



March 2022

# **EUROPEAN SOCIAL CHARTER (REVISED)**

European Committee of Social Rights

Conclusions 2021

## **ESTONIA**

*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 Estonia, which ratified the Revised European Social Charter on 11 September 2000. The deadline for submitting the 18<sup>th</sup> report was 31 December 2020 and Estonia submitted it on 16 December 2021.

The Committee recalls that Estonia 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 2017).

In addition, the Committee recalls that no targeted questions were asked under certain provisions. If the previous conclusion (Conclusions 2017) 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 1196<sup>th</sup> 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).

Estonia has accepted all provisions from the above-mentioned group except Articles 3§4 and 23.

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

The conclusions relating to Estonia concern 14 situations and are as follows:

- 6 conclusions of conformity: Articles 3§1, 3§2, 11§2, 12§2, 12§3 and 14§1;
- 5 conclusions of non-conformity: Articles 3§3, 12§1, 12§4, 13§1 and 30.

In respect of the other 3 situations related to Articles 11§1, 11§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 Estonia under the Revised Charter.

The next report from Estonia will deal with the following provisions of the thematic group III "Labour Rights":

- the right to just conditions of work (Article 2);
- the right to a fair remuneration (Article 4);
- the right to organise (Article 5);
- the right to bargain collectively (Article 6);
- the right to information and consultation (Article 21);
- the right to take part in the determination and improvement of the working conditions and working environment (Article 22);
- the right to dignity at work (Article 26);
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28);

- the right to information and consultation in collective redundancy procedures (Article 29).  
The deadline for submitting that report was 31 December 2021.

Conclusions and reports are available at [www.coe.int/socialcharter](http://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 Estonia.

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”).

In its previous conclusion the Committee found that the situation in Estonia was in conformity with Article 3§1 of the Charter (Conclusions 2017). 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 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.

The report states that occupational health and safety (OSH) policy in Estonia is developed by the Ministry of Social Affairs in cooperation with the Labour Inspectorate, the social partners and other stakeholders, such as occupational physicians. It also states that the amendments to the OSH law and strategic plans are discussed with stakeholders. Regular tripartite discussions take place with the representatives of employers, trade unions and government, in which OSH issues are also discussed.

The Committee notes that the main strategic objectives for OSH are set out in the Social Welfare Development Plan 2016–2023. This plan aims to assist workers and employers in implementing OSH rules, to improve working environments, to address new work environment risks and to prevent the loss of employees’ working capacity; to enhance the monitoring of working environments to identify and eliminate infringements relating to the work environment; to make OSH legislation clearer and more compatible with the changing labour market situation and economy; and to make state supervisory and advisory activities more efficient. The Committee notes that the process of developing the new Social Welfare Development Plan for the next period started in 2020.

The Committee notes that the objective of this policy is to maintain a culture of prevention in occupational and safety health, with particular emphasis on new and emerging risks to health and safety to which workers are exposed in constantly evolving work environments, which need to be regularly assessed and reviewed. The Committee notes that the Labour Inspectorate, social partners and other stakeholders are actively involved in the development of this policy, as cooperation and consultations with all the partners and stakeholders are required within the context of the Plan.

#### ***Organisation of occupational risk prevention***

The Committee previously found the situation to be in conformity in this respect (Conclusions 2017).

### ***Improvement of occupational safety and health***

The Committee previously found the situation to be in conformity in this respect (Conclusions 2017).

### ***Consultation with employers' and workers' organisations***

The Committee previously found the situation to be in conformity in this respect (Conclusions 2017).

### ***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.

The Committee notes that the Government has adopted regulations with the aim of containing the spread of Covid-19. With regard to the protection of frontline workers, the Committee welcomes the fact that the following measures were adopted: the organisation of priority testing for frontline and essential services workers, resulting in the testing of over 15,000 workers; study to detect and prevent spread in health care facilities (more than 2,500 healthcare professionals were randomly tested); an ongoing sero-epidemiological study among health care professionals; the organisation of large-scale testing in nursing and social care homes (long-term care facilities); the development of guidelines and recommendations for hospitals, emergency services, long-term care facilities (nursing homes) and essential businesses; the additional provision of personal protective equipment (PPE) for primary health care and long-term care facilities personnel; infection control counselling, guidance and training in long-term care facilities.

With regard to the protection of prison officers and employees, the Committee notes that they have been provided with protective equipment and disinfectants, together with instructions for their use. The Committee also notes that the cases and situations where it is compulsory to wear surgical or other PPE (such as eye protection, isolation gowns and respirators) are listed separately for prison officials, employees, prisoners, criminal defence lawyers, representatives who are lawyers, ministers of religion, notaries and consular officials of the country of nationality of the prisoners. The Committee notes that strict screening of entrants and restrictions on entry have been set out with respect to prisons.

The Committee recalls that, during a pandemic, States Parties must take all possible measures as referred to above in the shortest possible time, with the maximum use of available financial, technical and human resources, and by all appropriate means, both national and international, including international assistance and cooperation. Based on the information provided in the report, the Committee understands that the Government is aware that general safety rules on the training and instruction of workers and on personal protective equipment still need to be implemented, taking into account the evolution of the pandemic, and it emphasises that the prompt provision of necessary personal protective equipment is particularly necessary in the case of frontline workers.

In line with its Statement on Covid-19 and social rights (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, each 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 social rights risks posed by the Covid-19 crisis.

The Committee notes that, in order to secure the rights set out in Article 3, a response to Covid-19 in terms of national law and practice to Covid-19 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 measures, 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 Estonia is in conformity with Article 3§1 of the Charter.

### **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 Estonia.

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 previous conclusion was one of conformity pending receipt of information requested (Conclusions 2017). 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***

The Committee requested information on regulations concerning health and safety at work covering work-related stress, aggression and violence specific to work, and especially for workers under atypical working relationships (Conclusions 2017).

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 Committee’s previous request and targeted question the report states that on 1 January 2019 amendments to the Occupational Health and Safety (OHS) Act came into force. One of the amendments to the Act is related to psychosocial hazards. The term “psychological hazards” was replaced with the term “psychosocial hazards.” The definition of the term is specified in greater detail in the Act, as are the measures to be applied for preventing damage to health caused by psychosocial hazards.

According to the amendment, psychosocial hazards arise when work involves a risk of an accident or violence, where there is unequal treatment, bullying and harassment at work, work not corresponding to the abilities of an employee, working alone for an extended period of time and monotonous work. Psychosocial hazards may also arise where the management, organisation of work and working environment may affect the mental or physical health of an employee.

The definition of psychosocial hazards now includes the social aspects of the working environment, such as relationships with co-workers, managers and third parties, unequal treatment of employees (incl. due to differences in race, skin colour, gender, age, religious, political or other beliefs, sexual orientation, national or ethnic origin, disability, or other circumstances, such as reduced ability to work, chronic illness or other differences arising from an employee’s state of health), bullying, harassment (including sexual harassment) and violence at work.

In order to prevent damage to health arising from a psychosocial hazard, an employer must take measures, including adapting the organisation of work and workplace to suit the employee, optimise the employee’s workload, enable breaks to be included in the working time for the employee during the working day or shift and improve the enterprise’s psychosocial working environment.

During the reporting period no amendments to the OSH Act have been made regarding work-related substance use. According to the OSH Act, employers are required to suspend an employee from work if he or she is under the influence of alcohol, narcotics or toxic or psychotropic substance.

According to the report there have been no amendments to the law regarding occupational injury and illnesses. According to the OHS Act, an occupational accident is damage to the health of an employee or death of an employee which occurred in the performance of a duty assigned by an employer or in other work performed with the employer's permission, during a break included in the working time, or during other activity in the interests of the employer. An occupational disease is a disease which is brought about by a working environment hazard specified in the list of occupational diseases or by the nature of the work. Therefore, the report states that newly recognised forms of professional injury or illness (such as work-related self-harm or suicide post-traumatic stress disorders (PTSD) and injury and disability in the sports entertainment industry) could be deemed occupational accidents or diseases, if the causal link to working environment is established and even if the actual damage becomes apparent later.

As regards the monitoring of workers, the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and the Estonian Personal Data Protection Act have to be followed. There are no differences or special provisions in the OSH legislation.

As regards digital disconnection from the work environment during rest periods, the report states that according to the Employment Contracts Act, the employer is not allowed to contact employees during rest times and holidays. Therefore, the employee has the right to disconnect. The Committee asks whether there is any case law on this issue.

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***

In its previous conclusion, the Committee asked for information on the transposition of Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work (Conclusions 2017).

Directive 2009/104/EC is transposed into Estonian legislation by the Occupational Health and Safety Act and more specifically by the Government Regulation "Occupational health and safety requirements in relation to work equipment." There have been no major changes made to the regulation during the reporting period.

The employer has the obligation to ensure that work equipment is suitable for the work to be carried out and corresponds to the dimensions of the body and the physical and mental abilities of its operator. The employer also has to prepare safety instructions for the work to be carried out and for the work equipment used and organise training for employees.

The Labour Inspectorate carries out inspections at workplaces on the bases of the work equipment regulation.

### ***Protection against hazardous substances and agents***

The Committee previously asked that the next report indicate the international or EU standards on protection against hazardous substances and agents which the legislation and regulations issued and/or amended during the reference period are designed to incorporate (Conclusions 2017).

According to the report several EU Directives have been transposed into Estonia law including Directive (EU) 2017/2398 of the European Parliament and of the Council of 12 December 2017 amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work, Directive (EU) 2019/130 of the European Parliament and of the Council of 16 January 2019 amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work, Commission Directive (EU) 2017/164 of 31 January 2017 establishing a fourth list of indicative occupational exposure limit values pursuant to Council Directive 98/24/EC, and amending Commission Directives 91/322/EEC, 2000/39/EC and 2009/161/EU and Directive (EU) 2019/983 of the European Parliament and of the Council of 5 June 2019 amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work and Commission Directive (EU) 2019/1831 of 24 October 2019 establishing a fifth list of indicative occupational exposure limit values .

The Regulations on "Requirements for the use of hazardous chemicals and materials containing such chemicals" and "Occupational health and safety requirements for the handling of carcinogenic and mutagenic chemicals" were amended in relation to the enforcement of the transposed directives.

