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EUROPEAN SOCIAL CHARTER (REVISED)

European Committee of Social Rights

Conclusions 2021

CYPRUS

This text may be subject to editorial revision.

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter. In respect of national reports, it adopts conclusions; in respect of collective complaints, it adopts decisions.

Information on the Charter, statements of interpretation, and general questions from the Committee, is contained in the General Introduction to all Conclusions.

The following chapter concerns Cyprus, which ratified the Revised European Social Charter on 27 September 2000. The deadline for submitting the 15th report was 31 December 2020 and Cyprus submitted it on 11 February 2021.

The Committee recalls that Cyprus was asked to reply to the specific targeted questions posed under various provisions (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter). The Committee therefore focused specifically on these aspects. It also assessed the replies to all findings of non-conformity or deferral in its previous conclusions (Conclusions 2013).

In addition, the Committee recalls that no targeted questions were asked under certain provisions. If the previous conclusion (Conclusions 2013) found the situation to be in conformity, there was no examination of the situation in 2020.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerned the following provisions of the thematic group II "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3);
- the right to protection of health (Article 11);
- the right to social security (Article 12);
- the right to social and medical assistance (Article 13);
- the right to benefit from social welfare services (Article 14);
- the right of elderly persons to social protection (Article 23);
- the right to protection against poverty and social exclusion (Article 30).

Cyprus has accepted all provisions from the above-mentioned group except Articles 3§4, 13§1, 13§4, 23 and 30.

The reference period was from 1 January 2016 to 31 December 2019.

The conclusions relating to Cyprus concern 12 situations and are as follows:

– 2 conclusions of conformity: Articles 12§2 and 14§1.

– 4 conclusions of non-conformity: Articles 3§1, 11§3, 12§1 and 12§4.

In respect of the other 6 situations related to Articles 3§2, 3§3, 11§1, 11§2, 12§3 and 14§2, the Committee needs further information in order to examine the situation.

The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by Cyprus under the Revised Charter.

The next report to be submitted by Cyprus will be a simplified report dealing with the follow up given to decisions on the merits of collective complaints in which the Committee found a violation.

The deadline for submitting that report was 31 December 2021.

Conclusions and reports are available at www.coe.int/socialcharter.

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee notes that for the purposes of this report, States were asked to reply to the specific targeted questions put to them in relation to Article 3§1 of the Charter, as well as, where applicable, previous conclusions of non-conformity or deferrals (see appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the remit of the thematic group “Health, social security and social protection”).

Pending receipt of the information requested, the Committee previously deferred its conclusion (Conclusions 2013). The assessment of the Committee will therefore concern the information provided by the Government in response to the deferral and to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e., after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

General objective of the policy

In its targeted question, the Committee asked 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, the results of such processes as well as intended future developments.

In reply to this question, the report states that as a continuation of Cyprus’s Strategy on Safety and Health at Work 2007–2012, and in cooperation with the Cypriot Social Partners, the Ministry of Labour, Welfare and Social Insurance (MLWSI) has formulated Cyprus’s National Strategy on Safety and Health at Work for the period 2013–2020. This sets out the direction and priorities for the continuous and constant improvement of safety and health levels at work. The report also states that the MLWSI participates in the relevant European Committees responsible for developing the new European Strategic Framework on OSH (2021-2027).

The Committee notes that this policy aims to foster and preserve a culture of prevention in occupational and safety health at the national level.

In its previous conclusion, the Committee noted that the legislative framework provided for an overall approach to occupational health and safety policy that aimed at pursuing and preserving a culture of prevention (Conclusions 2013). The Committee requested that the next report provide information on the changes introduced by Act No. 33/2011 and on how the policy is regularly reviewed in the light of changing risks.

The Committee observes that the report does not provide adequate information on the specific emerging or relatively new health and safety risks to which workers are exposed in constantly evolving work environments, notably in connection with work-related stress. The Committee therefore calls for the next report to provide comprehensive information on the content and implementation of the national policy on occupational health and safety regarding the specific new risks to health and safety, such as those concerning new forms of occupations that involve assumed or accepted risk exposure, those involving intense worker attention or expectations of high performance or increasing output or productivity, and those related to new or recurrent stress or trauma situations at work. It requested that the next

report indicate whether policies and strategies are periodically reviewed and, where appropriate, adapted in the light of changing risks.

Organisation of occupational risk prevention

In its previous conclusion, the Committee noted the existence, at national and territorial level, of measures for the prevention of occupational risks adapted to the nature of the risks, as well as information and training measures for workers (Conclusions 2013). It also noted that the Department of Labour Inspectorate (DLI) participates in developing an occupational health and safety culture among employers and employees, and in sharing knowledge about occupational hazards and prevention acquired during its inspection activities.

The Committee requested that the next report provide information on how employers, particularly small and medium-sized enterprises in the construction sector, fulfil their obligations to assess work-related risks and adopt preventive measures geared to the nature of the risks in practice, and on whether these obligations are enforced in practice. It also asked for information on the establishment of safety committees and of the employee health surveillance system. This information is not provided in the report. The Committee therefore reiterates its request and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Cyprus is in conformity with Article 3§1 of the Charter in this respect.

Improvement of occupational safety and health

In its previous conclusion, the Committee confirmed the existence of a system aimed at improving occupational health and safety through scientific and applied research, development, and training, in which public authorities are involved (Conclusions 2013). It asked that the next report include information on the involvement of public authorities in training qualified professionals and in designing training modules and certification schemes. The report does not contain information on this point. The Committee therefore reiterates its request and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Cyprus is in conformity with Article 3§1 of the Charter in this respect.

