care, financial assistance and other assistance for families and individuals in need of the same.

Social services aim to provide/give access to economic and social security, equal living conditions and active participation in the community life for all people living in the municipality. As a result of municipal self-governance, local efforts to meet the legal requirements may be structured in different ways. A decision from the social welfare committee can be appealed to the Public Administrative Court.

The Social Services Act (2001: 453) (SoL) is comprehensive. Chapter 5 describes provisions that are aimed at certain groups, such as children and young persons, older persons, persons with functional impairments, substance abusers, carers, victims of crime and persons who are financially indebted.

Legal framework for Social Services
The Social Services Act provides the legal base for the social services. It is a framework law that states both the municipality's obligations and the individual's rights. It applies to all citizens and residents in

Sweden. There are no coercive measures for the individual, all efforts are based entirely on voluntariness.

SoL is a goal-oriented framework law that gives municipalities great freedom to design their activities based on local conditions and needs. The portal section (Chapter 1, Section 1 of SoL) sets out the overall goals and basic values for the social service of the community. This introductory paragraph states that the social service of the community based on democracy and solidarity shall promote people's economic and social security, equality in living conditions and active participation in social life. Furthermore, considering the responsibility of people for their and others' social situation, the social service should focus on liberating and developing the resources of individuals and groups. The activities shall be based on respect for people's right to self-determination and privacy. The overall goals in the portal paragraph are supplemented by provisions on goals and orientation for working with certain groups in society, such as older persons.

Lex Sara – Obligation to report misconduct
Serious misconduct in social services must be reported to the Swedish Health and Care Inspectorate (IVO). The National Board of Health and Welfare has issued regulations and general advice on lex Sarah (SOSFS 2011: 5) which, among other things, addresses the reporting obligation, the investigation procedure and routines for how the issue should be handled.

Act concerning Support and Service to Persons with Certain Functional Disabilities
The work of social services is also governed by the Act (1993:387) concerning Support and Service to Persons with Certain Functional Disabilities. The law is an entitlement law that guarantees good living conditions for people with extensive and permanent functional impairment. It gives people with certain disabilities the right to personal assistance, a form of support that is mostly funded by taxes.

Care of young person's Special Provision Act (LVU)
Young people living in troubled conditions or those with severe substance abuse or suffering from mental health problems can be subject to preventive detention to reduce the risk of being mistreated or harmed. A child can be detained under the youth care law (1990:52) (LVU) if, for example, the child's parents cannot take care of him or her and provide the necessary support.

Care of Substance Abusers Special Provisions Act (LVM)
A person can be detained under this law to eliminate abuse of alcohol or drugs if the addiction endangers his or her mental or physical health or harms the person and his or her relatives.

The Health and Medical Service Act (1982:763)*, The Parental Code (1949:381) and The Alcohol Act* (2010:1622) are also parts of the legislation that governs the work of the social services.

Government Agencies under the Ministry of Health and Social Affairs and their activities

The National Board of Health and Welfare work to ensure good health, social welfare and high-quality health and social care on equal terms for the whole Swedish population. The Board has a wide range of activities and many different duties within the fields of social services, health and medical services, patient safety and epidemiology. Most of its activities focus on staff, managers and decision makers. The Board gives support and exert influence i.e. by collecting, compiling analysis and passing on information. The Board develops standards based on legislation and the information collected and undertake other official duties such as maintaining health data registers and official statistics.

- *National Guidelines* in support for those who make decisions concerning the allocation of resources within health and medical care and social services. The goal of the guidelines is to contribute towards patients and clients receiving a high standard of medical care and social services. The guidelines, which are based on current research and the lessons of experience, demonstrate the utility and the risks of different measures adopted within these fields. The national guidelines intend to strengthen the prospects of people in Sweden receiving medical care and social services of a uniformly high standard.

- *Open comparisons,* a tool for analysis and assessment – in the sectors of health care and social services. The aim is to promote local and national discussions on quality and efficiency through peer pressure, greater transparency and political accountability. Data on a wide range of quality indicators is collected *(See also § 23)*

- *Knowledge Guide, (*Kunskapsguiden.se) is a national website that gathers quality assured knowledge from several authorities and other actors. The website is aimed at staff working closely with people who need health care and social care. It also appeals to managers and decision makers. The National Board of Health and Welfare is responsible publisher in collaboration with other agencies and organizations *(See also § 23)*.

The Swedish National Board of Institutional Care (SiS) arrange compulsory care for young people with psychosocial problems and for adults suffering from substance abuse problems. It offers a number of different treatment plans and mandatory care, when voluntary intervention has failed, and the right to forcibly detain and isolate individuals has become necessary. Decisions regarding compulsory care is made by the administrative court, on the application of social services. SiS runs residential homes for young people under the terms of the Care of Young Persons Special Provisions Act (abbreviated LVU) and the Secure Youth Care Act (LSU). SiS also operates homes for adults with abuse- and addiction problems under the Care of Substance Abusers Special Provisions Act (LVM)

The Health and Social Care Inspectorate (abbreviated IVO) is a Government agency responsible for supervising healthcare and social care, healthcare and social care staff, social services and activities in accordance with the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS). IVO is also responsible for certain permit applications. IVOs supervision remit covers the processing of complaints concerning, for example, the reporting of irregularities in health care and social care (called lex Sarah and lex Maria reports) and the municipal obligation to report non-enforced decisions.

Supervisory reforms and quality of services
The supervisory and authorisation activities described in particular in the Social Services Act (2001:453) were transferred on 1 January 2010 from the County Administrative Boards to the National Board of Health and Welfare. The supervisory authorities' powers were also extended to include injunctions, prohibitions, withdrawal of authorisation and inspection. The impact of reforms can be presented as follows.

The Inspectorate was established in 2013. It took over the supervisory responsibility and some of the authorisation activities from the National Board of Health and Welfare. By conducting supervision and issuing permits IVO contributes to health and social care that is safe, is of good quality and is provided in compliance with laws and other regulations. The agency's work has been reviewed by the State Treasury in 2014. The assessment then was that IVO worked in line with the motives for establishing the inspectorate: a clear, coordinated, and effective supervision. The evaluation also showed that care providers often took measures after IVO's supervision.

The Swedish Agency for Participation is an expert agency that work to ensure that disability policy will have an impact in all corners of society. An overarching objective is to speed progress towards a society in which everyone can participate on equal terms, regardless of functional capacity. The agency develops and disseminate knowledge, it informs on obstacles for participation and support public-sector bodies in their work to enable full participation in society for people with disabilities.

