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EUROPEAN SOCIAL CHARTER

European Committee of Social Rights

Conclusions XXII-2 (2021)

LUXEMBOURG

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 Luxembourg, which ratified the 1961 European Social Charter on 10 November 1991. The deadline for submitting the 24th report was 31 December 2020 and Luxembourg submitted it on 22 February 2021.

The Committee recalls that Luxembourg 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 XXI-2 (2017)).

In addition, the Committee recalls that no targeted questions were asked under certain provisions. If the previous conclusion (Conclusions XXI-2 (2017)) found the situation to be in conformity, there was no examination of the situation in 2020.

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

- the right to safe and healthy working conditions (Article 3);
- the right to protection of health (Article 11);
- the right to social security (Article 12);
- the right to social and medical assistance (Article 13);
- the right to benefit from social welfare services (Article 14);
- the right of elderly persons to social protection (Article 4 of the Additional Protocol).

Luxembourg has accepted all provisions from the above-mentioned group except Article 4 of the Additional Protocol.

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

The conclusions relating to Luxembourg concern 13 situations and are as follows:

– 5 conclusions of conformity: Articles 11§2, 11§2, 12§2, 12§4 and 14§1.

In respect of the other eight situations related to Articles 3§1, 3§2, 11§3, 12§1, 12§3, 13§1, 13§4 and 14§2, the Committee needs further information in order to examine the situation.

The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by Luxembourg under the 1961 Charter.

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

- the right to just conditions of work (Article 2);
- the right to a fair remuneration (Article 4);
- the right to organise (Article 5);
- the right to bargain collectively (Article 6);
- the right to information and consultation (Article 2 of the Additional Protocol);
- the right to take part in the determination and improvement of the working conditions and working environment (Article 3 of the Additional Protocol).

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 Luxembourg.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 3§1 of the 1961 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 pending receipt of the information requested, the situation in Luxembourg was in conformity with Article 3§1 of the 1961 Charter (Conclusions XXI-2 (2017)). The assessment of the Committee will therefore only concern the information provided by the Government in response to the targeted question.

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.

Content of the regulations on health and safety at work

The Committee previously found the situation to be in conformity in this respect (Conclusions XXI-2 (2017)).

The report indicates regulations adopted in the field of health and safety at work during the reference period, concerning, for example the prevention of sharp injuries in the hospital and health sectors of 29 April 2016, No. A90; protection of the safety and health of employees from risks related to chemical agents at work of 14 November 2016, No. A235; protection of employees from risks related to exposure to carcinogens or mutagens at work of 14 November 2016, No. A235; minimum requirements for safety and health signs at work, No. A235; control of major-accident hazards involving dangerous substances, law of 28 April 2017 No. 459; minimum health and safety requirements regarding the exposure of employees to risks arising from physical agents (electromagnetic fields) of 17 May 2017, No. A498; registration, evaluation and authorisation of chemicals and the classification, labelling and packaging of chemical substances and mixtures, law of 16 May 2019, No. A339; health protection of persons against the dangers arising from exposure to ionising radiation and the management of radioactive waste, the transport of radioactive materials, law of 28 May 2019, No. A389.

In its targeted question on Article 3§1, the Committee asked for detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or 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 no information requested. 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 Luxembourg is in conformity with Article 3§1 of the 1961 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§1, 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.

Protection against hazardous substances and agents

The Committee previously found the situation to be in conformity in this respect (Conclusions XXI-2 (2017)).

Personal scope of the regulations

The Committee previously found the situation to be in conformity in this respect (Conclusions XXI-2 (2017)).

Covid-19

In the context of the Covid-19 crisis, the Committee recalls that it requested information in the targeted questions under Article 3§1 of the 1961 Charter on the protection of frontline workers.

In response, the report states that several legal acts were adopted in relation Covid-19 crisis. According to the legal provisions, during the Covid-19 crisis the employer is required to take appropriate measures to protect the safety and health of workers, to ensure that such measures are adapted to the circumstances related to Covid-19 outbreak and to contribute to the improvement of the existing situations in response to this Covid-19 outbreak; to assess and avoid risks related with Covid-19; to determine the measures to be taken in relation to the exceptional circumstances; to inform and train the workers on possible risks, precautions to be taken; display signs indicating risks; adjust workplaces; ensure that protective equipment is provided and that it is disinfected; ensure that the surfaces at workplaces are cleaned and disinfected.

The report further describes measures taken in the catering sector, such as limiting the number of persons at one table; mandatory wearing of masks; limited working hours. Gatherings at home, assemblies and sports were limited.

The report also states that health regulations have been prepared for a number of economic sectors, such as public transport, sales, food sales, public administrations, construction, industry and manufacture, home visits (excluding healthcare), gardening and landscapes, deliveries, audiovisual production, assistance and assistance in education, secondary schools, education institutions, restaurants, bars and cafes, tourism, libraries, cinemas, theatres and concert halls, museums.

Conclusion

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

Article 3 - Right to safe and healthy working conditions

Paragraph 2 - Enforcement of safety and health regulations

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

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 1961 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 (Conclusions XXI-2 (2017)), the Committee concluded that the situation in Luxembourg was not in conformity with Article 3§2 of the 1961 Charter.

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

Accidents at work and occupational diseases

The Committee previously examined (Conclusions XXI-2 (2017)) the situation regarding accidents at work and occupational diseases and concluded that the situation in Luxembourg was not in conformity with Article 3§2 of the 1961 Charter on the ground that measures taken to reduce the number of fatal accidents at work were insufficient. It asked that the next report provide information on the most frequent causes of accidents at work, and the preventive and enforcement measures put in place. The Committee also asked for information on the legal definition of occupational diseases, on the mechanism for recognising, reviewing and redefining occupational diseases (or the list of occupational diseases), on the rate of incidence and the measures taken and/or planned to counter insufficient reporting and recognition of cases of occupational diseases, on the most frequent occupational diseases during the reference period, and on the measures taken and envisaged to prevent them.

In its targeted question on Article 3§2 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 total number of accidents at work remained relatively stable during the reference period: 20,725 in 2016 to 19.918 in 2019, with an incidence rate (per 100 000 workers) of 4,190 in 2016 and 3,730 in 2019. The number of fatal accidents at work also decreased from 21 in 2016 to 10 in 2019 (14 in 2017 and 17 in 2018), as did the incidence rate for such accidents: from 5 to 2.