Consultation with employers' and worker's organisations

In its previous conclusion, the Committee confirmed the existence of cooperation between public authorities and social partners at national and regional level (Conclusions 2013). It nevertheless reiterated its request for information on the consultation and role of safety representatives and safety committees in implementing national policies and strategies at company level. It drew the Government's attention to the fact that, unless this information is provided in the next report, it would not have the information needed to establish that the situation in Cyprus is in conformity with Article 3§1 of the Charter. The report does not provide information on the consultation and role of safety representatives and safety committees in the implementation of national policies and strategies at enterprise level. The Committee therefore concludes that the situation in Cyprus is not in conformity with Article 3§1 of the Charter.

COVID-19

In its targeted question, the Committee asked about the protection of frontline workers, instructions and training, the quantity and the adequacy of personal protective equipment provided to workers, and the effectiveness of these measures within the context of the Covid-19 pandemic.

With regard to the Covid-19 pandemic, the report states that the MLWSI is cooperating closely with the Ministry of Health to provide Cypriot employers and employees with all the

necessary legal measures, guidance, and relevant information to minimise the infection rates in the workplace. This cooperation has resulted in the recent publication of various general and specific guidelines and protocols for businesses to reopen safely after the lockdown and the restrictions imposed by the Cypriot Government.

The report cites general protocols containing general measures for employers and employees in all types of working activities and specific protocols relating to particular sectors, such as construction sites, wholesale and retail businesses and public transport. The report also explains that simple guidelines for the protection from Covid-19 of workers on construction sites were translated from Greek into English, Bulgarian, Romanian, Arabic and Turkish to better inform all employees in Cyprus. The general guide and the leaflet on employee protection were also translated from Greek into English. In addition, a technical guide containing requirements for the safe use of air conditioners during the Covid-19 pandemic was prepared.

With regard to the protection of frontline workers, the report states that healthcare professionals both in public and private facilities were informed and followed educational programmes and continuous training on how to protect themselves from Covid-19, on strict hygiene rules, on the use of masks and gloves and how to dispose of them carefully, and on the use of special personal protective equipment. The report emphasises that one of the main goals of the training was to prevent negative effects on employees, including the risk of infection, stress prevention and mental strain. The report also states that the training method was adapted to the changing circumstances and consisted of video-recorded lectures and online training.

In addition, the report provides information on the establishment of a Central Committee and a Working Group since the end of January 2020, which followed the recommendations of the WHO/ECDC and took the following actions during the first wave of the pandemic: the evaluation of the required quantities of personal protective equipment for each hospital/ service/ department; the commitment of a stock of consumables in central warehouses; the preparation of an inventory (both in hospitals and in central warehouses), on a weekly or daily basis; and the supply of material to hospitals according to daily needs. The report stresses that adequate quantities covering the needs of health care units, other public services, prisons, refugee and immigrant centres, NGOs, and volunteers were ensured. The report also provides statistical data on health outcomes, and attaches several guidelines and protocols prepared by the Ministry of Health.

With regard to general guidance for employers and training and instructions for employees, the Committee notes that specific teaching materials were developed for different sectors about safety rules and the correct use of personal protective equipment. It also notes that the State Labour Inspectorate intensified consultations with employers and employees on risk assessment and preventive measures to ensure protection against Covid-19. Based on the information provided in the report, the Committee understands that the Government is aware that general safety rules on training and instructing of workers, and on personal protective equipment, still need to be applied, given the evolution of the pandemic, and notes that the prompt provision of the required personal protective equipment is particularly necessary in the case of frontline workers.

In accordance with its Statement on Covid-19 and social rights adopted on 24 March 2021, the Committee recalls that in the context of the Covid-19 crisis, and with a view to mitigating the adverse impact of the crisis and accelerating the post-pandemic social and economic recovery, every State Party must assess whether its existing legal and policy frameworks are adequate to ensure a Charter-compliant response to the challenges presented by Covid-19. Where those frameworks are not adequate, the State must amend them within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources, including through the adoption of any additional measures that are

required to ensure that the State is able to comply with its Charter obligations in the face of the risks to social rights posed by the Covid-19 crisis.

The Committee points out that, in order to secure the rights set out in Article 3, a response to Covid-19 in terms of national law and practice should involve the immediate introduction of health and safety measures at the workplace such as adequate physical distancing, the use of personal protective equipment, strengthened hygiene and disinfection, as well as stricter medical supervision, where appropriate. In this respect, due account should be taken of the fact that certain categories of workers, such as frontline health care workers, social workers, teachers, transport and delivery workers, garbage collection workers, and agro-food processing workers are exposed to heightened risks. States Parties must ensure that their national policies on occupational safety and health, and their health and safety regulations, reflect and address the hazardous agents and the particular psychosocial risks faced by different groups of workers in the Covid-19 context. The Committee also stresses that the situation requires a thorough review of occupational risk prevention at national policy level, as well as at company level in close consultation with the social partners as stipulated by Article 3§1 of the Charter. The national legal framework may require amendment, and risk assessments at company level must be adapted to the new circumstances.

Conclusion

The Committee concludes that the situation in Cyprus is not in conformity with Article 3§1 of the Charter on the ground that it has not been established that safety representatives and safety committees are consulted in the implementation of national policies and strategies at company level.

Article 3 - Right to safe and healthy working conditions

Paragraph 2 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

The Committee previously concluded that the situation was in conformity with the Charter pending receipt of certain information (Conclusions 2013). The assessment of the Committee will therefore only concern the information provided by the Government in response to the targeted question.

Content of the regulations on health and safety at work

In its targeted question on Article 3§2, the Committee asked for information on regulations adopted to improve health and safety in evolving new situations such as in the digital and platform economy by, for example, strictly limiting and regulating electronic monitoring of workers, by recognising a right to disconnect, right to be unavailable outside agreed working and standby time, mandatory digital disconnection from the work environment during rest periods. It also requested information on regulations adopted in response to emerging occupational risks.

