



**EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITÉ EUROPÉEN DES DROITS SOCIAUX**

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PRESS BRIEFING ELEMENTS

Conclusions 2017

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The European Committee of Social Rights' Conclusions 2017: briefing document

Rights examined in 2017

In 2017, the Committee examined state reports on the application of provisions belonging to the thematic group "Health, social security and social protection":

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

State reports of the following 33 countries were examined:

Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia-Herzegovina, Bulgaria, Denmark, Estonia, Finland, France, Georgia, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Republic of Moldova, Montenegro, Poland, Portugal, Romania, Russian Federation, Serbia, Slovak Republic, Spain, "the former Yugoslav Republic of Macedonia", Turkey, Ukraine and United Kingdom.

State reports of Greece, Iceland and Luxembourg could not be examined because they were not submitted in time. The conclusions in respect of these countries will be published in the course of 2018.

The outcome: key figures

In 2017, the Committee adopted 486 conclusions on health, social security and social protection in respect of the 33 States, including 175 conclusions of non-conformity to the Charter (36%) and 228 conclusions of conformity (47%).

In 83 cases (17%), the Committee was unable to assess the situation due to lack of information ("deferrals").

Main findings

- *Problems identified*

The problems highlighted in respect of the provisions at stake appear in Appendix I.

- *Progress identified*

The Conclusions 2017 also show a number of positive developments which have taken place during the period under consideration. They appear in Appendix II.

Cases of repeated lack of information

In addition, the Committee examined reports from certain States on conclusions of non-conformity for repeated lack of information in Conclusions 2015 ("Children, families and migrants").

In respect of situations of non-conformity for repeated lack of information in Conclusions 2015 the Committee adopted 85 conclusions. In 24 of these, the Committee concluded that the situation had been brought into conformity, in 42 it reiterated the finding of violation (either due to a continued lack of information or on substantive grounds) and in 19 cases the Committee deferred its conclusion.

Appendix I: Summary of main findings

- **The right to health and safety at work (Article 3)**

The Committee regards the right to health and safety at work as stemming directly from the right to personal integrity, one of the fundamental principles of human rights. The purpose of Article 3 is thus directly related to that of Article 2 of the European Convention on Human Rights, which recognises the right to life.

The Committee's findings regarding Article 3 have revealed that 47% of national situations comply with different requirements of the Charter with regard to health and safety policies and regulations and their enforcement, the organisation of occupational risk prevention, as well as occupational health services. However, in 37% of cases, the Committee found a number of violations concerning certain aspects of health and safety.

In particular, as regards monitoring the effective observance of the right enshrined in Article 3 in terms of the frequency of accidents at work and their evolution (including under-reporting and concealment), the Committee found that in a number of States the measures taken to reduce the number of accidents at work were insufficient (e.g. in Bulgaria, Latvia, Lithuania, Malta, Portugal, Romania and Spain). The Committee also found that certain categories of self-employed workers or domestic workers were not sufficiently covered by the occupational health and safety regulations (e.g. in Andorra, Germany, France, Hungary, the Republic of Moldova, Montenegro and Romania).

Moreover, under Article 3 of the Charter, States Parties are under obligation to maintain a system of labour inspection appropriate to national conditions. In this context, the Committee examines the measures taken by public authorities to address the increasingly complex and multidimensional demands on the competence, resources and institutional capacity of labour inspection systems. In this regard, the Committee found that in some States Parties (e.g. in Belgium, Estonia, the Republic of Moldova, the Russian Federation and Turkey) the labour inspection system was inefficient insofar as it did not have sufficient human resources to adequately monitor compliance with occupational health and safety legislation.

- **The right to health (Article 11)**

Article 11 of the Charter complements Articles 2 and 3 of the European Convention on Human Rights by imposing a range of obligations designed to secure the effective exercise of the right to health. These include, in particular, measures to ensure access to healthcare and measures to promote health through prevention, education and awareness-raising.

The Committee findings have shown that around 50% of national situations represent conformities with the Charter, signifying that around one half of the cases examined by the Committee satisfy the requirements of the Charter as regards measures to remove the causes of ill-health, to ensure access to healthcare, to provide education and awareness-raising, counselling and screening, and measures for the prevention of diseases and accidents.

