March 2022

EUROPEAN SOCIAL CHARTER (REVISED)

European Committee of Social Rights

Conclusions 2021

SWEDEN

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 Sweden, which ratified the Revised European Social Charter on 29 May 1998. The deadline for submitting the 20th report was 31 December 2020 and Sweden submitted it on 9 November 2021.

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

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

Comments on the 20th report by Amnesty International were registered on 1 July 2021.

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).

Sweden has accepted all provisions from the above-mentioned group except Articles 3§4 and 12§4.

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

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

– 9 conclusions of conformity: Articles 3§1, 11§1, 11§3, 12§2, 12§3, 14§1, 14§2, 23 and 30;

– 1 conclusion of non-conformity: Article 12§1.

In respect of the other 4 situations related to Articles 3§2, 3§3, 11§2 and 13§1, 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 Sweden under the Revised Charter.

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

The deadline for submitting that report was 31 December 2021.

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

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Safety and health regulations

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

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, pending receipt of the information requested, the Committee concluded that the situation in Sweden was in conformity with Article 3§1 of the Charter (Conclusions 2013). It will therefore restrict its consideration to the Government's replies to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the 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, and the results of such processes and of intended future developments.

In reply, the report states that, in 2016, the Government presented the national strategy "A Work Environment Strategy for Modern Working Life 2016-2020". The report stresses that the strategy was discussed with the social partners and the relevant authorities before its presentation and during its implementation. The report also mentions that, when assessing the national strategy, the Swedish Agency for Public Management (*Statskontoret*) found that the national strategy has strengthened the Government's implementation of the work environment policy. The report also comments that the process of drawing up the Government's new work environment strategy for the next period began in winter 2019 and was commenced in consultation with the social partners and relevant authorities.

The report mentions that the Swedish Agency for Work Environment Expertise was established in 2018 with the tasks of collecting, compiling, and spreading the existing research-based knowledge about work and the work-environment.

The Committee takes note of the information provided and asks that the next report provide specific information on the results of the new national strategy and whether it has effectively identified new and emerging situations that represent a challenge to the right to safe and healthy working conditions.

Organisation of occupational risk prevention

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

Improvement of occupational safety and health

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

Consultation with employers' and workers' organisations

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

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 report mentions that the Swedish Work Environment Authority (SWEA) has prepared information and regulations about occupational safety and health regarding the spread of Covid-19 . In this regard, the report states that, in Sweden, employers are responsible for ensuring that their workers receive information about protective equipment and safety and health risks at work.

The report states that the SWEA has taken measures to ensure the use of certain personal protective equipment (PPE) without CE marking only when PPE with CE marking was not available. The report adds that the Government has decided to amend an ordinance on personal protective equipment, so the instructions for the use of CE conformity-marked equipment must no longer be provided in Swedish but in a language that is easy to understand for the end-user .

The report details the figures regarding the increase of work-related diseases for the first six months of 2020.

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 in character, including international assistance and cooperation.

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 introduction of immediate 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 concludes that the situation in Sweden 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 Sweden.

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 it previously, pending receipt of the information requested, found the situation in Sweden to be in conformity with Article 3§2 of the Charter (Conclusions 2013). The assessment of the Committee will therefore only concern the information provided by the Government in response to the targeted question.

Content of the regulations on health and safety at work

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

The report provides a list of regulations adopted during the reference period, such as the amendments to the Work Environment Act (1977:1160) and the provisions issued by the Swedish Work Environment Authority (SWEA). The report states that on 31 March 2016 the SWEA's new provisions on the organisational and social work environment came into effect (AFS 2015:4). They apply to all operations where the workers carry out work on the employer's account. The provisions regulate knowledge requirements, goals, workloads, working hours and victimisation.

The report states that according to the Work Environment Act, the employer must systematically plan, direct and monitor activities in a manner that ensures that the work environment meets the prescribed requirements for a good work environment. The employer must investigate work-related injuries, continuously investigate the risks involved in the activities and take the measures required. A schedule must be set for measures that cannot be taken immediately. Serious and work-related injuries should be reported to the SWEA.

The report further states that Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) and Directive 2008/46/EC of the European Parliament and of the Council of 23 April 2008 amending Directive 2004/40/EC on minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) have been repealed.

The Committee notes that the report provides no information requested in response to the targeted question. 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 Sweden 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 but asked what steps had been taken to implement 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 2013).

The report states that, regarding 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, no new legislative measures were required for implementation.

Protection against hazardous substances and agents

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

Personal scope of the regulations

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

Consultation with employers' and workers' organisations

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

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 Sweden.

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

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

Accidents at work and occupational diseases

In its targeted question on Article 3§3 with regard to accidents at work and occupational diseases, the Committee asked for information on statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

In reply, the report indicates that the number of fatal accidents at work, after an increase between 2016 – 2018 (from 37 to 50), decreased in 2019 to 36. The incidence rate of fatal accidents at work were 0.77 in 2016, 0.9 in 2017, 1.01 in 2018 and 0.9 in 2019. EUROSTAT data confirms these figures which remains significantly lower than the average rates observed in the EU-27 (1.84 in 2016, 1.79 in 2017 and 1.77 in 2018).

The report also indicates that the number of occupational injuries with absence from work remained rather stable between 2016 – 2018 (from 34,555 in 2016 to 34,524 in 2017 and to 34,903 in 2018) but increased in 2019 (36,048). The incidence rates of such injury (the number per 1,000 employees) remained the same during the reference period (7 from 2016 to 2019). EUROSTAT data confirms these figures: incidence rates of non-fatal accidents (number of accidents per 100,000 employees) were 791 in 2016, 753 in 2017, 739 in 2018 and 814 in 2019. These figures are below the EU-27 average during the reference period 1718 in 2016 and 1659 in 2018.

The report indicates that the information provided by the Swedish Work Environment Authority ("SWEA"), responsible for statistical data, does not include data concerning suicide or other forms of self-harm, PTSD, burnout and alcohol or other substance use disorders specifically related to work.

As to occupational diseases, the report indicates a decrease in the number of cases between 2016 and 2018 (from 11,645 cases in 2016, to 10,228 in 2017 and 8,873 in 2018) and an increase in 2019 (10,607).

The report does not provide information, requested by the first targeted question, on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs and also as regards the victims of harassment at work and poor management. The Committee reiterates its request in this regard. It also reiterates its request for information on

data concerning suicide or other forms of self-harm, PTSD, burnout and alcohol or other substance use disorders specifically related to work. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that accidents at work and occupational diseases are monitored effectively.

Activities of the Labour Inspectorate

The Committee previously examined (Conclusions 2013), the situation regarding the activities of the Labour Inspectorate and pending receipt of the information requested, concluded that the situation in Sweden was in conformity with Article 3§3 of the Charter.

