Appendix

Questions on Group 2 provisions (Conclusions XXII-2 (2021))

Health, social security and social protection

At the outset, the European Committee of Social Rights wishes to clarify that these questions and the Conclusions are not intended to form the basis for a full assessment of the efforts made by States to combat the COVID-19 epidemic. However, in the current circumstances it is justified and unavoidable to take COVID-19 into account, not least because the responses to the crisis have been shaped by measures taken and implemented during the reference period. While acknowledging that the responses were made after the reference period, the Committee therefore invites States to provide information on them and on the (provisional) results achieved, in so far as possible and as indicated in the questions set out below.

The Committee is aware of the exceptional circumstances resulting from the pandemic and the COVID-19 crisis. National administrations have been confronted with considerable demands and very difficult choices and decisions, and society as a whole has been placed under enormous strain. COVID-19 has brought about much suffering and for many different reasons.

Human rights, including their social rights dimension, permit the safeguarding of the most fundamental values of our societies over time, including through exceptionally difficult times. As stated in the very first provision of the Statute of the Council of Europe, the aim of the Organisation is to achieve a greater unity between its members for the purpose of safeguarding and realising the ideals and principles which are their common heritage and facilitating their economic and social progress. The need to pursue this objective is not suspended but, on the contrary, reinforced in times of crisis.

The thematic group of European Social Charter provisions on which States Parties are due to report for Conclusions XXII-2 — health, social security and social protection — and the reference period (2016 to 2019) were of the greatest importance for the shaping of responses during the COVID-19 crisis. The Committee also wishes to draw attention in this respect to its recent statement of interpretation on the right to health adopted on 21 April 2020.

The provisions in question should also inspire longer-term decisions once the worst of the pandemic is over. The Committee expects that the COVID-19 pandemic will continue to be a recurring theme in the reporting procedure over the coming years, when it will be examining other thematic groups of provisions, on labour rights, on children, family (and women) and migrants rights.

The Committee understands that, while administrations and staff may be stretched, the answers to questions related to the COVID-19 may be more readily available in the coming months. It has attempted to formulate questions in a focussed manner, preceded by some explanatory elements, but will welcome broader responses that allow for a comprehensive understanding of the human and social rights-based response given by states to the COVID-19 crisis in light of the arrangements that were in place during the reference period (2016 to 2019).

Continuing the targeted and strategic approach initiated in 2019 (for Conclusions XXII-1 (2020)), Conclusions XXII-2 (2021) will focus on the questions set out below. In this respect, the Committee recalls the decision adopted by the Committee of Ministers on 11 December 2019 whereby it "took note with interest of the steps taken by the ECSR to simplify the reporting procedure under the

European Social Charter, focusing on issue-based questions on selected provisions, and invited the ECSR and the Governmental Committee to consider further ways of streamlining the procedure, including the advisability of reviewing the current system of thematic reports". The strategic and targeted approach also implies that the Committee does not request any additional information in respect of certain Charter provisions (for example Article 12§1 and 12§4), unless the previous conclusion was one of non-conformity or when it was deferred due to lack of information.

On account of the difficulties resulting from the current crisis, the Committee exceptionally proposes to extend the deadline for state reports to 31 December 2020 (and not 31 October which is the usual deadline).

Part I – 3. All workers have the right to safe and healthy working conditions

The right of every worker to a safe and healthy working environment is a widely recognised principle, stemming directly from the right to personal integrity. It is closely linked to various rights protected by the Charter and also by the European Convention on Human Rights. As work environments evolve, so do the risks to health and safety that workers are exposed to. There are emerging or relatively new and there are also neglected factors that can affect health, both in the short and the medium or long terms. Of course, the right to safe and healthy working conditions applies to all workers, whether public or private sector employee, and also to the self-employed.

Certain occupations involve assumed or accepted exposure to risk (e.g. cycle delivery services, including those linked to the platform economy; performers in the contact sports entertainment industry; certain jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive substances; etc.). Other work settings also involve risks, for example when they demand ongoing intense attention (e.g. operators of certain types of machinery, vehicles or even computers) or there is an expectation of high performance or increasing output or productivity sometimes associated or conducive to off-label use of medications or of stimulants procured in illegal markets (e.g. new forms of high yield trading; performers in the sports entertainment industry, etc.).

There may also be persistent or recurring stress or even traumatic situations at work (for example in the military, law enforcement or health care) which can sometimes be associated to growing industry demands or poor employer response to problematic situations (for example related to harassment or poor management). Ubiquitous supervision or monitoring using digital technology can also affect the health of workers as can the expectation of responsiveness or almost permanent availability.

A human rights and positive obligations approach requires ongoing attention as well as fostering and preserving a culture of prevention in the areas of health and safety as opposed to purely curative or compensatory approaches. The policies and strategies adopted must be regularly assessed and reviewed, particularly in the light of changing risks.