However, a number of significant challenges have not yet been addressed by a number of States. These concern, in particular, the persisting high infant and maternal mortality rates (e.g. in Georgia, the Republic of Moldova, Romania, the Russian Federation and Turkey).

Besides, as regards access to healthcare, under Article 11 the cost of health care must not represent an excessively heavy burden for the individual and the out-of-pocket payments should not be the main source of funding of the health system. In this regard, the Committee found that access was not ensured because of long waiting times (in Poland and Albania), low public healthcare expenditure (e.g. in Albania, Azerbaijan, Latvia and Ukraine) as well as the high proportion of out-of-pocket payments or informal payments (e.g. in Lithuania and Ukraine).

As regards counselling and screening, under Article 11 States should provide free and regular consultation and screening for pregnant women and children throughout the territory. Moreover, free medical checks for children must be carried out throughout the period of schooling. In this connection the Committee found that that measures for counselling and screening of pregnant women and children were not adequate in Georgia, Bosnia and Herzegovina, and Ukraine.

- **The right to social security (Article 12)**

The first three paragraphs of Article 12 concern the scope and coverage of the social security system and the adequacy of the benefits provided within the different branches, whereas Article 12§4 regulates the coordination of social security for persons who move between the States Parties.

The great majority of States Parties have a collectively funded social security system, which provides benefits in the event of sickness, unemployment, old age, occupational injury or disease and invalidity, as well as maternity and family benefits and medical care. Only in the case of Georgia did the Committee find that the number of risks covered was inadequate. It furthermore found that the information provided was not sufficient to prove that the personal coverage was adequate in 8 other countries (Armenia, Bosnia and Herzegovina, the Republic of Moldova, Montenegro, Romania, the Russian Federation, “the former Yugoslav Republic of Macedonia” and Turkey). The Committee recalled in this respect that States should systematically provide updated information on the percentage of population covered by the healthcare system and the percentage of active population covered in respect of income-replacement benefits.

The minimum level of benefits was found in many cases to be largely below the poverty level, which resulted in a great number of findings of non-conformity, often on several grounds. Unemployment benefits appear to have been particularly concerned by restrictions in terms of amounts (in at least 15 States Parties: Bulgaria, Estonia, Finland, Hungary, Ireland, Latvia, Lithuania, Malta, the Republic of Moldova, Montenegro, Poland, the Russian Federation, the Slovak Republic, “the former Yugoslav Republic of Macedonia” and the United Kingdom) or of duration and conditions of payment (for example, in Bosnia and Herzegovina, Hungary, Montenegro, Serbia and “the former Yugoslav Republic of Macedonia”).

As regards old-age benefits, the Committee decided to refer to its assessment under Article 23 for those States which have accepted both Article 12§1 and 23.

While 26 out of 30 States were found not to comply with the requirements of Article 12§1, 17 out of 22 were found to respect the less stringent criteria necessary for the ratification of the European Code of Social Security, as required by Article 12§2.

Furthermore, the Committee found that, despite the shortcomings noted, most of the States (20 out of 25) had nevertheless increased the level of social security during the reference period, for example by lifting certain restrictions that had been introduced during the economic crisis. This was not however the case in 5 States (Ireland, Italy, the Republic of Moldova, Montenegro and Romania).

With respect to coordination of social security for persons who move between States Parties (Article 12§4), no States Parties were found to comply with the requirements of the Charter (the Committee found 19 situations of non-conformity and deferred its conclusions in three other situations). In particular, the Committee found that equality of treatment was often not guaranteed to nationals of non-EU/EEA States, in the absence of specific agreements concerning in particular access to family allowances, retention of accrued benefits and maintenance of accruing rights.

- **The right to social and medical assistance (Article 13)**

The guarantee of a genuine individual right to assistance together with a right to legal remedy is a major contribution made by Article 13 and in particular Article 13§1. Under Article 13 the system of assistance must be universal in the sense that benefits must be payable to any person on the sole ground that he/she is in need. The text of Article 13§1 clearly establishes that this right to social and medical assistance takes the form of an individual right of access to social and medical assistance in circumstances where the basic condition of eligibility is satisfied, which occurs when no other means of reaching a minimum income level consistent with human dignity are available to the person concerned.