EUROSTAT data, although with different numbers, confirm the decreasing trend in the number of fatal accidents at work: from 22 in 2016 to 12 in 2019 (8 in 2017 and 14 in 2018). The Committee finds that the incidence rates concerning fatal accidents at work provided by EUROSTAT (10.8 in 2016, 2.59 in 2017 and 6.42 in 2018) were significantly higher than the

average rates in the EU-27 during the entire reference period (2.29 in 2016, 2.25 in 2017 and 2.21 in 2018).

According to EUROSTAT data, the number of non-fatal accidents at work (resulting in at least four days of absence from work), after a decrease between 2016 and 2017 from 6,102 to 5,679, increased to 6,160 in 2019. The incidence rate of such accidents (2,510 in 2016, 2,131 in 2017 and 2,285 in 2018) remained significantly higher than the EU-27 average during the period 2016-2018 (1,772 in 2016, 1,800 in 2017 and 1,768 in 2018).

As to the preventive measures to reduce the number of accidents at work, the report indicates that the Prevention Service of Accident Insurance Association (AIA), one of the public bodies with competence in the field of security and health at work, is in charge of the prevention and compensation of accidents at work and has duties including the provision of information, advice and explanations in the field of security and health, provision of educational material (brochures, posters), trainings, development of prevention recommendations, prevention campaigns, analyzing the causes of accidents and occupational diseases and conducting surveys and studies. Also, the Labour Inspectorate (ITM) by continually striving to increase controls in order to ensure compliance with labor law and safety standards at work, increasingly contributes to the development of a culture of prevention and cooperation in terms of working conditions and safety and occupational health.

The Committee takes note of different campaigns organized by the ITM in cooperation with the Ministry of Work and Employment with a view to increasing awareness of occupational safety for companies and employees in the construction sector, which is most exposed to the risk of occupational accidents. The Committee also takes note of prevention checks carried out by the ITM in the framework of those campaigns, in particular in June 2017 and July 2018, and the number of breaches found by different services of the ITM. In response to the Committee's request for information on the most frequent causes of accidents at work, the report indicates that in terms of health and safety at work, the majority of violations observed during the checks concern fall protection guardrails, scaffolding and ladders and certain violations with regard to staircase lighting, fire extinguishers and electric cables.

The report also states that the modernisation of tools to facilitate the collection of electronic data or the fulfillment of reporting obligations by employers, will ensure that the risk analysis concerning accidents at work are performed more rapidly and the ensuing inspections, will more effectivel reduce the number of accidents at work and professional diseases.

The report does not provide information requested in the targeted question, 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 entertainement 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. The Committee reiterates its request and considers that if the next report does not provide the requested information, there will be nothing to establish that accidents at work are monitored effectively.

As to occupational diseases, in response to the question in the previous conclusion, the report explains that under the provisions of the Social Security Code and the 2016 Rules determining the table of occupational diseases, an occupational disease is an "organic or functional deterioration contracted by an insured during a professional activity which involves exposure to a specific risk. It is defined as an illness which, according to medical knowledge, is caused by specific influences; to which certain groups of people as a result of their work are more particularly exposed; that the government has specially designated a list. The report underlines that apart from the diseases listed in the table, the law allows

compensation for a disease not listed in the table, as long as the insured clearly demonstrates its professional origin.

According to the report, it is up to the doctor to make the declaration to the AIA as soon as they have justified suspicions that a disease has its decisive cause in a professional activity. In the event of a declaration, the doctor gives a copy of the declaration to his patient. Then, the AIA asks the employer to provide all the information concerning the occupational exposure to risks. In his/her response, the employer shall indicate with precision – the successive job (s) occupied, and the tasks carried out there; – the work gestures and postures relating to each position as well as the products, machines and tools used there; – the length of working time exposing the employee to the various gestures and working postures;- the protective measures taken against occupational risks and the personal protective equipment made available.

The report indicates that the number of cases of professional diseases was 109 in 2016, 99 in 2017 100 in 2018 and 127 in 2019. The Committee takes note of the list of the most frequent diseases during the reference period with the number of cases. It notes that the paralysis of the nerves due to prolonged local pressure appears to be the most frequent occupational disease in 2019 with 26 cases in total.

The report does not provide information on the measures taken and/or planned to counter insufficient reporting and recognition of cases of occupational diseases requested by the Committee in the previous conclusion. 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 occupational diseases are monitored effectively.

Activities of the Labour Inspectorate

The Committee previously examined (Conclusions XXI-2 (2017)) the situation with regard to the activities of the Labour Inspectorate. It reserved its position on this issue and asked for information in the next report on the proportion of workers covered by inspection visits and the percentage of undertakings which were subject to a health and safety inspection for the years covered by the reference period. The Committee also asked for information on the number of staff (broken down between administrative staff and inspection staff) assigned to supervising the application of the legislation and regulations on occupational health and safety; the number of general, thematic and unscheduled inspections solely investigating compliance with the occupational health and safety legislation and regulations; the application of the legislation and the regulations on the Labour Inspectorate throughout the country in practice; details, by category, of administrative measures that labour inspectors are entitled to take and the number of such measures actually taken for each category, and figures for each year of the reference period.

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, in 2019, the total number of staff of the Labour Inspectorate was 149 (25 labour inspectorate and 29 operational work inspectors in the field). The report particularly points at the increase in the number of operational work inspectors in the field, from 15 in 2016, 22 in 2018 to 29 in 2019 and underlines that the increase in this number will continue in 2020 (outside of reference period).

The report considers that as a result of the increase in the number of inspectors during the reference period, the number of safety and health checks carried out also increased, with

1,782 safety and health checks in 2016, 3,031 in 2017, 3,667 in 2018 and 5,682 in 2019. The report indicates that the percentage of enterprises which were subjected to inspections by the ITM was 6.03% in 2016 and 18.54% in 2019.

The report also notes that the number of training courses provided for labour inspectors has increased considerably since 2016, which will make it possible to increase the quality of the checks carried out in terms of working conditions and safety and health at the workplace (from 6,005 hours of training in 2016 to 11,712 in 2019) .

