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EUROPEAN SOCIAL CHARTER (REVISED)

European Committee of Social Rights

Conclusions 2021

RUSSIAN FEDERATION

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 the Russian Federation, which ratified the Revised European Social Charter on 16 October 2009. The deadline for submitting the 10th report was 31 December 2020 and the Russian Federation submitted it on 26 February 2021.

The Committee recalls that the Russian Federation 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 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerned the following provisions of the thematic group II "Health, social security and social protection":

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

The Russian Federation has accepted all provisions from the above-mentioned group except Articles 12§2, 12§3, 12§4, 13, 23 and 30.

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

The conclusions relating to the Russian Federation concern 10 situations and are as follows:

- 1 conclusion of conformity: Article 14§1.
- 4 conclusions of non-conformity: Articles 3§3, 3§4, 11§2 and 11§3.

In respect of the other 5 situations related to Articles 3§1, 3§2, 11§1, 12§1 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 the Russian Federation under the Revised Charter.

The next report from the Russian Federation 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.

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 the Russian Federation.

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”).

The Committee previously found that, pending receipt of the requested information, the situation in Russian Federation was in conformity with Article 3§1 of the Charter (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.

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 Committee considers that the right of every worker to a safe and healthy working environment, which applies to all workers, whether public or private sector employee, and also to the self-employed, is a widely recognised principle, stemming directly from the right to personal integrity. As work environments evolve, so too do the risks to health and safety that workers are exposed to. There are emerging or relatively new factors, but also some neglected ones that can affect health, in the short and the medium terms, as well as in the long term. In the same vein, the Committee also considers that an approach based on human rights and positive obligations requires continuous attention and the promotion and preservation of a culture of prevention in the areas of health and safety, as opposed to purely curative or compensatory approaches. The policies and strategies adopted must be regularly assessed and reviewed, particularly in the light of changing risks.

The report does not provide any information on the targeted question. The Committee accordingly reiterates its request and considers that if the next report does not provide the information requested there will be nothing to establish that the situation in Russian Federation is in conformity with Article 3§1 of the Charter on this point.

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.

In response to the targeted question related to Covid-19, the report states that, in accordance with the Decree of the President of the Russian Federation No. 313/2020 on the provision of additional insurance coverage to certain categories of medical workers (Decree No. 313) to certain categories of workers in medical institutions (doctors, paramedics and junior medical staff, ambulance vehicles drivers directly working with patients with confirmed Covid-19 infection and patients with suspected infection, hereinafter referred to as workers in medical institutions), workers in medical institutions are provided with additional insurance guarantees in the form of a one-time insurance payment. In this regard, cases of the infection of medical workers with Covid-19 specified in Decree No. 313/2020 are subject to investigation in accordance with the Regulations on Investigation and Recording of Occupational Diseases, approved by the Government of the Russian Federation Decree No. 967/2000.

The report also explains that, in accordance with the Decree of the Government of the Russian Federation No. 1762/2020, the Social Insurance Fund of the Russian Federation in 2020–2021 provides a monthly special social payment to medical and other workers in medical and other institutions (their structural units) providing medical care (involved in the provision of medical care) for diagnosis and treatment of the Covid-19 infection and health care workers in contact with patients diagnosed with the new coronavirus infection (Covid-19).

The report also states that financial measures were introduced under Order No. 365/2020 , which provides for the expansion of the list of preventive measures subject to financial support from the compulsory social insurance contributions against industrial accidents and occupational diseases, with the inclusion of preventive measures in the specified list to prevent the spread of COVID-19 infection in accordance with the recommendations of the Federal Service for Surveillance on Consumer Rights Protection and Human Welfare. The report mentions that this order provides for the purchase, at the expense of insurance contributions, of material such as personal protective equipment for the respiratory system (disposable masks and (or) personal protective equipment for respiratory organs of the filter type – respirators and (or) reusable cloth masks), as well as face shields, shoe covers, type 1 anti-plague suits, disposable gowns, disinfecting skin antiseptics for workers' hands and dispensing devices for treating hands with the specified antiseptics, and devices for non-contact checking of workers' body temperature, and (or) thermometers.

The report states that there is no analytical information available on the effectiveness of these protection measures or statistical data on the results of activities in the field of healthcare, since the statistical information is only due to be prepared in the middle of next year.

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 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. In the same vein, the Committee recalls that the Covid-19 crisis does not obviate the requirements set out by its long-standing jurisprudence regarding the implementation of the Charter and the obligation of the States Parties to take measures that allow them to achieve the objectives of the Charter within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources.