In response to the targeted question the report states that in its capacity as the Cyprus National Focal Point of the European Occupational Safety and Health Agency (EU-OSHA), the Department of Labour Inspection of (DLI) of the MLWSI has jointly developed the online tool known as “OiRA” – Online interactive Risk Assessment to help employers in Cyprus to conduct a risk assessment for the prevention of Covid-19 infection. This tool covers multiple related OSH issues including the risks arising from telework, the risks of developing MusculoSkeletal Disorders (MSDs) in remote workers, risks for lone workers. Additionally, webinars were organized in close cooperation with the Social Partners to inform all employed persons about the measures to combat the spread of Covid-19 in a safe and timely manner.

The Committee asks the next report to provide information on regulations adopted to improve health and safety in evolving new situations such as in the digital and platform economy.

The Covid-19 pandemic has changed the way many people work, and many workers now telework or work remotely. Teleworking or remote working may lead to excessive working hours.

The Committee considers that, consistent with States Parties’ obligations in terms of Article 3§2, in order to protect the physical and mental health of persons teleworking or working remotely and to ensure the right of every worker to a safe and healthy working environment, it is necessary to enable fully the right of workers to refuse to perform work outside their normal working hours (other than work considered to be overtime and fully recognised accordingly) or while on holiday or on other forms of leave (sometimes referred to as the “right to disconnect”).

States Parties should ensure there is a legal right not to be penalised or discriminated against for refusing to undertake work outside normal working hours. States must also ensure that there is a legal right to protection from victimisation for complaining when an employer expressly or implicitly requires work to be carried out outside working hours. States

Parties must ensure that employers have a duty to put in place arrangements to limit or discourage unaccounted for out-of-hours work, especially for categories of workers who may feel pressed to overperform (e.g. those during probationary periods or for those on temporary or precarious contracts).

Being connected outside normal working hours also increases the risk of electronic monitoring of workers during such periods, which is facilitated by technical devices and software. This can further blur the boundaries between work and private life and may have implications for the physical and mental health of workers.

Therefore, the Committee considers that States Parties must take measures to limit and regulate the electronic monitoring of workers.

Establishment, alteration and upkeep of workplaces

The Committee previously found the situation to be in conformity in this respect (Conclusions 2013).

Protection against hazardous substances and agents

The Committee previously found the situation to be in conformity in this respect (Conclusions 2013).

Personal scope of the regulations

The Committee previously found the situation to be in conformity in this respect (Conclusions 2013)

Consultation with employers' and workers' organisations

The Committee previously requested information on the consultation and role of safety representatives and safety committees in the definition and implementation of risk prevention at enterprise level (Conclusions 2013). No information is provided the Committee repeats its request for this information.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Enforcement of safety and health regulations

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee recalls that for the purposes of the present report States were asked to reply to targeted questions for Article 3§3 of the Charter as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”).

In its previous conclusion, the Committee found that the situation in Cyprus was in conformity with Article 3§3 of the Charter (Conclusions 2013). It will therefore restrict its consideration to the Government’s replies to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the questions relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in Covid-19 section below will not be assessed for the purposes of the Charter compliance in the current reporting cycle.

Accidents at work and occupational diseases

The Committee previously examined the situation regarding accidents at work and occupational diseases (Conclusions 2013). It noted that the figures provided showed that the incidence rate of accidents at work decreased during the reference period and that the standardised rate of incidence relating to fatal accidents was above the EU-27 average. It concluded that the situation in Cyprus was in conformity with Article 3§3 of the Charter on this point. In its targeted question on Article 3§3 with regard to accidents at work and occupational diseases, the Committee asked for information on 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.

In reply to the targeted questions raised by the Committee, the report indicates that in 2019, the number of fatal accidents at work, in different economic sectors such as storage of electrical products, construction, food delivery services, quarrying works, repair of heavy vehicles etc., was 13. The report does not provide information on the number of fatal accidents at work concerning the other years of the reference period, nor on the number and incidence rates of non-fatal accidents at work during the same period.

According to EUROSTAT data, the number of fatal accidents at work was 10 in 2019, 9 in 2018, 2 in 2017 and 5 in 2016. The incidence rates of such accidents were 2.45 in 2019, 2.29 in 2018 and 1.4 in 2016. These figures are lower than the EU-27 average at the beginning of the reference period (1.84 in 2016 in the EU-27), but higher at the end of the reference period (1.77 in 2018 in the EU-27). According to EUROSTAT data, the number of non-fatal accidents at work was 2,158 in 2019, 2,147 in 2018, 2,068 in 2017 and 1,900 in 2016. The incidence rates of such accidents are much lower than the EU-27 average (in 2018, 547.47 in Cyprus, 1,659.09 in the EU-27; in 2017, 553.94 in Cyprus, 1,703.77 in the EU-27; in 2016, 531.24 in Cyprus, 1,718.32 in the EU-27).

The Committee reiterates its requests and asks that the next report provide detailed and updated statistical data on fatal and non-fatal work-related accidents covering each year of the reference period and information on incidence rates of such accidents. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that accidents at work and occupational diseases are monitored effectively.

The Committee also reiterates its request for information in the targeted question on epidemiological studies conducted to assess the longer-term health impact of new high-risk jobs and also as regards the victims of harassment at work and poor management. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that work accidents and occupational diseases are monitored effectively.

Activities of the Labour Inspectorate

The targeted questions with regard to the activities of the Labour Inspectorate concerned the organisation of the Labour Inspectorate, and the trends in resources allocated to labour inspection services, including human resources; 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 the number of breaches to health and safety regulations and the nature and type of sanctions; whether inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. In reply, the report provides a table concerning the organisational chart and personnel of the Department of Labour Inspection for the year 2019. According to the table, there were 20 labour inspectors at the headquarters, specifically operating in the safety and health at work sector, in addition to 16 labour inspectors working in the radiation protection, environmental issues and equipment sector. Moreover, 38 labour inspectors, excluding the administrative staff, are working in district offices of the Labour Inspectorate. According to ILOSTAT data, in 2019, the number of labour inspectors in Cyprus was 23 and there were 0.6 labour inspector per 10,000 employees in 2019 and 0.7 in 2017. The number of inspection visits carried out by the inspectors was 3,696 in 2019, 3,228 in 2018 and 3,623 in 2017. The number of annual average visit per inspector remained stable: 194 in 2019, 179 in 2018 and 191 in 2017.

