ADMINISTRATIVE TRIBUNAL
TRIBUNAL ADMINISTRATIF

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Appeal No. 777/2026

J

v.

Secretary General of the Council of Europe

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JUDGMENT ON ADMISSIBILITY OF THE APPEAL

8 July 2026

The Administrative Tribunal, composed of:

Paul LEMMENS, Chair
Lenia SAMUEL,
Thomas LAKER, Judges,

assisted by:

Christina OLSEN, Registrar,
Dmytro TRETYAKOV, Deputy Registrar,

has delivered the following judgment after due deliberation.

INTRODUCTION

1. This appeal concerns alleged wrongful conduct of the Organisation in implementing the Council of Europe's medical and social insurance scheme.

2. This judgment focuses solely on the admissibility of the appeal. The merits will be considered in a subsequent judgment to be delivered after the proceedings are reopened (see paragraph 67 below).

THE FACTS

3. The appellant is a Council of Europe staff member and, by virtue of this, has health cover from the Organisation.

4. On 1 January 2014 Henner took over from Vanbreda as the company managing the health insurance contract between the Council of Europe and the insurer, Allianz.

5. In emails of 22 and 29 October 2014 sent to Henner (hereinafter "scheme manager"), the appellant expressed surprise at the fact that the reimbursement of certain pharmaceutical services previously covered by Vanbreda had ended on 1 January 2014. They mentioned a previous approval from Vanbreda's medical adviser dated 2012 which provided for full reimbursement of the cost of these services for the purposes of their medical care.

6. On 31 October 2014 the appellant received an email from the Directorate of Human Resources (hereinafter "DHR") informing them that Vanbreda had wrongly reimbursed them for treatment that should not have been covered under the insurance policy. The email also stated that, after enquiries had been raised with the scheme manager, it had emerged that the latter had no record of the appellant having been recognised as having a long-term condition (hereinafter "LTC"), and it asked them to obtain such recognition in order to benefit from more favourable terms of reimbursement for the pharmaceutical services concerned, up to a limit of EUR 220 per year.

7. By email of 2 November 2014, the appellant informed the DHR of their surprise at this directorate's intervention in their discussions with the scheme manager, given that these discussions solely concerned their medical situation. They also accused the DHR of

jeopardising the chances of their request for reimbursement being accepted, before the scheme manager had had the opportunity to consider their case fully.

8. By email of 21 January 2015, the scheme manager informed the appellant that its medical department had approved the treatment protocol put in place in relation to their LTC and that the insurer, Allianz, had agreed to reimburse 100% of the costs of this treatment, with no limit. This email also stated that the appellant's outstanding reimbursement requests would be dealt with.

9. On 23 January 2015 the scheme manager sent a further email to the appellant to inform them that the medical department of the insurer, Allianz, had recognised their condition as an LTC and that if medical expenses had been incurred in connection with this condition, consideration would be given to reimbursing them for these expenses, if necessary, up to the level of reimbursement provided for in the insurance policy in respect of LTCs.

10. In 2016 and 2017, the appellant sent several communications to the DHR asking it to help them to resolve the difficulties that they were having in obtaining reimbursements for their LTC treatment costs, which they claimed were causing them distress that was harmful to their health.

11. From 1 January 2020, Malakoff Humanis took over from Allianz as the insurer.

12. In 2022, the appellant was in contact with the scheme manager on several occasions with regard to their difficulties in obtaining reimbursements, particularly in relation to a request made on 7 September 2022 for reimbursement of certain pharmaceutical expenses, which had been put on hold by the insurer.

13. In an email of 1 October 2022 sent to the Secretariat of the Council of Europe, the scheme manager mentioned that when Malakoff Humanis (hereinafter "insurer") had taken over as insurer, it had not been informed of the arrangements in respect of the appellant that had been agreed with the previous insurer, but that it did not "object to exceptional reimbursement [of the appellant's 'off-list' pharmaceutical expenses] provided that the treatment and the amount of the expenses were governed by a medical protocol" (translation), and also asked whether the Organisation wished to take this approach.