The Committee points out that, in order to secure the rights set out in Article 3, a response to Covid-19 in terms of national law and practice should involve the immediate introduction of health and safety measures at the workplace such as adequate physical distancing, the use of personal protective equipment, strengthened hygiene and disinfection 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

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

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 the Russian Federation.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 3§2 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”).

The Committee notes that previously, pending receipt of the information requested, the Committee found the situation in the Russian Federation to be in conformity with the Charter (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 previously found the situation to be in conformity in this respect but asked for information on regulations concerning health and safety at work which, under the terms of Article 3§2 of the Charter, must cover work-related stress, aggression and violence specific to work, and especially for workers under atypical working relationships (Conclusions 2017).

The report lists a number of amendments introduced in the end of 2020 to the State Duma of the Federal Assembly on amendments to the Labour Code of the Russian Federation in terms of improving mechanisms for preventing industrial injuries and occupational deaths. As this bill is outside the reporting period, it will not be taken into account for the purposes of the present reporting cycle.

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.

No information requested in reply to the targeted question is provided in the report. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Russian Federation is in conformity with Article 3§2 of the Charter on this point.

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

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

States Parties should ensure there is a legal right not to be penalised or discriminated against for refusing to undertake work outside normal working hours. States must also

ensure that there is a legal right to protection from victimisation for complaining when an employer expressly or implicitly requires work to be carried out outside working hours. States Parties must ensure that employers have a duty to put in place arrangements to limit or discourage unaccounted for out-of-hours work, especially for categories of workers who may feel pressed to overperform (e.g. those during probationary periods or for those on temporary or precarious contracts).

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

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

Establishment, alteration and upkeep of workplaces

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

Protection against hazardous substances and agents

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

Personal scope of the regulations

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).

Conclusion

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

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Enforcement of safety and health regulations

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

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

In its previous conclusion, the Committee concluded that the situation in Russian Federation was not in conformity with Article 3§3 of the Charter (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

The Committee previously examined the situation regarding accidents at work and occupational diseases and considered that the situation in the Russian Federation was not in conformity with Article 3§3 on the ground that measures to reduce the excessive rate of fatal accidents were inadequate (Conclusions 2017). The Committee further considered that the figures presented by ROSSTAT, the Federal State Statistics Service, concerning the number of accidents at work in the reference period and the incidence rates of such accidents, were especially low in comparison to the average incidence rates provided by EUROSTAT data for the EU. The Committee considered that that would suggest that underreporting of accidents was a problem and asked that the report comments on this point. In its targeted question on Article 3§3 with regard to accidents at work and occupational diseases, the Committee asked for information on statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

Regarding the incidence rates of fatal accidents at work, the Committee found that although the downward trend continued, the figures provided by the report remain higher than in comparison to the average incidence rates in the EU-28. It therefore concluded that the incidence rates of fatal accidents were too high, and the measures taken to reduce the number of fatal accidents were inadequate.

The report indicates that there is a steady trend towards a decrease in occupational injuries, including fatal ones. According to the figures provided by Rosstat, from 2013 to 2019, the number of victims with temporary incapacity for work for one day or more decreased by

34.4% (from 35,587 injured people in 2013 to 23,597 in 2018 and 23,343 in 2019). The number of fatal accidents at work was also reduced by 37.9% (from 1,699 victims in 2013 to 1,072 in 2018 and 1,055 in 2019). According to the report, the number of fatalities per 1,000 workers decreased by 33.8% (from 0.08 in 2013 to 0.054 in 2018 and 0.053 in 2019).

According to the figures provided by Rostrud (Federal Service for Labour and Employment), the number of fatal accidents at work decreased from 2,757 victims in 2013 to 1,698 in 2018 and 1,613 in 2019. The Committee also takes note of the information concerning the most frequent accidents with severe consequences that occurred in 2019 (22% of accidents concerns fall from height). The Committee also takes note that in 2019 more than 70% of accidents with severe consequences, were caused by typical organisational reasons, unsatisfactory organisation of work, worker's violation of labour schedule or labour discipline and shortcomings in the trainings of workers on labour protection.

The Committee also notes the important discrepancy between the figures provided by Rosstat and Rostrud as to the number of fatal occupational accidents and recalls the importance of reliable data as to the number and frequency of occupational accidents and their trends in the assessment of conformity to Article 3§3 of the Charter. Even assuming that the lower figures provided by Rosstat are correct, the Committee still finds that the figures concerning fatal accidents at work remain too high in comparison to average incidence rates in other State Parties, as illustrated by EUROSTAT data for the EU-28 (1.77 per 100,000 workers in 2018. This number was 5.4 in 2018 in the Russian Federation according to Rosstat statistics).