The report also indicates that according to Law on the Safety and Health at Work, duly appointed labour inspectors are entitled to inspect all workplaces including residential premises, which are subject to specific regulations.

The Committee reiterates its request for information concerning the trends in resources, including budgetary resources, allocated to labour inspection service and more detailed and updated information 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 the number of breaches to health and safety regulations and the nature and type of sanctions. In addition, the Committee also requests that the next report provide information concerning the inspections carried out in residential premises and details about the specific regulations mentioned in the report, concerning those inspections. The Committee considers that if the next report does not provide the requested information, there will be nothing to establish that the Labour Inspectorate is efficient.

Covid-19

According to the report, the Annual Inspection Plan for 2020 was modified to include OSH inspections focused on prevention and protection of the spread of Covid-19 in workplaces. An action plan with specific actions was prepared and implemented to continue the fight against the pandemic for the second half of 2020, taking into consideration all new data/information available.

While no additional staff was hired for carrying out inspections for the implementation of measures against Covid-19 pandemic, the Labour Inspectors were assisted in their daily inspections by Officials from other Government Ministries / Services / Local Authorities, as well as by the Cyprus Police. During the period of March – October 2020, approximately 22,000 inspections were carried out in retail trade workplaces and approximately 3,000 inspections in construction sites throughout Cyprus. These inspections focused on informing employers and employees of the protective and preventive measures needed to minimise the spread of Covid-19 in their workplaces and on checking that the measures were being followed. Relevant publications and guidance were handed out to employers and employees. Sanctions were imposed on a number of employers who were found not to be in compliance with the Covid-19 measures.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 11§1 of the Charter, as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”).

In its previous conclusion, the Committee deferred its conclusion, pending receipt of the information requested (Conclusions 2013). The assessment of the Committee will therefore concern the information provided by the Government in response to the deferral and to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Measures to ensure the highest possible standard of health

In a targeted question for this cycle, the Committee asked for 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.).

The report does not provide information to reply to the above-mentioned targeted question. The Committee reiterates its question.

The Committee notes from Eurostat that life expectancy at birth in 2019 (average for both sexes) was 82.3 (above the EU-27 average of 81.3).

Infant mortality decreased during the reference period from a rate of 2.1 per 1 000 live births in 2016 to a rate of 1.8 in 2019 according to World Bank data. The rate of maternal mortality decreased from 7 deaths per 100 000 live births in 2015 to 6 deaths per 100 000 live births in 2016 and 2017 (EU average in 2017 was 6 per 100 000 live births).

The report provides information on the Strategy for Sexual and Reproductive Health of Youth adopted by the Council of Ministers on 18 December 2018, which aims to provide a holistic healthcare to young people aged 15-29 as regard their sexual and reproductive health, with their active involvement. A Monitoring Committee has been set up in order to oversee the implementation of the strategy, which includes representatives of the Ministry of Health and other relevant government departments, social partners, non-governmental and professional associations. The Committee takes also note of the statistical data on early motherhood provided in the report.

The Committee notes that, according to the report *Cyprus: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies, and the European Commission), decreases by more than 20% in mortality rates from ischaemic heart disease, stroke and diabetes since 2004 have contributed to large life expectancy gains. However,

the main preventable cause of mortality is deaths from lung cancer, and mortality from diabetes is the highest in the EU. More than one in four adults in Cyprus are daily smokers, which is among the highest rates in the EU. The overweight and obesity level among six- to nine-year-olds is extremely high, with about 43% of children in this age bracket. The same report indicates that behavioural risk factors are more prevalent among people with low income and education, resulting in worse health outcomes.

The Committee finds that the above indicators give a satisfactory overview of the health situation in Cyprus, notably with high life expectancy and low infant mortality. It nevertheless asks that the next report indicate whether measures are being taken to combat the main causes of preventable mortality such as lung cancer and diabetes.

Access to healthcare

In a targeted question, the Committee asked for information about sexual and reproductive healthcare services for women and girls (including access to abortion) and statistical information about early (underage or minor) motherhood. The report provides information on the Strategy for Sexual and Reproductive Health of Youth adopted by the Council of Ministers on 18 December 2018 and on the Monitoring Committee which has been set up to oversee the implementation of the Strategy. The Committee takes also note of the statistical data on early motherhood provided in the report.

The Committee asks for information on measures taken to ensure that women and girls have access to modern contraception. It also asks for information on the proportion of the cost of contraceptives that is not covered by the State (in cases where the cost is not fully reimbursed by the State).

The Committee reiterates its request on information on access to abortion services. It further asks for information on the costs of abortion and whether they are reimbursed by the State in total or in part.

The report indicates that a new National Health System (NHS) started operating on 1 June 2019 and was gradually implemented up to December 2020. It allows freedom of choice in healthcare treatment, universal coverage and equal access to healthcare services for the beneficiaries. The NHS covers all medical care needs of beneficiaries including chronic, rare and serious illnesses. The report further indicates that the 'right to health' within the NHS is independent of the payment of contributions. Beneficiaries with no income (the unemployed, children, students, soldiers and others) have equal access to healthcare services. The NHS covers all citizens who are permanent residents in the areas controlled by the Republic of Cyprus including members of their families. Access to personal doctors (as from 1 June 2019) and inpatient healthcare (as from 1 June 2020) is free of charge, with beneficiaries paying a small share of the costs upon receiving services by outpatient specialists, laboratories, pharmacies, nurses, midwives, paramedical staff, and in case of accident and emergency (A&Es) (i.e., €1 per pharmaceutical product, €1 per laboratory test, €6 per visit to a specialist doctor). The contribution to costs is limited to a maximum per person and per year.