The Swedish Agency for Health and Care Services Analysis is an agency with the mission to strengthen the position of patients and users through analysing health care and social care services from the perspective of patients and citizens. This mission includes analysing how health and care services work, as well as reviewing how effective Governmental commitments and activities are in the area. The Swedish Agency for Health and Care Services Analysis also assist the Swedish Government with advisory support and recommendations for making the operations and governance of state-run institutions more effective *(See also § 23 p)*.

Swedish Agency for Health Technology Assessment and Assessment of Social Services (abbreviation SBU) is an independent national authority, tasked by the Government with assessing health care, and social service interventions from a broad perspective, covering medical, economic, ethical and social aspects. SBU assessments are based on 'systematic literature reviews' of published research. The review method developed by SBU is thorough and rigorous.

Family Law and Parental Support Authority, established in 2016, is responsible for international adoptions and is an expert authority for parental support, family advice and questions relating to the family law matters handled by municipal social welfare committees. The agency is also the Central Authority under the 1993 Hague Convention on Protection of Children and Co-operation in respect of Intercountry Adoption.

The Swedish Association of Local Authorities and Regions (SALAR) is an employers' organisation and an organisation that represents and advocates local Government in Sweden. All of Sweden's municipalities and regions are members of SALAR. The Association strives to promote and strengthen local self-Government and the development of regional and local democracy.

6.2 Article 14§2

a) Please provide information on user involvement in social services ("co-production"), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realisation of services. Co-production is here understood as social services working together with persons who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised

Reference is made to the previous report. In relation to the specific questions the Government would also like to add the following

Information on user's involvement in social services
In Swedish health care and social services, there has long been a strong tradition of involving patients and users in various ways in the development, implementation and follow-up of interventions and activities.

The user's perspective is especially important if there is insufficient or ambiguous knowledge about the intervention in question. The professional values the collected information and the balance between different sources of knowledge depends on both local and national circumstances such as legislation, guidelines and compilation of local knowledge.

In recent years, the driving forces for increased patient and user participation have been strengthened and the issue received increased attention. Topical freedom of choice reforms has further accelerated the development towards a changed view of the individual patient's or user's position and role in relation to health care and social services.

A prerequisite for patients and users or their relatives to be able to take on the role of co-creator is easily accessible information. Quality reports on interventions, open comparisons, etc. also constitute important tools to help users to choose welfare services themselves.

User surveys
Sweden's Municipalities and Regions (SALAR) declared in a position paper already in 2010 that the view of patients and users as "recipients" of health care and social services needed to change towards a practice where they are co-creators. In recent years, SALAR, together with the Council for the Promotion of Municipal Analyses (RKA), a number of municipalities and private providers have developed national user surveys for several areas of activity within the social services.

The user survey aimed at adults with disabilities, raises for example questions on housing, housing support and access to daily activities. The user survey in individual and family care is aimed at the exercise of authority and covers the areas of social child and youth care, financial assistance and substance abuse and addiction.

Legal framework for user's participation
Rules on user participation and influence exist in several constitutions. This applies both at the individual level and at the system level. The issue of user's involvement and influence is also addressed in various guidelines from the National Board of Health and Welfare i.e. with regard to the care of the elderly (SOSFS 2012:3). International agreements also highlight the importance of user participation and influence, i.e. the UN Convention on the Right of the Child which became part of Swedish legislation in 2020.

The Social Services Act (2001:453) states in its portal paragraph that social services shall be aimed at liberating and developing the innate resources of individuals and groups. Activities shall be based on respect for people's self-determination and privacy (Chapter 1 Section 1). The measures taken by the social committee on behalf of the individual shall be framed and conducted together with him /---/ When a measure affects a child the child's attitude shall be clarified as far as possible. Allowances should be made for the child's wishes, having regard for its age and maturity (Chapter 3 Section 5).

*Care of young person's Special Provision Act (*LVU, 1990:52). The question what is best for the child or young person shall be decisive when deciding under this law.

Care of Substance Abusers Special Provisions Act (1988:870)(LVM). Care shall be based on respect for the individual's self-determination and integrity and shall, as far as possible, be designed and implemented in cooperation with the individual (Section 1 of the LVM).

Other laws, regulations and activities of importance are:

The National Minorities and Minority Languages Act (2009:724) applies to all of Sweden. The Act states that the national minority languages in Sweden must be protected and promoted; that national minority groups must be able to maintain and develop their cultures; and that administrative bodies must provide information about the rights of minority groups, and enable them to influence matters that affect them.

The Council for Governance with Knowledge (Rådet för styrning med kunskap) includes nine government agencies. It deals with strategically important matters that will contribute to the dissemination of best possible and most relevant knowledge to all care givers in health care and social services. Strengthened patient and user involvement is a priority for the Council. In 2019 a special working group was appointed with, including representatives of all nine government agencies and five large patient organizations. The work resulted in joint recommendations, supported by all the general directors of the Governmental

agencies, that will strengthen the users' influence on future investments and research.

Viewpoint – a digital platform. Children's and young people's involvement and participation is also a priority issue in the development of social child- and youth care on the regional level. Viewpoint is a digital service to increase children and young people's involvement. In 2019 a pilot test started in ten municipalities. The pilot is being coordinated and evaluated by SALAR, Sweden's Municipalities and Regions.

Research financiers, such as FORTE, often have a focus on client and user participation in their calls, which is also driving the trend towards greater client-and user-influence in health care and social services.

Voluntary organisations and Private providers involvement in social services
Non-governmental and non-profitable organisations play an important role in society in many fields. Several agreements in different areas have in the last ten years been made between the Government, non-governmental organizations and SALAR. They are based on six key principles on which the relationships between the organisations and the State are built: autonomy and independence, dialogue, quality, continuity, transparency and diversity. In 2008, the Government decided on an agreement in the social area. It is a mutual declaration of intent with the purpose to strengthen the idea-driven organizations and to improve and develop collaboration.

The local authorities (The Social Welfare Committee) is responsible for the social services in the municipalities, in accordance with the Social Services Act *(see above)*. However, some activities and interventions can be carried out also by non-Governmental organizations and other actors. Places for treatment or protection, as well as other interventions, can be purchased within the framework of the municipal social services. Sheltered housing for victims of violence is probably the best example of such interventions. Approximately 70 per cent of all shelters in Sweden are run by Women's organisations and other voluntary groups. From being an activity where non-profit actors, not least in the form of the women's shelter movement, have been very prominent, there has been a shift towards more and more private actors.