The Committee has examined 27 national situations as regards Article 13§1 and has found that in 25 cases the requirements of the Charter have not been met (in two cases the Committee could not assess the situation due to lack of information). The main grounds of non-conformity remain inadequate levels of social assistance, i.e. those falling below the poverty threshold. In two cases (Austria and Finland) the Committee found that even if the overall amount of assistance could reach the poverty threshold, there was no evidence that this amount would be paid to all persons in need.

The Committee has, again, found a number of violations as regards the personal scope of Article 13. Under Article 13§1, States are under obligation to provide adequate medical and social assistance to all persons in need, both their own nationals as well as nationals of States Parties lawfully resident within their territory, on an equal footing. In this regard, the Committee found that some States (e.g. Andorra, Denmark, Finland, France, Latvia and Lithuania) still impose a length of residence requirement for nationals of other States Parties, lawfully resident in their territory, to become eligible for social assistance on an equal footing with nationals.

In addition, as regards unlawfully present foreign nationals (now covered under Article 13§1, following the Committee's Statement of Interpretation of 2013), the Committee found

that in the majority of States Parties such persons receive emergency social and medical assistance in cases of need. However, in case of some States (e.g. Belgium, Ireland, Latvia, Lithuania and Turkey) the Committee reserved its position on this issue and asked the next national report to provide more information as to how the State concerned guarantees that any person in its territory receives adequate emergency social and medical assistance in practice.

- **The right to social services (Article 14)**

Article 14 covers both general social welfare services in the broadest sense, potentially aimed at the whole population, as well as more specialised social services, such as services for people in need, assistance to families, services and institutions for the elderly etc.

13 States Parties out of 28 were found to comply with the general requirements of Article 14§1. Ten States were in violation of Article 14§1 on account of restrictions to access by foreign nationals (Azerbaijan, Hungary, Latvia, Poland) or of shortcomings concerning specific services (Belgium). In half of these situations, the finding of non-conformity resulted from a repeated lack of information, in particular as to the adequacy of social services to meet users' needs (Austria, Bulgaria, Ireland, Portugal, Turkey).

This was also the case as regards the two findings of non-conformity under Article 14§2: in the case of Ireland, the Committee held that it had not been established that the government was taking the steps necessary to foster user participation in the management of social services; in the case of Turkey, it was not established that the conditions under which non-public providers take part in the provision of welfare services were adequate. In the remaining 26 States Parties, the Committee concluded that the situation was in conformity with Article 14§2, or deferred its conclusion (in 6 cases).

- **The right of the elderly to social protection (Article 23)**

Article 23 covers a variety of aspects related to the protection of rights of elderly persons. First of all, it requires age-discrimination to be prohibited by law, and in this respect the Committee found that no such legislation existed yet in Malta and Turkey during the reference period. In other cases, although no explicit provision existed in the law against age discrimination, the Committee decided to inquire whether the existing general provisions against discrimination were interpreted and applied in practice to cover situations of age discrimination outside the employment field. Furthermore, the Committee was not in a position to establish that elderly persons could avail themselves of an assisted decision-making procedure in Turkey.

Most of the situations of non-conformity related to the level of old age pensions, which was found to be inadequate in Italy, Montenegro, Serbia and Ukraine, even when taking into account all additional resources available (contributory and non-contributory benefits, and other complementary benefits available to elderly persons).

The Committee also examined the situation in the States Parties as regards measures taken:

- to prevent elder abuse, in particular by assessing the extent of the problem and raising awareness on the need to eradicate it;

- to ensure that elderly persons are informed of the services and facilities available to them, and ensure that such services and facilities are effectively accessible and of adequate quality;
- to provide housing suited to the needs and state of health of elderly persons or of adequate support for adapting their housing;
- to provide elderly persons with adequate health care and related services;
- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in their institution.