The report refers to the adoption of specific policies on health promotion and disease prevention as well as the implementation of strategies in areas such as the fight against cancer, breast feeding, injury prevention, rare diseases, nutrition, and addictions. Finally, screening programmes from the early stages of life such as the evaluation of hearing and autism, as well as the implementation of screening programmes for the general population, e.g., breast cancer, colorectal cancer, enable the early detection of diseases and the provision of their treatment.

The Committee notes that according to the report *Cyprus: Country Health Profile 2019*, Cyprus spent 6.7% of its GDP on health in 2017 compared to the EU average of 9.8% of the GDP. Private health expenditure, which primarily consists of direct out-of-pocket payments,

reached 56% of total spending, the highest in the EU. Pharmaceuticals make up the largest share of out-of-pocket spending, followed by outpatient (or ambulatory) care, such as specialist visits and diagnostics. The same report indicates that unmet needs are reportedly low, but they are ten times higher for low-income groups. Unmet needs are mainly due to long waiting times in some public sector services and the quality of care in the public sector is perceived as subpar. The high cost of consultations in the private sector is an additional barrier, especially for comparatively lower-income households.

The Committee asks for comprehensive information on the implementation and operation of the new NHS with particular focus on access to healthcare services of disadvantaged groups such as the unemployed, people with low income, and the measures taken to reduce the high level of out-of-pocket payments in general and the long waiting times in public sector services. It also asks for updated data on the public health expenditure as a share of GDP in the next report.

The Committee refers to its general question as regards the right to protection of health of transgender persons in the general introduction. The Committee recalls that respect for physical and psychological integrity is an integral part of the right to the protection of health guaranteed by Article 11. Article 11 imposes a range of positive and negative obligations, including the obligation of the state to refrain from interfering directly or indirectly with the enjoyment of the right to health. Any kind of unnecessary medical treatment can be considered as contrary to Article 11, if accessing another right is contingent upon undergoing that treatment (*Transgender Europe and ILGA Europe v. Czech Republic*, Complaint No. 117/2015, decision on the merits of 15 May 2018, §§74, 79, 80).

The Committee recalls that state recognition of a person's gender identity is itself a right recognised by international human rights law, including in the jurisprudence of the European Court of Human Rights, and is important to guaranteeing the full enjoyment of all human rights. It also recalls that any medical treatment without free informed consent (subject to strict exceptions) cannot be compatible with physical integrity or with the right to protection of health. Guaranteeing free consent is fundamental to the enjoyment of the right to health, and is integral to autonomy and human dignity and the obligation to protect the right to health (*Transgender Europe and ILGA Europe v. Czech Republic*, op. cit., §§78 and 82).

The Committee invites states to provide information on the access of transgender persons to gender reassignment treatment (both in terms of availability and accessibility). It asks whether legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other medical requirements which could impair their health or physical and psychological integrity. The Committee also invites states to provide information on measures taken to ensure that access to healthcare in general, including sexual and reproductive healthcare, is provided without discrimination on the basis of gender identity.

In a targeted question, the Committee asked for information on measures to ensure informed consent to health-related interventions or treatment (under Article 11§2). The report indicates that, in general, citizens receive support and information about treatment and their rights under the Law on Securing and Protecting Patients' Rights from the Federation of Cyprus Patients' Associations and from NGOs.

Covid-19

In the context of the Covid-19 crisis, the Committee asked the States Parties to evaluate the adequacy of measures taken to limit the spread of virus in the population as well as the measures taken to treat the ill (under Article 11§3).

For the purposes of Article 11§1, the Committee considers information focused on 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).

The report provides information on the measures taken by Cyprus to limit the spread of the virus, to protect healthcare professionals and the population, testing and restrictive measures, as well as on the early phases of vaccination (as of January 2021).

The Committee recalls that during a pandemic, States Parties must take all necessary measures to treat those who fall ill, including ensuring the availability of a sufficient number of hospital beds, intensive care units and equipment. All possible measures must be taken to ensure that an adequate number of healthcare professionals are deployed (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

The Committee also recalls that access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and States must ensure that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status are adequately protected by the healthcare measures put in place. Moreover, States must take specific, targeted measures to ensure enjoyment of the right to protection of health of those whose work (whether formal or informal) places them at particular risk of infection (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

During a pandemic, States must take all possible measures as referred to above in the shortest possible time, with the maximum use of financial, technical and human resources, and by all appropriate means both national and international in character, including international assistance and cooperation (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter with respect to the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

In its previous conclusion, the Committee found that the situation was in conformity with Article 11§2 of the Charter (Conclusions 2013).

Education and awareness raising

In its targeted questions, the Committee asked for 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, on a lifelong or ongoing basis, and in schools.

As regards health education in schools, the report indicates that consultations by Health Visitors and School Doctors are provided to the School Health Service on a standard curriculum. The main targets of the latter are the prevention of illness and the promotion of health and well-being through the early detection and care of pupils with health problems, the development of healthy attitudes and behaviours, ensuring a healthy environment for pupils at school, and the prevention of communicable diseases at school.

The report also indicates that health education in schools covers areas such as smoking, dental and personal hygiene, drugs, menstrual periods, accident prevention, nutrition and a healthy diet, HIV/AIDS, hepatitis B, prevention of drug abuse, family and sex education, promotion of mental health, among others. The Committee takes note of specific programmes on smoking, healthy eating and HIV/AIDS for secondary and/or primary schoolchildren.

As regards sexual and reproductive health education in general, the report indicates that the Council of Minister adopted the Strategy for Sexual and Reproductive Health of Youth on 18 December 2018. According to the report, various actions, including information, education and training, have been undertaken in this area at different levels (legislative, political, etc.). The Committee asks for more information in the next report on whether and how sexual and reproductive education is provided in schools.