The Committee previously asked whether workers are protected up to a level at least equivalent to that set in the Recommendations by the International Commission on Radiological Protection (ICRP Publication No. 103, 2007) (Conclusions 2017).

The report states that the protection against ionizing radiation is regulated in the Radiation Act. The Radiation Act is in compliance with the Council Directive 2013/59/Euratom laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation. The Committee considers that the situation is in conformity in this respect.

According to the Act, in order to protect the workers who are exposed to radiation an employer (holder of a radiation practice licence) is required to ensure that exposed workers receive radiation safety training and instructions which take into account the nature of work and the conditions at workplace.

A holder of radiation practice licence is required to ensure medication surveillance of workers upon employment and at least once a year after commencement of work. If the result of medical surveillance establishes before commencement of work that the worker is unfit for that specific position, the worker shall not be employed in this position.

### ***Personal scope of the regulations***

The Committee asked for information in the next report on the measures making it possible to check and ascertain whether the protection provided by the regulations for self-employed workers, home workers and domestic staff is applied in practice (Conclusions 2017).

According to the report the Labour Inspectorate can ensure that self-employed persons are respecting occupational health and safety legislation if self-employed workers are working alongside employees. According to the OHS Act, if a sole proprietor works at a workplace concurrently with one or several employees of an employer, he or she shall notify the employer who organises the work of the hazards relating to his or her activities and shall ensure that his or her activities do not endanger other employees. The employer who organises the work shall inform the sole proprietor of the hazards related to the operation of such enterprise and of the measures for avoiding such hazards. The report provides no information on how OHS legislation is supervised in respect of domestic workers, home workers and the self-employed when they work in private dwellings. The Committee repeats its request for this information.

### ***Consultation with employers' and workers' organisations***

The Committee previously considered that the situation in Estonia is in conformity with the Charter on this point (Conclusions 2017).

#### *Conclusion*

Pending receipt of the information requested, the Committee concludes that the situation in Estonia is in conformity with Article 3§2 of the Charter.

**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 Estonia.

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.

In its previous conclusion, the Committee concluded that the situation in Estonia was not in conformity with Article 3§3 of the Charter on the ground that measures taken to reduce the number of accidents at work were insufficient and that the labour inspection system did not have sufficient human resources to adequately monitor compliance with occupational health and safety legislation (Conclusions 2017).

The Committee wishes to point out that it will take note of the reply 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.

Assessment of the Committee will therefore concern the information provided by the Government in response to the non-conformity conclusion and to the targeted questions.

***Accidents at work and occupational diseases***

In its previous conclusions, the Committee, in view of the persistent under-reporting, reiterated its request for information (see, Conclusions 2013) on the implementation of Government Regulation No. 75 in practice, in particular on how many non-fatal accidents were investigated by the Labour Inspectorate; whether physicians were aware of their reporting obligations in practice; whether steps were taken to counter potential non-reporting arrangements between employers and workers; and whether sanctions were applied to employers or physicians in the event they fail to meet their reporting obligations (Conclusions 2017). The Committee also noted, in the 2013 Conclusions, that because it entrusts employers with the investigation of all occupational accidents, the accident reporting system under Government regulation No. 75 was not sufficiently efficient to meet the requirements of Article 3§3 of the Charter.

The report states that the under-reporting of occupational accidents has decreased during the reporting period: in 2019, the reporting rate was 58.5% whereas in 2010, it was only 38.3%. According to the report, the employers and the doctors are now more aware of their obligation to report/notify occupational accidents to the Labour Inspectorate. During the reference period, the Labour Inspectorate issued a number of articles and instructions to inform employees of the risks associated with under-reporting of accidents at work (including the loss of health benefits) in order to increase the reporting of occupational accidents. The report explains that pursuant to the Occupational Health and Safety Act, Labour Inspectorate is obliged to investigate all fatal occupational accidents. Each case having caused serious health damage is reviewed and an investigation decision is made for each specific case. The decision to investigate is based on the risk principle and caused consequence. The report states that all fatal occupational accidents and 16% of all serious occupational accidents are investigated by the Inspectorate. The total of all registered occupational accidents that are investigated is approximately 3,5% of cases.

The report further notes that following the amendments made to the Occupational Health and Safety Act in 2019 regarding the reporting of occupational accidents, an employer is no longer required to report to Labour Inspectorate of minor accidents that do not leave an employee temporarily incapacitated for work. The employer is, however, still required to investigate all occupational accidents. The employer is required to report Labour Inspectorate of all occupational accidents that result in a temporary incapacity for work, serious bodily injury or death. According to the report, the percentage of occupational accidents reported to the Labour Inspectorate out of all occupational accidents (over 3 days of absence from work) was 57% in 2017, 58.9% in 2018 and 58.5% in 2019. The number of occupational accidents investigated by the Labour Inspectorate was 256 in 2016 (out of 5,098 accidents), 218 in 2017 (out of 5,209 accidents), 191 in 2018 (out of 5,170 accidents) and 197 in 2019 (out of 4,275 accidents). The Committee asks for information on measures taken or envisaged to ensure the efficient investigation of all minor accidents at work in Estonia and concerning the means at the disposal of employers to carry out suitable investigations. It also asks for information on measure taken or envisaged to prevent the lack of investigation of minor occupational accidents by employers.

The report also indicates that the number of occupational accidents decreased during the reference period, from 5,098 in 2016, 5,209 in 2017 and 5,170 in 2018 to 4,275 in 2019. The number of registered occupational accidents per 100,000 employees was 790 in 2016 and 640 in 2019. The report specifies that fatal occupational accidents per 100,000 employees also decreased in the reference period, from 4.0 in 2016 to 0.9 in 2017, 1,8 in 2018 and 2,2 in 2019.

EUROSTAT data confirm the trend concerning the incidence rate with regard to the number of fatal accidents at work (4.45 in 2016, 1.21 in 2017 and 1.81 in 2018). Concerning the non-fatal accidents, although the EUROSTAT data confirms the downward trend during the reference period, it provides different and higher numbers: 6,354 in 2016, 6,279 in 2017 and 6,230 in 2018. According to EUROSTAT data, the incidence rate of non-fatal accidents during the reference period (1,088 in 2016, 953 in 2017 and 937 in 2018) is lower than the EU-28 average (1,718 in 2016, 1,703 in 2017 and 1,659 in 2018). As to the fatal accidents, the incidence rate of such accidents was lower than the EU-28 average in 2017 (1.21 in Estonia and 1.65 in the EU) but higher in 2018 (1.81 in Estonia and 1.63 in the EU).

As regards the occupational diseases, in the previous Conclusions, the Committee asked for information on the legal definition of occupational diseases; the mechanism for recognising, reviewing and revising of occupational diseases (or the list of occupational diseases); the incidence rate and the number of recognised and reported occupational diseases during the reference period (broken down by sector of activity and year), including cases of fatal occupational diseases, and the measures taken and/or envisaged to counter insufficiency in the declaration and recognition of cases of occupational diseases; the most frequent occupational diseases during the reference period, as well as the preventive measures taken or envisaged.

In reply, the report indicates that according to the Occupational Health and Safety Act, an occupational disease is a disease which is brought about by a working environment hazard specified in the list of occupational diseases or by the nature of the work. The list of occupational diseases is established by a regulation of the Ministry of Social Affairs of 25 May 2005, which is an open-ended list. As to the mechanism for the recognition of occupational diseases, the report explains that an occupational disease is diagnosed by an occupational health doctor who determines the state of the employee's health and gathers information concerning the employee's current and previous working conditions and the nature of his/her work. For such purpose, the occupational doctor requires from the employer, the decisions concerning previous medical examinations administered to the employee and an explanation by the employer concerning the employee's working conditions. The occupational doctor informs the employer, Labour Inspectorate and the doctor who referred the employee to him/her in writing. The report also specifies that the

employer is required to investigate all occupational diseases cases. If necessary, the labour inspection also carries out an investigation.

The report also indicates that the number of cases of occupational diseases caused by physical, chemical, biological and physiological hazards was 39 in 2016, 37 in 2017, 49 in 2018 and 34 in 2019. The Committee also takes note of the information concerning the number of registered occupational diseases by fields of activity. It notes that most of the occupational diseases appears in the fields of health care and food, and the textile industry.

However, in the light of the explanations provided in the report, the Committee requests that the next report provide numbers covering all work-related illnesses, comprising therefore “occupational diseases” and “illnesses caused by work” in the meaning of the Estonian legislation. The Committee reiterates its request for information concerning the incidence rate of occupational diseases during the reference period, including cases of fatal occupational diseases and the measures taken and/or envisaged to counter insufficiency in the declaration and recognition of cases of occupational diseases; the most frequent occupational diseases during the reference period, as well as the preventive measures taken or envisaged.

### ***Activities of the Labour Inspectorate***

In its previous conclusions, the Committee reiterated its request (see Conclusions 2013) for information on steps taken to stop the persistent decrease in the number of workers covered by inspection visits (Conclusions 2017). The Committee concluded that the situation in Estonia was not in conformity with Article 3§3 of the Charter on the ground that the labour inspection system, insofar as it concerns occupational health and safety, is inefficient.

In reply, the report indicates that during the period of 2016-2019, the number of workers covered by the inspections have increased (80,685 in 2016, 95,263 in 2017, 124,771 in 2018 and 97,509 in 2019). According to the report, the slight decrease in 2019 was due to the fact that more focus was put on the inspections in micro and small enterprises. These numbers are matched by the proportions of workers covered by the inspections: 13% in 2016, 14% in 2017, 18% in 2018 and 15% in 2019.

According to figures published by ILOSTAT, at the beginning of the reference period, there was an increase in the number of labour inspectors (39 in 2015 and 46 in 2017). However, this number has severely decreased in 2019 (49 in 2018 and 38 in 2019). The number of inspection visits to workplaces during the year increased slightly in the beginning of the reference period (from 4,246 in 2015 to 5,179 in 2017) and decreased slightly towards the end of this period (5,128 in 2018 and 4,650 in 2019). The average number of labour inspectors per 10,000 employees was 0.7 in 2017 and 2018 but decreased to 0.6 in 2019. The average labour inspection visits per inspector increased during the reference period (112 in 2017 and 122 in 2019).