With regard to this, the Committee found that Montenegro was not in conformity with Article 23 because accommodation facilities for the elderly are neither subject to any accreditation or licensing procedure nor inspected by an independent body. In addition, it considered that the information provided by the Slovak Republic was not sufficient to establish that the existing capacities in residential care are sufficient to match the demand of elderly people.

- **The right to be protected against poverty and social exclusion (Article 30)**

Living in a situation of poverty and social exclusion violates the dignity of human beings. With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, Article 30 requires States Parties to adopt an overall and coordinated approach, which should consist of an analytical framework, a set of priorities and measures to prevent and remove obstacles to access fundamental social rights. There should also exist monitoring mechanisms involving all relevant actors, including civil society and persons affected by poverty and exclusion.

The overall and coordinated approach must link and integrate policies in a consistent way, moving beyond a purely sectoral or target group approach. Normally, some sort of coordinating mechanisms, including at the level of delivery of assistance and services to those living in or at risk of poverty, should be provided. At the very least, States Parties should demonstrate that poverty and social exclusion reduction is an embedded aspect of all the relevant strands of public policy.

In 2017, the Committee examined the application of Article 30 by 13 States Parties (many States have opted not to be bound by Article 30 for the time being). Its conclusions are an indication that, in general, poverty levels in Europe are unacceptably high and that the measures taken by States to remedy this fundamental problem are insufficient.

In respect of 8 States (Belgium, Ireland, Italy, Latvia, Serbia, the Slovak Republic, Turkey and Ukraine) the Committee found that the situation was in breach of Article 30 on the ground that there is no adequate overall and coordinated approach to combating poverty and social exclusion. While the specifics of the situation in these 8 States varied greatly, notably poverty levels, the Committee took into account that poverty levels were generally high, in a few States extremely high, and/or not decreasing, that the measures taken were not properly coordinated and targeted and that the resources allocated were not adequate in view of the extent of the poverty problem. In addition, the Committee had regard to its conclusions under various other provisions of the Charter, which are crucial to combating poverty and social exclusion, such as Article 1 (right to work), Article 12 (right to social security), Article 13 (right to social assistance), Article 16 (rights of the family), Article 23 (rights of the elderly) and Article 31 (right to housing).

Appendix II : Positive Developments

Conclusions 2017: examples of progress in the application of the European Social Charter with respect to health, social security and social protection.

In its Conclusions 2017/XXI-2, the European Committee of Social Rights noted a number of positive developments in the application of the Charter, either through the adoption of new legislation or changes to practice in the States Parties or in some cases on the basis of new information clarifying the situation as regards issues raised in previous examinations (thereby reducing the number of conclusions deferred for lack of information). Below follows a selection of examples:

Andorra:

- On 17 April 2013, after consulting employers' and employees' organisations, the Government approved the text of four technical notes relating to Law No. 34/2008 and concerning four areas, in particular very small and small enterprises in sectors of activity where risks are low or very low; co-operation and co-ordination; providing information for and training employees, and health supervision. **(Article 3§1).**
- Four sets of regulations were adopted during the reference period. In particular, the Regulations on minimum health and safety requirements for the use of personal protective equipment (BOPA, 10 October 2012) determine the notion of personal protective equipment; a list of exclusions; the standard criteria which must be applied when risks cannot be sufficiently avoided or mitigated through technical means of collective protection or through the adoption of measures, methods and procedures for organising work; and a list of obligations which are incumbent on employers and employees with regard to the use of personal protection equipment. The Regulations on minimum health and safety requirements for the use of work equipment (BOPA, 10 October 2012) set out measures to encourage improvements in the safety and health of private and public sector workers when using work equipment, and the roles and responsibilities of employers and employees regarding work equipment. Moreover, the Regulations on minimum requirements regarding health and safety signs in workplaces (BOPA, 10 October 2012) indicate their scope and expressly recognise two cases in which they are not applicable (sale of dangerous products, equipment, substances and preparations, and signs used for regulating road and air traffic, except concerning such traffic in the workplace). In addition, they define the concepts of different types of health and safety signs. These regulations also contain provisions on information and training, as well as on worker consultation and participation. **(Article 3§2).**
- Since April 2013, all companies must have a protection and prevention service which performs and carries out the following tasks and activities: design, apply and co-ordinate preventive action plans and programmes; evaluate risk factors which may affect occupational health and safety at work; identify priorities for the adoption of appropriate preventive measures and supervise their effectiveness; inform and train employees so as to avoid the risks linked to their work, and implement emergency and first aid plans **(Article 3§4).**
- The Technical Information Note No. 4 of the Labour Inspectorate Department, which was approved by the Government on 17 April 2013, clarifies details of the content of Article 19