The report explains that in accordance with legal provisions, ITM may carry out checks on working conditions and occupational health and safety in all construction sites, establishments, buildings and their respective outbuildings, and in premises used for housing. In accordance with law concerning security in State administrations and services, in public establishments and in schools, the National Security Service in the Public Service is competent to carry out occupational safety and health controls. The report also specifies that the ITM is not competent for the control of seafarers employed by ships flying the Luxembourg maritime flag. The *Commissariat aux affaires maritimes* is responsible for monitoring seafarers in matters of occupational health and safety.

The Committee takes note of the information concerning the system of civil and penal sanctions which guarantees the application of security regulations and hygiene. It notes that in 2019, a total number of 4,551 injunctions, reports and formal notices were sent to employers and 980 administrative fines for a total amount of 5,360,500 euros were imposed on the employers concerned for not having complied with the injunctions of the ITM.

The Committee does not find any answer in the report to its targeted question on the trends in budgetary resources allocated to labour inspection services. The Committee reiterates its request for information and considers that if the requested information is not provided in the next report, there will be nothing to establish that the activities of the Labour Inspectorate are effective in practice.

Conclusion

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

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Consultation with employers' and workers' organisations on safety and health issues

The Committee notes that no targeted questions were asked under Article 3§3 of the 1961 Charter. As the previous conclusion found the situation in Luxembourg to be in conformity with the Charter, there was no examination of the situation in 2021.

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 Luxembourg.

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 Luxembourg was in conformity with Article 11§1 of the 1961 Charter, pending receipt of the information requested (Conclusions XXI-2 (2017)). The assessment of the Committee will therefore only concern the information provided by the Government in response to the targeted questions.

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

Measures to ensure the highest possible standard of health

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

The report indicates that data on life expectancy for different population groups as well as for different regions of the country are not available. It states that this is primarily due to the small size of the country and also to the fact that it is almost impossible to make a statistically valid differentiation between different population groups or between rural and urban population.

The report also indicates that life expectancy at birth was 80.01 for men and 84.47 for women during 2017-2019. The Committee notes from World Bank data that the life expectancy at birth for both sexes was 82.4 years in 2019 (compared to 82.2 years in 2015). According to Eurostat, the average life expectancy at birth in the EU-27 was estimated at 81.3 years in 2019.

The report further provides statistics on the causes of death during the period 1998 – 2018. The Committee notes that according to the data provided in the report the main causes of death include cancer, diseases of the circulatory system and diseases of the respiratory system.

The Committee notes from another source that in Luxembourg, almost three quarters (71%) of people report being in good health, in line with the EU average (70%). The same source indicates that although the gap in self-rated health by socioeconomic status is less pronounced compared to most other countries, some disparities by income group exist. Two thirds of people in the lowest income group report being in good health, compared to over three quarters for those in the highest income quintile (OECD, the European Observatory on

Health Systems and Policies and the European Commission, *Luxembourg: Country Health Profile 2019*).

Access to healthcare

In a targeted question, the Committee asked 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.

The report indicates that the services for sexual healthcare are the *Planning Familial* and the CESAS (National Reference Centre for the Promotion of Emotional and Sexual Health). The goal of the CESAS is to promote emotional and sexual health at the national level, through information, awareness and training.

The report further states that under the Coalition Agreement 2018-2023, sexual and emotional health is an integral part of health and well-being. Moreover, sexual and emotional education will be promoted and included as a transversal theme at all levels of education and vocational training. The report indicates that universal access to contraceptives and their reimbursement on medical prescription will be introduced without limits of age or methods, including the reimbursement for emergency contraception, provided they are safe and reliable.

The Committee takes note of the announced measures within the Coalition Agreement 2018-2023 regarding access to contraceptives. It asks for information on the implementation of those measures and any other actions/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).

With regard to abortion, the report indicates that the voluntary termination of pregnancy can be prescribed by the family doctor ("*médecin traitant*") throughout the first seven weeks of pregnancy. The absence of figures and statistics is explained by the fact that there is no code in the nomenclature of the National Health Fund (CNS) to reference the abortion on request and it is classified among medical abortions.

The report indicates that, since 2009, the *Planning Familial* has performed 4,755 medical abortions in its centre in Luxembourg. The same data provided by the *Planning Familial* show that the percentage of women travelling abroad for an abortion remains at 1.5%.

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

The report provides statistical data on early motherhood. It indicates that in Europe, the average proportion of mothers under 20 years of age is 3.0%, which places Luxembourg in the low average with a rate equal to 1.2%.

The report provides detailed statistical data on infant mortality. It indicates that the infant mortality (total of deaths of less than 1 year per 1,000 live births) stood at 2.71 in 2018. The Committee notes that according to Eurostat, the infant mortality rate increased during the current reference period: from 3.8 in 2016 to 4.7 in 2019 (as compared to 2.8 in 2015). According to Eurostat, the EU–27 average in 2019 was 3.4 infant deaths per 1,000 live births. Noting the increasing trend and that the infant mortality rate seems to be higher than the EU average, the Committee asks for updated data and measures taken in this field in the next report.

As regards maternal mortality, the report indicates that there have been no maternal deaths in 2014, 2015 and 2016. The Committee notes from World Bank data that the maternal mortality rate stood at 5 deaths per 100,000 live births in 2016 and 2017 (latest available

data) and has decreased since the previous reference period (6 in 2014). The Committee notes that the EU average in 2017 was 6 deaths per 100,000 live births.

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

In its previous conclusions, the Committee asked whether transgender people were required to undergo medical interventions, including sterilisation, as a condition of legal gender recognition (Conclusions XX-2 (2013), General Introduction; Conclusions XXI-2 (2017)). The report indicates that currently, the modification of the mention of sex in the civil status is done in application of article 99 of the Civil Code, which aims at the rectification of the civil status record. Persons wishing to modify their gender and, incidentally, their first name(s), file a request with the district court, which rules on the conclusions of the State Prosecutor. In the absence of a specific legislative framework, the conditions and criteria for obtaining the modification of the mention of the sex and the first name(s) have been established by jurisprudence. The District Court of Luxembourg held in a judgment of 1 June 2016 that "in view of international developments encouraging States to abolish sterilization and the principles laid down by Article 8 of the European Convention on Human Rights, the court considers that the principle of the irreversibility of the transformation of the change of sex by a sexual reassignment operation involving sterilization cannot be maintained" and "that the irreversibility must therefore relate solely to the transformation of the appearance of the person (...)".