The report indicates that in order to ensure a reduction in the number of fatal accidents, a Bill was introduced to the State Duma of the Federal Assembly at the end of 2020, "On amendments to the Labour Code of the Russian Federation in terms of improving mechanisms for preventing industrial accidents and occupational diseases" (outside the reference period). The purpose of the Bill is to introduce a preventive model of Occupational Safety and Health management based on prevention of possible negative events, including accidents at work and occupational diseases, through the management of occupational risks. The Committee requests that the next report provide information on the status of the Bill and the measures taken in the framework of the implementation of those amendments in order to reduce the number of fatal accidents at work.

As to occupational diseases, in its previous Conclusions, the Committee asked that the next report provide information on the concept of occupational diseases, mechanisms 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 recognition and declaration of cases of occupational diseases, the most frequent occupational diseases during the reference period, as well as the preventive measures taken or envisaged (Conclusions 2017).

In reply, the report specifically indicates that as of January 2020, 4,041 cases of newly diagnosed occupational diseases have been registered in the territorial bodies of the Social Insurance Fund of the Russian Federation. The Committee reiterates its questions in the field of occupational diseases, in particular as to the definition and mechanisms for recognising, reviewing and revising of occupational diseases and clear figures on the incidence rate and the number of recognised and reported occupational diseases including fatal ones.

Activities of the Labour Inspectorate

In the previous Conclusions, the Committee concluded that the Labour Inspectorate was inefficient on the ground that the service was understaffed and was unable to perform its supervision activities. The targeted questions with regard to the activities of the Labour

Inspectorate concern the organisation of the Labour Inspectorate, and the trends in resources allocated to labour inspection services, including human resources; number of health and safety inspection visits by the Labour Inspectorate and the proportion of workers and companies covered by the inspections as well as the number of breaches to health and safety regulations and the nature and type of sanctions; whether inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors.

In response, the report indicates that the number of personnel (inspectors and administrative staff) in the labour inspectorates at the end of 2019 was 2,326, and in 2018, 2,368. In 2018, the number of inspectors was 1,820. The report also indicates that the number of inspectors as of October 2020, was 2,064. The Committee observes that the number of federal labour inspectors has declined since 2014 (3,100 federal inspectors).

According to the report, the number of economic entities whose activities are subject to federal state supervision in the field of labour is 7,671,115. In the course of all supervision activities in 2019, including the investigation of accidents at work, about 311,000 violations of labour legislation were found. At the request of the state labour inspectors, more than 9,000 workers were suspended from work due to failure to complete training and instruction. The total amount of administrative fines imposed in 2019 was 3,765,000,000 RUB (41,988,963.97 €) which is 15.4% more than in 2018. In order to provide citizens with legal assistance on labour law issues in 2019, officials of the federal labour inspectorate provided assistance in the preparation of 3,794 lawsuits, of which 1,190 claims were satisfied by the court. At the same time, during 2019, some 2,104 claims of citizens were considered by the judicial authorities with the direct participation of officials of the federal Labour Inspectorate, of which 1,401 claims were satisfied by the court.

The report explains that in order to improve the efficiency of supervisory bodies, the legislation provides a risk-oriented approach in implementing the supervisory activities. Therefore, state supervision is organised, and its intensity, form, duration and frequency is determined by taking into account the specific risk category of the enterprise under supervision and the severity of potential negative consequences of possible non-compliance with mandatory requirements. Therefore, the entities which present high-risk are inspected every 2 years, significant risk, every three years, medium risk, no more than every 5 years and moderate risk, no more than every 6 years. Where the enterprise is classified as presenting “low risk”, then scheduled inspections are not carried out.

The Committee observes that the previous national report stated that because of the understaffing of the Labour Inspectorate (3,100 inspectors in 2014), routine inspections of an enterprise will only be possible only once every several years. The Committee further observes that the number of labour inspectors has further decreased since 2014 (2,064 in October 2020). Under these circumstances, the Committee concludes that it cannot be considered that the labour inspectorate is efficient.