In reply to the question raised by the Committee as to the steps taken to stop the persistent decrease in the number of workers covered by inspection visits, the report indicates that since 2019, the Labour Inspectorate have been developing a new information system, which increases the efficiency of inspections, allows for automated supervision and saves time. The new system, operational since the first quarter of 2020 (outside the reference period) allows Labour Inspectorate to cover more companies and workers with the inspections and helps Labour Inspectorate to communicate with companies faster and more effectively. According to the report, in the future, tools for the management of employee training, health examination, investigation of occupational injuries and diseases will be incorporated into the new information system.

The report also states that the Labour Inspectorate is entitled to inspect all workplaces in all economic sectors, with the exception of residential premises. Inspectors are entitled to inspect residential premises only if the owner (employee) has allowed it, because the privacy

of the person has to be respected. The Committee asks that the next report provide more information on arrangements that are in place to ensure the supervision of health and safety regulations in residential premises.

In the previous Conclusions, the Committee considered that in absolute terms, the number of fines imposed, and that the amounts involved remain too low to have a dissuasive effect. The report indicates that the 2019 amendments introduced to the Occupational Health and Safety Act specified further misdemeanour elements in the Act and increased fine rates. Accordingly, the maximum fine applicable to a legal person was increased up to 32,000 € (previous fine rates were 2,000 € and 2,600 €). The report also indicates that the elevated fine rates are used to motivate employers to be more diligent in complying to occupational health and safety requirements. During the reporting period 2016-2019 the average amount of fine imposed increased from 308€ up to 507€. The report notes that penalisation based on misdemeanour proceedings has never been the aim of the Labour Inspectorate, instead, fines are imposed if the violation has been ongoing for a long period of time, affects many employees, or has put to risk the life or health of a person and it is no longer possible to eliminate the violation. The Labour Inspectorate has therefore been proceeding from the principle that if an issue in the working environment can be eliminated by applying other measures, no penalties are imposed. According to the report, this method has served its purpose.

The Committee considers that given that the law entrusts the investigation of most accidents at work to employers, the labour inspection system is not efficient with regard to Article 3§3 of the Charter. It notes that in 2019, only 58.5% of all occupational accidents were reported to the Labour Inspectorate. In this respect, the Committee requests explanation/comments as to whether the decrease, in 2019, in the number workers covered by the inspections, in the number of inspectors, in the number of inspection visits and in the average number of labour inspectors per 10,000 employees, is an outcome of the 2019 amendments to the Occupational Health and Safety Act which provide that an employer is not required to report minor accidents to the Labour Inspectorate.

#### *Conclusion*

The Committee concludes that the situation in Estonia is not in conformity with Article 3§3 of the Charter on the ground that the labour inspection system concerning occupational health and safety, is ineffective.

## **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 Estonia.

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 concluded that the situation in Estonia was in conformity with Article 11§1 of the Charter, pending receipt of the information requested (Conclusions 2017). The assessment of the Committee will therefore only concern the information provided by the Government in response 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***

The Committee notes from Eurostat that life expectancy at birth in 2019 (average for both sexes) was 79 and had increased since the previous reference period (77.6 years in 2015). The Committee takes note of the comprehensive data provided in the report on life expectancy by urban/rural areas, by county, nationality and levels of education. The Committee notes the regional disparities in life expectancy, particularly between urban and rural areas. For example, residents in the urban Tartu county have a life expectancy that is 4 years longer than the one of residents of north-eastern Ida-Viru county (2018/2019). Moreover, it appears that women live on average nine years longer than men (or ten years in Ida-Viru County, i.e., 70.52 for men compared to 80.56 for women in 2018/2019). The data presented in the report indicates that inequalities are even wider between educational groups. The data shows a difference of 10 years in life expectancy between persons with primary/basic education (72.95) compared to people with higher education (82.40) in 2019.

The Committee notes that, according to the Report *Estonia: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies and the European Commission), three out of four Estonians in the highest income quintile consider themselves to be in good health compared with only one in three in the lowest income quintile, the widest gap in the EU. The same report indicates that nearly half of all deaths in Estonia result from behavioural risks and Estonia had the third highest adult obesity rates in the EU in 2017, and childhood obesity has also increased significantly.

The Committee takes further note of the information provided in the report on measures taken to improve the quality of perinatal care and to monitor the child’s health and development. It also notes the statistical data on underage motherhood, infant mortality and maternal mortality which show decreasing trends and low rates.

The Committee observes that Estonia has registered a considerable increase in life expectancy and that the infant and maternal mortality rates remain low. However, substantial inequalities in life expectancy exist across genders, regions, income and levels of education. The Committee asks whether any measures are being taken to reduce these gaps.

### ***Access to healthcare***

In a targeted question, the Committee asked information about sexual and reproductive health-care services for women and girls (including access to abortion) and statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. The report provides statistical data on underage motherhood, infant mortality and maternal mortality as well as on the number of abortions. The Committee reiterates its request for information about the concrete sexual and reproductive health care services for women and girls (including access to abortion).

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 further asks for information on the costs of abortion and whether they are reimbursed by the State in total or in part.

The current report indicates that healthcare spending represented 6.7% of the GDP in 2018 and out-of-pocket payments amounted to 24.5%. The Committee notes that during the previous reference period, the share of the GDP allocated to healthcare spending was 6.5% in 2015 and out-of-pocket payments amounted to 23.8% in 2014 (Conclusions 2017). The Committee notes from Eurostat that, on average in the EU, healthcare expenditure amounted to 9.9% of the GDP in 2018 and out-of-pocket payments represented 15.7%. The report indicates that the share of out-of-pocket payments in total health expenditure increased in 2018 (24.5%) compared to 2017 (23.6%). The report states that the increase is partially explained by changes in methodology. The Committee asks for updated data on the public health expenditure as a share of GDP in the next report.

In reply to a previous question requesting information on the evolution of the situation with regard to out-of-pocket payments and the measures taken to reduce them (Conclusions 2017), the report provides information on (i) a campaign carried out in 2016 to promote the use of generic pharmaceuticals carried out by the Estonian Health Insurance Fund (EHIF) and the policy to prescribe an active ingredient implemented with the pharmacists; (ii) a supplementary benefit for pharmaceuticals whose purchase exceeds 100 Euros per calendar year and a “prescription fee” of 2.5 Euros for all prescriptions as of 2018; (iii) measures to reduce out-of-pocket payments for dental care.

With regard to waiting times, the Committee previously asked to be informed on the trends in waiting times and whether the measures taken have had any impact on reducing them (Conclusions 2017).

The report indicates that the maximum waiting times requirements have not changed during the reference period (six weeks or 42 days for an appointment at a specialist’s for outpatient care and eight months for inpatient care and day care). According to the results of a survey conducted in 2019, 24% of the respondents who visited a specialist doctor had an appointment within five working days and 48% within up to four weeks. The analysis ‘Development of monitoring methodologies for person-centred health care’ (2019) found that 23-32% of the surveyed did not address a healthcare specialist due to the long waiting time. Estimates differ by region – the inhabitants of Southern Estonia (6–19%) have better access than those of North-Eastern Estonia (20–42%) and Northern Estonia, including Tallinn (27–56%).

The report provides statistical data regarding waiting lists and waiting times. It indicates that, as of 1 January 2020 (the day after the end of the reference period), the share of outpatient appointments within the maximum allowed waiting time has decreased in the hospitals included in the Hospital Network Development Plan (HNDP) (from 42% to 40%). Due to the shortage of physicians, just as many patients are on the waiting lists of HNDP hospitals as the year before. Due to the low capacity of hospitals, patients have to wait longer (over 42 days) for their appointment at Ida-Viru Central Hospital and Pärnu Hospital. Concerning



outpatient treatment during the period of 2016-2109, the report further indicates that almost 50% of the appointments exceeded the allowed waiting time in ambulatory care, the main reasons being the wish of patients (to see a specific doctor), followed by the lack of capacity and lack of financial resources.

The report further indicates that in 2019, a nationwide digital registry (DR) was set up as an application on the national patient portal ([www.digilugu.ee](http://www.digilugu.ee)), where the patients can search for and book specialist appointments, change and cancel them, in all healthcare institutions connected with this system. As of 27 July 2020, 69 healthcare providers had joined the DR application.

The Committee notes that, according to the Report *Estonia: Country Health Profile 2019*, waiting times for specialist outpatient care, day surgery and inpatient care are the main cause for the high level of unmet needs. The Committee asks that the next report provide information on any measures taken to reduce the waiting times. Meanwhile, it reserves its position on this point.

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 health care 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 states that all healthcare services in Estonia are provided on the basis of the patient's informed consent. In the case of vaccination of children under 18 years of age, parental consent is required.

### **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 refers in particular to the measures taken by Estonia to limit the spread of the virus. The report further indicates that no evaluation system has been implemented at national level to assess the effects of all the measures adopted.

The report indicates that in 2020 (outside the reference period), in the context of the Covid-19, teleconsultations were aimed at reducing waiting lists for treatment. The report provides information on the number of online consultations during the period March – July 2020, which is reported to have increased both at primary care and specialist care levels due to Covid-19.

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 Estonia.

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 in Estonia was in conformity with Article 11§2 of the Charter, pending receipt of the information requested (Conclusions 2017).

### ***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.

The Committee takes note of some measures and awareness-raising campaigns undertaken during the reference period in order to promote health (e.g., the promotion of mental health, healthy eating and physical activity). However, the Committee asks that information be provided in the next report on 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. It also asks for more detailed information on specific campaigns or initiatives to prevent harmful behaviours.

As for health education in schools, the report explains that the Estonian basic education system is divided into three stages: stage I includes grades 1 to 3; stage II comprises grades 4 to 6; and stage III, grades 7 to 9. In stage I, the focus is on the pupils’ social skills and the development of positive attitudes towards a healthy lifestyle (environmental and personal hygiene, nutrition, rest and sleep, time management, mental well-being, etc). Stages II and III of basic education approach the development of skills, values and social aptitudes. In the curriculum of secondary education (grades 10 to 12), health education is covered in the “family education” course (covering different subjects, such as responsible sexual behaviour, long-term relationships, health behaviour), and in an optional psychology course.