The legal obligation of the municipality refers to the individual concerned, irrespective of whether she/he is receiving support from non-governmental organizations or not. Once the Social Welfare Committee has decided to provide an individual with support, e.g. sheltered accommodation, the provider of this service may be the Committee itself (i.e. the municipal social services), a private provider or a non-governmental organization. This means that the Social Welfare Committee may transfer the delivery of a service to another party, for instance a non-governmental organization (Ch 2, section 5, the Swedish Social Services Act 2001:453). In such a case, the Social Welfare Committee maintains the responsibility for follow-up and control of the service whereas the non-governmental organizations must adhere to the rules of the public social services in other respects (quality standards, documentation, professional secrecy, reporting malpractice and suspicion of children being at risk etc). In practice, this legal arrangement often applies to non-profit women's shelters as they run most shelters for women subjected to domestic violence and their children in Sweden.

The Social Welfare Committee of each municipality is obligated to consider the needs for help and assistance of crime victims in general and, specifically, of women subjected to domestic violence as well as children who have witnessed such violence (Ch 5, section 11, the Swedish Social Services Act 2001:453). Although not clearly written out, the obligation to provide for sheltered accommodation lays within this provision (the inquiry of 2017:112 proposes a legal definition and a specific provision on sheltered accommodation). In 2014, the further implications of this provision were specified by the National Board of Health and Welfare through legally binding regulations and strong (non-binding) recommendations – (SOSFS 2014:4, Våld i nära relationer)

The legal obligation of the municipalities to support crime victims implies a funding responsibility. The municipalities must ensure access to pertinent services such as sheltered accommodation and cover associated costs. Several municipalities provide both basic funding for local non-profit women's shelters through grants as well as pay a fee per person and night when they receive women referred to them by the

municipal social services. The purpose of such municipal grants, however, is to support civil society and the right of the residents of the municipality to engage in any kind of organized non-profit activity. The grants are not meant to be used as reimbursement to non-Governmental organizations for delivery of services (such as sheltered accommodation) for which the municipality has a legal responsibility under the Social Services Act. The organisations are under no legal obligation to carry out activities to complement the municipalities duties.

7. Article 23 – The right of elderly persons to social protection

a) Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no older person is left behind in terms of access to and enjoyment of their social and economic rights.

b) *Please provide information on specific measures taken to protect the health and well-being of the elderly, both in their home and in institutional settings, in the context of a pandemic crisis such as the COVID-19 crisis.*

c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised*

Reference is made to the previous report. In relation to the specific questions the Government would also like to add the following information.

Measures taken to ensure that no older person is left behind in terms of access to and enjoyment of social and economic rights
The introductory paragraph of the Social Services Act (2001: 453), SoL, states that the social service of the community, on the basis of democracy and solidarity, shall promote people's economic and social security, equality in living conditions and active participation in social life. Furthermore, taking into account the responsibility of people for their and others' social situation, the social service should focus on liberating and developing the resources of individuals and groups. The activities shall be based on respect for people's right to self-determination and privacy. The overall goals in the portal paragraph are supplemented by provisions on goals and orientation for working with certain groups in society, such as older persons. The Social Services Act stipulates, among other things, that the care for older persons shall aim at ensuring that elderly persons live a dignified life, has a well-being and that the will of the older person should be indicative for the care. According to the law, the social service must also be of good quality.

Many elderly persons in need of elderly care have impaired decision-making ability and need assistance in their decision-making. The elderly care needs to provide this kind of assistance. In order to support the elderly care and the caregivers the National Board of Health and Welfare has developed a methodological support.

The Health and Social Care Inspectorate is a Government agency responsible for supervising healthcare and social care and the staff within healthcare and social care. As a part of that task the Health and Social Care Inspectorate supervises the elderly care. Every year the Health and Social Care Inspectorate presents a report with results from the previous year.

Laws policies and Strategic framework
Elderly persons are covered by regulations that exist in a variety of areas, such as:

Labour market
Sweden has a broad labour market policy that entails a number of measures, mostly aimed at the unemployed. If there is a risk of long-term unemployment (which applies to most persons aged >55), the Swedish Public Employment Service, (PES) has the opportunity to offer measures at an early stage of the

unemployment period, for example through guidance, validation, education, subsidized employment or traineeship. These measures' intentions are to within short help the unemployed back to a new job as well as prevent long-term unemployment.

Education and training opportunities are crucial for individual development, participation, empowerment and employment prospects, as well as for a well-functioning labour market. In the budget bill for 2020, the Swedish Government proposes almost SEK 1.3 billion to equip more people for work, better integration, a continuation of the expansion of the Adult Education Initiative and an active business policy.

Education

The aim of the Government's education policy is to equalize socioeconomic differences. All children, young persons and adults should be given the opportunity to develop their abilities and skills to their full potential regardless of age, sex and disability. Adults shall have good access to education throughout life regardless of where in Sweden they live. A modern education system enables lifelong learning that gives every person the opportunity to grow and replenish knowledge throughout the life

Higher education is, regardless of age, free of charge (with minor exceptions) for all students from Sweden, the Nordic countries, the EU/EES and Switzerland. Student grant and student loan are granted until the age of 57. There is no age-limit for non-formal education in Sweden. Everybody can apply to study at a folk high school or take part in popular adult education, study circles.

Government

Social protection and social security

The national old age pension system is part of the social insurance system. It covers everyone who has worked and lived in Sweden. The benefits have a legislative foundation. The core of the system is the income-based pension which is the principal means of support for most pensioners. The income-based pension is a contributory benefit, paid out to everyone who has paid income tax in Sweden and thereby earned their pension entitlement. If necessary, the income-based pension is supplemented by guarantee pension, a benefit offering basic cover for those with low or no income-based pension. Around 80 per cent of those who receive guarantee pension are women. Guarantee pension is based on how many years an individual has lived in Sweden.

The basic cover for old-age pensioners also include housing supplement and maintenance support for the elderly. Maintenance support for the elderly is the ultimate safety net, it is intended to guarantee a reasonable living standard for everyone over the age of 65 years. Those who may be eligible for maintenance support are mainly pensioners with no earned pension and no guarantee pension (due to a short period of residence in Sweden).

The Delegation for senior labour

The Government decided in 2018 to appoint a delegation for the promotion of older labour to combat age discrimination and find ways to make better use of older persons' experience and skills. The delegation is to submit its final report by 1 October 2020.

The delegation will:

• work on issues concerning older persons opportunities in working life, the view of older persons in the labour market, prejudices against older persons, the importance of a longer working life for society and for individuals' total pensions, and the demographic change in society;

• bring together various relevant actors in society (such as researchers, opinion-makers, pensioner organizations, the social partners and relevant Government agencies) to discuss these issues, provide inspiration and propose measures; and

• compile and disseminate existing national and international knowledge and research, as well as initiate new reports.