(health supervision) of the law on occupational health and safety and the Regulation on occupational health services. Particular reference is made to the definition of occupational health services and to the objectives of medical examinations; the need to propose medical examinations at work if they are not compulsory (in particular at regular intervals); carrying out compulsory medical examinations (dangerous activities, workers under 18 years of age, particularly sensitive workers, return to work after more than 6 months' sick leave and in cases in which it is essential in order to be able to evaluate the risks); the terms applied for proposing or carrying out medical examinations at work for all employees; supervising the health of workers who have several jobs or in the event that they change posts; the medical supervision of minors (**Article 3§4**).

- As from 2012, social security coverage has been compulsory for self-employed workers (**Article 12§3**).
- As from September 2014, family allowances have been granted starting from the first child, rather than from the second (Law 6/2014 of 24 April 2014) (**Article 12§3**).
- As from 2015, healthcare coverage has been extended to certain categories of economically inactive persons (**Article 12§3**).
- According to the report, Act 6/2014 of 24 April on Social and Health Services, is a step forward in the organisation and consolidation of the Andorran social protection system, through a network of benefits that complement the benefits established by the social security regulations. The Act 6/2014 determines the eligibility as well as the amounts of benefits. It aims at ensuring complementarity of social security benefits and social assistance, with a view to guaranteeing pecuniary benefits of a sufficient level (to meet essential needs of individuals or families who, because of their disability, their advanced age or other circumstances, cannot work or because they have limited autonomy). (**Article 13§1**).
- Since December 2014, the Criminal Code established as criminal offences, inter alia public incitement to violence, hatred or discrimination against an individual or a group of individuals, public insults or defamation and threats, as well as the public dissemination or distribution and the production or possession of racist images or material (**Article 19§1**).
- Andorra has implemented an advanced inclusive educational programme which attaches considerable importance to human rights and efforts to tackle stereotypes, hate speech and discrimination (**Article 19§1**).

Armenia:

- On 1st August 2015, the Government, the Confederation of Trade Unions of Armenia and the Republican Union of Employers of Armenia concluded the Republican Collective Agreement with a view to ensure health and safety of employees during employment. It prescribes the obligations of the parties to social partnership, which includes the improvement of the role of trade unions, as well as the legislation for the purpose of increasing the economic interest and liability of employers, assistance in the drafting and introduction of the rules and norms for ensuring the safety and health of employees, promotion of development of the policy targeted at work safety within organisations, and the introduction of modern systems for monitoring of working conditions (**Article 3§1**).

- Article 148 of the Labour Code has been amended (Law No. HO-96-N of 22 June 2015) and henceforth provides that pregnant women and employees taking care of a child under the age of three may be engaged in night work only with their consent after undergoing a preliminary medical examination and submitting a medical opinion to the employer (**Article 8§4**).
- The adoption, in 2011 and 2012 of a package of social security services, including compulsory medical insurance, for civil servants and employees working in state non-commercial organisations operating in the fields of education, culture and social security (Decisions No. 1923-N of 29 December 2011 and No. 1691-N of 27 December 2012) (**Article 12§3**).
- The extension, in 2015, of free medical care to include emergency heart surgery (**Article 12§3**).
- The increase, as from 2014, of invalidity pensions of the first and second group of disability (**Article 12§3**).
- The Committee notes from the report that in 2014 the Law 'On state benefits' entered into force and the Law "On social assistance" entered into force on 1 January 2015. In the course of 2012-2015, changes were introduced to the system of family (or social) benefits, mainly concerning the improvement of the procedure and administration of assessment of the level of indigence of families. As a result, families with low income, especially those with a child also acquire the right to family (or social) benefit (**Article 13§1**).