In vocational education and training, health education is integrated into the curricula of the social studies module through general education modules. Vocational education institutions actively use training sessions, events, information days related to health education for teachers, students, parents, and staff. Student representative councils are also actively involved in these health education and awareness-raising projects.

The report indicates that, in addition to curricular activities, several prevention programmes have been implemented in Estonian schools. These programmes include, for example, mindfulness-based *Vaikuseminutid*, which aims at reducing self-harm behaviour (including alcohol and drug use) by teaching participants about stress management, self-acceptance, respect for the environment and for peers, etc.

The report indicates that sexual and reproductive health education has been part of general education since 1996. The curriculum ensures consistency of sexual education and access to health education.

In its targeted questions, the Committee also asked for information about awareness-raising and education with respect to sexual orientation and gender identity (SOGI) and to gender-based violence. The Committee takes note of the impact of training on sexual and reproductive health, SOGI and gender-based violence at every stage of the educational process in Estonia.

The report also indicates that awareness-raising and education on different identities, including sexual orientation and gender identity, have been introduced in schools through various evidence-based programmes, such as KiVa Antibullying Programme (introduced in 2017, renewed and updated in 2020), VEPA (internationally known as “PAX Good Behaviour Game”), *Hooliv klass* (“Caring Class”) and others. According to the report, these programmes are individually adopted by schools (about 70% of Estonian schools and 80% of Estonian pre-schools have adopted them).

### ***Counselling and screening***

In its previous conclusion, the Committee found that the situation in Estonia was in conformity with Article 11§2 with respect to counselling and screening services available to pregnant women and children (Conclusions XXI-2 (2017)). The Committee reiterates its request for up-to-date information with regard to health checks for children in schools.

The report indicates that specific measures to combat pseudoscience in the field of health issues are aimed at raising awareness, ensuring accessibility and visibility of evidence-based information. The law provides some possible penalties for disseminating false information. However, according to the report, this is difficult to implement in practice, as it must be proven that dissemination of this information poses a real threat to human life and health. According to Article 763§1 of Estonian Law of Obligations Act, which regulates the use of generally accepted practices in the provision of health care services “a method of prevention, diagnosis or treatment which is not generally recognised may be used only if conventional methods are not likely to be as effective, if the patient is informed of the nature and possible consequences of the method and if the patient has granted his or her consent to the use of the method.”

### ***Conclusion***

Pending receipt of the information requested, the Committee concludes that the situation in Estonia is in conformity with Article 11§2 of the Charter.

## **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 Estonia.

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 concluded that the situation in Estonia was in conformity with Article 11§3 of the Charter (Conclusions 2017).

### ***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 provides information on the healthcare arrangements in prisons and in social care institutions accommodating individuals as a result of a court order, including with respect to organisation, staffing, access to specialist medical treatment and mental healthcare.

### ***Community-based mental health services***

In a targeted question, the Committee asked for information regarding 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 that since 2000 the large residential institutions that used to be predominant in Estonia have been replaced with care villages and family-type homes offering mental health and other medical services, along with a variety of job and leisure opportunities. The Committee notes that the process of deinstitutionalization of persons with disabilities is subject to more targeted review in the context of Article 15§3 of the Charter (Conclusions 2020).

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 notes that the report does not address the targeted question, which refers to mental health outreach in the community, and the measures taken to close down/downsize long-stay psychiatric hospitals. 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 Estonia is in conformity with Article 11§3 of the Charter.

### ***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 presents information regarding the number of drug-related deaths during the reference period and the profile of people who inject drugs, revealing trends that have been largely positive. For example, the number of drug-related deaths has decreased from 114 in 2016 to 27 in 2019. The report describes the harm reduction and treatment options available in Estonia, including State-funded opioid substitution treatment, counselling (peer counselling, social counselling, legal aid); health-related counselling on how to more safely use drugs and avoid overdosing; provision of life-saving medication (naloxone) for people injecting opioids and their families along with the relevant training; distribution of clean syringes and needles; collection and utilisation of used syringes and needles; distribution of condoms and counselling on sexual health; facilitation of washing facilities and clothing; prevention of infections, early discovery of infections (e.g. HIV testing) and referral to treatment; promotion of referral to drug treatment and rehabilitation services. In addition, during the reference period, Estonia piloted syringe exchange and prison diversion programs.

### ***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 report describes the arrangements in place to measure radiation, with a focus on specific risk sources. The report further presents the relevant developments that took place during the reference period with regard to air quality monitoring, water management and

waste management, including notably the adoption of regulations on reducing ammonia emissions in 2019, and the activities carried out to implement and update the country's river basin management plans. With regard to food poisoning, the report provides figures on diarrheal infections that reveal a positive trend.

The report singles out the situation of the inhabitants of Ida-Viru County as a source of particular concern. Environmental degradation resulting from the long running oil shale mining in the region has led to relatively higher infant mortality levels, higher levels of respiratory symptoms and several serious chronic health issues, including cardio-vascular diseases. The Committee requests updated information on the measures taken to address the situation in the Ida-Viru County.

### ***Immunisation and epidemiological monitoring***

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

The report notes that Estonia currently lacks the capacity to conduct vaccine research, but that it takes part in international vaccine trials and research projects. Additionally, the Tartu University is conducting a study on vaccine hesitancy in partnership with the World Health Organisation (WHO).

### ***Covid-19***

The Committee raised 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 refers to data regarding the prevention measures adopted in Estonia, included in the Covid-19 Health System Response Monitor database.

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***

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

## **Article 12 - Right to social security**

### *Paragraph 1 - Existence of a social security system*

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

### ***Risks covered, financing of benefits and personal coverage***

The Committee refers to its previous conclusions (Conclusions 2013 and 2017) for a description of the Estonian social security system, and notes that it continues to cover all the traditional risks (medical care, sickness, unemployment, old age, work accidents/occupational diseases, family, maternity, disability and survivors). According to MISSOC, the social security system is predominantly financed by social insurance contributions. In reply to the Committee's question concerning the coverage rate of disability as well as work accidents and occupational diseases benefits, the report states that occupational accidents and diseases are covered by the national health insurance and work ability allowance system. In 2019 95,3% of the population was covered by health insurance.

### ***Adequacy of the benefits***

According to Eurostat data, the poverty level, defined as 50% of the median equivalised income stood at € 5730 per year or € 478 per month in 2019. 40% of the median equivalised income amounted to € 382 per month.

In its previous conclusions (Conclusions 2017), the Committee found that the minimum levels of sickness benefit, unemployment allowance and unemployment insurance as well as national disability pension were not adequate as they fell below 40% of the median equivalised income.

As regards **the sickness insurance benefit**, according to Estonian Health Insurance Fund, in 2019, 133,451 persons received sickness benefits with total duration of 28,5 days and on average at € 21 per day. The average daily benefit has increased from € 15,5 in 2014.

As regards the minimum levels of this benefit, according to the report, they stood at € 230 for employed and € 209 for self-employed persons in 2016 and at € 289 and € 268 respectively in 2019. The Committee observes that these levels, again, fall below 40% of the median equivalised income. Therefore, the Committee reiterates its previous finding of non-conformity as regards the adequacy of sickness benefit.

As regards **the non-contributory unemployment allowance**, the Committee notes from the report that the minimum unemployment allowance rate is regulated by law. According Section 31 (1) of the Labour Market Services and Benefits Act, the daily rate (which is the basis for the calculation of unemployment allowance) is established by the state budget for the budgetary year. However, the 31-fold daily rate shall not be less than 35% of the minimum monthly wage rate established on the basis of Subsection 29 (5) of the Employment Contracts Act in force on 1 July of the year preceding the budgetary year.

The minimum **unemployment insurance benefit** is also regulated by law. The insured person is always entitled to at least the minimum amount of the unemployment insurance benefit, which is set at 50% of the national minimum wage of the previous budgetary year (Section 9 (5) of the Unemployment Insurance Act).

The report states that the rates of the minimum unemployment allowance and the minimum unemployment insurance benefit depend on the amount of the minimum monthly wage. The unemployment allowance is 35% and the minimum unemployment benefit is 50% of the minimum monthly wage established for the previous budgetary year.



As in 2019 the minimum wage stood at € 540 a month, the unemployment allowance daily rate in 2020 was calculated as € 540/31 days\*0.35 or € 6.10, whereas the minimum unemployment insurance benefit daily rate as € 540/30 days\*0.5 or € 9. The Committee thus notes that in 2020 the unemployment allowance corresponded to € 189 per month and the minimum unemployment insurance benefit corresponded to € 270 per month. The Committee further notes from the report that in 2019 the minimum unemployment allowance stood at € 175 per month and the minimum unemployment insurance benefit at € 258 per month.

The Committee further notes from the report that the beneficiaries of unemployment allowance and unemployment insurance benefits always have access to subsistence benefit and needs-based family benefit. However, since the minimum levels of both unemployment allowance and unemployment insurances benefit fall below 40% of the median equivalised income, the Committee does not take into account their aggregation with others benefits and therefore, their levels remain inadequate and the situation is not in conformity with Article 12§1.

As regards **the disability allowance**, according to the report, in 2016, a new system (Work Ability reform) was set up for supporting working ability and the method of assessing working ability and the subsidies' system was revised. The work ability allowance is indexed every year and therefore, its level has increased significantly. In 2016 the work ability allowance for a person with no work ability stood at € 337,5 and at € 446,7 in 2019. The Committee notes from MISSOC that the work ability benefit is a flat rate benefit and that the daily rate of the work ability allowance stood at € 13.79 for a person with no working ability and at 57% of this amount (€ 7.86) for a person with partial working ability. The Committee asks the next report to confirm that the amounts of work ability benefit indicated in the report are the minimum amounts as well.

As regards **the contributory old age pension**, in its previous conclusion the Committee asked the next report to provide information on the estimated net pension of a single person without dependants having worked 15 years at a minimum wage. The Committee notes from the report in this respect that this benefit stood at € 322 in 2019. The Committee notes from MISSOC that 100% of the National Pension Rate for the 1<sup>st</sup> pillar (*rahvapensioni määr*) stood at € 221.63 per month. The Committee considers that these levels are inadequate as they fall below 40% of the median equivalised income. Therefore, the situation is not in conformity with Article 12§1.