The report does not contain any information about 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 on a lifelong or ongoing basis. Therefore, the Committee reiterates its question.

In its targeted questions, the Committee also asked for information about awareness and education with respect to sexual orientation and gender identity (SOGI) and to gender-based violence. The report does not contain the information requested. Therefore, the Committee reiterates its request. It points out that, should the necessary information not be provided in the next report, nothing will enable the Committee to establish that the situation in Cyprus is in conformity with Article 11§2 of the Charter in this respect.

Counselling and screening

In its previous conclusion, the Committee found that the situation in Cyprus was in conformity with Article 11§2 with respect to counselling and screening services available to pregnant women and children (Conclusions 2013). It asked for confirmation that medical checks were carried out during the whole period of schooling. The Committee reiterates its question.

In previous conclusion, the Committee noted that health visitors in cooperation with other professionals, carried out health education programmes in addition to specialised services such as screening tests, assessment of children's growth, counselling and support to parents (Conclusions 2013). The report indicates that the school health service conducts screening tests through medical examinations, ensures the prevention and investigation of infectious diseases, carries out the implementation of measures necessary to prevent the spread of infectious diseases (e.g., viral meningitis, tuberculosis), and vaccinations. Pupils and parents are informed of the examinations conducted by the school health services and the vaccinations that will be given so that parents'/guardians' written consent is provided beforehand.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government’s replies to the targeted questions, namely about healthcare services in prison; community-based mental health services; drug abuse prevention and harm reduction; healthy environment; immunisation and epidemiological monitoring; Covid-19; and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (namely, after 31 December 2019). In other words, the information referred to in the Covid-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In its previous conclusions, the Committee deferred its conclusion (Conclusions 2013).

Healthcare services in places of detention

In a targeted question, the Committee asked for a general overview of healthcare 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.).

The report describes staffing, screening and reporting procedures in the Central Prison. In addition, special arrangements are in place to provide mental healthcare, as well as a drug rehabilitation program and an opioid substitution program.

In its latest report on Cyprus (2017), the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) noted that various aspects had improved, including the system of provision of psychiatric and psycho-social healthcare, the development of a nascent suicide prevention strategy, and efforts to ensure healthcare facilities were well-equipped.

Community-based mental health services

In a targeted question, the Committee asked for 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. The Committee also asked for statistical information on outreach measures in connection with the mental health assessment of vulnerable populations and on proactive measures adopted to ensure that persons in need of mental healthcare are not neglected.

The report notes in general terms that mental healthcare is offered through the Athalassa Psychiatric Hospital and a network of community mental health services.

The Committee refers to the above-mentioned CPT report, which noted that plans to replace the Athalassa Psychiatric Hospital with a Mental Health Centre were postponed for an undetermined period. The CPT reiterated the necessity to construct a new Mental Health

Centre, as the facilities at Athalassa Psychiatric Hospital did not provide an appropriate therapeutic environment for the psychiatric patients who were held there.

In 2020, the Cypriot Commissioner for Administration and the Protection of Human Rights issued a report concluding that the infrastructure at the Athalassa Psychiatric Hospital required improvement, as it was unfit for housing patients.

Consistent with the World Health Organisation (WHO) Comprehensive Mental Health Action Plan 2013-2030, and other relevant standards, the Committee considers that a human rights-compliant approach to mental health requires at a minimum the following elements: a) developing human rights-compliant mental health governance through, inter alia, mental health legislation and strategies that are in line with the Convention on the Rights of Persons with Disabilities and other relevant instruments, best practice and evidence; b) providing mental health in primary care community-based settings, including by replacing long-stay psychiatric hospitals with community-based non-specialised health settings; and c) implementing strategies for promotion and prevention in mental health, including campaigns to reduce stigmatisation, discrimination and human rights violations.

The Committee asks for information about immediate measures taken to ensure that patients at the Athalassa Psychiatric Hospital benefit from adequate living conditions, and about the plans to restructure the facility in question, in line with the State Party's commitment to provide support for living in the community.

Drug abuse prevention and harm reduction

In a targeted question, the Committee asked for 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. The Committee also asked for 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. This 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).

The report indicates that the National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol provided the overarching framework and priorities for 2013-2020. It aimed to reduce the demand for and supply of drugs and reduce the health and social risks and harms caused by drugs and alcohol. The strategy was built around five pillars: prevention; treatment and social reintegration; harm reduction; supply control and regulation; and international cooperation. The Strategy was accompanied by two consecutive four-year action plans covering 2013-2016 and 2017-2020, listing specific actions with a timetable, responsible parties, indicators and assessment tools. The report also indicates that a new strategy covering the period from 2021 to 2027 had recently been adopted. Five acute drug induced deaths were recorded during 2019. In addition, 55 cases of Hepatitis C, or 54% of those tested, one case of Hepatitis B, and six HIV-positive cases, were identified during the same period.

Healthy environment

In a targeted question, the Committee asked for information on the 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 on the measures

taken to address the health problems of the populations affected, and to inform the public, including pupils and students, about general and local environmental problems.

The Committee notes that the information requested is not provided. Therefore, the Committee reiterates its request and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Cyprus is in conformity with Article 11§3 of the Charter.

Immunisation and epidemiological monitoring

In a targeted question, the Committee asked for information on the measures taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

The Committee notes that the information requested is not provided.

Accidents

In its previous conclusion, the Committee asked for information on the measures taken to prevent accidents at school, as well as other accidents during leisure time and in the home environment, and, in the meantime, reserved its position on whether the situation was in conformity with the Charter on this point (Conclusions 2013).

The Committee notes that the information requested is not provided and asks for it to be provided in the next report. Meanwhile, the Committee concludes that the situation is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures were taken to prevent accidents.