Methods and tools

Statistics Sweden produces official statistics
Statistics Sweden (SCB) is responsible for official statistics and other Government statistics. The authority shall develop, produce and disseminate the statistics and coordinate the system for the official statistics in Sweden. Every year, Statistics Sweden makes a population forecast for Sweden. Every three years, a more comprehensive analysis is made of the future population development, where a main alternative and alternative projections are produced. For intermediate years follow-ups and revisions are made. The official statistics on elderly care show the number of older persons with contributions under the Social Services Act and include homecare services, special housing, day care and short-term housing.

Open comparisons
The National Board of Health and Welfare publishes annual open comparisons in the sectors of health care and social services. The aim is to promote local and national discussions on quality and efficiency through peer pressure, greater transparency and political accountability. Data on a wide range of quality indicators is collected through surveys directed at service providers and users, and by using official statistics. The data is presented to illustrate how municipalities and county councils score in different quality areas. The National Board of Health and Welfare presents the results on its website. The open comparisons make it possible, among other things, to compare the quality of elderly care through various indicators. Politicians, employees and the public can see the results for each special housing and for homecare services.
Today, there are gaps related to statistics linked to elderly. One such gap is access to statistics on occupational groups in the social service. The Government has therefore commissioned the National Board of Health and Welfare to in 2020 analyse and propose how the municipalities should submit appropriate information to the National Board of Health and Welfare on the various professional services groups. The purpose is to create improved planning conditions to meet the need for skills supply. The assignment will be reported to the Government in March 2021.

Quality registers
The Swedish quality registers are important tools for following up outcomes.

The Swedish Palliative Register
The Swedish Palliative Register has been introduced to improve the care of terminally ill patients and to offer care units support and a structured approach in care during the final stage of life. The care body that looks after a patient during the final stage of his or her life registers data on for example:

- informative conversation,
- assessment of pain and other symptoms,
- if anyone is present at the time of death, and
- conversations with patients' families.

Senior Alert
The Quality Senior Alert Register has been created to support a preventive approach to care contacts with older persons. A standardised risk assessment of individual risk is made for fall injuries, malnutrition and pressure ulcers prior to each registration, and preventative measures are taken for the people who are considered to be most at risk. The register can be used by all employees of municipal operations, hospital care and primary care, regardless of diagnosis or cause of contact.

The Swedish Dementia Register and BPSD registry
The Swedish Dementia Register (SveDem) is a national quality register for dementia. The purpose with the SveDem is to improve the quality of dementia care and the goal is equivalent, optimised management of patients with dementia. Dementia is classically characterized by declining cognitive functions such as memory, orientation, language and thinking ability. In addition, these individuals often also experience behavioural and psychological symptoms in dementia (BPSD). The BPSD registry contributes, among other things, to reduce the frequency and severity of BPSD, reduce medication use in patients with BPSD and allow the health care team to work towards the same goal and provide support and reassurance for the patient.

Swedish National Study on Aging and Care (SNAC)
Access to longitudinal research data on the health of the population and on the use of health care and social care is crucial in the work to develop new knowledge about aging and health. The Swedish National Study on Aging and Care (SNAC) started in 2001 on the initiative of the Government. The study is longitudinal and follows in four locations in the country the development of the aging population in terms of health and use of health care and social care. The purpose is to provide access to researchable data in order to be able to follow changes and, among other things, provide the basis for long-term planning at local and national level. The Government supports SNAC with SEK 16.5 million (approx. 1.65 million EUR) annually.

Forte
Forte is a research council and a Government agency under the Ministry of Social Affairs. On behalf of the Government, Forte initiates and finances research in health, working life and welfare. Forte evaluates the effects of research and how the results can be put into practice and work with active dissemination of knowledge. In addition, Forte is tasked by the Government to coordinate national research in areas such as the elderly-area.

Swedish Dementia Centre
Swedish Dementia Centre (SDC) is a non-profit organization, established in 2008. SDC is financed through Governmental support and grant organizations and the commission is to collect, structure and disseminate knowledge about dementia and dementia care. SDC compile evaluations and research results, develop more practically orientated knowledge, facilitate translation of research and implementation of new knowledge into nursing and care, interventions and social policy. SDC is also a link between research, practice and decision makers and hub of a national network for research and development units.

Knowledge Guide
Kunskapsguiden.se (Knowledge Guide) is a national website that gathers quality assured knowledge from several authorities and other actors. The website is aimed at staff working closely with people who need health care and social care. It also appeals to managers and decision makers. The Knowledge Guide provides support and guidance in areas such as children and young persons, women and men with disabilities and older persons. The National Board of Health and Welfare is responsible publisher of the Knowledge Guide in collaboration with other agencies and organizations, for example, Forte, the Public Health Agency of Sweden, the Swedish Medical Products Agency and The Swedish Association of Local Authorities and Regions (SALAR).

The Swedish Agency for Health and Care Services Analysis
The Swedish Agency for Health and Care Services Analysis is an agency assigned to strengthen the position of patients and users through analysing health care and social care services from the perspective of patients and citizens. The mission includes analysing how health and care services work, as well as reviewing how effective Governmental commitments and activities are in the area. The Swedish Agency for Health and Care Services Analysis also assist the Government with advisory support and recommendations for making the operations and governance of state-run institutions more effective.

National coordinator
The Government has appointed a national coordinator to promote and sustain the provision of competence in municipal financed health care and social care. The coordinator is to support the municipalities by, among other things, stimulating changes for an attractive working environment, strengthening leadership and proposing welfare technical solutions that can facilitate for staff. The assignment includes, among other things, disseminating of good practices, stimulating changes in work based on knowledge-based methods and proposing welfare-technical solutions that can relieve staff and improve efficiency.

The Swedish Agency for Participation
The Swedish Agency for Participation work on the premise that everyone, including older persons, is entitled to full participation in society, regardless of functional ability. The task of the agency is determined by the goals and strategies of the Government's disability policy. The agency monitors and analyse developments, proposes guidelines and guidance, disseminates knowledge, initiates research and other development work and provides support and proposes measures to Government.

Civil society
The Government places great emphasis on working with civil society on issues concerning older persons. In 1991 the Government appointed a national pensioners' committee in which the responsible minister meets the organizations that represent elderly people four times a year. The committee's terms of reference were revised in 2014 and comprises today six pensioners' organizations. The pensioner organizations have, for example, been invited to dialogues on policy processes at the Government Offices that affect older persons, i e the Government's preparations for the 2030 Agenda. Government. Cooperation is also carried out at Government agency level. For example, the National Board of Health and Welfare has a council for older persons for contact and cooperation with pensioners' organizations. The council for older persons provides opportunities for the organizations to contribute factual information towards the National Board of Health and Welfare's inquiries and regulations.