### *Conclusion*

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

- the minimum level of sickness benefit is inadequate;
- the minimum levels of unemployment allowance and unemployment insurance benefit are inadequate;
- the minimum level of contributory pension is 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 Estonia.

The Committee recalls that Estonia ratified the European Code of Social Security on 19 May 2004 and has accepted Parts II-V and VII-X.

The Committee notes from Resolution CM/ResCSS(2020)5 of the Committee of Ministers on the application of the European Code of Social Security by Estonia (period from 1 July 2018 to 30 June 2019) that the law and practice in Estonia continue to give full effect to all Parts of the Code which have been accepted.

*Conclusion*

The Committee concludes that the situation in Estonia 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 Estonia.

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”).

In its previous conclusion, the Committee found that the situation in Estonia was in conformity with Article 12§3 of the Charter (Conclusions 2017). It will therefore restrict its consideration to the Government’s replies to the two targeted questions, 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 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.

### **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 in Estonia, the legal status of a person who provides a service through a platform is not clear and often depends on the type of service provided. The social security coverage of these persons varies according to their work situation: on a contract of employment, on a service contract, entrepreneur or self-employed (see the paragraph below). In all cases, two requirements must be met in order to be entitled to the main social welfare benefits: income must be taxed and the minimum monthly social tax must be paid (€178.20 in 2020; social tax is calculated on the basis of the minimum wage, which is set each year). About 4% of all persons who provide services via digital platforms (approximately 4,400 persons) stated that these services are their sole source of income (survey conducted at the end of 2018).

The Government points out that persons on employment contracts (i.e. employees) who have a steady income are entitled to full social security coverage. Income from employment is subject to social tax (which is paid by employers), and where the employee is listed in the employment register and social tax is paid, social security coverage is automatic. This coverage includes health insurance and pension insurance (first pillar); unemployment insurance is paid separately. Persons employed on a service contract (i.e. service providers) are covered by health insurance if they pay the minimum social tax. In other words, service providers whose work is managed via digital platforms must have a steady income; if they do not (for example, where the person only works a small number of hours a month), insurance may be intermittent. A new mechanism has been developed for entrepreneurs: the “entrepreneur account” (which entered into force in 2019). This is an account into which an individual (the entrepreneur) transfers the company’s revenues; these revenues are taxed at a rate of 20% and the amount paid is split between social tax, including health insurance, pension insurance (first and second pillars), and income tax. This mechanism, which is voluntary, is considered to be particularly suitable for new forms of entrepreneurial activity (e.g. provision of services by an individual to another individual via car-sharing service platforms).

The Committee takes note of this information, which is useful but does not give it a full picture of the social security coverage of digital platform workers. The Committee asks for detailed and updated 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 question, the Government lists the temporary measures taken in 2020 to alleviate the negative impact of the Covid-19 crisis on social security coverage. These measures include:

- paying benefits during the first three days of sick leave (which are not normally covered) between 13 March and 17 May 2020;
- maintaining health insurance for groups of persons who must pay the minimum monthly social tax in order to benefit from health insurance (from 1 May 2020 onwards);
- granting exceptional assistance to parents of children with special needs in order to compensate in part the income losses of parents who have been unable to work because they looked after their children, e.g. because of the closure of institutions (April-May 2020);
- paying wages (70%) in the event of considerable disruption of the employer’s activity (from 23 March 2020);
- extending the validity (six months) of decisions to pay benefits for incapacity for work or disability that were due to expire between March and August 2020.

### ***Conclusion***

Pending receipt of the information requested, the Committee concludes that the situation in Estonia is in conformity with Article 12§3 of the Charter.

## **Article 12 - Right to social security**

### *Paragraph 4 - Social security of persons moving between States*

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

### ***Equality of treatment and retention of accrued benefits (Article 12§4a)***

#### ***Right to equal treatment***

The Committee recalls that the guarantee of equal treatment within the meaning of Article 12§4 requires States Parties to remove all forms of discrimination against nationals of other States Parties from their social security legislation (Conclusions XIII-4 (1996), Statement of Interpretation on Article 12§4). Both direct and indirect discrimination should be eliminated. National legislation cannot reserve a social security benefit to nationals only or impose extra or more restrictive conditions on foreigners. Nor may national legislation stipulate eligibility criteria for social security benefits which, although they apply without reference to nationality, are harder for foreigners to comply with than nationals, and therefore affect them to a greater degree. However, pursuant to the Charter's Appendix legislation may require the completion of a period of residence for non-contributory benefits. In this respect, Article 12§4a requires that any such prescribed period of residence be reasonable. The Committee considers that the right to equal treatment covers both equal access to the social security system and equal conditions for entitlement to social security benefits.

The Committee notes from the report in this respect that as regards the coordination of national social security systems, the States are divided into two groups: States where the legislation of the place of home country (*lex loci domicilii*) applies and States where the legislation of the place of work (*lex loci laboris*) applies. According to the report, Estonia belongs to the States whose the social security system is based on the principle of *lex loci domicilii*.

As the European Union regulations take precedence over the Estonian laws (as in all EU Member States), Estonia must implement European Union law. As far as social security is concerned, EU regulations do not require the harmonisation of social security systems. However, the coordination is based on the *lex loci laboris* principle and implementing this principle is inevitable. According to the report, since the Council of Europe does not establish a common labour market for its Member States, nationals of non-EEA States Parties to the Charter, who reside in the territory of the EEA States do not have to implement the principle of the *lex loci laboris*.

Nevertheless, according to the report, that there is no discrimination on the basis of nationality as regards access to social security. The report provides statistical information concerning social security benefits paid to nationals of Albania, Armenia, Bosnia and Herzegovina, North Macedonia, Montenegro and Serbia, lawfully resident in Estonia who have received sickness benefits, unemployment insurance benefits, unemployment allowances and work ability allowances, disability benefits. It also provides information about the nationals of these States who have been issued a proof that they are covered by the Estonian social security system.

The report states that at present, consultations are on-going with three States Parties to the Charter – Moldova, Russian Federation and Ukraine. The aim of these consultations is to amend the existing agreements, to reflect the amendments that were introduced to the Estonian social security legislation. The new EU Data Protection Regulation 679/2016 also requires the data exchange to be more closely regulated in the agreements. According to the report, making amendments to the agreements is a slow process that requires long-term resources and may take up more than five years with each State.

According to the report, consultations with Azerbaijan and Georgia have been stalled, because social security reforms were being carried out in these countries.

Moreover, according to the report the European Union has a common approach to these countries and that the opening of separate consultations or negotiations must be extremely justified.

According to the report, if coordination of social security issues is considered important for these countries, then these countries are equally able to raise this issue during the negotiations. The aim to conclude the agreements or to amend the existing agreements for social security coordination is achievable (as for example, the agreement between the EU and Turkey).

The Committee takes note of the statistics concerning the numbers of the nationals of Albania, Bosnia and Herzegovina, North Macedonia and Montenegro and Serbia living in Estonia. It notes that, according to the report, given the low numbers of such nationals, there is no significant need to enter into consultations on social security agreements with these countries. Regarding Armenia, where the numbers are higher, according to the report, Estonia is considering whether to make a new proposal to start consultations.

The Committee considers that access to the social security system is guaranteed for nationals of other States Parties lawfully resident in Estonia. It asks whether equal conditions for entitlement to benefits is also guaranteed and reserves its position on this issue.

As regards equal treatment in respect of family benefits, the Committee recalls that the purpose of child benefits is to compensate the costs of maintenance, care and education of children. Such costs primarily occur in the State where the child actually resides.

The Committee further recalls that child benefits are covered by different provisions of the Charter, and in particular by Article 12§1 and Article 16 of the Charter. Under Article 12§1 States Parties have an obligation to establish and maintain a social security system including a family benefits branch. Under Article 16 States Parties are required to ensure the economic protection of the family by appropriate means. The primary means should be child benefits provided as part of social security, available either universally or subject to a means-test. States Parties have a unilateral obligation to pay child benefits in respect of all children resident in their territory on an equal footing, whether they are nationals or have moved from another State Party.

The Committee is aware that States Parties that are also EU Member States, on the basis of the EU legislation on coordination of the social security system are obliged to apply coordination rules which to a large extent prescribe exportability of child benefits and family allowances. When the situation is covered by the Charter, and the EU legislation does not apply, the Committee has regard to its interpretation according to which the payment of child benefits to all residing children, as a starting point, is an unilateral obligation for all States Parties. The Committee decides no longer to examine the issue of exportability of child benefits under Article 12§4a.

Under Article 12§4a of the Charter the Committee will only examine whether child benefits are paid to children, having moved from another State Party, on an equal footing with nationals, thus ensuring equal treatment of all resident children. Under Article 16 the Committee will examine equal treatment of families as regards access to family benefits and whether the legislation imposes length of residence requirement on families for entitlement to child benefit.

In this respect, the Committee notes from the report that payment of state family benefits is based on the principle of *lex loci domicilii*, which means that both children for whom the allowance is paid, and their parents must live in Estonia. The right to state family benefits does not depend on nationality and whether the parent is employed or not, studying or engaged (or not engaged) in other activities.

The Committee considers that the situation is in conformity with the Charter on this point.

### ***Right to retain accrued rights***

The Committee recalls that old-age benefit, disability benefit, survivor's benefit and occupational accident or disease benefit acquired under the legislation of one State according to the eligibility criteria laid down under national legislation should be maintained (exported) irrespective of whether the beneficiary moves between the territories.

In its previous conclusion, the Committee found that the situation was not in conformity with the Charter on the ground that the right to maintenance of accrued benefits was not guaranteed in the absence of bilateral agreements in this area. In particular, the Committee noted that Stabilisation and Association Agreements and the EU-Armenia Agreement did not provide sufficient guarantees as they did not coordinate social security systems of Albania, Bosnia and Herzegovina, North Macedonia, Montenegro and Serbia with those of the EU Member States.