Covid-19

The report indicates that within the spread of Covid-19, with the aim of obtaining competencies for medical personnel for high-quality medical care for patients, the Government organized trainings covering all medical personnel. Moreover, the Department of Medical Education and Personnel Policy in Healthcare of the Ministry of Health implemented a number of educational strategies, various interactive educational modules and advanced training programs. Educational institutions in a number of regions have developed over 100 advanced training programs for medical workers with higher education. More than 20 advanced training programs have been developed for medical workers with secondary vocational education in the context of Covid-19. When organising the educational process, e-learning technologies were actively used, and all cycles were fully or partially based on principles of distance education.

Thanks to the close interaction of the Ministry of Health with the Ministry of Industry and Trade, weekly monitoring of stocks of personal protective equipment, distribution of internal and external supplies of personal protective equipment through the Ministry of Industry and Trade, and necessary increase in stocks of personal protective equipment was ensured in medical institutions, disposable protective medical gowns, disposable protective coveralls/suits, disposable respirators, goggles, disposable medical caps, disposable protective medical masks, high shoe covers.

Conclusion

The Committee concludes that the situation in the Russian Federation is not in conformity with Article 3§3 of the Charter on the grounds that:

- it has not been established that measures to reduce the excessive rate of fatal accidents are adequate;
- the activities of the labour inspectorate cannot be considered as effective because of understaffing.

Article 3 - Right to safe and healthy working conditions

Paragraph 4 - Occupational health services

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

The Committee recalls that for the purposes of the present report States were asked to reply to targeted questions 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”). However, no targeted questions were posed in respect of Article 3§4 of the Charter.

The Committee previously examined Russian Federation’s framework on occupational health services and found that the situation was not in conformity with Article 3§4 of the Charter on the ground that it had not been established that there was a strategy to progressively provide access to occupational health services for all sectors of the economy (Conclusions 2017). The Committee will therefore restrict its consideration to the Government’s replies to the previous conclusion of non-conformity.

In the previous conclusions, the Committee took note that the -previous- report did not provide statistics on the total number of workers who must undergo preliminary and periodical medical examination; the rate of occupational physicians to the total labour force and the rate of undertakings which, either in-house or through external suppliers, provide access to medical care in practice (Conclusions 2017). Considering that it should be provided with information that demonstrates that occupational health services are being progressively provided for all workers, the Committee asked for information on existing strategies to improve access to occupational health services for temporary workers, interim workers, self-employed workers, home and domestic workers.

In reply, the report informs the Committee that at the end of 2020 (outside the reference period), a bill was introduced to the State Duma “On Amendments to the Labour Code for Prevention of Industrial Accidents and Occupational Diseases”. According to the bill, in order to ensure compliance with labour protection requirements, each employer, in enterprises with more than 50 employees, shall create a labour protection service or introduce the position of a labour protection specialist in the enterprise. In enterprises where the number of employees is less than 50, the employer shall also create a labour protection service or introduce the position of labour protection specialist. According to the bill, in case the enterprise does not have a labour protection service or a labour full-time protection specialist, their functions are performed by the employer personally, another worker authorised by the employer, or an organisation or individual entrepreneur providing services in this field.

The report also indicates that in accordance with the order of the Ministry of Labour No 580 of 10 December 2012, the Social Insurance Fund provides financial support for preventive measures to reduce industrial accidents and occupational diseases, including the conduct of mandatory periodic medical examinations of workers engaged in dangerous work. According to the report, in 2019, 2.1 million workers underwent mandatory periodic medical examinations.

The Committee reiterates its conclusion that it has not been established that there is a strategy to progressively institute access to occupational health services for all workers in all sectors of economy. The Committee needs to be provided with updated and detailed information that demonstrates that occupational health services are being progressively provided for all workers. It reiterates its request for information on the rate of occupational physicians to the total labour force and the rate of undertakings which, either in-house or through external suppliers, provide access to medical care in practice. It also reiterates its

request for information on existing strategies to improve access to occupational health services for temporary workers, interim workers, self-employed workers, home and domestic workers. It requests that the next report also provide information on any legislative development in this field.

Lastly, the Committee requests information on any prospects in the Russian Federation concerning the ratification of ILO Occupational Health Services Convention No. 161 (1985).

Conclusion

The Committee concludes that the situation in Russian Federation is not in conformity with Article 3§4 of the Charter on the ground that it has not been established that there is a strategy to progressively provide access to occupational health services for all workers in all sectors of the economy.

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 the Russian Federation.

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 the Russian Federation was not in conformity with Article 11§1 of the Charter on the ground that the measures taken to reduce infant and maternal mortality rates had been insufficient (Conclusions 2017). The assessment of the Committee will therefore concern the information provided by the Government in response to the conclusion of non-conformity and to the targeted questions.