Austria:

- A Joint Resolution on the Austrian Employees Safety and Health Strategy 2013-2020 has been signed by all federal ministries involved in occupational health and safety, by accident insurers, social partners and interest groups. The Resolution is aimed at consistently improving the safety and health of Austrian employees, particularly with regard to areas like muscular and skeletal strain, psychological stress, risk posed by carcinogens and workplace evolution and support by prevention experts (**Article 3§1**).
- The amendment to the Workers Protection Act (Federal Law Gazette I No. 118/2012) is aimed at more effective prevention of stress and risks of a psychological nature that lead to inappropriate physical strain on workers. Risks potentially resulting in psychological stress are also required to be examined and assessed as part of risks assessment (**Article 3§2**);
- Act No. 450/1994 of 17 June 1994 on Workers Protection, which sets out the basis legal framework in the field of occupational safety and health, was amended during the reference period to introduce the additional possibility of requiring a fire protection group and the health and safety committee and to clarify the role of prevention expert (**Article 3§2**);
- As regards specific regulations on establishment, alteration and upkeep of workplaces, regulations have notably been adopted concerning worker protection by means of personal protective equipment (Ordinance, Federal Law Gazette II No. 77/2014), health surveillance at work (Ordinance, Federal Law Gazette II No. 26/2014), electrical protection (Ordinance, Federal Law Gazette II No. 33/2012), observance of workers' protection requirements and proof of compliance in transport approval procedures (Ordinance, Federal Law Gazette II No. 17/2012) (**Article 3§2**);

- The provisions of the Ordinance governing chemicals (2003) and the Ordinance on asbestos (2003) entered into force on 1st January 2014, banned the marketing and use of asbestos fibres. In practice, the provisions covering the marketing of asbestos-containing substances and preparations are applied so that any marketing of asbestos (also in preparations and finished products) is banned (**Article 3§2**).
- As of 1 July 2012 the scope of competence of the Labour Inspectorate was broadened to additionally cover the workplaces and work sites previously falling under the Transport Labour Inspectorate. Separate statistics continued to be kept in 2012 and 2013, while combined data is reported as of 2014 (**Article 3§3**).
- As a result of an amendment to the Workers Protection Act (ArbeitnehmerInneschutzgesetz, ASchG) that entered into force as of 1 January 2013, Section 4§6 ASchG specifies that, in addition to occupational health and safety officers and occupational physicians, other qualified experts can be engaged to perform workplace evaluations; such experts include chemists, toxicologists, ergonomists and above all occupational psychologists. This new provision lists examples of the experts to be engaged, while special consideration should be given to occupational psychologists when psychological stress is to be evaluated. Occupational psychologists are not considered prevention experts (only occupational health and safety officers and occupational physicians are regarded as such) (**Article 3§4**).
- The extension of long-term illness benefits to self-employed people (Social Insurance Amendment Act 2012 – Sozialversicherungs-Änderungsgesetz 2012, Federal Law Gazette I no. 123/2012) (**Article 12§3**);
- The extension of the list of occupational diseases covered for accident insurance purposes (vibration-induced vascular disorders, pressure damage, chronic diseases of the tendon sheaths, peritendinum and muscular and tendinous insertions, as well as rhinopathy have been included) (**Article 12§3**);
- A reform of the disability pension system, with the introduction of a rehabilitation benefit (Act Governing Amendments to Social Law 2012 (Sozialrechts-Änderungsgesetz 2012), Federal Law Gazette I no. 3/2013) – the new benefit aims at encouraging rehabilitation and retraining and applies to persons with a temporary incapacity to work of at least 6 months; a rehabilitation allowance is furthermore introduced for persons not entitled to incapacity benefit because of the lack of permanent incapacity, but whose temporary incapacity for at least 6 months has been confirmed and where occupational measures are not practicable or not appropriate (**Article 12§3**);
- The adoption in January 2014 of rules (Labour Law Reform Act 2013 (Arbeitsrechts-Änderungsgesetz 2013), Federal Law Gazette I no. 138/2013) enabling employees to take full-time or part-time leave, in agreement with their employers, in order to care for a close relative and receive care-leave benefits while maintaining their health insurance (to be paid by the Federal Government) (**Article 12§3**);
- As from July 2015, children and young people under the age of 18 needing orthodontic braces are entitled to receive such treatment as a benefit in kind without co-payment or payment of a contribution towards the cost of treatment by the insured (**Article 12§3**);