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

In reply, the report indicates that SWEA which is the is the central authority responsible for work environment issues in Sweden. The authority issues regulations, collects national statistics, supervises workplaces and disseminates information and knowledge on risks and regulations. Proposals for new regulations undergo a public consultation before being issued by the authority.

The report indicates that the Government has allocated increasing resources to the work environment area. A total of 100 million SEK (9.7 million €) per year was invested in 2015-2018. During the same period the Government increased the SWEA's allocation with approximately 110 million SEK (10.7 million €) to enable hiring of more inspectors. Following the budget increase the SWEA has employed more than 150 new inspectors and the number of inspections has consequently increased.

According to the report, the number of inspections increased from 18,100 in 2016 to 27,715 in 2019. The Committee also takes note that the number of cessation of work activity in emergency situations increased from 79 in 2016 to 86 in 2019, as well as the number of referrals to prosecution (from 146 in 2016 to 199 in 2019), the number of injunctions and prohibitions (from 742 in 2016 to 1,806 in 2019) and the number of contingent fines imposed (from 49 in 2016 to 89 in 2019).

However, although the report indicates that new inspectors have been hired to the labour inspectorate, it does not provide more information on the human resources of the Inspectorate and the number of inspectors, nor on the proportion of workers and companies covered by the inspections. According to ILOSTAT data, the number of inspectors were 299 in 2017 and 296 in 2018. The number of inspectors per 10,000 employed persons was 0.6 in 2016 and 2017.

The Committee reiterates its request for information on the human resources of the Labour Inspectorate, including the number of inspectors, and on the proportion of workers and companies covered by the inspections. The Committee reiterates that if the requested information is not provided in the next report, there will be nothing to establish that activities of the Labour Inspectorate are effective in the practice.

In reply to the targeted question on whether the labour inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors, the report indicates that The Work Environment Act applies to every activity in which employees perform work on behalf of an employer. The supervisory authority must be granted access to workplaces and may carry out investigations and take samples there.

Conclusion

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

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by Sweden and in the comments by the Amnesty International of 30 June 2021.

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 Sweden was in conformity with Article 11§1 of the Charter (Conclusions 2013). 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

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.).

In reply to the Committee's targeted question on statistical data on life expectancy across the country and different population groups, the report provides statistical information on the average life expectancy in Sweden. The report states that based on official data for 2016-2020, life expectancy at birth for men was 80.8 years and for women 84.3 years. According to World Bank data, in 2019 life expectancy at birth was 83 years on average (for example, the EU-27 average was 81.3 in 2019), 84.7 years for women (84.1 in 2015) and 81.3 years for men (80.4 in 2015). According to World Bank data, the death rate per 1 000 inhabitants decreased from 9.2 in 2015 to 8.6 in 2019.

The report states that the statistical data on life expectancy at birth is not available for ethnic groups since ethnicity is not registered in official data. The expected remaining life years at the age of 30 are 51.5 years for men born in Sweden and 50.6 for men born abroad and 54.7 years for women born in Sweden and 54.5 for women born abroad. The expected remaining life years at the age of 30 differ somewhat based on educational level. For Swedish citizens with pre-high school education, the expected remaining life years is 49.3. It is 52.8 years for citizens with a high-school degree and 55.6 years for citizens with post-secondary educational level. The Committee recalls that the gathering and analysis of statistical data (with due safeguards for privacy and against other abuses) is indispensable for the formulation of a rational policy aiming at the protection of particularly vulnerable groups or at reducing a particular phenomenon (see, *mutatis mutandis,* ERRC v. Italy, Complaint No. 27/2004, decision on the merits of 7 December 2005, §23; ERRC v. Greece, Complaint No. 15/2003, decision on the merits of 8 December 2004, §27; Conclusions 2005,

France, Article 31§2, p.268). Therefore, the Committee asks again information on statistical data across ethnic groups.

The report further states that based on residence at the municipality level, the largest difference of life expectancy for men and women respectively in Sweden is 7.5 and 6.1 years. The biggest differences are in the municipality of Filipstad (76.6 years for men and 82.9 years for women) and the municipality of Danderyd (86.6 years for women and 84.1 years for men). Based on categorisation of Sweden's 290 municipalities in nine different groups (rural municipalities, commuting municipalities near small towns, commuting municipalities with a low commuting rate near medium-sized towns, small towns, large cities, medium-sized towns and commuting municipalities near large cities), the life expectancy at birth differs by almost five years, and is 84.9 years for women commuting near large cities and 79.7 years for men living in rural municipalities.

The report does not provide information on life expectancy across distinct ethnic groups and minorities, longer term homeless or unemployed, as well as information on prevalence of particular diseases among relevant groups, such as new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison, thus the Committee reiterates this request for information.

Access to healthcare

As a targeted question, the Committee asked for information about sexual and reproductive healthcare services for women and girls (including access to abortion) and statistical information about early (underage or minor) motherhood, as well as child and maternal mortality.

In reply, the report states that in 2018 the infant mortality per 1,000 live births was 2. According to World Bank data, the infant mortality rate decreased from 2.3 in 2015 to 2.1 in 2019 (infant mortality rate per 1,000 live births was 3.4 in 2019 in the EU). The report provides no information on maternal mortality but according to World Bank data, maternal mortality rate per 100,000 live births was 4 in 2017 (maternal mortality rate per 100,000 live births was 6 in 2017 in the EU). The Committee thus reiterates its request for statistical information about maternal mortality.

The report also provides that the availability to and counselling about contraception is generally good and that the contraceptive methods are free of charge for women under 21 years old.

The Committee asks for information on the 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) for women older than 21.

The report states that in 2017 there were 37,000 abortions in Sweden, that means 20 abortions per 1,000 women aged 15-44. The number of early term abortions (before the end of week seven) has steadily increased and in 2017, 55 per cent of all abortions were early term abortions. Also, 93 per cent of all abortions in 2017 were medical abortions. Abortion is most common in the age category 25-29 followed by the age category 20-24.

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

The report states that in 2018 the Government assigned the Public Health Agency to develop a national strategy for sexual and reproductive health and rights with the vision and target of contributing to a culture of consent surrounding sexual and reproductive health and rights.

The report states that the underage motherhood is decreasing in Sweden. During 2013-2018 births given by women younger than 18 varied between 216 and 324 births.

In its comments on the report, Amnesty International stated that vulnerable EU citizens, and in particular Roma, face major obstacles in accessing basic healthcare services in Sweden, and if they do receive treatment, they also receive bills that they are not able to pay. No response by the Government has been received. The Committee asks for information on the access of Roma to healthcare. It also asks about the costs for their treatment, as well as information on whether these costs are reimbursed by the State in total or in part and, if so, in what cases.