14. In the answer it gave to the scheme manager by email of 7 October 2022, the Organisation indicated that it was willing to continue with an exceptional arrangement, but suggested that the reimbursements be made subject to an annual cap, the amount of which would be set by the insurer and the scheme manager.

15. On 10 October 2022 the scheme manager informed the appellant that their reimbursement request of 7 September 2022 would be accepted on an exceptional basis.

16. Between November 2022 and March 2023, the appellant was in contact on several occasions with the DHR and the scheme manager with regard to the latter's intention to place an annual cap on reimbursements for the pharmaceutical services concerned. They expressed their firm opposition to the introduction of such a cap, stating that such a measure would not meet their treatment needs, and reiterated the financial and personal difficulties that they faced because of the problems that they were having in obtaining reimbursements for their medical expenses and the adverse impact of these problems on the continuity of their care.

17. Over the following months, the appellant continued their discussions with the scheme manager and the DHR and reported the obstacles that they had encountered in being reimbursed for their medical expenses. They also criticised what they described as the scheme manager's contemptuous attitude towards them. They also informed their line managers and the occupational health department of their continuing difficulties in being reimbursed for their medical expenses and of the adverse consequences they were suffering as a result.

18. By decision of 9 August 2023, which the scheme manager served on the appellant on 5 September 2023, the insurer agreed to pay, on an exceptional basis and for the duration of the group insurance policy from 2023 to 2025, an annual sum of EUR 1 500 over and above the contractual limit of EUR 220 per year in order to reimburse the appellant for their pharmaceutical expenses.

19. By email of 6 September 2023 which they sent to the scheme manager and the DHR among other parties, the appellant replied to this notice and objected to the application of this limit, on the grounds that they had previously been reimbursed for their expenses with no limit, by way of an exception to the group insurance policy.

20. On 23 October 2023 the appellant's representative sent the scheme manager a complaint challenging the insurer's aforementioned decision of 9 August 2023.

21. On 13 November 2023 the appellant's representative also sent a letter to the Director of Human Resources expressing the view that placing a limit on reimbursements was against the rules and requested a meeting to discuss the appellant's difficulties in being reimbursed for their treatment expenses.

22. On 27 November 2023 the appellant's representative sent a request to the Council of Europe's Data Protection Officer (hereinafter "DPO") for access to the data relating to the appellant that had been processed for the purposes of the discussions between the DHR, on the one hand, and the scheme manager and the insurer, on the other hand, since 2013.

23. On 21 December 2023, the Director of Human Resources replied to the aforementioned letter from the appellant's representative of 13 November 2023 and stated that the competent persons had duly answered the questions raised in that letter over the previous few months and even years. She also explained the reasons why the decision to put a limit on the reimbursements for the pharmaceutical services concerned had been taken and what justified it.

24. In a letter sent in reply on 12 January 2024, the appellant's representative explained to the Director of Human Resources the reasons why they disagreed with the latter's findings. The appellant's representative also called on the Director of Human Resources to reconsider the appellant's case and take "the steps necessary for [their rights] to be restored", underlining that otherwise, they would have no option but to consider a more official approach which would include issuing proceedings against the Organisation.

25. In a letter of 22 February 2024 sent in reply to the appellant's letter of 23 October 2023 (see paragraph 20 above), the scheme manager confirmed its decision to limit reimbursements of the costs of the pharmaceutical services in question to EUR 1 500 per calendar year over and above the contractual limit for the duration of the contract, i.e. from 2023 to 2025.

26. In a letter of 13 May 2024 sent to the scheme manager and the insurer, the appellant's representative replied that unless the decision in question was revised, the appellant would consider issuing proceedings against them.

27. On the same day, the appellant's representative once again contacted the Director of Human Resources and stated that they had not yet received a reply to their letter of 12 January 2024 (see paragraph 24 above). On the basis of the information to which they had had access in the meantime, on 30 January 2024, as a result of their request to the DPO (see paragraph 22 above) concerning in particular the scheme manager's letter of 1 October 2022 (see paragraph 13 above) and the Organisation's reply of 7 October 2022 (see paragraph 14 above), the appellant's representative accused the DHR of failing to provide assistance and take due care, not respecting the confidentiality of the appellant's personal data, and unduly interfering in medical matters for which the insurer was solely responsible. The appellant's representative reiterated that they reserved the right to issue proceedings against the Organisation.