- The introduction of relief measures for those caring for a disabled child and wishing to take out self-insurance and the creation of a non-contributory self-insurance scheme for people providing care for family members (Act Governing Amendments to Social Law 2015 (Sozialrechts-Änderungsgesetz 2015), Federal Law Gazette I no. 162/2015) (**Article 12§3**);
- The extension of full insurance coverage to participants to certain volunteers programmes, as specified in the Volunteer Act (**Article 12§3**);
- The introduction of a temporary assistance allowance (Überbrückungsgeld) for unemployed construction workers who, in 2015, are close to their retirement age and cannot fulfil their work due to illness (**Article 12§3**);
- The aggregation of periods credited towards the minimum period of unemployment – since 2015, specific periods such as military service or alternative civilian service, family hospice leave etc. are credited towards the duration of previous employment. The newly credited periods may also be part of the 156 weeks of unemployment insurance-covered employment within the preceding five years, for claiming 30 weeks of unemployment benefits (**Article 12§3**).
- As a result of an important administrative reform entered into force in January 2014, and of a Constitutional decision of December 2014, complaints concerning the granting of unemployment benefits have now a suspensive effect (**Article 12§3**).

Belgium:

- New legislation on the prevention of psychosocial risks at work was enacted during the reference period and entered into force on 1 September 2014, namely the Act of 28 February 2014 supplementing the Act of 4 August 1996, the Act of 28 March 2014 amending the Judicial Code and the Act of 4 August 1996, and the Royal Decree of 10 April 2014 on the prevention of psychosocial risks at work (**Article 3§2**).
- The Social Criminal Code contains offences relating to the prevention of psychological and social problems caused by work. It is based on the provisions of the Act of 4 August 1996 as amended by the Act of 28 February 2014, on the prevention of psychosocial risks at work including stress, violence and moral or sexual harassment at work. The Royal Decree of 10 April 2014 on the prevention of psychosocial risks at work supplements these new provisions. Under the Act of 26 February 2016 (outside the reference period), the criminal provisions of the Social Criminal Code have been adapted to these new requirements (**Article 3§2**).
- The Royal Decree of 10 October 2012 (Belgian Official Gazette of 5 November 2012) stipulates the basic requirements to be met by workplaces, including notably the general rules on layout, lighting, ventilation, temperature, communal facilities including sanitary installations and chairs for working and resting (**Article 3§2**).
- Under the Royal Decree of 10 July 2013 implementing Chapter 5 entitled “Regulation of certain aspects of the electronic exchange of information between those involved in combating illegal labour and social security fraud” of Title 5 of Book 1 of the Social Criminal Code, as amended by the Royal Decree of 26 December 2013, social inspectors from the Directorate General of Employee Well-being of Belgium’s Federal Public Service for

Employment, Labour and Social Dialogue are allowed to issue infringement reports electronically (**Article 3§3**).