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

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

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

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

In its targeted question, the Committee asked for information on measures to ensure informed consent to health-related interventions or treatment (under Article 11§2). In reply, the report states that the Patient Act (2014:821) ensures informed consent to health-related interventions or treatment and states that caregivers must fully inform the patients about: their state of health; the examination, care and treatment options available; aids available; when the patient can expect to obtain care; what is the aim of the care and treatment; what risks of complications or adverse effects exist; how any follow-up care will be arranged; the methods available to prevent injury or illness; how to find out about obtaining care in another European Economic Area country or Switzerland.

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 states that the health service had to reorganise operations in order to greatly increase the capacity for intensive care. Also, regions had to adapt and increase the number of intermediate care places for patients who were seriously ill but did not need intensive care.

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 concludes that the situation in Sweden is in conformity with Article 11§1 of the Charter.

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 Sweden.

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 Sweden was in conformity with Article 11§2 of the Charter (Conclusions 2013).

Education and awareness raising

In its targeted questions, the Committee asked for information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, and alcohol and drug use) in the community, on a lifelong or ongoing basis, and in schools.

In reply to the targeted question, the report refers to the previous report.

At community level, the previous report mentioned the establishment of a forum for national cooperation regarding health promotion (Conclusions 2013). The Committee previously asked for information on the activities undertaken by the forum. The report does not contain the required information. Therefore, the Committee reiterates its request.

At school level, the previous report stated that measures were in place to promote physical activity and healthy eating habits in schools. Regarding sexual and reproductive education, the previous report referred to the curriculum for compulsory schooling (Lgr 11), under which schools' head teachers are responsible for ensuring that all pupils receive sex and relationship education. The curriculum specifies the content of teaching for different subjects, including social science subjects and biology. Teaching aims to inform about and discuss issues concerning sexual health, reproduction, sexually transmitted diseases and sexuality, identity, equality, relationships, and love. The previous report also mentioned training on these topics offered by the National Agency for Education.

In view of the above, the Committee reiterates its targeted 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 Sweden is in conformity with Article 11§2 of the Charter in this respect.

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

Counselling and screening

In its previous conclusion, the Committee found that the situation in Sweden was in conformity with Article 11§2 with respect to counselling and screening services available to pregnant women and children (Conclusions 2013).

The Committee previously noted that the Swedish population has access to free screening programmes for breast cancer and cervical cancer (Conclusions 2013). It also noted that in 2014, a decision on screening for colorectal cancer was to be made. The Committee further took note that the National Board of Health and welfare had advised not to screen for prostate cancer because the current test was not good enough. The Committee asks that the next report provide updated information on the colorectal and prostate cancer screening policy.

Conclusion

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

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

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

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 concluded that the situation in Sweden was in conformity with Article 11§3 of the Charter (Conclusions 2013).

Healthcare services in places of detention

In a targeted question, the Committee asked for a general overview of healthcare services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).

The 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 Sweden 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 report notes that the process of developing community-based mental health services and transitioning from large institutions in Sweden has been by its nature protracted, as it required new skills, cross sectoral coordination and the transformation of attitudes and values in society. A five-year national mental health strategy was adopted in 2016. The report also provides information on funding received by local authorities for developing community-based mental health services. The Committee asks for information about the activities and results achieved within the scope of the national mental health strategy 2016-2020.

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 asks for more precise information about the issues raised in the targeted question, namely regarding the availability and extent of community-based mental health services and on the process of closing down/downscaling long-stay psychiatric hospitals and wards.

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 on drug use prevalence and trends in Sweden. The report further notes that the number of drug-related deaths and of Hepatitis C cases among people who inject drugs during the reference period has decreased.

The Committee refers the latest Concluding Observations of the Committee on Economic, Social and Cultural Rights (CESCR, 2016), expressing concern about the restricted access to opioid substitution therapy by prisoners, the prevalence of Hepatitis C among drug injectors and at the increase in the rate of deaths from overdose. In its latest concluding observations, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment noted that Sweden lacked a comprehensive policy for the provision of assistance to prisoners with substance use problems including harm reduction measures (CPT, 2021).

The Committee reiterates its request for information regarding the measures taken to improve the management of prisoners with a substance use problem, including through approaches based on prevention and harm reduction.

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

The Committee notes that the information requested is not provided, but that reference is made instead to previous reports. The Committee notes that it has previously found that the situation in Sweden with respect to the environment was in conformity with the Revised Charter.

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 focuses on the efforts to strengthen the capacity of the healthcare system to respond to the specific challenges resulting from the Covid-19 pandemic.

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 concludes that the situation in Sweden is in conformity with Article 11§3 of the Charter.

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 Sweden.

Risks covered, financing of benefits and personal coverage

In its previous conclusion (Conclusions 2013) the Committee considered that the situation was in conformity with the Charter as regards personal coverage of social security risks. It asks the next report to provide updated information concerning the percentage of population covered for healthcare and family benefits, as well as the percentage of active population covered for income-replacement benefits (old age, unemployment, sickness).

Adequacy of benefits

The Committee notes from Eurostat that 50% of the median equivalised income stood at €1020 in 2019.

The Committee recalls that under Article 12§1 benefits provided within the different branches of social security, should be adequate and in particular income-substituting benefits should not be so low as to result in the beneficiaries falling into poverty. Moreover, the level of benefits should be such as to stand in reasonable proportion to the previous income and should not fall below the poverty threshold defined as 50% of the median equivalised income, as calculated on the basis of the Eurostat at-risk-of-poverty threshold value (Finnish Society of Social Rights v. Finland, Complaint No. 88/2012, decision on the merits of 9 September 2014, §§59-63).

As concerns the reliance on supplementary benefits, the Committee recalls that it is for the States Parties to prove that the supplementary benefits are effectively provided to all the persons concerned by social security benefits falling below the 50% threshold. Where the minimum level of an income-substituting benefit falls below 40% of median equivalised income, the Committee will not consider that its aggregation with other benefits can bring the situation into conformity and holds that it is manifestly inadequate (see Finnish Society of Social Rights v. Finland, Complaint No. 88/2012, op.cit., §64, and also Conclusions 2013, Finland, Article 12§1) It reiterates in this respect its longstanding view that reliance on supplementary benefits of a social assistance nature should not transform the social security system into a basic social assistance system (Statement of interpretation on Article 12, Conclusions XIV-1 (1998)).

As regards sickness benefits, in its previous conclusion (Conclusions 2015) the Committee asked the next report to provide examples of typical sickness benefit rates for the lowest paid categories of full-time workers in the labour market (for example, unskilled manual workers) on a daily, weekly and monthly basis. It also requested clarification as to whether persons receiving normal sickness benefits may be entitled to receive any of the supplementary benefits referred to (housing allowances, social assistance, etc.) and under what conditions and circumstances, if possible illustrated by typical examples.