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

Measures to ensure the highest possible standard of health

The Committee notes that in its previous conclusion it found the situation not to be in conformity with Article 11§1 of the Charter on the ground that the measures taken to reduce infant and maternal mortality rates had been insufficient (Conclusions 2017).

The report provides information on the maternal and infant mortality. Maternal mortality rate per 100,000 live births was 9 in 2019, a decrease compared to 25 in 2015. The data in the report shows that the infant mortality rate per 1,000 live births decreased from 7 in 2015 to 4.9 in 2019.

The report further indicates measures taken to reduce maternal mortality, such as: improvement of the obstetric services; development of a network of perinatal centres; organisation of interaction between perinatal centres and obstetric hospitals; strengthening the material and technical base of obstetric care institutions; provision of medical care to women during pregnancy, childbirth and during the postpartum period in accordance with the legal regulations; organisation of monitoring system for pregnant women; development of remote and on-site forms of medical care during pregnancy childbirth and postpartum; organisation of obstetric care beds for hospitalization of pregnant women living in remote areas; implementation of measures to prevent abortion; training of professionals; analysis of cases of maternal mortality and development of preventive measures; analysis of critical obstetric conditions.

The report states that measures have been taken in order to reduce infant mortality, such as: strengthening of the primary healthcare system for children; construction and reconstruction of children’s hospitals; promotion of healthy lifestyle; high quality medical examination; implementation of vaccination; creation of a system for early detection of children’s development disorders; nursing of children with low body weight; training of medical professionals; development of preventive medical care for children; prenatal diagnostics; neonatal screening.

The Committee takes note of the reforms initiated and the measures taken to reduce maternal and infant mortality. It asks to be kept informed on the implementation of such measures, their effect on reducing the maternal and infant mortality rate, updated data regarding the trends of the mortality rates and on any developments in this field. The Committee notes that the maternal and infant mortality rate remains high (well above the average in the European Union: maternal mortality rate per 100,000 live births was 6 in 2017 in the EU and infant mortality rate per 1,000 live births was 3.4 in 2019). The Committee also notes the World Bank data on maternal mortality in 2017, according to which maternal mortality rate per 100,000 live births was 17. In view of the significant decrease reported in 2019, the Committee asks the updated information on maternal mortality rate and the correlation of this information with that of the World Bank. Thus, pending receipt of the information requested, the Committee defers its position on this point.

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

The Committee notes from World Bank data that life expectancy at birth was 73 years (average) in 2019 and that it increased from 70.5 in 2015. Life expectancy for women in 2019 was 78 years and for men it was 68 years. The Committee notes that there is a substantial gender gap, with women expected to live 10 years longer than men and asks the next report to provide information on measures taken to reduce this gap.

The Committee also notes from the World Bank data that the death rate per 1,000 inhabitants was 13 in 2019, which remained unchanged since 2015.

The report does not provide information on life expectancy across different population groups, thus the Committee reiterates this request for information.

Access to healthcare

In its targeted question, the Committee asked for information about sexual and reproductive healthcare services for women and girls (including access to abortion) and statistical information about early (underage or minor) motherhood.

The report states that abortion is carried out at the request of a woman with informed voluntary consent. The report provides some statistical data on abortions which shows that abortions have decreased by 29.9 per cent between 2015 and 2019. In order to preserve the reproductive health of women, a set of measures is being implemented to prevent and reduce abortions including creation of medical and support centres for pregnant women in difficult life situations; changes to legal framework; training for medical professionals. The report notes that there is an annual action called "Give me life" which includes lectures of professionals on dangers of abortion, sexual behaviour.

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

The report also states that Government support is provided for the use of in vitro fertilization (IVF) and that since 2016 the provision of medical care for infertility using IVF has been included in the basic compulsory health insurance programme. The report states that the number of births after IVF increased from 12,954 in 2012 to 29,876 in 2019.

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

The Committee reiterates its request to provide statistical information about early (underage or minor) motherhood.

The Committee asks the next report to contain information on the public health expenditure as a share of GDP.

In its previous conclusions the Committee asked whether legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other invasive medical treatment that could affect their health or physical integrity (Conclusions 2013 and Conclusions 2017). The report provides no information 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 healthcare in general, including sexual and reproductive healthcare, is provided without discrimination on the basis of gender identity.

As 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 does not provide any information in this sense. The Committee asks that information be provided in the next report on the measures taken to ensure informed consent to health-related interventions or treatment.

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).