As regards unilateral measures taken to ensure the maintenance of accrued rights, the Committee has previously asked about the amendments to the State Pension Insurance Act. It notes in this respect from the report that the State Pension Insurance Act was amended and the amendments entered into force on 1 January 2018. Therefore, since 2018, all old-age and survivors' pensions earned in Estonia have been exported worldwide. This means that pensions earned in Estonia by both Estonian citizens and citizens of all other States Parties to the Charter are also paid outside the EU, EFTA and other countries covered by pension agreements. In 2018, 181 people received pensions outside the EU or countries with whom Estonia has bilateral agreements. This number rose to 210 in 2019. The report also states that Estonia does not make the right to pension dependent on the nationality of the pensioner. In this regard, the report provides statistical information concerning the numbers of nationals of other States Parties who have received Estonian pension during the reference period.

According to the report, this decision of the Estonian Parliament concerning maintenance of pensions was an important development, requiring additional administrative resources and pension funds. According to the report, there is currently no plan for unilateral extension of the payment of other social security benefits. The Committee recalls in this regard that disability benefit, survivor's benefit and occupational accident or disease benefit acquired under the legislation of one state according to the eligibility criteria laid down under national legislation should be maintained (exported) irrespective of whether the beneficiary moves between the territories.

It asks what rules apply as regards disability benefit, survivor's benefit and occupational accident or disease benefits when the beneficiary, having acquired the rights to these benefits move back to their country of origin. In the meantime, the Committee reserves its position regarding exportability of these benefits.

### ***The right to maintenance of accruing benefits (12§4 b)***

The Committee recalls that under Article 12§4b there should be no disadvantage in terms of accrual of rights for persons who move to another State for employment in instances in which they have not completed the period of employment or insurance necessary under national legislation to confer entitlement and determine the amount of certain benefits. Implementation of the right to maintenance of accruing rights requires, where necessary, the accumulation of employment or insurance periods completed in another territory for the purposes of the opening, calculation and payment of benefits. In the case of long-term benefits, the pro-rata approach should also be employed. States may choose between the following means in order to ensure maintenance of accruing rights: bilateral or multilateral agreement or, unilateral, legislative or administrative measures. States that have ratified the

European Convention on Social Security are presumed to have made sufficient efforts to guarantee the retention of accruing rights.

In its previous conclusion the Committee considered that the situation was not in conformity with the Charter as decisions adopted by Stabilisation and Association Agreements and the EU-Armenia Agreement did not guarantee as such the accumulation of insurance or employment periods for nationals of Albania, Armenia, Bosnia and Herzegovina, North Macedonia, Montenegro and Serbia.

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

#### *Conclusion*

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



## **Article 13 - Right to social and medical assistance**

### *Paragraph 1 - Adequate assistance for every person in need*

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

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 measures taken to ensure that the right to social and medical assistance is ensured 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 (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.

The previous conclusion (of 2013) considered that the situation in Estonia was not in conformity with Article 13§1 of the Charter on the ground that the amount of social assistance granted to a single person without resources was inadequate.

### ***General legal framework, types of benefits and eligibility criteria***

According to the report, the minimum income in Estonia for an individual or household without resources is the subsistence benefit. It consists of two parts: actual housing costs and a benefit paid at the subsistence level. The benefit is non-contributory, means-tested and not taxable. Local authorities administer the subsistence benefit and can exercise discretion within certain limits. There are no parallel minimum income schemes in Estonia. The subsistence benefit is granted to a person living alone or with a family whose net income after the payment of housing costs (up to certain limits) is below the subsistence level. The subsistence level is intended to cover minimum expenditures on the consumption of food, clothing, footwear and other goods and services. The Parliament establishes the subsistence benefit level annually. Since 2019, the subsistence level was raised to €150 (compared to €130 in 2016): the subsistence level for a single or first family member is €150; every subsequent family member’s subsistence level is €120 (80% of the single level) and every minor’s subsistence level is €180 (120% of the single level). There is a supplement for single parents of €15 per month.

The Committee notes that some amendments in the subsistence benefit regulation were introduced in 2018. A new element in the scheme was that if a subsistence beneficiary or a member of a family applying for the benefit starts receiving earned income and was granted subsistence benefit for at least two previous months, the following shall not be included in the income test: 100% of earned income during the first two months; 50% of earned income during the following 4 months. It is possible to use this exception once in 24 months per family member. Prior to the amendment, a person who had received the subsistence benefit usually lost the right to the benefit as soon as he or she started to work. Moreover, salary earned by students is not included as income of the family upon calculating the subsistence benefit. The need-based family benefit, that had been in effect since July 2013 (with the latest rate €45 in case of one child, €90 in case of two or more children), was abolished and integrated to the subsistence benefit scheme. All family benefits are fully included to family income when calculating subsistence benefits. Finally, local authorities were given more discretion to consider the person’s situation, wealth and assets as well as general

circumstances in the country. In certain cases, local authorities have a right to establish more favourable conditions for granting the subsistence benefit. Local municipalities may also refuse to grant the benefit or reduce the sum of the benefit if the applicant or a member of a family applying for a benefit is a person of working age with ability to work, is not working, looking for a job, or studying full time or does not agree to accept additional help and services provided by local authority. According to the report, these measures were introduced with the aim to motivate beneficiaries to work.

In this connection, the Committee had previously asked in its conclusion of 2017 whether, in case the benefit is refused where the person repeatedly refuses an employment offer, such persons could still have the right to emergency social assistance according to the legislation. The report states that refusal of an employment offer or not being registered as unemployed or job-seeker with the Estonian Unemployment Insurance Fund is one of the grounds to refuse to grant a subsistence benefit. However, according to Article §8 of Social Welfare Act, emergency social assistance is provided to all persons who find themselves in a socially helpless situation due to the loss or lack of means of subsistence which guarantees the persons at least food, clothing and temporary accommodation. Emergency social assistance is a needs-based support, that is provided for anyone in need until a person is no longer in a socially helpless situation. Moreover, food aid is distributed twice a year to recipients of subsistence benefit, people and families who according to their incomes are entitled to subsistence benefit, recipients of certain local government benefits and people in shelters.

As regards *medical assistance*, the Committee noted in its previous conclusions (2013, 2017) that 92,0% of the population was covered by the health insurance and that all registered unemployed persons are covered by health insurance since 2009. The report does not contain any information in this respect, neither on social assistance for the elderly persons. The Committee asks the next report to provide information on the updated level of health insurance for vulnerable populations, and of social assistance for the elderly.

### **Level of benefits**

To assess the situation during the reference period, the Committee takes note of the following information:

- Basic benefit: according to the report and the MISSOC single person or first person in the family received €150 in subsistence benefit. The Committee had asked whether the benefit to meet the housing costs is granted in addition to the subsistence benefit or whether it was already included in the amount granted. The Committee also asked for information on the average amount granted as housing benefit to a single person receiving a subsistence benefit. According to MISSOC, this amount is the minimum to be received after deduction of housing costs. The report further explains that the subsistence benefit in Estonia consists of two parts: actual housing costs and a benefit paid at the subsistence level. The subsistence level is provided for a certain minimum guaranteed income, which the person should have after payment of housing costs, so excluding them. Since 2019, the subsistence level for single or first family member is €150, each subsequent adult family member €120 (80% of single level) and each minor family member €180 (120% of single level). To calculate the subsistence benefit amount, housing costs are taken into account up to the limits of the specified standards for dwellings. The limit of standards for dwelling is 18m<sup>2</sup> per each family member and in addition 15m<sup>2</sup> per family. There is an exception considering pensioners and persons with partial or absent work ability – the limit for them, if living alone, is 51m<sup>2</sup>. Local authorities establish the limits for housing costs to ensure decent subsistence annually.
- Additional benefits: the recipient of subsistence benefit whose family members are all minors (under 18 years of age) has the right to receive a supplementary social benefit of €15 in addition to the subsistence benefit. According to

MISSOC, the exact amount of the subsistence benefit depends on family composition and housing expenses. The Committee notes that the housing expenses are taken into account within the limits of social justified standards of dwelling and limits set by the local authorities. The report further states that for the calculation of subsistence benefit different costs are taken into account, such as rent; the administration costs of the apartment building, including costs related to repairs; the repayment of loan taken for renovation of the apartment building; the cost of services of supplying water and leading off waste water, etc. However, there are no separate housing allowances.

- Poverty threshold, defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value was estimated at € 478 in 2019.

In the light of the above data, the Committee considers that the level of social assistance for a single person is inadequate on the basis that the minimum social assistance that can be obtained falls below the poverty threshold.

### ***Right of appeal and legal aid***

The Committee asked in the previous conclusion (2013) that the next report provide updated information regarding the right of appeal and legal aid. The Committee takes note of the information in the report. Paragraph 36 of the General Part of the Social Code Act (which entered into force in 2016) gives grounds for submitting an appeal against any decisions or operations taken by the administrative authority. In case of disagreement with the decision on subsistence benefit, the applicant has the right to file a complaint with the local government within 30 days as of the date of becoming aware of the decision, or to file an appeal with an administrative court within the same term. State legal aid is provided for persons, who are unable to pay or are able to pay only partially for competent legal services due to their financial situation at the time of need for legal aid, or if the person's financial situation does not allow for meeting basic subsistence needs after paying for legal services. Several non-profit associations provide legal aid to the people with financial needs. Such associations can often be supported by local municipalities, universities or public authorities. HUGO.legal, in cooperation with the Ministry of Justice of Estonia, provides legal counselling for favourable conditions for all Estonian residents whose gross monthly income is up to €1700. To receive legal aid, a client agreement must be concluded and a co-payment of €5 must be paid. Legal aid is provided with a few exceptions in all legal matters and in all forms, both on-site consultation in all county centres and online. The Estonian Chamber of Disabled People and Estonian Union of Pensioner's Associations also provide legal counselling for people with special needs and people of pensionable age, respectively.

### ***Personal scope***

The specific questions asked in relation to Article 13§1 this year do not include an assessment of assistance to nationals of States parties lawfully resident in the territory. Therefore, this particular issue will only be assessed if there was a request of information or a non-conformity in previous cycle.

#### Foreign nationals lawfully present in the territory

In its previous conclusion (2013), the Committee asked for confirmation that the following understanding is correct: that in case of temporary residents, the person's residence permit may not be renewed if the person has received subsistence benefit, but it will not be withdrawn before its legal expiry, on the sole ground that the person concerned is in need.