The Committee notes from the report in this regard that in February 2016 the previous limit of 914 consecutive days with sickness cash benefit was abolished. Thereafter no time limit applies. The minimum level of sickness cash benefit in 2019 was 22 SEK per day (€2,15). Persons with low income may be eligible for financial assistance from the municipality/social services. In order to receive sickness cash benefit a person must be covered by the work-related insurance and have an income exceeding 24% of the price base amount, approximately SEK 11 100 per year (2019) (€ 1090). The highest possible amount per day was SEK 791 (€ 77,4) and SEK 543 (€ 53, when unemployed, as of 31 December 2019).

According to the report, there is maintenance support and housing supplement. The latter covers up to 96% of the housing costs up to SEK 5 000 (€490 EUR). The supplement is means tested. The Committee however considers that the report fails to provide information about the amount of a typical sickness benefit for the lowest paid categories, together with supplementary benefits. Therefore, it considers that it has not been established that the minimum level of sickness benefit is adequate.

In its previous conclusion (Conclusions 2015) the Committee found that the situation was not in conformity with the Charter on the ground that the basic unemployment benefit was manifestly inadequate. The Committee notes that the report does not provide any information in this respect. The Committee notes from MISSOC that income-related benefit *(inkomstbortfallsförsäkring)* is paid at 80% of reference income during 200 days. Thereafter, 70% during 100 days. The maximum amount stood at SEK 910 (€94) per day for the first 100 days and maximum SEK 760 (€78) for the remaining days. As regards the basic insurance *(grundförsäkring)*, it stood at SEK 365 (€38) per day in 2019. The Committee notes that this amount, calculated per month, at a rate of 5 days a week, falls below 40% of median equivalised income. Therefore, the Committee considers that its level is not adequate.

Conclusion

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

- it has not been established that the minimum level of sickness benefit is adequate;
- the amount of the basic insurance (unemployment benefit) 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 Sweden.

The Committee recalls that Sweden ratified the European Code of Social Security and its Protocol on 25 September 1965, and has accepted Parts II to V and VII to X of the Code.

The Committee notes from Resolution CM/ResCSS(2020)18 on the application of the European Code of Social Security and its Protocol by Sweden (period from 1 July 2018 to 30 June 2019) that the law and practice in Sweden continue to give full effect to Parts II and VIII of the Code and to Parts III, IV and VII of the Code, as amended by the Protocol, and that they also apply Parts V, IX and X of the Code, as amended by the Protocol, provided that the replacement rates of benefits are brought in line with the Protocol.

Conclusion

The Committee concludes that the situation in Sweden 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 Sweden.

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 Sweden was in conformity with Article 12§3 of the Charter (Conclusions 2013). 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 digital platform workers may be regarded either as employees or as self-employed workers. In the latter case the regulations on self-employed workers apply. The unemployment insurance scheme covers both employees and self-employed workers; it does not contain any specific rules for persons whose work is managed by digital platforms. Accordingly, these persons are entitled to unemployment benefit in accordance with the same rules and arrangements as for employees and self-employed workers.

Other sources confirm that the social security system applies – albeit differently – to employees and self-employed workers. They point out, however, that there are shortcomings in the social protection provided for platform workers and recommend reforms to adjust it to the “gig” economy (see for example, A. Westregård, Protection of platform workers in

Sweden, Part 2 Country report, Nordic future of work project 2017-2020: Working paper 12. Pillar VI. Fafo 2020).

The Committee notes that the Government has not provided any detailed information on social cover for 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 answer to the second question, the Government states that in 2020, a number of temporary changes were made to legislation to meet needs created by the pandemic and reduce its effects. Among the measures taken was the payment of benefits, allowances and other financial aids: to employees and self-employed workers to offset the deduction from sick pay at the beginning of a sick leave period ("sick pay qualifying period"); to employers to compensate for the cost of sick pay borne by them; to various risk groups to compensate for loss of income; to families entitled to housing benefit; and to parents faced with school closures.

The Government adds that temporary amendments were made to unemployment insurance to provide economic support for persons who had lost their job or had to reduce their activities because of the crisis brought on by Covid-19. These amendments included: a relaxation of the conditions to be entitled to unemployment benefit (length of activity and length of affiliation); an increase in the lowest payments made by unemployment insurance funds (both in basic benefit and in income-related benefit); removal of the waiting period; increased possibilities for self-employed workers to claim unemployment benefit.

Conclusion

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

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 Sweden.

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 (2013) considered that the situation in Sweden was in conformity with Article 13§1 of the Charter.

General legal framework, types of benefits and eligibility criteria

The report indicates that Swedish municipalities can provide social assistance which is a financial support under the Social Services Act (2001). Social assistance is a temporary solution to support citizens who have temporary financial difficulties until a level of self-support is achieved. An individual with little or no income can receive support for the upkeep and for other items needed to have a reasonable standard of living. Help with the individual upkeep is called income support and consists of a standard (the national standard) plus reasonable costs for other common needs such as housing and household electricity. Some of the subsistence benefit is to cover costs of food, clothes and shoes, leisure and hobbies, hygiene, child and youth insurance, consumer goods, and newspapers and telephone. The other part of the subsistence benefit is to cover costs for housing, electricity, home insurance, trade union fees, and unemployment insurance. Items not included in income support are other living expenses. These are not part of the income support but deemed necessary. Other financial assistance is to cover costs that arise from time to time. Examples are costs relating to glasses, dental care, medical treatment and medicine, contact with children, moving expenses, and funeral costs.

The Social Services Act emphasises the individual's responsibility for his or her situation. A person applying for social assistance must be available to the labour market if he or she can work. If the person is not in a condition to work a medical certificate is needed about impaired capacity for work. The social assistance allowance is the same for all municipalities and is based on the national norm.

Concerning medical assistance, is largely tax-funded, a system which ensures everyone, including persons without resources, equal access to healthcare services.

Levels of benefits

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

- Basic benefit: according to the MISSOC database (data up to 31 December 2019), the monthly social assistance amount covering expenditures on food,

clothing and footwear, health and hygiene, daily newspaper, telephone and television fee amounted to SEK 4,170 (€429) in 2019 for a single person.

- Additional benefits: the Committee notes from MISSOC that for common expenditures in the households a special amount is added to the basic benefit depending on the size of the household. A single person received €99 in 2019 and, on top of these amounts, support can also be provided for reasonable expenditures on housing, domestic electricity supply, travel to and from work, household insurance, membership of a trade union and unemployment insurance fund.
- the 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 €1,020 per month in 2019.

The report indicates that the average amount that were provided through social assistance was SEK 8,275 (approximately €827), covering basic and housing allowance, plus €99 in 2019 costs covering housing, electricity and home insurance. There is however no data on how much are the additional costs covered and the Committee asks the next report to provide specific examples and data of average amount received per month by a single person benefiting from asocial assistance. In the meantime, the Committee reserves its position.