Covid-19

In a targeted question, the Committee asked States Parties to evaluate the adequacy of measures taken to limit the spread of the Covid-19 virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.).

The report states that a combination of preventive measures have been taken, including by conducting information campaigns, ensuring access to personal protective equipment (PPE), enforcing physical distancing, testing and tracing, and vaccination.

The Committee recalls that States Parties must take measures to prevent and limit the spread of the virus, including testing and tracing, physical distancing and self-isolation, the provision of adequate masks and disinfectant, as well as the imposition of quarantine and 'lockdown' arrangements. All such measures must be designed and implemented having regard to the current state of scientific knowledge and in accordance with relevant human rights standards (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020). Furthermore, access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status must be adequately protected by the healthcare measures put in place. (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

The Committee concludes that the situation in Cyprus is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures were taken to prevent accidents.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

The Committee notes that Cyprus does not provide any information regarding this provision. Therefore it reiterates its previous finding of non-conformity.

Conclusion

The Committee concludes that the situation in Cyprus is not in conformity with Article 12§1 of the Charter on the grounds that:

- the minimum level of unemployment benefit is manifestly inadequate;
- the minimum level of sickness benefit is manifestly inadequate;
- the minimum level of old age benefit is manifestly inadequate;
- the minimum level of maternity benefit is manifestly inadequate.

Article 12 - Right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee recalls that Cyprus ratified the European Code of Social Security on 15 April 1992 and has accepted Parts III-VI, IX and X. Subsequently, Cyprus also accepted Part VII of the Code.

The Committee notes from Resolution CM/ResCSS(2020)2 of the Committee of Ministers on the application of the European Code of Social Security by Cyprus (period from 1 July 2018 to 30 June 2019) that the law and practice in Cyprus continue to give full effect to Parts III-VI, IX and X of the Code and that they also ensure the application of Part VII, subject to reducing the qualifying period for the entitlement to child benefit.

Conclusion

The Committee concludes that the situation in Cyprus is in conformity with Article 12§2 of the Charter.

Article 12 - Right to social security

Paragraph 3 - Development of the social security system

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee recalls that States were asked to reply to two targeted questions for Article 12§3 of the Charter as well as, where applicable, the previous conclusions of non-conformity or deferral (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”).

The Committee had deferred its previous conclusion pending information on the impact of the cuts (of around 25-28%) to the minimum levels of sickness, old-age and unemployment benefits and on the personal coverage of social security risks (Conclusions 2013). The assessment of the Committee will therefore concern the information provided by the Government in response to the deferral and to the two targeted questions relating to Article 12§3 of the Charter, namely:

- social security coverage, and its modalities, provided to persons employed by digital platforms or whose work is managed via such platforms; and
- any impact of the Covid-19 crisis on social security coverage, and any specific measures taken to compensate for or alleviate any possible negative impact.

The Committee wishes to point out that it will take note of the reply to the second targeted question for information purposes only, as it relates to developments that occurred outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Development of the social security system

The Committee recalls that Article 12§3 requires States to improve their social security system. A situation of progress may consequently be in conformity with Article 12§3 even if the requirements of Articles 12§1 and 12§2 have not been met or if these provisions have not been accepted. The expansion of schemes, protection against new risks or an increase in the level of benefits are all examples of improvement. A partly restrictive development in the social security system is not automatically in breach of Article 12§3. It should be assessed in the light of Article 31 of the 1961 Charter or Article G of the revised Charter. The assessment of the situation is based on the following criteria:

- the nature of the changes (field of application, conditions for granting allowances, amounts of allowance, etc.);
- the extent of the changes (categories and numbers of people concerned, levels of allowances before and after alteration);
- the reasons given for the changes (aims pursued) and the social and economic policy context in which the changes arise;
- the necessity of the reform;
- the existence of social assistance measures for those who find themselves in a situation of need as a result of the changes made (this information can be submitted under Article 13);
- the results obtained by such changes.

The Committee notes that the Government has not provided the information requested in its previous conclusion. Consequently, the Committee asks for the next report to provide information on:

- any changes made to the social security system during the reference period, indicating the impact of these changes on the personal scope and on the minimum levels of income replacement benefits, and

- changes in the number of persons covered by the social security system.

The Committee points out that should the next report not provide the information requested, there will be nothing to show that the situation is in conformity with Article 12§3 of the Charter. Pending receipt of this information, the Committee reserves its position on this point.

Platform workers

The Committee recalls that it has posed a targeted question to all States on social security cover for persons employed or whose work is managed by digital platforms. The emergence of these new forms of employment has had a negative impact on certain rights of these workers, as explained in the General Introduction. In matters of social security, compliance with Article 12§3 of the Charter requires that the existing social security systems be adapted to the specific situation and needs of the workers concerned, in order to guarantee that they enjoy the social benefits included within the scope of Article 12§1. The Committee is keenly aware that there are significant gaps in the social coverage of workers in new forms of employment such as platform workers. It considers that the States Parties are under an obligation to take all the necessary measures to address these shortcomings.

In particular States Parties must take steps to ensure that all workers in new forms of employment have an appropriate legal status (employee, self-employed or other category) and that this status is in line with the actual situation thus avoiding abuse (such as the use of “bogus” or “false” self-employed status to circumvent the applicable social security regulations) and conferring adequate social security rights as guaranteed by Article 12 of the Charter on the platform workers.

In its report, the Government states that there are no special provisions for persons employed by or whose work is managed via digital platforms. Persons engaged in gainful activity in Cyprus are covered by the Cyprus Social Security Scheme whether they are employed or self-employed, work in traditional forms of employment or via digital platforms. The scheme provides cash benefits for maternity, paternity, sickness, occupational injury, disability, unemployment, old age and death; however, self-employed persons are not entitled to unemployment benefits or allowances for occupational injuries and diseases.