The report adds that on 31 May 2017 the bill n°7146 related to the modification of the mention of sex and the first name(s) in the civil status was initiated by the Minister of Justice. The objective of this law is to replace the currently applicable judicial procedure with a quick, easily accessible administrative procedure based on the principles of self-determination and depathologisation, without requiring medical certificates to support the application. It is proposed to prohibit the requirement of sterilization, surgery or any medical treatment as a prerequisite for the modification of the mention of the sex and the first name(s).

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, Complaint No. 117/2015, decision on the merits of 15 May 2018, §§78 and 82).

The Committee invites states to provide information on the access of transgender persons to gender reassignment treatment (both in terms of availability and accessibility). It asks whether legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other medical requirements which could impair their health or physical and psychological integrity. The Committee also invites states to provide information on measures taken to ensure that access to healthcare in general, including

sexual and reproductive healthcare, is provided without discrimination on the basis of gender identity.

In a targeted question, the Committee asked for information on measures to ensure informed consent to health-related interventions or treatment (under Article 11§2). The report provides information regarding measures to ensure informed consent to medical interventions or treatment. According to Article 8 of the Law of 24 July 2014 on the Rights and Obligations of the Patient, the patient makes decisions regarding his or her health with health professionals. Healthcare to a patient can only be provided with his or her prior, free and informed consent, after having received adequate information. Consent must be given in writing for interventional procedures and high-risk procedures/treatments. The patient may refuse or withdraw consent at any time, without such a decision resulting in the extinction of the right to quality healthcare based on the accepted treatment options. The patient's consent or refusal to consent must be explicit. Consent may be implied when the health professional, after adequately informing the patient, can reasonably infer from the patient's behaviour that the patient consents to the healthcare advice. The healthcare professional collecting the patient's decision shall ensure that the patient has understood the information provided when making a decision about his or her health.

Covid-19

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

For the purposes of Article 11§1, the Committee considers information focused on measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel).

With regard to treating those who are ill, the report indicates that, depending on the pandemic situation, hospitals in Luxembourg have adapted their capacity and their organization. The report adds that four phases have been defined: (i) Phase 1: patients are only cared for within the national infectious diseases service at CHL (20 people in normal care, 4 in intensive care); (ii) Phase 2: the four groups of hospitals in the country receive patients; (iii) Phase 3: deprogramming of non-emergency interventions and non-Covid care; (iv) Phase 4: 264 beds in normal care and around 100 beds in intensive care.

The report also provides information on measures taken in homes for older persons, as well as mesaures taken for persons without resources and homeless people during the Covid-19 pandemic.

The report states that an evaluation of the adequacy of the measures taken at the time of the report did not seem appropriate since scientific evaluations of the different measures taken after the end of the pandemic were awaited.

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 Luxembourg is in conformity with Article 11§1 of the 1961 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 Luxembourg.

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 Luxembourg was in conformity with Article 11§2 of the Charter (Conclusions XXI-2 (2017)).

Education and awareness raising

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

The report provides a detailed description of the action plans on cancer, tobacco, alcohol, drugs, the fight against hepatitis/HIV/AIDS, dementia, geriatrics, antibiotics and rare diseases. The Committee takes note of the measures and information and awareness-raising campaigns undertaken during the reference period in the community and in schools.

Among other things, the Committee notes that the National Action Plan *"Gesond iessen – Méi bewegen*" ("Eat healthily – Move more", GIMB) was launched by a group of ministries in 2006 to combat the growing problem of obesity and sedentary lifestyles (lack of physical activity) in the general public and among children and adolescents in particular. According to the report, GIMB is a government programme enabling various ministries to take joint action to improve public health. The Committee notes that the actions and measures in the new GIMB national framework plan for 2018-2025 aim to encourage people of all ages to adopt a healthy lifestyle through a more balanced diet and regular, age-appropriate physical activity.

The Committee has previously taken note of in-school health education activities consisting of both collective measures to promote health and educate pupils about health (classroom activities, participation in initiatives at school level) and individual measures in the context of school health monitoring and follow-up (Conclusions XXI-2 (2017)). The themes covered are wide-ranging, age-appropriate and tailored to the target group (e.g., healthy eating, physical activity, sexual health, use of legal and illegal drugs, sexually transmitted diseases, violence, abuse, hygiene, cancer prevention, suicide prevention, mental health and sleep).

The report states that the National Action Plan on emotional and sexual health was developed (in 2019) by the following four ministries: Education, Children and Youth; Equal Opportunities; Family Affairs, Integration and the Greater Region; and Health. The objectives of the plan are to enhance the knowledge and skills of various specific target groups in the field of emotional and sexual health; foster self-determination and mutual respect in an increasingly digitalised and globalised world; promote emotional and sexual health in all schools, educational and residential establishments and in socio-medical establishments and associations; and ensure that the initiatives carried out are accessible, particularly in terms of language, educational, cultural and socio-economic background, and their locations.

In its targeted questions, the Committee also asked for information about awareness-raising and education with respect to sexual orientation and gender identity (SOGI) and to gender-based violence. In response, the report indicates that the first National Action Plan for the promotion of LGBTI rights was adopted on 13 July 2018. This multi-year plan sets out a comprehensive approach in the field. According to the report, it includes eight thematic chapters covering different spheres of life, including education, employment and work, health, family, reception and integration, discrimination, hate crimes and hate speech, transgender equality and intersex equality. The plan consists of numerous awareness-raising and training activities on the issues of sexual orientation, gender identity and gender variations. These measures are aimed at the general public and specific groups (e.g., children, young people and health professionals). The Committee notes from the report that, some measures have focused since 2018 on specific themes such as the awareness-raising campaign on intersex issues run by the Ministry for Family Affairs, Integration and the Greater Region.

Counselling and screening

In its previous conclusion, the Committee found that the situation in Luxembourg was in conformity with Article 11§2 with respect to counselling and screening services available to pregnant women and children (Conclusions XXI-2 (2017)).

Conclusion

The Committee concludes that the situation in Luxembourg is in conformity with Article 11§2 of the 1961 Charter.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

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

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 Luxembourg was in conformity with Article 11§3 of the 1961 Charter (Conclusions 2017).