Right of appeal and legal aid

The Committee notes that no targeted questions were asked as regards the right of appeal and legal aid. The Committee asks that the next report provide for updated information on the right to appeal and legal aid.

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.

<u>Foreign nationals lawfully present in the territory</u>

In its previous conclusion (Conclusion 2013), the Committee deferred its views on whether the situation was in conformity with Article 13§1 of the Charter insofar as nationals of other States Parties were subject to further conditions, such as an excessive length of residence requirement to be eligible for social assistance. The Committee asked to confirm that all legal residents are not only entitled to emergency assistance, but to the full range of social and medical assistance available to nationals. The Committee notes, according to MISSOC, that all persons with the right to stay in the country are entitled to social and medical assistance. No permanent residence is required. Persons with refugee status are entitled to social assistance on equal grounds as other residents as long as the residence permit is valid, while asylum seekers are not entitled to social assistance for livelihood support and housing (as they receive an allowance from the State instead). No other conditions apply. In the lit of this information, the Committee considers the situation to be in conformity with the Charter.

<u>Foreign national unlawfully present in the territory</u>

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).

Regarding care for undocumented migrants in Sweden, the report states that they are entitled to: • medical care and dental care that can not be deferred (emergency care); maternity care, counselling and care for abortion and sterilization, contraceptive advice; protective care in case of infectious disease; health examination when obviously needed, and medicines given on prescription from a doctor. The Committee asks to receive detailed information on access to emergency social assistance to foreign nationals unlawfully present in the territory. In the meantime, it considers the situation to be in conformity with the Charter.

Medical and social assistance during the Covid-19 pandemic

The report states that the Covid-19 pandemic has posed major challenges for society, health care and social services. However, studies show that access to social services in general has not yet been affected to any great extent during the time span for this report. Information on Covid-19 has continuously been disseminated to all social service personnel, with emphasis on those who work with support and service for persons with certain functional impairments, personal assistance and elderly care. The Public Health Agency of Sweden (*Folkhälsomyndigheten*) has also been commissioned by the Government to investigate the need for further regulations to reduce the risk of infection spreading within the social services' activities. In order to limit the negative repercussions of Covid-19 and to strengthen knowledge and preparedness for future similar situations the Government has commissioned many authorities to analyse the consequences of Covid-19 for staff, users and for vulnerable groups in the population. The Government also ordered a right to compensation of up to SEK 804 per day for people who belong to risk groups and for family members of people who belong to risk groups. The benefits were paid for the period when the person refrains from work to avoid being infected by the Covid-19 disease or infecting family members with that disease. The Committee asks the next report to produce detailed information about specific measures taken as regards the Covid-19 pandemic as regards medical and social assistance.

Conclusion

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

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 Sweden.

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. The report recalls the description of the legislative framework and indicates that in 2016, the Family Law and Parental Support Authority has been established, responsible for international adoptions and is an expert authority for parental support, family advice and questions relating to the family law matters handled by municipal social welfare committees. The Committee upholds its conclusion of conformity with the Charter in this respect.

As regards the targeted questions, the report provides that the COVID-19 pandemic has posed major challenges for society, health care and social services. However, studies show that access to social services in general has not yet been affected to any great extent during the time span for this report. Information on COVID-19 has continuously been disseminated to all social service personnel, with emphasis on those who work with support and service for persons with certain functional impairments, personal assistance and elderly care. Financial support was available to people at risk. The Public Health Agency of Sweden (Folkhälsomyndigheten) has also been commissioned by the Government to investigate the need for further regulations to reduce the risk of infection spreading within the social services' activities.

In order to limit the negative repercussions of COVID-19 and to strengthen knowledge and preparedness for future similar situations the Government has commissioned many authorities to analyse the consequences of COVID-19 for staff, users and for vulnerable groups in the population, including prospective analyses.

Conclusion

The Committee concludes that the situation in Sweden 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 Sweden, as well as comments by the Amnesty International.

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 Committee has previously found the situation to be in conformity with the Charter (Conclusions 2013). The report confirms that no changes took place and the Committee upholds its positive conclusion in this regard.

As regards the user involvement, the report provides the details of rules on user participation and influence in several laws. This applies both at the individual level and at the system level. The issue of user's involvement and influence is also addressed in various guidelines from the National Board of Health and Welfare. Furthermore, several agreements in different areas have in the last ten years been made between the Government, non-governmental organizations and SALAR. In 2008, the Government decided on an agreement in the social area. It is a mutual declaration of intent with the purpose to strengthen the idea-driven organizations and to improve and develop collaboration. The report further confirms that in recent years, the driving forces for increased patient and user participation have been strengthened and the issue received increased attention. Surveys, quality reports on interventions, open comparisons, etc. also constitute important tools to help users to choose welfare services themselves. The Committee asks, in this respect, what other specific measures, including legislative or budgetary, have been adopted or envisaged to foster the user involvement, for instance in decision-making at various levels and in practical realisation of social services.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Sweden is in conformity with Article 14§2 of the Charter.

Article 23 - Right of the elderly to social protection

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

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 social and economic rights of older persons are respected and 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.

The previous Conclusion found the situation not to be in conformity on the grounds that the scope of the legal framework to combat age-discrimination outside employment failed to cover all the sectors envisaged by Article 23 (Conclusions 2013).

Autonomy, inclusion and active citizenship

Legislative framework

The Committee recalls that Article 23 of the Charter requires State Parties to undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular to enable older persons to remain full members of society for as long as possible. The expression "full members of society" used in Article 23 requires that older persons must suffer no ostracism on account of their age. The right to take part in society's various fields of activity should be ensured to everyone active or retired, living in an institution or not.

The Committee takes due account of contemporaneous definitions of ageism which refer to the stereotypes, prejudices and discrimination directed towards other or oneself based on age (see for example WHO report on Ageism, 2021, p. XIX) As the World Health Organisation has noted, "… ageism has serious and far-reaching consequences for people's health, well-being and human rights"(WHO report on Ageism, 2021, p. XVI).

The Covid-19 crisis has exposed and exacerbated a lack of equal treatment of older persons. This has included in the healthcare context, where there have been instances of rationing of scarce resources (e.g. ventilators) based on stereotyped perceptions of quality of life, vulnerability and decline in old age.

Equal treatment calls for an approach based on the equal recognition of the value of older persons' lives in all the areas addressed by the Charter.

Article 23 of the Charter requires the existence of an adequate legal framework for combating age discrimination in a range of areas beyond employment, namely in access to goods, facilities and services, such as insurance and banking products, allocation of resources and facilities. Discrimination against older persons in terms of social rights enjoyment, is also contrary to Article E.