Good practices

Gender Mainstreaming
Sweden has a feminist Government. In practice, this means a commitment to building a society in which women and men, girls and boys can live their lives to their full potential. Gender mainstreaming is the strategy used to implement the gender equality objectives, combined with "special measures", which are also used to promote development in specific policy areas (such as extra funding, extra focus, action plans, etc.). This dual approach is necessary for moving forward on gender equality. The Swedish Government Offices defines gender mainstreaming as the incorporation of a gender equality perspective in all policy areas, at all levels and at all stages, by the actors normally involved in the policymaking-process. Gender mainstreaming includes Gender-responsive budgeting, which implies incorporating a gender perspective at all levels of the budget process and restructuring revenues and expenditures in order to promote gender equality.

Sport and physical activity
Municipalities play an important role in creating good conditions for a lifelong sporting and physical activity among citizens of all ages. This includes to create space for leisure and recreation in the planning work, to build and maintain pedestrian and cycle paths, as well as leisure and sports facilities. Sport and physical activity should be a lifelong commitment that contributes to better health and reduced loneliness among older persons. Therefore, it is important to improve access to sports for older persons as well, and in the Budget Bill for 2020, the Government proposed a SEK 20 million (approx. 2 million EUR) investment in sports activities which, in cooperation with pension organizations, can develop the activity forms for this.

Preventing fall accidents
In Sweden, the majority of visits to emergency departments, hospitalisation and deaths are caused by accidents involving a fall. Every year, approximately 70 000 persons suffer fall injuries so serious they require healthcare at a hospital. Around 1 000 persons die each year from such falls. The majority of persons suffering fall accidents are aged 65 or older. There are measures to take, however, to minimize the risk of falling. The Swedish National Board of Health and Welfare annually conducts a national campaign, Balancing more. The campaign focuses on fall accidents and informs about what individuals can do to reduce the risk of falling.

Specific measures taken to protect the health and well-being of the elderly, both in their home and in institutional settings, in the context of a pandemic crisis such as the COVID-19 crisis

In March 2020 the Public Health Agency of Sweden recommended that people over 70 years of age should avoid close contact with others including close relatives.

In March 2020 the Government decided on a national ban on visits to care homes for older people on account of the COVID-19 virus. The national visiting ban at homes for older people ended on 1 October 2020. This decision was based on a lower spread of the virus in the community, the measures already taken in elderly care services, and new Government agency regulations and recommendations.

In March 2020 the Government decided to instruct the National Board of Health and Welfare to disseminate information on SARS-CoV-2 to all social services personnel including elderly care. Since then the Board has published a multitude of knowledge-based reports and web-based guidance for the health and social care workforce. On behalf of the National Board of Health and Welfare the medical university Karolinska Institutet (KI) has prepared two e-learning courses on COVID-19. The objective is to strengthen preparedness and provide information on the most important principles and challenges involved in the work to prevent the spread of COVID-19. Focus is on principles of hygiene and the use of personal protective equipment (PPE).

In June 2020, the Health and Social Care Inspectorate reviewed all 1 700 homes for older people in Sweden. This review found that homes for older people mainly can provide for the needs of care and treatment. The regions have increased care capacity through access to mobile teams, extended assignments for advanced healthcare in in homes and in institutional settings and increased availability to doctor contacts. 40 municipalities were particularly vulnerable, with almost 70 per cent of all COVID-19 deaths occurring in homes for older people. Based on the results the Health and Social Care Inspectorate also initiated an in-depth supervision reviewing about 90 homes for older people. The results will be compiled and analysed later this autumn,

Due to the fact that older people risk being hit particularly hard by the consequences of the outbreak of COVID-19 and to counter the consequences of isolation, the Government decided to provide special funding for the municipalities. This funding can, for example, be used for digital solutions in services for older people.

More clinical studies linked to COVID-19 are needed, and Swedish patients need access to the new medicines that are being developed. The Government has therefore instructed the Swedish Research Council to temporarily bolster activities concerning clinical studies in Sweden. Researchers will receive greater support so that more studies linked to COVID-19 can be conducted in the Swedish health and medical care system.

The COVID-19 pandemic has affected an already strained staffing situation for health and social care in Sweden, not least in care of the elderly. To improve the supply of staff and make it more attractive to seek jobs in care of the elderly, a boost for care of the elderly is being implemented that means that employees in care of the elderly will be offered paid education and training during working hours.

Legislative framework

Non discrimination
Age is one of the prohibited grounds of discrimination in Sweden and it is regulated in the Discrimination Act (2008:567). The Equality Ombudsman (DO) is to supervise compliance with the Act, promote equal rights and opportunities and to combat on seven grounds of discrimination covered by the Act which includes sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation and age. Individuals can place complaints of alleged discrimination to the ombudsman. The Ombudsman can bring such claims to court seeking a financial penalty on account of the alleged discrimination.

Expanded protection against age discrimination entered into force on 1 January 2013. The ban on discrimination linked to age previously only applied at work and in education, but this was expanded to also cover the areas of society – goods, services, housing, general assemblies, public office, care and health care, social services, social insurance, unemployment insurance, Government study grants and public appointments. According to the Discrimination Act all employers and educations providers shall work on so called active measures. Active measures are prevention and promotion measures aimed at preventing discrimination and serving in other ways to promote equal rights and opportunities regardless of e.g. age.

In the Budget Bill 2020, the Government states that the goal of welfare policy is to give all persons the

conditions to live a good life. A shared responsibility for the older persons of society is one of the cornerstones of a solidarity society. For a rich life in old age, many things are needed. The pensions must provide financial security. Culture, associations, working life and other parts of society must contribute to a high quality of life for older persons. It should be possible to stay in one's home as an older person, to have access to a good social network and to continue to participate in social life. Elderly care should provide support when one's own ability fails. Health care should be available when needed. The diversity of efforts and the fact that several principals have different responsibilities make it desirable with national goals for the elderly policy. Municipal self-government guarantees that many decisions are made close to people and with regard to local conditions, but overall national goals that cross sectoral and legislative areas make the joint commitment clearer. The goals make it easier to pull in the same direction and to mobilize common resources. The effect of society's efforts will be greater. It will also be easier to compare the progress towards the goals, to demand responsibility from the politically elected representatives. National goals are thus aimed at strengthening democracy.

In the Budget Bill 2020, the objectives of the National Elderly Policy have been supplemented by another objective: Older persons should be offered equal and equity health care and social care.