28. In a letter also dated 13 May 2024, the appellant's representative stated to the scheme manager and the insurer that the scheme manager's letter of 22 February 2024 (see paragraph 25 above) showed that they did not understand the facts of the case. The appellant's representative emphasised that the expenses concerned by the decision of 9 August 2023 (see paragraph 18 above) were all subject to the LTC treatment protocol and were pharmaceutical expenses that were reimbursed by the French social security system, so they fell under the scope of the insurance contract with the Council of Europe.

29. In a letter of 21 May 2024, the Director of human resources replied to the appellant's representative that she had nothing to add to the information she had already given on 21 December 2023 (see paragraph 23 above) and that she had sent her letter of 12 January 2024 to the scheme manager because this letter concerned matters on which only the latter was in a position to comment. She also stated that as far as she was aware, the latter had replied on 22 February 2024. She also invited the appellant's representative to contact the DPO in relation to matters concerning the processing of their personal data and informed the representative that a complaint could be made to the Council of Europe's Data Protection Commissioner.

30. By letter of 10 February 2025, the scheme manager informed the appellant that its medical department had recognised their condition as an LTC since 4 November 2024 for a five-year period, i.e. until 3 November 2029.

31. On 4 March 2025, the appellant received a further email from the scheme manager informing them that the point of recognising LTCs was to enable them to "receive exceptional reimbursement for pharmaceutical expenses which were not reimbursable through the [French] social security system but were prescribed by [their] doctor (…) up to a limit of EUR 220 per year and per condition" (translation).

32. On 14 August 2025, the appellant's representative sent the Secretary General a claim for compensation for various forms of harm that the appellant felt they had suffered because of the Organisation's wrongful handling of their medical insurance. The grounds of this claim included allegations that the Organisation had failed to ensure that the appellant received the reimbursements to which they were entitled, that it had treated them in a degrading and humiliating manner, that there had been improper communications between the DHR and the insurer, that the Regulations on the protection of personal data had been breached, and that the Council of Europe had breached its duty of care.

33. In his reply of 13 October 2025, the Director general of administration stated that the appellant's claim for compensation was manifestly out of time, in that it was based on acts and decisions that had not been challenged in the prescribed manner and within the prescribed time limits. He then confirmed that there had been no impropriety or wrongdoing in the handling of the appellant's case and rejected their claim for compensation.

34. On 10 November 2025, the appellant lodged an administrative complaint against the decision of 13 October 2025 to reject their claim for compensation. This complaint was rejected by decision of the Secretary General of 10 December 2025.

PROCEEDINGS

35. The appellant lodged their appeal on 5 February 2026. On the same day, the appeal was registered under number 777/2026.

36. On 9 February 2026, the Chair granted the appellant's request for greater anonymity than that normally afforded.

37. On 22 April 2026, the Secretary General forwarded his observations on the appeal.

38. On 6 May 2026, the Tribunal informed the parties that it would take a decision on the admissibility of the appeal first of all and would then, if appropriate, consider the merits at a later stage of the proceedings.

THE LAW

I. THE APPLICABLE LAW

39. The relevant regulatory provisions read as follows:

- as regards the circumstances in which a staff member can have recourse to the Tribunal:

Staff Regulations
Article XIV – Grievance procedures

(…)

14.3 Staff members who consider that an administrative decision is prejudicial to their interest and conflicts with their terms and conditions of appointment, or with any pertinent provisions of the Staff Regulations, Rules, Instructions or Policies, may initiate the process of management review, allowing for the correction of an improper decision or, where a decision was properly taken, its confirmation along with a reasoned explanation. The modalities of the review shall be set out in Staff Rules adopted by the Secretary General.
14.4 After pursuing management review, staff members who are not satisfied with the outcome thereof may lodge a formal complaint with the Secretary General against the contested administrative decision adversely affecting them, provided that they have a direct and existing interest in doing so. The modalities of the complaints procedure shall be set out in Staff Rules adopted by the Secretary General.
14.5 The Secretary General's decision on the complaint may be appealed to the Administrative Tribunal of the Council of Europe in accordance with the provisions of the Tribunal's Statute. (…)

Staff Rule on grievance procedures

1410. PURPOSE OF THE GRIEVANCE PROCEDURES
1410.1 The grievance procedures are set up with the following purposes:
- To ensure fair, consistent, lawful and impartial decision-making;
- To ensure that officials entrusted with administrative or managerial powers are responsible and accountable for their decisions;
- To protect the rights of staff members;
- To provide a framework enabling the exercise of a right to review, including judicial review; and
- To redress abuses of administrative power.