Healthcare services in places of detention

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

The report provides excerpts from the prison system's internal regulations on issues such as healthcare staffing levels, access to primary and specialist care, reporting obligations, costs coverage, and mental healthcare .

Community-based mental health services

In a targeted question, the Committee asked for information regarding the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. The Committee also asked for statistical information on outreach measures in connection with the mental health assessment of vulnerable populations and on proactive measures adopted to ensure that persons in need of mental healthcare are not neglected.

The report provides exhaustive information on mental healthcare provision in its sections regarding Article 11§§1 and 3 of the Charter. The report provides an outline of the National Plan for Suicide Prevention 2015-2019, as well as information that indicates a decrease in the number of suicides during the reference period from 85 in 2014, to 58 in 2018, slightly below the European Union average. The report proceeds to provide an outline of the activities of the Department of Social Medicine, Addictions and Mental Health, functioning under the authority of the Ministry of Health, with coordination, planning, and monitoring functions. The report contains detailed descriptions of services available, and the activities undertaken: inpatient and outpatient medical care, day care centres, protected workshops,

therapy groups, home support, housing, supported employment, awareness raising or professional training, among others. The report notes that, as a rule, access to mental healthcare requires a referral from a general practitioner or a specialist, and outlines the structure of mental health provision, including acute psychiatric wards in general hospitals, medium and long stay beds, referrals for treatment abroad, residential services and day-care centres.

The Committee refers to the Committee on the Rights of Persons with Disabilities (CRPD) report of 2017, noting that Luxembourg lacked an action plan for the deinstitutionalisation of persons with disabilities with a specific timeline and appropriate funding. The Academic Network of European Disability Experts (ANED) report on Luxembourg published in 2019 concluded that institutional care was still widespread in Luxembourg and that expensive housing made it difficult for people with disabilities without sufficient financial means to live in the community.

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

The Committee notes that Article 15§3 of the Revised Charter ordinarily provides an opportunity to examine the process of deinstitutionalization of persons with disabilities. As the 1961 Charter lacks a similar provision, the issue in question falls to be assessed under Article 11§3.

Accordingly, the Committee asks for information as follows:

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

Drug abuse prevention and harm reduction

In a targeted question, the Committee asked for information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. The Committee also asked for an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches,

including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the “available, accessible, acceptable and sufficient quality” criteria (WHO’s 3AQ) are respected, subject always to the exigency of informed consent. This rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

The report provides exhaustive information with regarding to its prevention, harm reduction, treatment and rehabilitation programs for drug users, as well as information regarding the number of users for each type of service, broken down by gender and age. Notably, a range of harm reduction and treatment interventions are available, including needle and syringe exchange programmes, supervised consumption rooms, mobile medical care units, testing, vaccination, counselling, or opioid agonist treatment. The report notes that the Government does not hold any statistics on the number of drug-related deaths or the transmission of infectious diseases among people who use or inject psychoactive substances. The report also outlines the National Strategy on Addictions and its joint Action Plan on Illicit Drugs 2020-2024, as well as the relevant activities of the Department of Social Medicine, Addictions and Mental Health.

The Committee refers to the Luxembourg country report published by the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) in 2017, noting an increase in the prevalence of infectious diseases connected to drug use and a drug-induced mortality rate that was higher than the European average.

The Committee reiterates its request for information regarding the management of drug addiction in prisons, including through dissuasion, education, and public health-based harm reduction approaches.

Healthy environment

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

The report provides a list of regulations on water management, data regarding water use restrictions due to contamination from 2016 to 2019, and the number of derogations given in the case of exceeding water contamination limits. The report also includes a list of regulations dealing with soil contamination and noise pollution, without any context or analysis.

The Committee notes that the report does not address all issues raised in the targeted question, namely about air pollution and 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, as well as on the measures taken to address the health problems of the populations affected, and to inform the public, including pupils and students, about general and local environmental problems. Therefore, the Committee reiterates its request and 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 Luxembourg is in conformity with Article 11§3 of the Charter in this respect.

Immunisation and epidemiological monitoring

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

The report notes that as it does not have any pharmaceutical companies and considering the costs involved and the size of the country, Luxembourg has not prioritised vaccine research.

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 describes the measures taken to protect older persons living in residential homes, as well as homeless persons, in the context of the Covid-19 pandemic, as well as the preventive measures applying among the general population, such as curfews, restricted access to services open to the public, restrictions on public assemblies, mask mandates, physical distancing, adapted access to public health establishments, access to public transport, sports and cultural activities, testing and contact tracing.

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

Conclusion

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

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

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

Risks covered, financing of benefits and personal coverage

In its previous conclusion (Conclusions 2017) the Committee considered that the personal coverage of social security risks was adequate. The Committee notes from the report that in 2018 279,327 active residents were covered by social security, as well as 99,253 pensioners and 178,718 co-insured residents. The Committee notes that in total 557,299 residents were insured. The Committee asks the next report to provide updated information about the personal coverage of social security risks. For healthcare, it asks what percentage of the resident population is covered. For income-replacement benefits, it asks what percentage of active population is covered against unemployment, old -age, occupational accidents and sickness risks.

Adequacy of benefits

According to Eurostat data, the poverty threshold defined as 50% of median equivalised income was € 1,515 per month. The poverty threshold, defined as 40% of median equivalised income, amounted to € 1,212 per month.

In its previous conclusion the Committee found that the minimum levels of sickness, occupational injury and unemployment benefits were adequate. The Committee asks the next report to provide updated information concerning these levels.

As regards the minimum level of old-age benefit, the Committee previously found that it was inadequate as for persons not having accumulated 40 years of insurance period, it fell below 40% of the median equivalised income.

The Committee notes from the report that the right to an old-age pension depends on the age and length of the qualifying period (periods in pension insurance) completed by the insured person. A distinction is made between compulsory insurance periods, i.e. contributory periods (paid professional activity, replacement income, baby-years, etc.) and additional periods, i.e. periods where no contributions were made but are taken into account (children's education, studies, etc.). On a voluntary basis, continued insurance and optional insurance allow the insured to avoid career gaps in the event of stopping or reducing professional activity. Under certain conditions, it is also possible to make a retroactive purchase of effective periods. Compulsory insurance periods and voluntary periods, i.e. all of the contributory periods constitute the effective periods. At 65, the legal retirement age, an insured person is entitled to an old-age pension on condition that he has completed a qualifying period of at least 120 months (10 years) of effective periods in pension insurance.