In 2018, the Government published a national quality plan for the elderly care (Framtidens äldreomsorg – en nationell kvalitetsplan Skr. 2017:280). In the letter, the Government describes its view on elderly care in Sweden and the long-term change work initiated to adapt elderly care to demographic and technological developments. In the letter, the Government states which areas should be prioritized during the next term of office. Through the prioritized efforts, the Government provides support for the development of health care and social care for the older persons with good quality based on the best available knowledge and distributed with equality and equity as the basis.

Other national goals have a direct impact on the care of older persons and the elderly policy. The gender equality policy goal that women and men should have the same power to shape society and their lives also applies to older women and men.

The goal of the Government's policy against discrimination is a society free from discrimination. Measures aimed at preventing and counteracting discrimination are fundamental to ensure that all persons are equal in dignity and rights. Preventing all forms of discrimination, including age discrimination, is therefore an important part of the work for participation and equality.
The national goal for disability policy, taking the UN Convention on the Rights of Persons with Disabilities as a starting point, is to achieve equal living conditions and full participation in society for persons with disabilities in a society based on diversity. In order to achieve the national goal, the implementation of disability policy shall be targeted towards four areas: the principle of universal design; shortcomings in terms of accessibility; individual support and solutions for individual support; and preventing and countering discrimination. An accessible society that is shaped by the diversity of the population is relevant also from a policy perspective regarding older persons.

Assisted decision-making for the elderly

The Children and Parents code
For persons unable to make decision concerning his or her wellbeing, and nothing else has been planned a guardian can be appointed. It could be form of a special representative (god man) –sometimes referred to as a 'conservator' or in some contexts 'guardian ad litem'). The individual retains the right to decide about his or her own affairs. The special representative must have the consent of the individual to be able to act in their place. If a person cannot take care of themself, a court may appoint an administrator (förvaltare). A precondition for a person to obtain an administrator is that he or she, as a result of illness, mental disturbance, poor health or similar circumstances, is unable to take care of them self or property. An administrator may not be appointed if it would be sufficient to appoint a special representative for the individual or help could be received in another less intrusive manner from a relative.

The administrator's assignment is to be adapted to the circumstances in the individual case and may be limited, for example, to the administrator being responsible for the administration of a property or a

particular part of the individual's pension. The individual loses the possibility to decide about matters covered by the mandate of the administrator, but otherwise retains the right to decide about their own affairs. As regards the issues that are included in the administrator's assignment, it is the administrator who acts in place of the individual. The appointment of an administrator does not involve loss of the right to vote in general elections. Before the court appoints an administrator, the court should obtain a doctor's certificate or a corresponding investigation into the individual's state of health. The opinions of, amongst others, the closest relatives and the social welfare committee should also be obtained. The scope of the administration may be adjusted if the circumstances change. The administration should be brought to an end if an administrator is no longer needed. There is only a limited circle of people who may apply for the appointment of an administrator for someone or request the change to or termination of an administration. An alternative to the appointment of an administrator is, as mentioned, to appoint a special representative.

All guardians are under the supervision of a chief guardian. Every municipality has chief guardian or chief guardian board. The level of influence the chief guardian has on the individual administration, depends on which kind of administration is involved.

The Act of future power of attorney
The Act of future power of attorney (2017:310) entered into force 1 July 2017. It stipulates and gives individuals the right to appoint a future power of attorney, given the risk the individual in the future would be unable to make its own decision. The future power of attorney will be under the supervision of a chief guardian.

Adequate resources

Several factors explain why some individuals aged 65 or older has an income below 40 per cent of the median equivalised income. If a person has maintenance support for the elderly (äldreförsörjningsstöd), in combination with a very low housing cost he or she could have an income below 40 per cent of the median equivalised income. Some individuals are not entitled to the relevant benefits due to income from other countries (for example pensions) or personal assets over a certain limit. Other chose not to apply or do not have the knowledge about relevant benefits, like maintenance support for the elderly and housing supplement for pensioners. The Swedish Government has instructed the Swedish Pensions Agency to analyse the problem/ the hidden numbers and find methods to reach these individuals. Also, the Swedish Parliament has decided on several improvements in the basic protection for the elderly, for example an increase in the guarantee pension by SEK 200 per month. The new rule will enter force on 1 January 2020.

Services and facilities

The Freedom of Choice System Act
160 of 290 municipalities have introduced the Freedom of Choice System Act (2008:962). 114 municipalities have decided not to introduce the Freedom of Choice System Act while16 municipalities have decided to suspend the introduction of the act. Swedish Association of Local Authorities and Regions (SALAR) has compiled an overview of the decision-making situation in the introduction of the Freedom of Choice System Act. The information has been retrieved up to and including 1 July 2020.

Municipalities that have introduced the Freedom of Choice System Act and later on decided to end it, have primarily argued d that few older people have chosen private providers , and that only few companies have chosen to establish in the municipality. The area that has increased the most in recent years is the Freedom of Choice System Act in special housing for the elderly.

The number of external companies operating in home care under the Freedom of Choice System Act are declining. By May 2020, just over 400 companies had received a permit to provide home care services according to IVO. Statistics differ somewhat from previous years' compilation due to a new classification where system for example home care permits today also include companies that only provide housing support.

In May 2019, there were 430 approved companies within the Freedom of Choice System Act home care in

the municipalities and IVO received approximately 500 applications for permits for home care. From this, it can be estimated that approximately 15 per cent of permits for home care are for companies that are primarily aimed at housing support.

The Certain Municipal Powers Act
The new law on certain municipal powers (2009/47) brings together all the so-called small competence-expanding laws in a common law. The new competence-expanding provisions proposed by the Government in this bill are also included in the common law.

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8. Article 30 – The right to protection against poverty and social exclusion

a) Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no person drops under the poverty threshold, and provide also information on the impact of the measures taken. Please indicate how many people in your country are at risk of poverty, how many in a situation of poverty, and how many in extreme poverty, including specific data for children.

b) Please provide information on measures taken to assist persons affected by poverty, social exclusion and homelessness during the COVID-19 crisis, or after the crisis to mitigate its effects.

Reference is made to the previous report. The Government would also like to add the following information.
The Swedish welfare system covers the entire population and is aimed at creating equal opportunities for everyone and equality between women and men. It covers health and medical care, social welfare, and financial security in case of sickness, disability or old age. It is a general system that redistributes and equalizes economic resources and living conditions between people and during different stages in life. The Government's ambitions of reaching high distribution targets and well-functioning welfare systems available to all make it important to nurture and develop the public welfare systems. The ambition should be to minimize the risk of people getting trapped in permanent poverty without the ability to support themselves.