1420. DEFINITIONS
1420.1 An administrative decision is any decision, action or implicit decision, taken by an official with administrative powers or a staff member's manager, which affects a staff member's terms and conditions of employment or rights under the Staff Regulations or Rules or any applicable legal provisions.
1420.2 An "implicit administrative decision" shall be deemed to have been taken where a staff member has made a request concerning their terms and conditions of appointment or rights under the Staff Regulations or Rules or any applicable legal provisions and has not received a response thereto within the relevant deadline if any or, where no such deadline is specified, within 60 days of the date of the request. The request shall be deemed to have been refused on the date on which the deadline expired or, as the case may be, 60 days after the date on which the request was made.

(…)

1450. COMPLAINTS PROCEDURE
1450.1 A staff member who is not satisfied with the outcome of the management review or has not been notified of the outcome of the management review within the time limit, shall be entitled to lodge a formal complaint with the Secretary General pursuant to Article 14.4 of the Staff Regulations.
1450.2 The complaint must be lodged within 30 days from the date on which the outcome of the management review was notified or, in the absence of notification, within 30 days from the date on which the notification was due.
1450.3 A formal complaint may also be lodged:

(…)

1450.3.2 by a staff member contesting an administrative decision taken personally by the Deputy Secretary General or a Head of Major Administrative Entity, within 30 days from the date on which the contested administrative decision was notified to them or, in the absence of notification, from the date on which they became aware thereof; (…)

Statute of the Tribunal
Article II – Jurisdiction

2.1 The Tribunal shall have jurisdiction to hear appeals brought under Article 14 of the Staff Regulations and Article 18 of the Council of Europe Regulations on the Protection of Personal Data. (…)

Article VII – Admissibility

7.1 An appeal shall be admissible only where the administrative decision which it contests is final and where the appellant has exhausted all remedies available under the Staff Regulations, in the prescribed manner and within the applicable time limits. The appeal brought before the Tribunal must raise in substance the same grievance as that in respect of which such available remedies were sought. (…)

Article XIV – Judgments

(…)

14.2 In disputes of a pecuniary nature, the Tribunal shall have unlimited jurisdiction. In all other disputes, it may annul the contested administrative decision. Where appropriate, it may also order the payment of compensation to the appellant for damages resulting from the contested administrative decision. (…)

- as regards the procedure for resolving disputes – applicable at the time of the facts of this dispute – between a beneficiary of the Organisation's medical and social insurance scheme and the scheme manager:

Rule No. 1398 of the Secretary General of 17 December 2019
on benefits related to medical expenses
(*repealed by Secretary General Decision of 8 December 2025 with effect on 1 January 2026)*

Article 26 – Disputes between principal beneficiaries and the scheme manager
1. Any dispute arising between a principal beneficiary and the scheme manager on a medical matter which has not been resolved by mutual agreement shall be settled by an arbitrating doctor appointed jointly by a doctor chosen by the beneficiary and a doctor chosen by the scheme manager.
2. Should the doctor chosen by the principal beneficiary and the doctor chosen by the scheme manager fail to agree on appointment of the arbitrating doctor, the latter shall be appointed by the French Medical Council (*Conseil de l'Ordre des Médecins*) or any other medical authority of the Organisation's choice (as approved by the beneficiary) which is competent for the region where a serving beneficiary is stationed or for a pensioner's region of residence.
(…)

- as regards the dispute resolution procedure applicable to the processing of personal data by the Organisation:

Council of Europe Regulations on the Protection of Personal Data
Article 18 – Complaints and appeals