According to the report, the amount of an old-age pension depends essentially on the length of the insurance period completed and on the total tax base accumulated during the period. The average amount of all pensions paid for December 2018 was € 1,910.14 and € 2,109.65 for old age pensions.

The Committee notes from MISSCEO that as regards the minimum pension, no pension can be less than 90% of the reference amount, if the insured has at least 40 years of insurance: therefore, there is a minimum of €1,841.51 per month. If the insured did not complete the qualifying period, the minimum pension is reduced by 1/40 for each missing year. The Committee asks what is the absolute minimum that a person with less than 10 years of effective periods of insurance can receive as old age pension benefit. In the meantime, it reserves its position on this issue.

Conclusion

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

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 International Labour Convention No. 102

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

The Committee recalls that Luxembourg ratified the European Code of Social Security and its Protocol on 3 April 1968 and has accepted all Parts of the Code.

The Committee notes from Resolution CM/ResCSS(2020)11 of the Committee of Ministers on the application of the European Code of Social Security and its Protocol by Luxembourg (period from 1 July 2018 to 30 June 2019) that the law and practice in Luxembourg continue to give full effect to the provisions of the Code and the Protocol. In so doing, Luxembourg maintains a social security system that meets the requirements of ILO Convention No. 102.

Conclusion

The Committee concludes that the situation in Luxembourg is in conformity with Article 12§2 of the 1961 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 Luxembourg.

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 Luxembourg was in conformity with Article 12§3 of the 1961 Charter (Conclusions XXI-2 (2017)). It will therefore restrict its consideration to the Government's replies to the two targeted questions, namely:

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

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

Platform workers

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

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

The Committee notes that in its report, the Government referred to developments in the legal framework for social security; in particular, several laws had been adopted in 2018 for the purpose of, inter alia, amending the Social Security Code, the Labour Code and other legislation. However, the Government has not provided any information regarding the social security coverage of digital platform workers. The Committee therefore reiterates its question. It asks for information in the next report on the number of digital platform workers (as a percentage of the total number of workers), their status (employees, self-employed and/or other category), the number/percentage of these workers by status and their social security protection (by status). In the meantime, the Committee reserves its position on this point.

Covid-19

As regards the second question, the Committee notes that the Government has provided (under Article 13§3) information on measures taken in 2020 to alleviate the negative impact of the Covid-19 crisis on social security coverage. For example, paid leave was introduced for employees and self-employed workers who had to stop working to look after an adult with a disability or an elderly person following the closure of an approved service for disabled or elderly people (Grand Ducal regulation of 3 April 2020 introducing leave for family support in the context of Covid-19 measures).

Conclusion

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

Article 12 - Right to social security

Paragraph 4 - Social security of persons moving between States

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

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

Right to equal treatment

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

The Committee notes from the report that with regard to the equal treatment of third country nationals, Luxembourg has signed various bilateral cooperation agreements in the field of social security. Luxembourg is bound by bilateral agreements with the following countries that are not members of the European Union or the European Economic Area: Albania, Bosnia-Herzegovina, North Macedonia, Moldova, Montenegro, Serbia, Turkey. New conventions are in the process of being ratified, including with Russia and Ukraine.

In its previous conclusion (Conclusions 2017) the Committee noted from the report that national social security legislation guarantees entitlement to social security benefits without discrimination. The Committee asks what is the legal basis for ensuring equal treatment as regards access to the social security system of nationals of States Parties and whether the legislation guarantees equal conditions for entitlement to social security benefits (e.g. without excessive length of residence requirement in case of non-contributory benefits). The Committee considers that if this information is not provided in the next report, there will be nothing to establish that the situation is in conformity with the Charter as regards equal access.

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

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

The Committee is aware that States Parties that are also EU Member States, on the basis of the EU legislation on coordination of the social security system are obliged to apply

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

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

In its previous conclusion the Committee noted from the report that the payment of family benefits was conditional on the child being resident in Luxembourg. The Committee considers that the situation is in conformity in this respect.

Right to retain accrued rights

In its previous conclusion the Committee considered that the situation was in conformity on this point.

The Committee recalls that old age benefit, disability benefit, survivor's benefit and occupational accident or disease benefit acquired under the legislation of one State according to the eligibility criteria laid down under national legislation should be maintained (exported) irrespective of whether the beneficiary moves between the territories. The Committee asks the next report to indicate how the retention of accrued rights is ensured for nationals of those States Parties with which no relevant bilateral agreements have been concluded.

Maintenance of accruing rights

In its previous conclusion the Committee considered that the situation was in conformity on this point.

Under Article 12§4b there should be no disadvantage in terms of accrual of rights for persons who move to another State for employment in instances in which they have not completed the period of employment or insurance necessary under national legislation to confer entitlement and determine the amount of certain benefits. Implementation of the right to maintenance of accruing rights requires, where necessary, the accumulation of employment or insurance periods completed in another territory for the purposes of the opening, calculation and payment of benefits. In the case of long-term benefits, the pro–rata approach should also be employed.

States may choose between the following means in order to ensure maintenance of accruing rights: bilateral or multilateral agreement or, unilateral, legislative or administrative measures. States that have ratified the European Convention on Social Security are presumed to have made sufficient efforts to guarantee the retention of accruing rights.

The Committee asks how the maintenance of accruing rights is ensured for nationals of those States Parties with which no relevant bilateral agreements have been concluded.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Luxembourg is in conformity with Article 12§4 of the 1961 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 Luxembourg.

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 (2017) was deferred.

General legal framework, types of benefits and eligibility criteria

The report refers to the right to the Guaranteed Minimum Income (RMG). It notes that the law of 28 July 2018 on the social inclusion income (REVIS) came into force on 1 January 2019, aimed at replacing the guaranteed minimum income (RMG). The law pursues four objectives, the second of which is aimed more specifically at people furthest from the labour market: to concretise a social inclusion approach; to establish a coherent system of stabilisation, social activation and professional reintegration policies; to act against child and single-parent poverty; and to proceed with administrative simplification. REVIS is composed of: the inclusion allowance (former "complementary allowance" of the RMG): this is a financial aid for the household, which gives basic means of subsistence to people who have no income or whose income does not reach a certain threshold; – the activation allowance (former "insertion allowance" of the RMG): it is intended to financially support a person who participates in an activation measure.