With regard to treating those who are ill, the report states that the Federal Register of Persons with Covid-19 was developed, mobile teams of specialists were formed and sent to various regions if necessary, medical centres were equipped with medical devices for diagnosis and treatment of epidemic diseases, personal protective equipment, thermometers, air disinfection units, ventilators.

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 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 the Russian Federation.

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.

The Committee deferred its previous conclusion (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.

In its previous conclusion, the Committee also asked for information in its previous conclusion on whether and how sexual and reproductive education was provided in schools in the Russian Federation (Conclusions 2017). The report does not contain any information on these issues. Therefore, the Committee reiterates its request. In the meantime, it concludes that the situation is not in conformity with Article 11§2 of the Charter on the ground that it has not been established that sexual and reproductive education is provided in schools.

The report indicates that, in accordance with the state programme on health, measures are taken to provide the population with free primary and specialised medical care, as well as to promote prevention, medical rehabilitation, healthy lifestyles and health education. The Committee asks for more detailed information in the next report about health education and related prevention strategies, on a lifelong or ongoing basis, in the community.

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 report does not contain any information in this respect. Therefore, the Committee reiterates its question. It points out that, should the necessary information not be provided in the next report, nothing will enable the Committee to establish that the situation in the Russian Federation is in conformity with Article 11§2 of the Charter in this respect

Counselling and screening

In its previous conclusion, the Committee asked for information on the implementation of all the preventive measures in practice and for data on the frequency and number of screening or preventive examinations in practice (Conclusions 2017). It also asked whether these preventive examinations were geographically distributed throughout the entire territory of the Russian Federation.

In reply, the report indicates that during the reference period, certain categories of citizens were eligible for preventive medical examinations and medical check-ups: adults, including working and non-working citizens who study in educational institutions on a full-time basis; medical examinations for minors; screening available to orphans and children in a difficult life situation; and care in dispensaries.

According to the Strategy for the development of healthcare in the Russian Federation for the period up to 2025, approved by Decree of the President of the Russian Federation No. 254 of 6 June 2019, the priority area for healthcare development is the formation of an effective system of disease prevention that includes ensuring the coverage of all citizens with preventive medical examinations carried out at least once a year.

As of 2019, in accordance with the Programme approved by the Government Decree No. 1506 of 10 December 2018, every citizen has been entitled to a free preventive medical examination at least once a year, including as part of a screening examination. The report indicates that preventive measures have been organised, such as the detection of circulatory system diseases and cancer, which are the main causes of death. The Committee takes note of the figures provided in the report as regards these measures.

Conclusion

The Committee concludes that the situation in the Russian Federation is not in conformity with Article 11§2 of the Charter on the ground that it has not been established that sexual and reproductive education is provided in schools.

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 the Russian Federation.

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

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

The Committee refers to the latest concluding observations on the situation in the Russian Federation by the Committee on the Rights of Persons with Disabilities (CRPD, 2018), expressing concern about the large number of persons with disabilities living in institutions and about the lack of a strategy for deinstitutionalization. Furthermore, the European

Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT, 2018) documented the situation of hundreds of patients/residents in the psychiatric hospitals/social care homes that it visited, whose institutionalisation was justified solely due to the lack of an adequate infrastructure for community mental healthcare, and/or the lack of adequate accommodation in the community.

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 further notes that Article 15§3 of the Charter ordinarily provides an opportunity to examine the process of deinstitutionalization of adults with disabilities. As the Russian Federation has not ratified that provision, the issue in question falls to be assessed under Article 11§3. of the Charter.

Accordingly, the Committee asks for information as follows:

- the number of fully and/or partially closed institutions, or the reduction in the number of beds in long-stay psychiatric hospitals; if a deinstitutionalisation strategy is in place, what the timeline is for the closure of all institutions;
- the alternatives that have been put in place: the type of community-based services, including access to personal assistance, housing options, and access to mainstream services, including employment and education;
- with regard to housing, to what extent people leaving institutions are able to choose where and with whom they would like to live, and whether they are obliged to access a particular living arrangement to access support;
- data on the number of people living in group housing (small group homes, family-type homes etc.) after leaving institutions, disaggregated by age and impairment.;
- how services are funded, how disability-related costs are funded, and how individuals are assessed for access to different support services and allowances;
- how the quality of community-based services is monitored, and how persons with disabilities and their representative organisations are involved in the delivery, monitoring or evaluation of community-based services.