The overall emphasis in the Charter on using social rights to underpin personal autonomy and respect the dignity of older persons and their right to flourish in the community requires a commitment to identifying and eliminating ageist attitudes and those laws, policies and

other measures which reflect or reinforce ageism. The Committee considers that States Parties, in addition to adopting comprehensive legislation prohibiting discrimination on grounds of age, must take a wide range of measures to combat ageism in society. Such measures should include reviewing (and as necessary amending) legislation and policy for discrimination on grounds of age, adopting action plans to ensure the equality of older persons, promoting positive attitudes towards ageing through activities such as society-wide awareness campaigns, and promoting inter generational solidarity.

Article 23 further requires that States parties provide for a procedure of assisted decision making.

The Committee previously considered that the scope of the legislative framework prohibiting discrimination was not sufficiently wide, as it did not ensure protection against discrimination in access to goods, services and facilities (Conclusions 2013).

According to the report expanded protection against age discrimination entered into force on 1 January 2013. The prohibition on discrimination linked to age which previously only applied at work and in education, was expanded to also cover goods, services, housing, general assemblies, public office, care and health care, social services, social insurance, unemployment insurance, Government study grants and public appointments. According to the Discrimination Act all employers and education providers shall work on so called active measures. Active measures are prevention and promotion measures aimed at preventing discrimination and serving in other ways to promote equal rights and opportunities regardless of e.g., age. The Committee considers that the situation is now in conformity in this respect.

According to the report the Government has appointed a panel in order to promote the employment of older persons and combat age discrimination. The delegation was due to complete its report in 2020. The Committee asks to be informed of the outcome of the work of the delegation.

The report also provides information on the involvement of civil society; the national pensioners committee which was established by the Government.

The Committee previously asked for information on the legal framework related to assisted decision-making for older persons, and, in particular, whether there are safeguards to prevent the arbitrary deprivation of autonomous decision-making by older persons (Conclusions 2013).

According to the report a guardian may be appointed for persons unable to make decisions concerning their wellbeing. The guardian may take the form of a special representative (*god man)* –sometimes referred to as a 'conservator' or in some contexts 'guardian ad litem'). In these cases, the individual retains the right to decide about his or her own affairs. The special representative must have the consent of the individual to be able to act in their place. If a person cannot take care of themself, a court may appoint an administrator (*förvaltare*). A precondition for a person to obtain an administrator is that he or she, as a result of illness, mental disturbance, poor health or similar circumstances, is unable to take care of them self or property. An administrator may not be appointed if it would be sufficient to appoint a special representative for the individual or help could be received in another less intrusive manner from a relative. The administrator's assignment is adapted to the circumstances in the individual case and may be limited, for example, to the administrator being responsible for the administration of a property or a particular part of the individual's pension. The individual loses the possibility to decide about matters covered by the mandate of the administrator, but otherwise retains the right to decide about their own affairs. The appointment of an administrator does not involve loss of the right to vote in general elections.

Before the court appoints an administrator, the court should obtain a doctor's certificate or a corresponding investigation into the individual's state of health. The opinions of, amongst

others, the closest relatives and the social welfare committee should also be obtained. The scope of the administration may be adjusted if the circumstances change. The administration should be brought to an end if an administrator is no longer needed. There is only a limited circle of people who may apply for the appointment of an administrator for someone or request the change to or termination of an administration.

An alternative to the appointment of an administrator is, as mentioned, to appoint a special representative.

All guardians are under the supervision of a chief guardian. Every municipality has chief guardian or chief guardian board.

The Act of future power of attorney (2017:310) entered into force 1 July 2017. It stipulates and gives individuals the right to appoint a future power of attorney, given the risk the individual in the future would be unable to make its own decision. The(future) power of attorney will be under the supervision of a chief guardian.

The Committee recalls that there should be a national legal framework related to assisted decision making for older persons guaranteeing their right to make decisions for themselves. Older persons must not be assumed to be incapable of making their own decisions just because they have a particular medical condition or disability.

States Parties must take measures to replace regimes of substituted decision-making by supported decision-making, which respects the person's autonomy, will and preferences. These may be formal or informal.

Older persons may need assistance to express their will and preferences, therefore all possible ways of communicating, including words, pictures and signs, should be used before concluding that they cannot make the particular decision on their own.

In this connection, the national legal framework must provide appropriate safeguards to prevent the arbitrary deprivation of autonomous decision making by older persons. It must be ensured that any person acting on behalf of older persons interferes to the least possible degree with their wishes and rights (Statement of Interpretation 2013).

Prevention of abuse of older persons

The Committee asks for updated information to be provided in the next report, on measures taken to combat abuse of older persons including measures to raise awareness of the need to eradicate older abuse and neglect (beyond the institutional care context), and any legislative or other measures. It also asks whether data has been collected which would indicate the prevalence of older abuse

Independent living and long term care

The Committee asks whether steps have been taken to move way from the institutionalisation of older persons and adopt a long term care and support in the community model. The Committee recalls that Article 23 provides that measures should be taken to enable older persons to lead independent lives in their familiar surroundings therefore it considers that older persons requiring long term care should be able to choose their living arrangements. In particular, this requires states to make adequate provision for independent living, including housing suited to their needs and state of health, as well as the necessary resources and supports needed to make independent living possible.

Institutionalisation is a form of segregation, often resulting in a loss of autonomy, choice and independence. The Covid-19 pandemic has put the spotlight on the shortcomings of institutionalised care. The Committee refers in this respect to its Statement on Covid-19 and social rights (adopted March 2021) where it stated that enabling older persons to remain in their familiar surroundings as required by Article 23 of the Charter has become even more important in view of the heightened risk of contagion in the congregated settings of nursing homes and other long-term institutional and residential facilities and to the human rights-

based argument for investment in the community to give reality to the right to community living is now added a public health argument in favour of moving away from residential institutions as an answer to long term care needs.

The Committee asks the next report to provide updated information on the progress made in providing care in the community, it asks in particular how many older persons reside in institutions -residential care and trends in the area.

Services and facilities

The Committee previously requested information on the Act on a System of choice in the public sector which was introduced in 2009 in order to promote the freedom of choice, diversify the service providers and increase the quality of services for older persons. The law facilitates establishment of commercial service providers with the aim of exposing the public sector to competition and allowing older persons to choose the service supplier (Conclusions 2013). According to the report, not all municipalities have introduced to system and some have suspended it mainly as few older persons chose private service providers. The only area where there has been a demand for private providers was in special housing for older persons.

The Committee asks the next report to provide updated information on the range of services and facilities available to older persons, including long term care, in particular those enabling them to remain active members of their community and to remain in their home. It further asks for information on the costs of such services, whether there is an adequate supply of care services, including long term care services and whether there are waiting lists for services.

The Committee recalls from previous conclusions (Conclusions 2013) that the municipalities are responsible for offering individual support to family carers of persons who are suffering from long-term illness, are older or have functional impairments. However, it asks the next report to provide updated information on what support is available for informal carers.