Exposure of frontline staff to SARS-CoV-2 and the risk of developing COVID-19 placed the right to safe and healthy working conditions under the spotlight. Issues may arise both from the angle of risk of infection because of the objective working conditions (high risk settings, close contact with highly contagious patients, emergency or intensive care units), the material and other arrangements surrounding that kind of work, and the means of protection provided to frontline workers, in terms of instructions, training as well as the quantity and adequacy of protective material. In a crisis, such as the one resulting from the COVID-19 pandemic, the large degree of unpredictability does not exclude preparedness and anticipation which is due not only to the population at large (under Article 11 of the

Charter) but also to workers under Article 3 of the Charter. Beyond general preparedness, good governance arrangements must be in place enabling quick reaction and appropriate decision making as the crisis evolves in light of the best information and science available.

Article 3 – The right to safe and healthy working conditions

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake:

1. issue safety and health regulations;

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) *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.).*

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.*

2. to provide for the enforcement of such regulations by measures of supervision;

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.*

3. to consult, as appropriate, employers' and workers' organisations on measures intended to improve industrial safety and health.

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.

Part I – 11. Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

The right to protection of health under Article 11 of the Charter complements Articles 2 and 3 of the European Convention on Human Rights; those provisions of international human rights law are closely linked. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Life expectancy (as well as causes of death and infant and maternal mortality) in a community —and life expectancy inequality as might be the case for a sub-group within a community— is a broad indicator for the enjoyment of the right to protection of health and for the delivery by the competent authorities of the measures that enable people to enjoy the highest possible standard of health attainable. There is ample evidence of factors that contribute to or that undermine the health of people.

It is well known that members of certain groups enjoy poorer health and have shorter life expectancy, especially the poor, homeless, jobless or other underprivileged communities and also underprivileged ethnicities. Life expectancy varies from country to country and, in some cases, it varies considerably

from one part of the country to another or from one part of the same city to another; reports suggest that the difference in life expectancy can amount to years or even to one decade or more. Life expectancy goes hand in hand with a range of health issues. Children's rights and education are also determinants of future health and life expectancy, as is the family environment (housing, poverty or exclusion, exposure to domestic violence, child abuse or neglect).

Insalubrious work or living environments also affect health adversely as does 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. It is for example a broadly accepted truism that prison is bad for people's health (staff and inmates alike).

As regards health care, it should be available, accessible, acceptable and of sufficient quality (the WHO "3AQ" framework), and informed consent is not only a formal requirement, but it goes to the heart of patient autonomy, self-determination, bodily integrity and well-being. A human rights approach to health requires reliance on science, excluding ideology or dogmatism. In particular, pseudoscience is a source of risk and, almost invariably, amounts to denial of informed consent; homeopathy in particular can be a drain on public resources or misguide individuals to pointless personal expenditure.

Mental health is an integral part of the right to health. The transition from former large-scale institutions to community-based mental health care was—and, in certain cases, remains—fully justified and desirable. However, reportedly, it was often poorly implemented or insufficient resources were allocated to it. As a result, some persons in need of mental health care were neglected, drifting towards unemployment and poverty, homelessness or petty crime, and ultimately towards prison. Prison administration complain about such cohorts that, in their view, do not belong in the prison system and prison health care services advance that sometimes these inmates represent a high proportion of the prison population.

Under this provision, States Parties must demonstrate their ability to cope with infectious diseases, such as arrangements for reporting and notifying diseases and by taking all the necessary emergency measures in case of epidemics. The latter would include adequate implementation of the measures applied in the COVID-19 crisis: measures to limit the spread of virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) and measures 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 – the latter issue was addressed under Article 3 above). It goes without saying that measures taken in respect of epidemics or pandemics must respect the exigencies of human rights law.

The pandemic did not only place a huge demand on health care services but also revealed in many cases chronic public health underfunding and insufficient capacity to respond to ordinary, let alone extraordinary, needs.

States must operate widely accessible immunisation programmes. They must maintain high coverage rates not only to reduce the incidence of these diseases, but also to neutralise the reservoir of virus and thus achieve the goals set by WHO to eradicate a range of infectious diseases. Vaccine research should be promoted, adequately funded and efficiently coordinated across public and private actors.

Access to health care must be ensured to everyone without discrimination. Groups at particularly high risk such as older persons, the homeless or those poorly housed, the poor and destitute, those living in institutions must be adequately protected by the measures put in place. This implies that health

equity as defined by the WHO should be the goal: absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. Ideally, everyone should have a fair opportunity to attain their full health potential and no one should be disadvantaged from achieving this potential. In the medical fields, there is ample evidence of how women have been victims of prejudice and biased science, to the detriment of their health and wellbeing.

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health;

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.).*

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.*

2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;

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.*

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.*

3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

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 health-care 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 self-isolation, 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.*

g) *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.*

Part I – 12. All workers and their dependants have the right to social security.

In order to satisfy the needs of a community, social security must be enabled to cover a range of minimum benefits and the system must be sufficiently funded in order to do so. The European Code of Social Security provides that the cost shall be borne collectively by way of insurance contributions or taxation or both, in a manner which avoids hardship to persons of small means and takes account of needs and of the economic situation of the country concerned. It also indicates that the part of the burden borne by employees should not exceed 50 per cent of the total of the financial resources allocated to their and their relatives protection.