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

Healthy environment

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

The Committee previously asked for information on the institutional structures for the proper implementation of certain legislation regarding the protection of environment, as well as on the levels of air pollution, contamination of drinking water and food intoxication during the reference period, namely whether trends in such levels increased or decreased (Conclusions 2013). In its previous conclusion, the Committee noted that the report did not provide any information on this important aspect of Article 11§3 of the Charter, reiterated its questions and pointed out that if such information was not provided, there would be nothing to establish that the situation was in conformity with the Charter on this point (Conclusions 2017).

The Committee notes that the information requested is not provided, namely on the measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as on the measures taken to address the health problems of the populations affected, and to inform the public, including pupils and students, about general and local environmental problems. The Committee asks for the information to be provided in the next report. Meanwhile, the Committee concludes that the situation is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures were taken to overcome environmental pollution.

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 does not address this question.

Covid-19

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

The report provides information on the measures taken to prevent the spread of the virus, such as temporary closure of borders, provision of information to citizens, regular testing, cancellation of mass events, transition to remote work and learning, self-isolation for those arriving from abroad and those at high risk, registration of the vaccine and vaccination of the population, etc.

The Committee recalls that States Parties must take measures to prevent and limit the spread of the virus, including testing and tracing, physical distancing and self-isolation, the

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

Conclusion

The Committee concludes that the situation in the Russian Federation is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures were taken to overcome environmental pollution.

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 the Russian Federation.

Risks covered, financing of benefits and personal coverage

In its previous conclusion (Conclusions 2017) the Committee considered that the personal coverage of healthcare was adequate. The Committee asks the next report to provide updated information on the percentage of population covered by healthcare system. The Committee also asks whether secondary and tertiary care is also covered.

As regards income-replacement benefits, in its previous conclusion the Committee asked for further information concerning the new system applying as of 2015 to old-age, incapacity and survivors' pensions, in particular as regards any impact on the personal coverage for each of these branches.

As regards old-age, the Committee notes from MISSCEO that citizens of the Russian Federation at the age of 65 and 60 (men and women), foreign citizens and stateless persons who are permanently resident in the Russian Federation for 15 years being at the appropriate age, are covered under the system. The pensionable service necessary for insurance pension in 2015 was 6 years and from January 1, 2016 one year is added annually to become 15 in 2024. Insurance period is not necessary for a social old-age pension.

As regards unemployment benefit, the Committee notes from MISSCEO that two types of benefits are available: earnings-related social assistance and flat rate social assistance. The Committee notes from the report that entitlement to unemployment benefit is conditional on the recognition of the person concerned as unemployed. The Committee asks whether earnings-related unemployment benefit is a contributory benefit and what is percentage of active population (employed and unemployed persons) covered against this risk.

As regards sickness benefit, according to the report, citizens of the Russian Federation, foreign citizens and stateless persons permanently or temporarily residing in the territory of the Russian Federation, as well as foreign citizens and stateless persons temporarily staying in the Russian Federation are subject to compulsory social insurance in case of temporary incapacity for work and in connection with maternity in accordance with Federal Law No. 115-FZ dd July 25, 2002 "On Legal Status of Foreign Citizens in the Russian Federation". The Committee asks what percentage of active population is insured against sickness risk (temporary incapacity).

The Committee recalls that under Article 12§1, the social security system should protect a significant proportion of the population in the following branches: health care, sickness, unemployment, old age, employment injury, family, and maternity (Conclusions 2006, Bulgaria). The principle of collective funding is a fundamental feature of a social security system as foreseen by Article 12 as it ensures that the burden of risks are spread among the members of the community, including employers, in an equitable and economically appropriate manner and contributes to avoiding discrimination of vulnerable categories of workers (Conclusions 2006, the Netherlands).

The Committee asks the next report to provide information concerning the percentage of active population (employed and unemployed persons) covered under the system of income-replacement benefits, such as unemployment, old-age, sickness and incapacity. In the meantime, it reserves its position regarding the personal coverage of the social security system.

Adequacy of the benefits

In the absence of the Eurostat median equivalised income indicator, the Committee notes from official statistics that in 2019 the minimum subsistence level was set at RUB 10890 (€ 152) per month. The minimum wage was RUB 11,280 (€ 157).

In its previous conclusion the Committee considered that the minimum levels of sickness, accidents at work and unemployment benefits were inadequate.

As regards the minimum wage, the Committee notes that according to the Federal Law No. 473-FZ dd December 29, 2020 "On Amendments to Certain Legislative Acts of the Russian Federation" the minimum wage is set at an amount not lower than the subsistence minimum. According to Article 133 of the Labour Code of the Russian Federation, the minimum wage is established simultaneously throughout the entire territory of the Russian Federation by federal law and cannot be lower than the subsistence minimum of the working-age population.