To be eligible for REVIS, the applicant must: be officially and effectively resident in the Grand Duchy of Luxembourg; be at least 25 years old; have insufficient resources for his or her domestic community; be registered with the Employment Development Agency (ADEM) and be actively seeking work, unless exempted; be prepared to exhaust all legal possibilities to improve his or her situation. A person under 25 years of age can receive REVIS, if: raising a child for whom he/she is receiving child benefit; pregnant (from eight weeks before delivery); unfit to earn a living, from the time of his/her majority; a carer for a person receiving care insurance, from the time of his/her majority. An increase came into effect in 2020, but outside the reference period.

The law of 18 December 2009 organising social assistance provides that any person residing in Luxembourg is entitled to assistance, in accordance with the legislation in force. The aid is subsidiary, individualized and designed to enable a life in keeping with human dignity. With the creation of 30 social offices, which are public establishments under the supervision of the communes, social assistance has been placed in a preventive context in order to break the cycle of social exclusion. In fact, apart from ensuring that people in need and their families have access to goods and services adapted to their situation, the law helps

to preserve or acquire autonomy. The assistance is of a palliative, curative or preventive nature and intervenes in a subsidiary capacity, thus complementing the social measures and financial benefits provided for by other laws and regulations, which the beneficiary is required to exhaust.

For a person in need who does not meet the eligibility requirements for social assistance, the Act still provides in Article 27 for the possibility of short-term emergency humanitarian assistance. All foreign nationals, whether legally in the country or not, fall within the scope of article 27. In addition, since 2001 the Government has been implementing the Winter Action, known as "Wanteraktioun (WAK)", which aims to prevent homeless people from falling victim to hypothermia during periods of extreme cold. It usually starts on 1 December and ends on 31 March.

In its conclusion XXI-1 (2017) the Committee understood that all persons below the age of 25, as well as persons dismissed for serious misconduct, or persons not complying with employment integration schemes, who are without resources, may request social assistance under the Social Assistance Act of 2009. The Committee asked to provide more detailed information regarding the eligibility conditions (e.g. the means-test) for the benefit in question as well as its average amount. This information is not included, but the Committee notes from the report that any person residing in Luxembourg can access social assistance and under Article 27 of the Social Assistance Act of 2009, emergency assistance is available also for unlawful aliens. The Committee asks for further clarification on this point.

As regards medical assistance, since 2009, all persons with a legal residence in Luxembourg benefit from medical assistance, regardless of their legal status, affiliation and financial resources. If the person in need is not insured otherwise, the social office covers the cost of medical assistance and hospitalisation. From 1 January 2013, persons without resources can request assistance from their social office for medical and dental care. These persons may receive, as part of social assistance, a direct payment of the medical costs incurred.

Level 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 amount of the RMG for a person living alone was € 1,455,25 in 2019;
- Supplementary benefits: the rent subsidy, granted by the Ministry of Housing, is intended to help the most disadvantaged households to rent out decent housing. The amount of this monthly assistance can – depending on the income and the composition of the household – go up to a maximum of € 300.
- Poverty threshold defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty amounted to €1,515 per month.

The Committee considers that the level of social assistance is adequate.

Right of appeal and legal aid

The Committee had asked to provide updated information regarding the right of appeal (including for the benefits granted under the Social Assistance Act of 2009) and legal aid in its previous conclusion.

The report states that the application for REVIS is to be addressed to the National Solidarity Fund (FNS). The applicant may object to decisions taken by the NSF and this in accordance with Article 34 of the REVIS Act, as amended on 28 July 2018 on social inclusion income regulates the remedies available against decisions of the National Solidarity Fund.

Thus, the persons concerned have the right to appeal against any decision of the FNS to the President of the Social Insurance Board of Referees within forty days from the notification of the contested decision. Similarly, Article 26 of the Social Assistance Act states that "Every applicant for social assistance has the right to appeal to the Arbitration Board and to the Higher Social Insurance Board". The right to REVIS as well as the right to social assistance is guaranteed by the amended Act of 28 July 2018 on Social Inclusion Income (REVIS) as well as the Act of 18 December 2009 organizing social assistance. In the event of a negative decision on the granting of social assistance, an appeal against the decision is available before the social courts. In the case of final decisions and decisions of the Board of Governors, an appeal in cassation is possible. All decisions must contain instructions on how to appeal, including the possibility of lodging an appeal, the time limit and the authority before which it must be lodged.

Furthermore, the report notes that, in principle, persons receiving REVIS within the limits of the amounts determined in accordance with the provisions of article 5 of the Act of 28 July on social inclusion income, as well as persons living in the domestic community of such a beneficiary and whose income and assets have been taken into account in determining REVIS, are eligible for legal aid. Also eligible are persons who, although not receiving the REVIS, are in such an income and wealth situation that, if they met the other conditions laid down in the Act of 28 July 2018 on the social inclusion income, they would be entitled to the REVIS.

Personal scope

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

Foreign nationals lawfully present in the territory

In its previous conclusion in 2017, the Committee asked whether the legal basis of social and medical assistance provided to non-EEA nationals lawfully resident in the territory during their first five years is also the Social Assistance Act of 2009. If so, it asked to provide more detailed information regarding the eligibility conditions (e.g. the means-test) for the benefit in question as well as its the average amount. In the meantime, the Committee reserved its position on this issue.

The report notes that, from now on, applicants who are not nationals of Luxembourg or of another member State of the European Union or the European Economic Area or of Switzerland, must prove effective residence for five years during the last 20 years. Beneficiaries of international protection are exempt from this requirement. To be eligible for REVIS, the applicant must therefore: be officially and effectively resident in the Grand Duchy of Luxembourg; be at least 25 years old; have insufficient resources for his or her domestic community; be registered with the Employment Development Agency (ADEM) and be actively seeking employment, unless exempted; and be prepared to exhaust all legal possibilities to improve his or her situation.