The report confirms this understanding.

#### Foreign nationals unlawfully present in the territory

The Committee recalls that persons in an irregular situation must have a legally recognised right to the satisfaction of basic human material need (food, clothing, shelter) in situations of emergency to cope with an urgent and serious state of need. It likewise is for the States to ensure that this right is made effective also in practice (European Federation of National Organisations working with the Homeless (FEANTSA) v. the Netherlands, Complaint No. 86/2012, decision on the merits of 2 July 2014, §187).

The Committee notes from the report that according to the Social Welfare Act, every person staying in Estonia has the right to receive emergency social assistance. According to the report, the arrangement of the provision of social services, emergency social assistance and other assistance, as well as granting and payment of social benefits is in the capacity of local authorities. Emergency care provided by hospitals, family doctors and emergency ambulance is free for everybody in Estonia, including for irregularly present migrants. The report refers to its 14<sup>th</sup> national report introduced in 2016 for further details on this.

### ***Medical and social assistance during the Covid-19 pandemic***

The report states that during the Covid-19 crisis, local authorities continued the payment of subsistence benefits, as well as other benefits under their competences, and provision of food aid and other services. There were no centrally implemented specific social assistance measures for persons without resources. With the intention to prevent further difficulties for parents of children with special needs, the state introduced a temporary financial support. The benefit provided state supported income for parents, who have taken unpaid leave due to the closure of kindergartens and schools, in order to guarantee the everyday surveillance, study support and personal hygiene procedures of their children. Parents of children with profound, severe or moderate disability, educational special needs and lack of immunity were granted 70% of their average income of the previous calendar year for each calendar day of the unpaid leave. The measure was applicable until the end of the emergency situation (17 May 2020). The budget of the measure was €10 millions. The sickness benefit scheme was also temporarily expanded to cover the first three days of sick leave which previously has been persons own liability.

Whereas the definition of emergency medical care has not changed in the law, during the pandemic situation the list of medical services that were covered was broader than before. In the case of suspicion of Covid-19 with health insurance uncovered person all necessary services are covered – emergency ambulance care, diagnostics, treatment in the specialised care and in primary care level. The Social Welfare Act was complemented with specific regulation on financial support measures to be applied in extraordinary situation for prevention of difficulties in coping arising from extraordinary situation. The amendments stipulate that during an emergency situation, a state of emergency or a state of war, the Government may adopt additional financial support measures for relieving and preventing difficulties in coping arising from the emergency situation, state of emergency or state of war. Persons whose coping may have deteriorated to a significant extent due to the emergency situation, state of emergency or state of war are entitled to financial support measures. The one-time cost of a financial support measure shall not be less than 5 euros or more than ten times the subsistence level. The financial support measures may be applied until the need for such measures ceases to exist but not longer than 60 days after the termination of an emergency situation, a state of emergency or a state of war. The measures may be applied retroactively as of the declaration of an emergency situation, a state of emergency or a state of war. The report states that the Covid-19 outbreak did not bring along rapid growth of people in financial need, but since May 2020, there has been a slight increase in the number of subsistence benefit receivers. The increase is expected to grow in the near future, because relieving measures offered to people who lost their jobs by the Estonian Unemployment Fund (unemployment insurance benefit, redundancy benefit, unemployment allowance, are ending and the amount of subsistence benefit receivers always grows in autumn (since seasonal jobs end and dwelling costs are higher because of heating).

The Committee asks the next report to produce further information on social assistance and specific measures taken during the Covid-19 pandemic.

*Conclusion*

The Committee concludes that the situation in Estonia is not in conformity with Article 13§1 of the Charter on the ground that the level of social assistance paid to a single person without resources is not adequate.

**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 13 - Right to social and medical assistance**

*Paragraph 4 - Specific emergency assistance for non-residents*

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 Estonia.

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 conclusions in which it found the situation to be in conformity with the Charter (see Conclusions 2017). The Committee also acknowledges information submitted in reply to its previous questions (see Conclusions 2017) on implementation of the 2016-2023 Welfare Plan, 2014-2020 Special Care and Welfare Development Plan, measures to ensure effective and equal access to social services, as well as on support to local governments in the development and provision of social services.

The Committee understands from the report that provision of social services has not been interrupted during the COVID-19 pandemic. The report points to challenges related to this period and the measures adopted to address them. In residential long-term care homes the reception of visitors was refused, and customers were subject to movement restrictions, which resulted in experienced loneliness and social isolation. In one of the regions laptops were organised by the Estonian Social Insurance Board for long-term care home customers to communicate with their relatives, however, the practice was not widespread country-wide. Estonian Health Board established a national social welfare task force to coordinate COVID-19 responses in long-term care homes, to support the containment, provide guidelines and monitor the situation. The government issued guidance, recommendations and information on working conditions, hygiene, quarantine, and safety to support service providers in protecting care recipients and staff.

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). The report provides that during the pandemic helplines have been put into operation providing information about the crisis, emergency situation and related support measures, as well as offering psychological first aid. As regards support offered to vulnerable groups, the Dementia Competence Centre has elaborated guidelines and recommendations to carers and family members living with people with dementia. The majority of Estonian local governments reported that they had been in contact (mainly via phone) with the elderly in their region and reacted with services and assistance, if needed. The provision of home services continued, and local governments reported on the increasing need for these services. Social workers supported by volunteers provided elderly with food

and medicines. Number of local governments continued to provide school meal for children during the closure of schools.

The Committee recalls that social services must have resources matching their responsibilities and the changing needs of users. This implies that: staff shall be qualified and in sufficient numbers; decision-making shall be as close to users as possible; there must be mechanisms for supervising the adequacy of services, public as well as private. In this respect, the report states that during the COVID pandemic the government allocated additional 130 million € financial support to local governments to mitigate the effects of the crisis. As indicated above, volunteers were resorted to, when needed.

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 Estonia 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 Estonia.

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 there is no general approach in user involvement in social services, albeit it is gaining continuously more attention. It further provides some examples of good practices in this respect, such as Garage 48 on Estonian wellbeing initiated in 2017 to find innovative ideas for the development of Estonian people’s wellbeing; a series of social hackathons where everyone is welcome to participate in developing innovative services and working on solutions that promote life in Võru county; person centred service design pilot project in special care to increase the involvement of local governments in the service provision of this target group).

In June 2020 a green paper on technological innovations in social welfare was approved by the Government, proposing possibilities to implement new technological solutions, service models, and increase awareness and skills in the provision of high-quality LTC services. Technological (including digital and distance-spanning) solutions could support living at home by increasing wellbeing and quality of life. The report further states, however, that the use of these solutions has not been very active in Estonia and the capacity needs to be improved and implementation actively supported in the forthcoming years. The Committee asks what steps are being taken in this respect. It further asks, how the user involvement is fostered in legislation and other decision-making, and whether any practical measures to support it, including budgetary, have been adopted or envisaged. In the meantime, the Committee considers the information provided to it is not sufficient to assess whether the requirements set out in Article 14§2 are met.

The Committee notes the information on the quality criteria that service providers must meet.

### *Conclusion*

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

### **Article 30 - Right to be protected against poverty and social exclusion**

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

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions related to 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.

Therefore, it will focus on the Government's replies to the targeted questions, namely about measures (legal, practical and proactive, including some concerning supervision and inspection) taken to ensure that no person falls below the poverty threshold, during or after the Covid-19 crisis, the impact of these measures 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 which relates to developments outside the reference period (namely, after 31 December 2019) for information purposes only. In other words, the information referred to in this section – "Poverty and social exclusion in times of the Covid-19 crisis" – will not be assessed for the purposes of Charter compliance in the current reporting cycle.

The Committee deferred its previous conclusion (Conclusions 2017).

#### ***Measuring poverty and social exclusion***

The Committee recalls that, under Article 30, States Parties must provide detailed information on how they measure poverty and social exclusion. The main indicator used by the Committee to measure poverty is the relative poverty rate. This corresponds to the percentage of people living under the poverty threshold, which is set at 60% of the equivalised median income.

The Committee notes that the data provided in the national report on the poverty indicators for 2015-2018 correspond to the 2016-2019 Eurostat data. The Committee will therefore refer to the Eurostat data.

It notes that the at-risk-of-poverty rate (cut-off point: 60% of median equivalised income after social transfers) remains stable during the reference period, 21.7% in 2016 and 2019 (the rate in the EU-28 reached 17.3% in 2016 and 16.8% in 2019). However, it observes that there was a difference in the at-risk-of-poverty rate (after social transfers) between the sexes, amounting to 4.8% in 2016, 4.9% in 2017 and 2018, and 4.4% in 2019.

The Committee also notes that the unemployed (aged 16 to 64) are a particularly vulnerable group: more than half of all the unemployed in Estonia (54.8% in 2016 and 52.6% in 2019) were at risk of poverty during the reference period, while this figure was much lower for the employed (10% in 2016 and 10.3% in 2019).

The at-risk-of-poverty rate (cut-off point: 60% of median equivalised income after social transfers) among persons over 65 was relatively high too, 40.2% in 2016 and 43.7% in 2019 (compared to 35.8% in 2015, 17.2% in 2012 or 15.1% in 2010). The Committee notes that it is almost three times as high as the EU-28 average (14.5% and 16.5% respectively). As regards children (younger than 16), the at-risk-of-poverty rate slightly decreased during the reference period, from 18.6% in 2016 to 17.2% in 2019.

Comparing at-risk-of-poverty rates before and after social transfers, the Committee also notes that the impact of social benefits has increased during the reference period (from 7.2% in 2016 to 8.5% in 2019).

Concerning the risk of poverty and social exclusion (AROPE), which according to Eurostat methodology, corresponds to the sum of the persons who are (1) at risk of poverty; and/or (2) face severe material deprivation; and/or (3) live in a household with very low work intensity, the Committee observes that 24.4% of the Estonian population was at risk of poverty and social exclusion in 2016-2018, and 24.3% in 2019 (these rates in the EU-28 reached 23.5% in 2016 and 21.4% in 2019 respectively).