18.1 Any data subject may lodge a complaint with the Data Protection Commissioner if she or he considers that her or his rights under the present Regulations have been contravened.
(…)
8.3 Upon receipt of a complaint, the Data Protection Commissioner shall examine it and shall, within a reasonable period of time and not later than two months from the date of receipt of the complaint, communicate her or his reasoned findings to the Secretary General. (…)
18.4 The Data Protection Commissioner's findings shall be final and binding. The Secretary General shall take a decision in accordance with the findings of the Data Protection Commissioner and notify the decision, together with the findings of the Data Protection Commissioner, to the data subject who lodged the complaint. The Secretary General may decide to award compensation for damages in justified cases.
18.5 Staff members, former staff members, claimants to their rights, as well as job candidates may appeal against the Secretary General's decision to the Administrative Tribunal of the Council of Europe in accordance with Article 14.5 of the Staff Regulations. (…)

II. PARTIES' POSITION AS TO THE ADMISSIBILITY OF THE APPEAL

1. Secretary General

40. The Secretary General states that the appeal is inadmissible on the grounds that the Council of Europe's grievance mechanism does not allow a staff member to seek compensation in an abstract or general manner without challenging, in the prescribed manner and within the prescribed time limits, a specific administrative decision that is prejudicial to them. He points out, in this regard, that under Article 14 of the Staff Regulations, only an administrative decision challenged by way of a valid administrative complaint can be appealed against to the Tribunal.

41. The Secretary General notes that, in the case at hand, before submitting their claim for compensation of 14 August 2025, the appellant had already made various requests to the Administration and the scheme manager for purposes such as obtaining a review of the decision to impose a cap on reimbursements for their off-list pharmaceutical expenses, or

reporting the difficulties they had encountered in the handling of their requests for reimbursements. Insofar as these requests had led to decisions by the competent persons, the Secretary General argues that it was incumbent upon the appellant to pursue the remedies provided for in the Staff Regulations within the prescribed time limits, so they have no right to attempt to reopen those time limits by submitting their claim for compensation on 14 August 2025.

42. The Secretary General adds that, in any event, the appellant has not demonstrated either that there was a distinct series of wrongful acts on the part of the Organisation that can be separated from the impugned administrative decisions, or that there was continuing wrongful conduct on its part that could be challenged independently of previous decisions. He also argues that the appellant had, under Rule No. 1398 of 17 December 2019 on benefits related to medical expenses, which was applicable at the time, specific remedies enabling them to settle any dispute between them and the scheme manager, yet they did not avail themselves of them.

2. Appellant

43. The appellant maintains that their appeal is admissible both *ratione materiae* and also *ratione temporis*.

44. The appellant submits that the aim of their appeal is not to challenge individual administrative decisions, but to highlight a course of wrongful conduct by the Organisation. They assert that through a series of unfair decisions, errors in handling and omissions, the Organisation engaged in wrongful conduct that caused them pecuniary and non-pecuniary harm.

45. The appellant submits that, as the Court of Justice of the European Union has held in relation to disputes concerning the European civil service (see Court of Justice of the European Union, judgment of 2 June 2022 [French only], EM v. European Parliament, C-299/21 P, paragraph 121 and the case-law cited), the Tribunal must be able to make an overall assessment of events repeated over time which, due to their recurring and systematic nature, constitute continuing wrongful conduct on the part of the Organisation that caused harm.

46. The appellant adds that the Organisation has failed to identify precisely the decisions that it describes as final, and has given no indication of their precise content, date or manner of communication.

III. THE TRIBUNAL'S ASSESSMENT

47. Firstly, it should be pointed out that, under the regulatory framework applicable to employment disputes at the Council of Europe, the Tribunal's jurisdiction is limited to appeals against an "administrative decision" (see Article 2.1 of the Statute of the Administrative Tribunal, taken in conjunction with Article 14, paragraphs 3 to 5, of the Staff Regulations). All appellants must therefore allege before the Tribunal that an "administrative decision" which is prejudicial to them is unlawful. The *ratione materiae* admissibility of appeals is contingent upon this.

48. The definition given in paragraph 1420.1 of the Staff Rule on grievance procedures states that an “administrative decision” is “any decision, action or implicit decision, taken by an official with administrative powers or a staff member’s manager, which affects a staff member’s terms and conditions of employment or rights under the Staff Regulations or Rules or any applicable legal provisions”.