Article 12 of the Charter requires that the social security system be at least of the level necessary under the European Code of Social Security.

While issues of sustainability and the situation of the economy are relevant, so are questions of progressive realisation of human dignity, which is at the heart of human rights (including social rights). Financial consolidation is therefore not in itself a decisive factor, given that resource availability and allocation are subject to political determination. According to various sources, public social spending amounts to just over 20% of GDP on average across Europe (c. 28% for the European Union), with around 60% of the expenditure on average being cash benefits and 40% health and social services.

Article 12 – The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;

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.

2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;

3. to endeavour to raise progressively the system of social security to a higher level;

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.*

4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:

a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;

b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

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.

Part I – 13. Anyone without adequate resources has the right to social and medical assistance.

A state will only meet its commitments under Article 13 of the Charter if —or when— it secures the effective exercise of the right to social and medical assistance to everyone who is without adequate resources and who is unable to secure such resources either by their own efforts or from other sources, in particular by benefits under a social security.

Because this right concerns persons in a situation of great need and enhanced vulnerability, it is incumbent upon States Parties to ensure that there are no unreasonable obstacles or insurmountable hurdles to the exercise of the right. As the Committee indicated in European Roma Rights Centre (ERRC) v. Bulgaria, Complaint No. 151/2017, decision on the merits of 5 December 2018, §84, while there may be avenues available to people to assert their rights, this ability “cannot be assumed for

people whose degree of exclusion, past experience and social status places them in a situation where they may not have the means" of exercising their rights. "In such cases, the authorities have a responsibility to support the persons concerned in order to overcome the barriers so that they can effectively assert their rights. Failing such a proactive approach on the part of the Government, the rights and remedies are rendered illusory for the disadvantaged communities in question. This is all the more relevant and important when fundamental rights are concerned, especially the right to health and the conditions under which the enjoyment of that right is enabled."

Article 13 – The right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;

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.*

2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

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.

3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

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

4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

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

Part I – 14. Everyone has the right to benefit from social welfare services.

Many of the introductory comments made for Articles 12 and 13 are also relevant to the right to benefit from social welfare services. It is nonetheless worth stressing the requirement of universality; the right to benefit from social welfare services must potentially apply to the whole population, which distinguishes the right guaranteed by Article 14 from "the various articles of the Charter which require States Parties to provide social welfare services with a narrowly specialised objective".

The provision of social welfare services concerns everybody who find themselves in a situation of dependency, in particular the vulnerable groups and individuals who have a social problem. Social services must therefore be available to all categories of the population who are likely to need them. The Committee has identified the following groups: children, the elderly, people with disabilities, young people in difficulty or in conflict with the law, minorities (migrants, Roma, refugees, etc.), the homeless, persons suffering from substance use disorders, women victims of violence and persons in conflict with the law, including those deprived of their liberty and former detainees. This is not, however an exhaustive enumeration of persons entitled to access and benefit from social welfare services.

The state has an obligation to take every appropriate measure to ensure that no one is left behind. Therefore it is required to implement apposite outreach arrangements. Meeting this obligation will often require proactive service-oriented action, with the competent authorities taking the initiative rather than merely responding to applications and requests. It should be recalled that fundamental rights are mirrored by fundamental obligations for the duty bearers.

Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

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.*

2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

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*

Part I –Article 4 of the Additional Protocol

This Article seeks to ensure that older people are recognised and treated as full members of society, both in law and in fact. It allows to examine other provisions of the Charter (e.g. Article 11 on the right to protection of health; Article 12 on the right to social security and Article 13 on the right to social and medical assistance). As time passes, older people increasingly become dependent and, as their ability to defend themselves and to assert their rights weakens, they become growingly vulnerable. There have been many examples following the 2008 economic downturn of the resources available being progressively shifted away from older people towards other perceived priorities, with scarce pushback from society and, less surprisingly, from those most affected by the budget cuts and subjected to increased dependency and vulnerability.

A range of issues are covered under Article 4 of the Additional Protocol, from discrimination and decision making to accessibility, participation (political life, culture, education) and adequate pensions (whether contributory or non-contributory, and other complementary cash benefits available). It would be contrary to the Charter to allow the situation of older people to deteriorate progressively leading them into —rather than drawing them out of— poverty. Ensuring access to rights requires the provision of information about rights, services and facilities. But, as under other Articles of the Charter, effectiveness may well require outreach and a proactive approach from the authorities.

Supervision and inspection services may be key to ensuring delivery against the requirements of this Article.

Article 4 of the Additional Protocol – The right of elderly persons to social protection

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

– to enable elderly persons to remain full members of society for as long as possible, by means of:
a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;
b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

– to enable elderly persons to choose their lifestyle freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:
a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;
b. the health care and the services necessitated by their state;

– to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

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*