As regards children (younger than 16), the risk of poverty and social exclusion slightly decreased during the reference period, from 20.7% in 2016 to 19.9% in 2019; the Committee observes that these rates are lower than the average in the EU-28 (25.9% and 23.1% respectively).

The Committee observes that more than one fifth of the population was viewed as being at risk of poverty during the reference period. Moreover, it notes that the at-risk-of-poverty rate started worsening in 2010 and keeps worsening, and, according to the report, it mainly affects older, disabled and jobless people. The Committee concludes that poverty levels are significant and still well above EU averages.

### ***Approach to combating poverty and social exclusion***

In its previous conclusion, the Committee found that it had not been clearly demonstrated that Estonia had implemented an overall and coordinated approach to combating poverty and social exclusion. However, it reserved its position as to the conformity of the situation with Article 30 and asked for additional information (Conclusions 2017).

In response to the Committee's question on the specific actions envisaged for elderly in view of their very high poverty rate, the report indicates some measures had been taken in this direction during the reference period, such as improving of the access to labour market services and increasing the national pension (from €395 in 2016 to €483 in 2019). It specifies that old-age pension and national pension are paid even in the case of employment. In addition, an allowance was introduced in 2017 (a lump sum support of €115 per year) for old-age pensioners living alone, in accordance with the population register, whose pension is 1.2 times lower than the amount of the average old-age pension. The Committee notes that the person's other resources (salary, social allowances or income) are not taken into account when granting the allowance, and that it is neither subject to income tax nor included in income for the purposes of calculating the subsistence benefit.

The Committee observes an increase in the employment rate of persons aged 63 to 74 during the reference period, from 29.8% in 2016 to 32.6% in 2019. However, as it has been noted previously, the at-risk-of-poverty rate among persons over 65 was extremely high and has kept growing since 2010. The Committee also notes that according to the European Semester Country Report Estonia 2018, the poverty risk among older people has increased, largely because pensions have not been indexed to living standards.

In its previous conclusion (Conclusions 2017), the Committee noted that the 'National Reform Programme Estonia 2020' aimed to reduce the at-risk-of-poverty rate to 15% by 2020. Consequently, the Committee requested that information be provided on its results and on the existence of coordination mechanisms in regard to measures taken to increase the employment of disadvantaged groups in the labour market (the elderly, disabled people, etc.), including at delivery level (that is, how coordination is ensured between individual beneficiaries of assistance and the services).

In response, the report indicates that general economic measures and the improvement of economic performance affected the employment of disadvantaged groups. Job-seeking pensioners continued to benefit from active labour market policies similarly to other groups (see above). It particularly stresses that the "Employment programme for 2017-2020" was launched with the aim of preventing unemployment and to support structural changes in the economy. Workers at the highest risk of unemployment (e.g. people with health problems,

people with outdated education or without vocational skills, those with insufficient language skills and the persons over 50 years of age) were eligible for measures supporting short- and long-term upskilling in informal and formal education. Employers were supported as well, by being covered for the training costs of new hires or when faced with a necessary adjustment to economic changes. The Committee notes from the report that the support rate was higher for workers at risk of unemployment.

The Committee observes that, although all the specific measures were taken during the reference period, the at-risk-of-poverty rate (cut-off point: 60% of median equivalised income after social transfers) was 21.7% in 2019. The European Semester Country Report Estonia 2018 confirms the country's underperformance, in particular, with regard to meeting the national targets for reducing poverty.

In its previous conclusion, the Committee noted that the effect of social transfers had declined and was limited (falling from over 36% in 2010 to just 22% in 2015) and, therefore, asked whether and what measures had been taken or were foreseen to ensure that social transfers effectively reduce poverty. It also asked for data demonstrating that the budgetary resources allocated for combating poverty and social exclusion were sufficient in view of the scale of the problem at hand.

The report indicates that in 2018 some amendments were introduced to the subsistence benefit regulation in order to make the scheme more flexible and encourage beneficiaries to take up employment (see also Conclusions 2021 on Article 12§1). In particular, from 2019 onwards, the subsistence level for a person living alone or for the first family member ('single level') amounted to €150 per month; this rises by 120% for each family member who is a minor (since 2018, €180), and by 80% for each additional adult (€120). In addition, beneficiaries of subsistence allocations where all the family members are minors are entitled to an additional monthly social benefit of €15. According to the report, family allowances have also been increased, especially for large families and for children with disabilities (e.g. since 2020 – outside the reference period – allowances have been doubled in cases of moderate or severe disability, and tripled in cases of profound disability).

The report indicates that social transfers have played a significant role in reducing poverty. In 2018, according to the report, various state allowances, benefits and pensions reduced the population's relative poverty by 45% (before social transfers, 39.3% of the population lived in relative poverty, while after social transfers it fell to 21.7%). The report also provides data on the impact of social transfers on reducing relative and absolute poverty of elderly persons and children. The Committee nevertheless reiterates that the data provided in the report do not match the Eurostat data for the same indicators, and that it takes into account the Eurostat data on poverty. Consequently, the Committee notes that the effect of social transfers increased slightly during the reference period, from 24.91% to 28.15%. These amounts, however, are below the EU-28 averages of 31.64% and 33.07%, respectively.

The Committee notes from the European Semester Country Report Estonia 2018, that Estonia spends less on social protection than its EU peers and that its social safety net is inadequate, particularly in view of its increasingly ageing population. Per capita spending on social protection and spending on social protection (weighted average) are among the lowest in the EU.

The Committee also refers to its conclusions of non-conformity regarding other relevant provisions of the Charter for an assessment of conformity with Article 30 (see Conclusions 2013 and the Statement of interpretation on Article 30). It refers in particular to:

- Article 12§1 and its conclusion that the minimum level of several social security benefits (sickness, unemployment, contributory pensions) is inadequate (Conclusions 2021);
- Article 13§1 and its conclusion that the level of social assistance paid to a single person without resources is not adequate (Conclusions 2021).

The Committee observes that despite some measures taken to ensure more adequate pensions, subsistence allowances, and higher family allowances, an increasing share of the population is still at risk of poverty. This concerns especially the elderly. On the basis of the above, the Committee considers that the situation is not in conformity with Article 30 on the ground that there is no adequate overall and coordinated approach in place to combat poverty and social exclusion.

### ***Monitoring and evaluation***

In its previous conclusions, the Committee requested information on monitoring mechanisms covering all sectors and areas of the combat against poverty and social exclusion. It also asked for information on how individuals, research institutions and voluntary associations have been involved in assessing poverty reduction measures (Conclusions 2017).

In response, the report indicates that the 2016-2023 Welfare Development Plan was adopted by the Government in 2016. Its aim is to define an overall approach to combat poverty and social exclusion. Moreover, a Welfare Development Plan Committee was established in order to (1) undertake the preparation and implementation of the Plan (development goals, measures, activity plans and annual reports), and (2) act as an advisory body concerning the Structural Funds priorities in the fields of social inclusion and labour market access. According to the report, this committee consists of representatives of various ministries, social partners and NGOs active in the social sector (e.g. representatives of the Estonian Association of Cities and Municipalities, the European Anti-Poverty Network, the Estonian Union for Child Welfare, the Estonian Chamber of Disabled People, the Estonian Union of Pensioners Associations, the Estonian Social Work Association, etc.).

The report also states that Statistics Estonia has created various data bases, in particular for the social sector, in order to simplify the collection and use of statistics. The Committee notes that the Social Welfare Development Plan indicators form one of the central government data bases.

The Committee asks that the next report provide information on monitoring and evaluation of the effort to combat poverty and social exclusion. It also asks for information on the involvement of civil society and persons directly affected by poverty and social exclusion (especially, older people) in evaluating these policies.

### ***Poverty and social exclusion in times of the Covid-19 crisis***

The report indicates that the responsibility for assisting people affected by poverty, social exclusion and homelessness lies with the local governments. During the Covid-19 crisis, local governments continued to provide social services and pay benefits and allowances.

As regards the conditions for granting and paying out the subsistence benefit, the report also indicates that local authorities have the discretion to take into account the person's situation, wealth and assets, as well as the country's general situation. Under certain conditions (such as the Covid-19 crisis), local governments have the right to establish more favourable conditions for granting the subsistence benefit.

The Committee takes note of the specific measures taken to protect the incomes of certain groups at risk, such as the elderly (food and medicines, volunteers' assistance; helplines); the unemployed; children, including children from families coping with difficulties (e.g. meals; internet connection for teachers and schoolchildren; partial or total exemption from paying for childcare; providing laptops and computers for schoolchildren who reported their need for assistance).

The report also indicates that, on 19 March 2020, the government approved of a temporary subsidy programme to compensate for wage cuts. The subsidy provides income to employees and helps employers to overcome temporary hardship without laying off employees or filing for bankruptcy. It was paid up from March to June 2020 to the employees

whose employers were affected by the Covid-19 crisis. The amount of the subsidy was 70% of the employee's average monthly salary, with a maximum amount of €1,000 per employee per month. According to the report, a total of 137,683 employees from 17,563 organisations benefited from this measure.

In addition, the report explains another measure: a temporary financial support for parents of children with special needs. The goal of public authorities was to provide income for parents who were temporarily forced out of the labour market (i.e. whose employment contract was suspended or who were on unpaid leave) due to the closure of kindergartens and schools, in order to guarantee the daily supervision, educational support and personal hygiene of their children. Parents of children with profound, severe or moderate disability, and/or with special educational needs were provided with 70% of their average income of the previous calendar year for each calendar day (the minimum amount of allowance per month was € 540 and the maximum amount was €1,050). The measure remained in place until the end of the emergency period, and the last payments were made in June 2020.

The report indicates that the consequences of the pandemic are likely to lead to a significant increase in the unemployment rate in the autumn of 2020, which, in turn, means that a significant proportion of people will need social assistance after some time. It is also very likely that families in need of support will require it for a longer period of time. In this regard, in the years to come, the state will have to budget for additional financing of the subsistence minimum in order to alleviate the side effects of the crisis.

### *Conclusion*

The Committee concludes that the situation in Estonia is not in conformity with Article 30 of the Charter on the ground that there is no adequate overall and coordinated approach in place to combat poverty and social exclusion.