49. It follows from Article 14.2 of the Statute of the Administrative Tribunal that disputes brought before the Tribunal may concern not only annulment of an administrative decision, but also requests “of a pecuniary nature”. The Tribunal therefore has jurisdiction to hear claims for compensation based on the Organisation’s contractual or non-contractual liability. The Tribunal has heard several cases where the main issue to be decided was whether the Organisation’s non-contractual liability was engaged (see, *inter alia*, Administrative Tribunal of the Council of Europe (ATCE), Appeals Nos. 666-667/2020, Dalvy and Ochoa-Llido v. Secretary General of the Council of Europe, judgment of 28 June 2021).

50. Within the regulatory framework of the Council of Europe, which links the right of appeal to the existence of an administrative decision, this means that a person who believes they have suffered harm as a result of wrongful conduct by the Organisation and who wishes to obtain redress for the resulting harm must be able to refer to an administrative decision which can indicate the Organisation’s position on the matter and which is open to legal challenge.

51. This is crucial to the very effectiveness of his or her right of access to a tribunal and the Council of Europe’s dispute resolution procedure. It should be remembered that the aim of this procedure is not just to “ensure fair, consistent, lawful and impartial decision-making”, but also to “redress abuses of administrative power”, as provided for in paragraph 1410.1, first and fifth indents, of the Staff Rule on grievance procedures.

52. Consequently, where the person concerned considers that the Administration has failed to act in a manner that they could reasonably have expected, such as by failing to take a decision or measure concerning them or by delaying in so doing, and where this conduct has been prejudicial to them, they may, by claiming compensation, hold the Organisation liable. In response to such a claim, the Organisation may either accept or deny liability, and the decision it takes on this matter can be challenged through the usual channels.

53. More generally, the Tribunal considers that any person subject to the Staff Regulations must be able to refer the matter to the competent authority in order that the latter takes a decision in respect of them on the rights that they claim to have under the Staff Regulations or Rules or any applicable legal provision. The taking of such a decision will then enable the person concerned, where appropriate, to exercise the available remedies in order to challenge it. To argue the contrary would amount to depriving staff members, and other persons concerned, of a right of appeal in cases where the Administration has not had an opportunity to decide on a grievance or a particular claim or refuses to do so. The right of a staff member to “induce” the taking of a decision is also confirmed by paragraph 1420.2 of the Staff Rule on grievance procedures, which provides that “an implicit administrative decision shall be deemed to have been taken where a staff member has made a request concerning their terms and conditions of appointment or rights under the Staff Regulations or Rules or any applicable legal provisions and has not received a response thereto within the relevant deadline if any or, where no such deadline is specified, within 60 days of the date of the request”.

54. At the same time, the Tribunal recognises that the right to make a request to the Organisation in order to obtain a decision that can be challenged in court, including a claim for compensation, must not be used as a strategy to circumvent the mandatory time limits governing the exercise of available remedies for decisions for which the appeal time limits have passed. In such situations, the Tribunal has not hesitated to find that "to attach [to the Administration's reply to such a request] a value which would restore to [the appellant] the time-limits for challenging her employment conditions would be tantamount to infringing the principle of legal certainty" (see ATCE, Appeal No. 603/2019, Ana v. Secretary General of the Council of Europe, judgment of 22 October 2019, § 52 and the case-law cited).

55. The case-law of other international administrative tribunals is in line with this (see, for instance, General Court, WV v. European External Action Service, order of 29 January 2020 [French only], T-43/19, paragraph 59).

56. In the instant case, the question that therefore arises is whether, by the time the appellant made their claim for compensation of 14 August 2025 to the Administration, they had already received a previous decision expressing the Organisation's final position on the matters that they raised in it. If they had, they ought to have challenged this decision within the prescribed time limits.