The Committee notes that many services (and information about services) are increasingly accessible online. Digitalisation provides opportunities for older persons. However older persons may have more limited access to the internet than other groups and may lack the necessary skills to use it. Therefore, the Committee asks what measures have been taken to improve the digital skills of older persons, ensure the accessibility of digital services for older persons, and ensure non-digital services are maintained.

Housing

The Committee asks the next report to provide information on how the needs of older persons are taken into account in national or local housing policies and strategies as well as information on the supply of sheltered/supported housing and the range of accommodation options for older persons.

Health care

The report states that the National Board of Health and Welfare publishes annually comparisons on health care and social services in the different municipalities and county councils. The aim is to promote local and national discussions on quality and efficiency through peer pressure, greater transparency and political accountability.

The report further provides information on the Swedish Palliative Register, which was introduced to improve the care of terminally ill patients and provide for a structured approach to care during the final stage of life. The Senior Alert Registry provides for a standard risk assessment for fall injuries, malnutrition and pressure ulcers. On the basis of the assessment preventative measures are taken for the people who are most at risk.

Information is also provided on the Swedish Dementia Centre whose purpose is to collect and disseminate knowledge about dementia and dementia care.

The report states that the Board of Health and Welfare annually conducts a national campaign, Balancing more. The campaign focuses on fall accidents and provides information about what individuals can do to reduce the risk of falling. The Committee asks that the next report provide updated information on healthcare programmes specifically designed for older persons.

The Committee notes that the pandemic has had devastating effects on older persons' rights, in particular their right to protection of health (Article 11 of the Charter), with consequences in many cases for their rights to autonomy and to make their own decisions and life-choices, their right to continue to live in the community with adequate and resilient supports to enable them to do so, as well as their right to equal treatment in terms of Article E when it comes to the allocation of health care services including life-saving treatments (e.g., triage and ventilators). Whether still living independently or not, many older persons have had their services removed or drastically reduced. This has served to heighten the risk of isolation, loneliness, hunger and lack of ready access to medication.

Further the Covid-19 crisis has exposed examples of a lack of equal treatment of older persons, too much space was allowed for implicit judgments about the 'quality of life' or 'worth' of lives of older persons when setting the boundaries for triage policies.

The Committee asks whether decisions around the allocation of medical resources may be made solely on the basis of age and asks whether triage protocols have been developed and followed to ensure that such decisions are based on medical needs and the best scientific evidence available.

Institutional care

The Committee refers to its statement above on the importance of moving away from institutional care and towards care in the community.

The Committee considers that the overall emphasis in the Charter on personal autonomy and respect for the dignity of older persons a results in a pressing need to re-invest in community-based supports as an alternative to institutions. Where, in the transition period, institutionalisation is unavoidable, Article 23 requires that living conditions and care be adequate and that the following basic rights are respected: the right to autonomy, the right to privacy, the right to personal dignity, the right to participate in decisions concerning the living conditions in the institution, the protection of property, the right to maintain personal contact (including through internet access) with persons close to the older person and the right to complain about treatment and care in institutions. This also applies in the Covid-19 context.

Due to the specific Covid-19 related risks and needs in nursing homes, States Parties must urgently allocate sufficient additional financial means towards them, organise and resource necessary personal protective equipment and ensure that nursing homes have at their disposal sufficient additional qualified staff in terms of qualified health and social workers and other staff in order to be able to adequately respond to Covid-19 and to ensure that the above mentioned rights of older people in nursing homes are fully respected.

Adequate resources

When assessing the adequacy of resources of older persons under Article 23, the Committee takes into account all the social protection measures guaranteed to elderly persons and aimed at maintaining an income level allowing them to lead a decent life, as well as to participate actively in public, social and cultural life. In particular, the Committee examines pensions, contributory or non-contributory, and other complementary cash benefits available to older persons. These resources will then be compared with the median equivalised income. The Committee will also take into consideration the relevant indicators relating to at-risk-of-poverty rates for persons aged 65 and over.

The Committee previously found the situation to be in conformity in this respect with Article 23. It refers to its previous conclusion for a description of the situation (Conclusions 2013). It

recalls that there is a tax-financed guaranteed pension (*garantipension*) for all residents with low or no income-related old-age pension (income pension, premium pension, supplementary pension). The guarantee pension is based on the years of residence in Sweden, 40 years of residence being required to receive a full pension.

Those who do not fulfil the requirements of the guarantee pension are eligible for a maintenance support for older persons (*äldreförsörjningsstöd*), when above the age of 65. Its is means tested and the amount of the support depends on the beneficiary´s income, housing costs and capital.

However, the Committee previously noted that 2.1% of persons aged 65 and over in 2011 received an income falling below 40% of the median equivalised income. The Committee therefore asked the Government to explain why this group of persons do not qualify for the minimum guarantees described above and requested information on what specific measures had been taken to address their situation (Conclusions 2013).

According to the report there could be several reasons for this situation, and it states that the Swedish Government has instructed the Swedish Pensions Agency to analyse the problem/ the hidden numbers and find methods to reach these individuals.

The report further states that the guaranteed pension was increased by 200 SEK (€19.48) in 2020 (outside the reference period).

According to Missoc in 2019 the full guaranteed pension amounted to 99,045 SEK or € 10,188 (€ 849 per month) for a single person. The amount of maintenance support after housing costs were paid was 46,500 SEK or €4,783 (€398.5 per month)

The Committee further notes from Eurostat data that the poverty level defined as 50% of the median equivalised income corresponded to €1, 020 per month The Committee notes that the above amounts of the guaranteed pension and maintenance support fall below this level. However, without up to date information on available supplements including housing benefits the Committee cannot assess the situation. Therefore, it asks the next report to provide up to date information on benefits and assistance to older persons in receipt of the guaranteed pension and maintenance support.

COVID 19

The Committee asked a targeted question on measures taken to protect the health and well-being of older persons in the context of a pandemic crisis such as Covid-19.

According to the report in March 2020 the Public Health Agency of Sweden recommended that people over 70 years of age should avoid close contact with others including close relatives.

The Government decided on a national ban on visits to care homes for older people on account of the Covid-19 virus. The national visiting ban at homes for older people ended on 1 October 2020.

Information on Covid-19 was disseminated by the National Board of Health and Welfare to all social services personnel including on care for older persons. The Board published a multitude of knowledge-based reports and web-based guidance for the health and social care workforce. On behalf of the National Board of Health and Welfare the medical university Karolinska Institute (KI) prepared two e-learning courses on Covid-19. The objective is to strengthen preparedness and provide information on the most important principles and challenges involved in the work to prevent the spread of Covid-19.

In June 2020, the Health and Social Care Inspectorate reviewed all 1 700 homes for older people in Sweden.

The regions increased care capacity through mobile teams, extended assignments for advanced healthcare in in homes and in institutional settings and increased availability to doctors.

The Government provided additional funding to municipalities.