Applicants from a European Union country who had recently entered the country were not entitled to REVIS for the first three months of their stay in Luxembourg. According to the report, if the person in need is legally domiciled in Luxembourg, he or she is entitled to social assistance granted by the social assistance office of his or her commune of residence, but in particular for medical care and hospitalisation. Nationals of States parties to the Charter therefore have access to medical assistance on an equal footing with nationals, and not only to emergency care.

The Committee considers therefore that there is a difference between EEA nationals and non-EEA nationals of States parties to the Charter lawfully resident. For the latter case,

medical assistance is provided, but no access to REVIS. There maybe other financial benefits, including housing benefit or food coupons but no equal footing in access to social assistance. They are treated and follow the same system that the one available for unlawful residents, consisting of a short urgent assistance. The Committee asks the next report to inform of how long it lasts and how much it is on average. In the meantime, it reserves its position on this point.

Foreign nationals unlawfully present in the territory

As regards emergency medical assistance, the social agency can also cover some costs if persons without resources are not covered by health insurance. In the area of migrant health, the Health Inspectorate of the Ministry of Health pursues a compulsory health control activity for applicants for international protection. Article 27 of the Social Assistance Act provides for the possibility of humanitarian aid (urgent and short) for a person in need who does not fulfil the eligibility conditions for the social assistance.

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

The Committee cannot accept the necessity of halting the provision of such basic emergency assistance as shelter, guaranteed under Article 13 as a subjective right, to individuals in a highly precarious situation. The report is based on the Winter Action, which aims to prevent homeless people from falling victim to hypothermia during periods of extreme cold. It usually starts on December 1 and ends on March 31. However, this does not reply to the questions concerning access to shelter. The Committee asks therefore the next report to explain the duration, average amount and amount of people accessing this urgent assistance for irregular residents. In the meantime, it reserves its position on this issue.

Medical and social assistance during the Covid-19 pandemic

The Committee takes note that, according to the report, since the start of the Covid-19 crisis ,and in the context of REVIS, persons assigned to "community service" type measures can benefit both from the special leave established in the context of the crisis and from temporary dispensation from service, and thus benefit from the full maintenance of REVIS benefits while reducing the risk of contamination or transmission. The measures in question, which are of limited duration, are renewed on expiry even if the beneficiary is on temporary leave, so as not to further destabilize the individuals in question and to allow the measure to be resumed as soon as the agency of assignment resumes its activities. While the possibility of making appointments with the competent officers at the social offices is reduced, the regional social inclusion officers remain available by telephone for REVIS recipients. These agents thus contribute to the government’s information efforts, particularly with a marginalized population.

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

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 takes note of the information contained in the report submitted by Luxembourg.

The Committee recalls that for the purposes of the present report States were asked to reply to targeted questions, as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”). However no targeted questions were posed in respect of Article 13§4.

The Committee deferred its conclusion in 2017 concerning Article 13§4 of the Charter. It will therefore limit its examination to the Government’s replies to its previous request for additional relevant information.

The Committee also refers to the conclusions adopted in 2017 under Article 13§1 (personal scope) and recalls that Article 13§4 only covers emergency social and medical assistance for nationals of States Parties lawfully present (but not resident) in the territory.

Finally, the Committee recalls that States Parties are required to provide non-resident foreigners, without resources, with emergency social and medical assistance. Such assistance must cover accommodation, food, clothing and emergency medical assistance, to cope with an urgent and serious state of need (without interpreting too narrowly the ’urgency’ and ’seriousness’ criteria). No condition of length of presence can be set on the right to emergency assistance (Complaint No 86/2012, European Federation of national organisations working with the Homeless (FEANSA) v. the Netherlands, decision on the merits of 2 July 2014, §171).

In its conclusion under Article 13§1, the Committee reserved its position with regard to the emergency social and medical assistance provided to foreign nationals in an irregular situation. The report refers to the fact that Luxembourg has signed several agreements to extend the protection of social assistance to EU nationals and EEAA nationals. However, it does not clarify whether non-resident foreign nationals lawfully present in the territory who are in need can access emergency medical and social assistance and for how long. It therefore also reserves its position on this point.

Conclusion

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

Article 14 - The 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 Luxembourg.

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 XXI-2 (2017)) the Committee found the situation to be in conformity with the Charter. The report provides that the legislative framework has not changed. The Committee acknowledges information provided in reply to its previous questions, in particular on the main social services and their tasks and the financial participation of the State in certain social services, confirming that the situation remains in conformity with the 1961 Charter.

In response to the Committee’s targeted questions, the report states that in compliance with security regulations, the continuity of all social services was assured during the COVID-19 pandemic. All social services were available at least by various telecommunication means. Appointments were made with vulnerable clients, in compliance with the health regulations in force. The report does not contain information on any specific measures taken in anticipation of possible crises in the future.

Conclusion

The Committee concludes that the situation in Luxembourg is in conformity with Article 14§1 of the 1961 Charter.

Article 14 - The 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 Luxembourg.

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 deferred its previous conclusion (Conclusions XXI-2 (2017)), following its repeated requests (Conclusions XIX-2 (2009) and XX-2 (2013)) for information concerning the number of volunteers. In this regard, it noted a study conducted by the Research Centre on Populations, Poverty and Socio-Economic Policies in 2009 on the voluntary organisations in Luxembourg, which was outside the reference period of the previous examination.

The report provides that it has not been possible to provide updated data, as the study would be conducted in 2021. It further confirms that volunteers are crucial for the functioning of non-profit associations and foundations (boards of directors) and contribute to the quality of services in the field. Hence, the coalition agreement 2018-2023 provides that "a study on associative life in Luxembourg will be commissioned in order to promote citizen engagement more effectively and to better understand the needs of non-profit associations." The objective of this study will be to highlight the existing situation and sound out the expectations of the various parties involved and to plan appropriate solutions for the future. This study will allow, among other things, to quantify the actors involved in the field of volunteering (at the level of associations and individuals). The Committee again recalls its request and underlines that should the next report not provide comprehensive information in this respect, there will be nothing to show that the situation is in conformity with the Charter on this point.

The report does not reply to the targeted question on the user involvement in social services. The Committee renews its question and asks the comprehensive information to be provided in the next report, in particular, on how the user involvement is fostered in legislation and other decision-making, and whether any practical measures to support it, including budgetary, have been adopted or envisaged. Meanwhile, it reserves its position on the issue.

Conclusion

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