The Committee notes that the Government has not provided any detailed information on social cover for digital platform workers. The Committee asks for information in the next report on the number of digital platform workers (as a percentage of the total number of workers), their status (employees, self-employed and/or other category), the number/percentage of these workers by status and their social security protection (by status).

Covid-19

In response to the second targeted question, the Government states that in 2020 it aimed to protect the businesses and jobs of those most affected by the pandemic. In this context, special schemes providing wage compensation were introduced for various categories of businesses (e.g. businesses in or linked to the tourism industry and businesses subject to a mandatory total suspension of their activities due to the pandemic). In addition, special schemes were implemented for: a) unemployed persons registered with the Public Employment Services in November 2020 who had exhausted their benefits entitlement during the first half of 2020 and had not been invited to undergo training or participate in the programmes run by the Ministry of Labour, Welfare and Social Insurance (“special unemployment scheme”); b) private sector workers who are absent from work for health reasons or because of measures taken to deal with the pandemic (“special absence from work scheme”); c) certain categories of self-employed persons, provided that they have registered with the Social Security Services (“special scheme for the self-employed”).

Payment of social insurance contributions was also suspended for companies and self-employed persons who had temporarily stopped their activities.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 12 - Right to social security

Paragraph 4 - Social security of persons moving between States

The Committee notes that the report does not provide any information regarding this provision. Therefore, the Committee reiterates its previous finding of non-conformity.

Conclusion

The Committee concludes that the situation in Cyprus is not in conformity with Article 12§4 of the Charter on the ground that the right to maintenance of accruing rights is not guaranteed to nationals of all other States Parties.

Article 13 - Right to social and medical assistance

Paragraph 2 - Non-discrimination in the exercise of social and political rights

The Committee notes that no targeted questions were asked under this provision. As the previous conclusion found the situation to be in conformity there was no examination of the situation in the current cycle.

Article 13 - Right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

The Committee notes that no targeted questions were asked under this provision. As the previous conclusion found the situation to be in conformity there was no examination of the situation in the current cycle.

Article 14 - Right to benefit from social welfare services

Paragraph 1 - Promotion or provision of social services

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee recalls that Article 14§1 guarantees the right to benefit from general social welfare services. It notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government’s replies to the targeted questions, namely how and to what extent the operation of social services was maintained during the COVID-19 crisis and whether specific measures were taken in view of possible similar crises arising in the future. The Committee wishes to point out that it will take note of the information provided in reply to the question relating to COVID-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the COVID-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

As regards the description of general organisation of social services, the Committee refers to its previous conclusion (Conclusions 2013) in which it found the situation to be in conformity with the Charter. The report does not indicate any changes in this respect.

In response to the targeted questions, the report provides that during the COVID-19 pandemic, provision and operation of all programmes and services of the Social Welfare Services continued, while procedures had been adapted, taking increased precautions for both staff and the public. In some instances physical presence requirement was lifted, such as for provision of benefits, with automatic payments of monthly benefits, prioritising of teleconferencing or written form. The report further states that high priority was given to people and families at risk (e.g. increased vulnerabilities i.e. violence, temporary housing) through appropriate screening and systematic communication and that various precautionary measures were taken to safeguard the health of tenants in state social care institutions. Furthermore, additional information on the available hotlines was provided (on support and help-lines, mobile units providing essential supplies to vulnerable individuals).

The Committee recalls that the right to benefit from social welfare services provided for by Article 14§1 requires Parties to set up a network of social services to help people to reach or maintain well-being and to overcome any problems of social adjustment (Conclusions 2005, Bulgaria). It understands from the report that specific social services necessary to provide the social assistance required during the COVID-19 pandemic had been put in place (such as providing essential supplies).

The report does not contain information on any specific measures taken in anticipation of possible future crises of such nature.

Conclusion

The Committee concludes that the situation in Cyprus is in conformity with Article 14§1 of the Charter.

Article 14 - Right to benefit from social welfare services

Paragraph 2 - Public participation in the establishment and maintenance of social services

The Committee takes note of the information contained in the report submitted by Cyprus.

The Committee recalls that Article 14§2 requires States Parties to provide support for voluntary associations seeking to establish social welfare services. The “individuals and voluntary or other organisations” referred to in paragraph 2 include the voluntary sector (non-governmental organisations and other associations), private individuals, and private firms.

The Committee further notes that for the purposes of the current examination, States were asked to reply to the specific targeted questions posed to States in relation to this provision (questions included in the appendix to the letter of 3 June 2020, in which the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the scope of the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals. States were therefore requested to 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, as well as in the design and delivery of services in practice. Co-production is understood here to mean that social services work together with users of the services on the basis of fundamental principles, such as equality, diversity, accessibility and reciprocity.

The report provides that the Social Welfare Services (SWS) are in the process of re-drafting and revising some of the relevant legislation in order to safeguard the involvement and participation of users, both individuals/voluntary and other organisations in the provision of social care services, such as homes for the elderly and people with disabilities, day care centres for adults, children day centres, home care services delivered either by a service provider or a home carer and counselling centres. The Committee asks the next report to provide information on the outcome of the reform process and practical impact of users involvement in social services. Meanwhile it reserves its position on this point.

The report further states that providers of care services for children, older persons and persons with disabilities must be registered and are inspected by the Social Welfare Services, in accordance with the respective legislation. Additional relevant Protocols were established by the Ministry of Health at the time of the COVID-19 pandemic with a view to the protection of health and safety of beneficiaries of these social care programmes. Programmes run by NGOs or local authorities may apply for co-funding under the State Aid Scheme, of the Ministry of Labour, Welfare and Social Insurance, and under the EU Regulation 360/2012 for the provision of Services of general economic interest. The SWS are responsible for providing technical assistance to these programmes and assessing their applications for funding under the State Schemes. The Committee asks what measures, apart from legislative ones, have been adopted or envisaged to foster the user involvement in social services and how the principles of equality, diversity, access and reciprocity are implemented.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.