57. For the purposes of answering this question, it should be pointed out that what matters here is not so much the earlier correspondence between the appellant and the scheme manager and/or insurer, but rather the previous correspondence involving representatives of the Administration. This is because the subject matter of this dispute is the possible liability of the Organisation, as guarantor of the statutory right of staff members to benefit from medical and social insurance cover. It follows from this, in particular, that the fact that the appellant has not had recourse to the formal mechanisms laid down by Rule No. 1398 in order to challenge the scheme manager's alleged breaches is without prejudice to their right to invoke the Organisation's liability in the context of this appeal.

58. That being said, the first point that becomes clear on reading the documents in the case file is that before making their formal claim for compensation in August 2025, the appellant had sent several requests to the Administration seeking, more or less explicitly, the latter's assistance in resolving the difficulties they had encountered in relation to their medical and social cover. A particular case in point was the communications that the appellant had sent to the Director of Human Resources in September and November 2023 (see paragraphs 19 and 21 above).

59. It also emerges from the case file that before making this claim, the appellant had also mentioned the fact that they reserved the right to issue proceedings against the Organisation, including in January 2024 and again in May 2024 (see paragraphs 24 and 27 above), at a time when they were still hopeful that the Administration would take the steps necessary to restore their rights.

60. Analysis of the replies given by the Administration to the requests made to it by the appellant during the aforementioned interactions shows that the Organisation merely gave them explanations in relation to their medical and social cover. These were mostly communications that sought to justify the decisions taken by the insurer and/or the scheme manager, particularly in relation to the cap on reimbursements for the pharmaceutical services

in question, which the DHR described as “the most reasonable and the most effective way of responding to [the appellant’s] request”.

61. This analysis also shows that the Administration failed to respond to the requests for assistance that the appellant had made to it, even though they had argued on several occasions that the Administration had a duty to intervene in support of them to rectify the decisions of the scheme manager and the insurer, which the appellant felt had been affected by serious errors.

62. The Tribunal notes in particular that in the letter it sent to the appellant on 21 May 2024, the Administration merely stated that the DHR had “forwarded [their] letter of 12 January 2024 to the insurance scheme manager insofar as it concerned matters on which only the latter [was] in a position to comment”, and thereby avoided answering the appellant’s questions, which concerned not the scheme manager’s liability, but that of the Organisation. These questions included, in particular, the one raised by the appellant in their letter of 12 January 2024 that challenged the instructions given by the departments of the Council of Europe to the insurer with regard to the performance of its contractual obligations. In the appellant’s opinion, these instructions had been the cause of their difficulties in obtaining reimbursements.

63. Given these omissions, the Tribunal considers that the appellant had no choice but to make a request to the Administration seeking an administrative decision that could be challenged. The Tribunal points out in this regard that the respondent itself has failed to identify precisely which previous administrative decision or decisions setting out the Organisation’s final position the appellant ought to have challenged within the prescribed time limits.

64. The Tribunal notes that it was only in the reply from the Director general of administration of 13 October 2025 to the claim for compensation of 14 August 2025 that the Organisation first declined liability in relation to the handling of the appellant’s case, ruling out any wrongful conduct on the part of the Organisation and rejecting the appellant’s allegations of non-compliance with the Policy on respect and dignity at the Council of Europe. Given the nature of this reply, it must be regarded as an “administrative decision” within the meaning of paragraph 1420.1 of the Staff Rule on grievance procedures.

65. The appellant later submitted an administrative complaint about the decision on their claim for compensation within the prescribed time limits, and then lodged the appeal, likewise within the prescribed time limits.

IV. CONCLUSION

66. In view of the foregoing, the Tribunal concludes that the appellant’s appeal is directed against an administrative decision which is prejudicial to them in that it rejects their claim for compensation. The objection of inadmissibility must therefore be dismissed, and the appeal must be declared admissible.

67. The Tribunal decides to defer its decision on the merits of the appeal and to reopen the written proceedings to this end as per the arrangements to be decided by its Chair.

FOR THESE REASONS, THE ADMINISTRATIVE TRIBUNAL:

Dismisses the objection of inadmissibility raised by the Secretary General;

Declares the appeal admissible;

Defers its decision on the merits of the appeal, and delegates to its Chair the task of making the associated arrangements.

Delivered on 8 July 2026, the French text being authentic.

The Registrar of the Administrative Tribunal	The Chair of the Administrative Tribunal
Christina Olsen	Paul Lemmens