Weak position in the labour market is often the main reason for financial vulnerability. An increase in employment leads to an increase in people's ability to support themselves and a reduction in the number of people in a financially vulnerable situation In addition, the value of work, which provides freedom, community, security, and opportunities, cannot be emphasised enough. The Government works continuously to improve the labour market's functioning through additional measures that increase available labour supply, prevent long periods of unemployment and strengthen the demand for groups with a weak position in the labour market, and improve matching of the job-seekers with available jobs. A more effective integration policy, reducing the time from arrival to entry on the labour market, is an important step in policy's aimed at reducing poverty and social exclusion.

Reform
The Swedish welfare system has not changed during the period to which this report refers. The specific changes made to various enactments are described with reference to the relevant articles. See, e.g., the reply concerning article 12.

Publicly funded welfare services such as schools, care and universal social protection are important factors in combating inequalities and social vulnerability, as well as promoting equal opportunities for all people. The Government has made significant investments in, for example, health care and education. The investments are particularly important for households with weak finances and help to even out differences in life chances between individuals. Since 2017, the Government has strengthened basic protection and reduced the income tax for pensioners, increased the level of benefits in unemployment insurance and increased the housing allowance, maintenance allowance and child allowance.
The Government intends to continue to support authorities and other public activities in the work of ensuring an equal and legally secure treatment of individuals and to prevent people's access to welfare and security from being affected by factors such as e.g. ethnicity, skin color or religion.

Reforms undertaken concerning family policy and labor market measures will have an effect on the development of poverty and social exclusion.

Reforms aimed at households at risk of poverty in 2018 and 2019 has resulted in several reinforcements of benefits for families with children. These increases have contributed to improving the economic situation of families with children; this applies particularly to households at risk of poverty. Increases have been made both to the general child allowance and to the needs-tested benefits of housing allowance and maintenance support. For example, maintenance support has been differentiated by age to make it correspond better to the actual costs of children of different ages. A special allowance for children with alternating residence has been introduced as part of housing allowance.

In 2019 an additional increase of the income limits in housing allowance entered into force. A review is currently under way of the regulations for housing allowance and maintenance support. The aim is to increase their distributional accuracy and reduce indebtedness. The Government has adopted supplementary terms of reference for the review to clarify the situations with special reasons in which it will be possible to continue to provide maintenance support and how the application of the law can be extended. The inquiry is to report by 1 March 2021 (Terms of reference 2018:97 and terms of reference 2020:14).

It can be concluded that the trend of rising sickness absence has been broken. In order to attain a level of sickness absence that is stable and low in the long term, the Government has commissioned the Swedish Social Insurance Agency to reinforce work to provide support for the individual in the sick leave and rehabilitation process.

The Government has given a commission on improving cooperation between the Swedish Social Insurance Agency and health care. The Government has also commissioned the Swedish Social Insurance Agency and the Swedish Public Employment Services to work jointly to take reinforced measures to facilitate the return of people on sick leave to go back to work. The Swedish Social Insurance Agency has also been given a special commission to improve the support for young people whose application for activity compensation has been rejected in order to give this target group the support needed to eventually be able to work or study. As of 1 February 2020, health care organisers have a statutory responsibility to offer coordinating measure to patients on sick leave so as to promote their return to work.

Greater security for pensioners and higher minimum age for drawing the national pension Improvements to the basic protection in the pension system entered into force on 1 January 2020 and affect more than 800 000 pensioners. The proposals mainly favour women, generally those who are older and in single person households. Two central proposals in the reform package are to raise the basic level of the guarantee pension and to raise the housing cost ceiling in the housing supplement. These proposals will bring the level of the guarantee pension closer to the median income in society and the housing supplement will be better adapted to present-day rent levels. The reform is an important step towards ensuring economic security for elderly people. In accordance with the 2017 Pension Agreement pension-related age limits will be increased by two to three years in the next six years and will then be linked to the change in life expectancy.

Support for regions and municipalities in implementing their disability strategies and plans.
In the period 2018–2020 the Swedish Agency for Participation (MFD) has been commissioned to provide support, along with the county administrative boards, to regions and municipalities in their work on integrating the disability perspective in their services and in their work to implement their disability strategies and plans.

Improved interpreter service in working life
In the period 2018–2020 the National Board of Health and Welfare has been commissioned to administer allocate funds to the regions to increase the possibilities of providing interpreter services in working life for persons who are deaf, deafblind or hard of hearing. In the same period the Swedish Agency for Participation has been commissioned to inform employers and other relevant actors about responsibilities and measures to provide interpreters and other support. Its commission also includes providing information about technology and services, promoting development and innovation, and presenting good examples.

As part of work to ensure that personal assistance is delivered with high quality, the Government has adopted the Government Bill Personal assistance for help with breathing (Prop. 2018/19:145). The Bill proposes that breathing is a fundamental need that can ground a right to personal assistance under the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS) (1993:387) The amendment to the Act entered into force on 1 November 2019(Sweden’s National Reform Programme 2020).

8.1.1 Homelessness and shortage of housing

During a measurement week (3–9 April) in 2017, the National Board of Health and Welfare carried out a national survey of the extent of homelessness and exclusion from the housing market. National surveys of homelessness in Sweden have previously been conducted in 1993, 1999, 2005 and 2011. In the 2017 survey, a total of approximately 33,250 people were reported to live in homelessness according to the National Board of Health and Welfare's definition. The definition is based on the housing situation and contains four categories: (1) people living in acute homelessness, (2) institutional stays and assisted living, (3) long-term housing solutions and (4) self-arranged short-term housing.

Of the people who were homeless during the measured week, 62 per cent were men and 38 per cent women. The average age was 40 years. 46 per cent were foreign born, (women 48 per cent, men 40 per cent). One third had children under the age of 18, which means that more than 24 000 children had a parent who was then in one of the four homelessness situations. Of the approximately 33 250 people who were homeless during the survey week, 16,2(49 per cent) stayed in one of the country's three metropolitan regions. Almost half of the people in the survey lived in long-term housing solutions, mainly in housing where the municipality was responsible for the home and sublets.

In the beginning of 2020, the Government decided to appoint an inquiry aimed at creating the conditions for a socially sustainable housing supply that facilitates the situation for households that have difficulty obtaining housing on market terms. The inquiry must submit its report no later than 8 November 2021.

Anyone who is unable to meet their own needs or have them met in another way is entitled to assistance from the social services to ensure a reasonable standard of living. The test is performed in accordance with Chapter 4, Section 1 of the The Social Services Act, SoL (2001:453). The assistance can be maintenance support, rent or other support measures such as help with applying for housing or various forms of housing solutions.