As regards unemployment benefit, the Committee notes from MISSCEO that it is subject to minimum and maximum amounts. The Committee notes from the report that in 2020, the minimum amount of unemployment benefits was set at RUB 1,500 and maximum amount of unemployment benefits was set at RUB 12,130 (Resolution of the Government of the Russian Federation No. 346 dd March 27, 2020). The Committee notes from the report in May 2020 the minimum amount of unemployment benefit was further increased. As regards the reference period, the Committee notes from MISSCEO that the maximum amount of the unemployment benefit for 2017 was RUB 4,900. The minimum amount of unemployment benefit was RUB 850. In the absence of the information on the minimum amount of unemployment benefit in the reference period (2019) and taking into account that in 2020 the minimum level has been significantly raised, the Committee reserves its position on this issue and asks the next report to provide information concerning the minimum amount of unemployment benefit for the reference period.

As regards sickness benefit, according to the report, the Law No. 255-FZ regulates legal relations in the system of compulsory social insurance in case of temporary incapacity for work and in connection with maternity, determines the range of persons subject to compulsory social insurance in case of temporary incapacity and in connection with maternity, and types of insurance provided, establishes rights and obligations of subjects of compulsory social insurance in case of temporary incapacity for work and in connection with maternity, and also determines conditions, amounts and procedure for providing temporary incapacity for work, pregnancy and childbirth, monthly childcare benefits. In accordance with Article 14 of Law No. 255-FZ, temporary incapacity, pregnancy and childbirth benefits are calculated based on average earnings of the insured person, for two calendar years preceding the year of temporary incapacity for work or maternity leave. The average earnings, on the basis of which the benefits are calculated, include all types of payments and other benefits in favour of the insured person, for which insurance contributions to the Social Insurance Fund of the Russian Federation are accrued.

The amount of temporary incapacity for work benefit depends on the length of the insurance period and the amount of average earnings (part 1 of Article 7 of Law No. 255-FZ). It is calculated in the following manner:

- insurance period of up to 5 years – 60% of the average earnings;
- insurance period of 5 to 8 years – 80% of the average earnings;
- insurance period over 8 years – 100% of the average earnings.

According to the report, an insured person who has less than six months' insurance period is paid temporary incapacity benefits in the amount not exceeding the minimum wage for a full calendar month, established by federal law. The Committee notes that on April 1, 2020, Federal Law No. 104-FZ "On Specifics of Calculating Temporary incapacity Benefits and Monthly Payments in Connection with the Birth (Adoption) of the First or Second child" came

into force, according to which if the temporary incapacity benefit calculated in accordance with the provisions of Law No. 255-FZ, is lower than the minimum wage established by federal law, temporary incapacity benefit is paid to the insured person in the amount calculated on the basis of the minimum wage. The Committee also notes from MISSCEO that for an insured person whose insurance period is less than six months, temporary incapacity allowance is paid in an amount not exceeding the minimum wage established by federal legislation for a full calendar month. The Committee asks whether the minimum amount of temporary incapacity benefit would amount to 60% of the minimum wage. The Committee asks whether the same rule applies in case of incapacity benefit in case of accidents at work.

The Committee asks the next report to provide updated information concerning the minimum amount of old-age pension.

Conclusion

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

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 the Russian Federation.

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.

In the previous conclusion (Conclusions 2017) the Committee found the situation to be in conformity with the Charter and no changes have been reported.

In reply to the targeted question, the report provides that the introduction of restrictive measures related to the coronavirus pandemic affected the work of social services. In these conditions, the provision of social services in a semi-stationary form was carried out remotely. Regional helpline operate for children and for women who find themselves in extreme psychological and social conditions (in particular victims of domestic violence), providing psychological assistance. The Ministry of Labor of Russia sent recommendations to subjects of the Russian Federation on organization of work to increase the accessibility of social services for women and children who have been subjected to violence, and to reduce the risks of domestic violence in families with children.

The report does not contain information on any specific measures taken in anticipation of similar crises in the future.

Conclusion

The Committee concludes that the situation in the Russian Federation 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 the Russian Federation.

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.

In its previous conclusion (Conclusions 2017), the Committee found the situation to be in conformity with the Charter.

The report does not reply to the targeted question on the user involvement in social services. The Committee recalls its request and asks the comprehensive information to be provided in the next report, in particular, on 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.

Conclusion

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