In order to improve staffing levels in health and social care services employees caring for older persons will be offered paid education and training during working hours.

The Committee refers to the section on older persons in its statement on Covid-19 and Social Rights (March 2021) (and to sections cited above). It recalls Article 23 requires that older persons and their organisations be consulted on policies and measures that concern them directly, including on ad hoc measures taken with regard to the current crisis. Planning for the recovery after the pandemic must take into account the views and specific needs of older persons and be firmly based on the evidence and experience gathered in the pandemic so far.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Sweden is in conformity with Article 23 of the Charter.

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

The Committee takes note of the information contained in the report submitted by Sweden and in the comments by Amnesty International of 30 June 2021.

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.

In its previous conclusion, the Committee found that the situation in Sweden was in conformity with Article 30 of the Charter (Conclusions 2013).

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 report states that Sweden has no official definition of poverty. The report notes that the measure most frequently used in Sweden is an income which is less than 60% of the equivalised disposable income which is the same as the agreed EU indicator of at-risk-of-poverty. The report thus states that the at-risk-of-poverty rate (cut-off point: 60% of the median equivalised income after social transfers) increased during the reference period, from 16.2% in 2016 to 17.1% in 2019 and that the rate of children (0-17 years) at-risk-of-poverty increased from 18.7% in 2016 to 21.5% in 2019.

The Committee notes that no other relevant data on poverty is provided in the report, and that the data are therefore taken from Eurostat.

The difference in the at-risk-of-poverty rate (after social transfers) between the sexes was very slight during the reference period (fluctuating between around 0.8% and 2.5%).

The at-risk-of-poverty rate of the unemployed (between 16 and 64 years old) increased significantly, from 50.3% in 2016 to 62.2% in 2019. Moreover, the at-risk-of-poverty rate of the employed (over 18) also increased during the reference period (6.8% in 2016 and 7.7% in 2019).

The at-risk-of-poverty rate (cut-off point: 60% of the median equivalised income after social transfers) among persons over 65 decreased during the reference period, from 16.8% in 2016 to 15.2% in 2019 (compared to 13.6% in 2014 and 14.2% in 2010).

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 18.3% of the population was at risk of poverty and social exclusion in 2016, 17.7% in 2017, 18% in 2018 and 18.8% in 2019; the latter rate remains below the EU-28 average in 2019 (21.4%).

As regards children (younger than 16), the risk of poverty and social exclusion increased during the reference period, from 19.3% in 2016 to 22.7% in 2019 (this rate is still below the EU-28 average in 2019, which was 23.1%).

The Committee notes that, although the at-risk-of-poverty rate is still below EU averages, it is on the rise in almost all of the population groups mentioned above.

Approach to combating poverty and social exclusion

The report states that the Swedish welfare system covers the entire population and is designed to offer equal opportunities for all and to ensure equality between women and men. It covers health and medical care, social welfare, and financial security in case of sickness, disability or old age. The Government's ambition is to minimise the risk of people getting trapped in permanent poverty without being able to support themselves. The Government continuously works to improve the functioning of the labour market by means of new measures to increase the available labour force, prevent long periods of unemployment, strengthen the demand for groups in a weaker position in the labour market, and improve the matching of job seekers with available jobs.

The report notes that the Swedish welfare system has not changed during the reference period. The Government made significant investments in health care and education. Since 2017, the Government has strengthened basic protection and reduced income tax for pensioners, increased the level of unemployment insurance benefits and increased housing, maintenance and children's allowances. The report also mentions support measures to facilitate the return to work of individuals on sick leave.

The report also provides information about a national survey carried out in 2017 on the extent of homelessness in Sweden and on exclusion from the housing market. According to the results of the survey, a total of 33,250 people were reported as being homeless. Out of the people who were homeless during the measured week, 62% were men and 38% women; the average age was 40 years; 46% were born abroad (48% were women and 40% men). One third of homeless people had children under the age of 18. Almost half of the people mainly lived in housing belonging to municipalities. According to the report, anyone who is unable to meet their own needs or have them met in another way is entitled to assistance from the social services to ensure a reasonable standard of living. This assistance may involve support to cover living expenses, housing benefit or other support measures such as help to apply for housing or other forms of accommodation. During the period 2018-2021, the Government decided to provide a subsidy of 25 million Swedish krona (approximately €2.4 million) to the ten municipalities with the most people in acute homelessness to improve their situation. During the same period, the Government decided to allocate 120 million Swedish krona (approximately €11.7 million) in Government grants to strengthen non-profit organisations' efforts against homelessness among young adults. The Committee asks the the next report provide information on how the funds allocated to tackle homelessness are used and their impact.

In its comments, Amnesty International expresses concerns about the fact that there is no national policy to address homelessness. It also states that migrants do not have access to housing. The Committee requests comments on this information in the next report.

The report indicates that every year the Government sets an amount that is the 'national standard' to cover expenditure on food, clothes, shoes, hygiene, leisure and hobbies, child

insurance, consumer goods, newspapers, and phone. The norm includes a variable part that depends on the size of the household, the number of children and their ages, whether children and young people have lunch at home, whether the adults in the household are living alone or cohabiting. In addition to the national norm, an individual is entitled to assistance for reasonable costs of housing, electricity, and home insurance, journeys to and from work, unemployment insurance and trade union membership fees. In 2019, the number of aid recipients living alone fell for the fourth year in a row and the number of households comprising families fell for the fifth year in a row. Around 40% of the eligible adults received long-term financial assistance (for more than 10 months). 51,300 children in households received long-term financial support – an increase of 2.6%, compared with 2018.

Monitoring and evaluation

The report states that the authorities commissioned the Swedish Social Insurance Agency and the National Employment Agency to work jointly to take additional measures to facilitate the return to work of people on sick leave. The Swedish Social Insurance Agency has also been instructed to improve the support for young people whose applications for activity compensation has been rejected in order to give this target group the support needed to find work or return to their studies.

The report also states that, in the period 2018-2020, the Swedish Integration Agency was commissioned, along with county councils, to provide support to regions and municipalities to implement their disability strategies and plans by integrating disability issues into their services and activities. Also, in the period 2018-2020, the National Board on Health and Welfare was tasked to allocate funds to the regions to increase the provision of workplace interpreting services for persons who are deaf, deafblind or have impaired hearing.

The report also states that statistics on income inequality, income distribution and poverty are regularly produced and presented by government departments as part of their evaluations before and after the introduction of policy reforms and measures.

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

The report indicates that, during the Covid-19 crisis, there was no major increase in the number of aid recipients. It is possible that temporary changes in the conditions set by the unemployment insurance fund, the increase in study places and the strengthened labour market initiatives may have contributed to more people being able to find other forms of support.

Conclusion

The Committee concludes that the situation in Sweden is in conformity with Article 30 of the Charter.