During 2018–2021, the Government has decided on a state subsidy of SEK 25 million annually to the ten municipalities with the most people in acute homelessness to improve the situation and counteract homelessness and exclusion from the housing market. During the same period, the Government has decided on SEK 120 million annually in government grants to strengthen non-profit organizations' efforts against homelessness among young adults. The funds will be used for measures against homelessness among young adults, where mental illness can be a contributing cause of homelessness.

The Government has also commissioned the county administrative boards to support the municipalities in their work to counteract evictions during 2020 – 2021.

8.1.2 Different poverty measures

Sweden has no official definition of poverty. Statistics on income inequality, income distribution and poverty are regularly produced and presented by the Government Offices, in *ex ante* and *ex post* assessment of policy reforms and measures. Concerning poverty statistics presented in the Budget Bill these include e.g. relative and absolute measures, material deprivation and statistics on share of household receiving social assistance. Also, Statistics Sweden produce and publish various statistics on share of persons with low (and high) income, including both relative and absolute measures. The measure most frequently used is the share of individuals below 60 per cent of equivalised disposable income which is the same as the agreed EU-indicator at-risk-of poverty (AROP), though based on national tax register and with a national equivalence scale. The statistics presented below are based on this measure.

Figure 7. Poverty rates in Sweden between 2016-2019

Total population (percentage)	**2016**	**2017**	**2018**	**2019**	**2020**
At-risk-of poverty, poverty threshold 60 percent of median income	16,2	15,8	16,4	17,1	16,1
At-risk-of poverty or social exclusion	17,7	17,2	17,7	18,4	17,7
At-risk-of poverty, poverty threshold 40 percent of median income	5,1	4,6	4,4	5,7	5,1
Severe material and social deprivation	0,7	1	1,4	1,5	2

Children (0-17 years)	**2016**	**2017**	**2018**	**2019**	**2020**
At-risk-of poverty, poverty threshold 60 percent of median income	18,7	18,6	19,3	21,5	18,7
At-risk-of poverty or social exclusion	19,7	19,4	20,5	23	20,2
At-risk-of poverty, poverty threshold 40 percent of median income	7,1	5,6	5	7,6	5,7
Severe material and social deprivation	0,6	1,2	1,9	2,5	3,3

Social assistance is a temporary financial support from the municipality for those that cannot support themselves. The social services in each municipality decide on the right to social assistance in each individual case.

Social assistance is an income and assets-tested benefit, based on the obligation to exhaust all other means of support, and to be actively seeking employment. Social assistance is, according to the legislation, a right

to a certain standard of living if no other means of income can be obtained.
Every year the Government sets a national norm for food, clothes and shoes, hygiene leisure and hobbies, child insurance, consumer goods, newspapers, telephone, i.e. costs associated to livelihood. The norm has an individual part that depends on the size of the household; the number of children and their ages, whether children and young people eat lunch at home, and whether the adults in the household are single occupants or cohabitants. In addition, to the national norm, an individual is entitled to assistance for reasonable costs of housing, electricity, home insurance, journeys to and from work, unemployment insurance and membership in trade union.

- In 2019, the number of aid recipients decreased for the fourth year in a row and the number of aid households for the fifth year in a row. The number of aid recipients increased to just under 382 000, which corresponds to about 3.7 per cent of the population.

- In 2019, about 40 per cent of the adult aid recipients received long-term financial assistance, ie assistance for ten months or more. Of the long-term recipients of aid, about half were women and two thirds were foreign-born. The figures for 2019 does not differ significantly from 2018.

- Unemployment benefit was the most common source of income for both men and women and for both domestic and foreign-born.

- The number of children in households with long-term financial assistance in 2019 amounts to just over 51 300 children. This is an increase of 2.6 per cent, which in number corresponds to an increase of almost 1 300 children compared with 2018. The proportion of children in development assistance households with long-term development assistance is now 39 per cent of all children in development assistance households.

- Despite higher unemployment, no major increase in the number of aid recipients can be seen in the wake of COVID-19. Temporary changes in the unemployment insurance fund's conditions, more study places and more labour market policy initiatives may have contributed to more people being able to have their support met in other way.

In 2020 about 1.8 million Swedish citizens, or ca 18 per cent, were at risk of poverty or social exclusion. Furthermore, of these were about 1.7 million or ca 16 percent at risk of poverty (according to the relative measure above)

Around 640 000 swedes 0-59 years old, 8,5 percent, lived in households with low work intensity (also called quasi jobless households) in which the adults work 20 percent or less of their total work potential during the past year.

People in the group of severe material and social deprivation (that cannot afford a certain standard of living, see note below) accounted for about 200 000 people or ca two percent of the population.

The indicator severe material and social deprivation shows an enforced lack of necessary and desirable items to lead an adequate life.

The measure distinguishes between individuals who cannot afford a certain good, service or social activity. It is defined as the proportion of the population experiencing an enforced lack of at least seven out of thirteen deprivation items (six related to the individual and seven related to the household).
Glossary: At-risk-of-poverty rate - Statistics Explained (europa.eu)

8.1.3 Child poverty

There is no official measure of poverty or child poverty in Sweden and several measures are used and referred to. As poverty is a multifaceted concept, the term economic vulnerability or risk of poverty is also used, synonymously.
The most common measure is Low economic standard according to which 19 percent (or about 450 000) of children in Sweden lived in households with a low economic standard in 2019. The proportion has increased by about 1.5 percentage points since 2011. The measure is usually called relative as it related to the income level of the population.

Another measure used is Low income standard according to which about nine percent (or about 190 000) of the children lived in households with a low-income standard. The proportion has decreased slightly since 2011. Another measure is Severe material poverty (deprivation) according to which about one percent (or about 15 000 children) lived in families with serious material poverty. The proportion has been relatively constant over time. Serious material poverty is an absolute measure and indicates whether the household the child lives in cannot afford several consumption items.
It is important to note that the above information on the percentage and number of children affected refers to an average for the country and that these vary for different groups. The proportion of "poor" is e.g. significantly higher for children with a single parent and for children of foreign-born parents.

Economic family policy
Combating child poverty is both about measures to reduce poverty and to reduce its effects. Effective work includes measures to support parents' participation in the labor market.

Several of the family financial subsidies such as housing allowance, maintenance allowance and child allowance have been increased in several stages and the Government plans for a continued temporary increase in the special allowance within the housing allowance for families with children to mitigate negative effects in the wake of the pandemic.
Government grants to the municipalities for support for fee-free holiday activities during holidays with a focus on the age group six to fifteen years continue. The investment takes place in addition to the already existing summer holiday investment of SEK 200 million per year, which runs from 2016-2019. Such activities can be arranged within, for example, leisure centers, open leisure activities or by civil society organizations