- Measures have been taken in the field of health to moderate the price of medicines and offer better protection to persons with chronic conditions, particularly by making it compulsory to include these persons in the direct payment system. (**Article 12§3**).
- In the Flemish region, the Decree of 21 March 2003 on Combating Poverty was modified on 20 December 2013 allowing the Flemish Authorities to subsidise local governments with a view to developing and supporting local initiatives to combat specifically child poverty (**Article 30**).
- In the Walloon region, a number of measures have been taken since 2012 to adopt an overall and coordinated approach with a view to promoting access to social rights such as employment, housing, culture and medical assistance. In 2015, a first cross-cutting plan to combat poverty was adopted in order to provide concrete and effective answers to precise difficulties encountered by people living at risk of poverty (**Article 30**).
- The Government of the German-speaking community prepared in 2013 an analysis of poverty and the social vulnerability of its community which led in 2014-2015 to action divided up into three phases: (1) identification of the characteristics of the population targeted by social action and the way in which assistance is deployed on the territory, following a comparison with the other Communities of the Federal State of Belgium; (2) collection of data using a sample of real life stories; (3) analytical phase, allowing the German-speaking community to set up a network of social action (**Article 30**).
- The Federal State and the federated entities signed in 2014 a Cooperation Agreement on Homelessness and the Lack of Housing aiming at pursuing, coordinating and harmonising their policies to prevent and fight against homelessness and lack of accommodation (**Article 30**).

Bulgaria:

- As part of the project on “Prevention for Occupational Safety and Health”, practical tools for evaluation of the risk at the workplace (under 30 economic activities) were developed. There is an interactive instrument for risk evaluation which is available to all employers, officials and workers through the OiRA platform. The tools allow employers, both Bulgarian and European, to carry out alone, without hiring external consultants, the risk assessment mandatorily required by the law in their enterprises, as well as to conduct trainings and briefings to their workers and employees (**Article 3§1**).
- Law amending and supplementing the Health and Safety at Work Act (SG, No. 27 of 2014) was adopted. The Law creates the legal basis for issuing authorisations for special and technological blasting operations and a further set of amendments expands the rights of workers regarding the control of working conditions. The Ordinance on the minimum requirements to the microclimate of the working environment (SG, No. 63 of 2014) also was adopted. It sets minimum requirements for the protection of workers from health and safety risks arising from the microclimate parameters of the working environment in buildings and from adverse weather conditions when working outdoors; it also defines limit values of the microclimate parameters of the working environment on buildings (provisions for temperature, humidity and air movement) (**Article 3§2**).

- The Ordinance on the Basic Norms of Radiation Protection (SG No. 76 of 5 October 2012) was adopted. It provides the basic requirements for radiation protection, the criteria and levels for exemption from regulation, measures for radiation protection upon the implementation of activities of use of nuclear energy and the sources of ionising radiation (SIR) within the meaning of the Safe Use of Nuclear Energy Act (**Article 3§3**).
- An Ordinance on the Basic Norms of Radiation Protection (SG No.76 of 5 October 2012) was adopted. It contains special provisions concerning an evaluation of the irradiation and medical surveillance. According to this Ordinance, workers exposed to radiation are subject to mandatory medical surveillance in order to establish their health condition and their suitability from a medical standpoint to perform the tasks they are assigned with. The medical surveillance over persons is implemented by healthcare and/or medical establishments. Enterprises and specialised control authorities are bound to submit to healthcare establishments information for the parameters of working environment, conditions of work and the results from the individual monitoring (**Article 3§4**).
- The personal scope of mandatory insurance for general sickness and maternity, disability on account of a general sickness, old age and death, labour accident and occupational disease and unemployment has been extended to workers and employees hired for up to 5 working days (40 hours) over the calendar month and persons entrusted with the management and / or control of state and municipal enterprises under Chapter Nine of the Commercial Code, their subsidiaries or other legal entities established by law (in 2015); as well as to other categories of workers (candidate junior judges and junior prosecutors in 2012, persons under the Special Surveillance Means Act in 2013) (**Article 12§3**).
- The personal scope of insurance for invalidity on account of a general sickness, old age and death and for general sickness and maternity has also been extended, in 2012, to spouses of self-employed persons, craftsmen and farmers (as voluntary insurance) (**Article 12§3**).
- The personal scope of insurance for invalidity on account of a general sickness, old age and death and for labour accident and occupational disease has been extended in 2015 to seasonal agriculture employees (**Article 12§3**).
- All labour (contributory) pensions have been increased (for the Public pension insurance, the increase was around 8% during the reference period), to compensate the inflation and an indexation rule (so called "Swiss rule") has been set and applied as from 2014 (**Article 12§3**).
- The social pension for old age was also increased (by some 14% during the reference period), as well as the benefits based on the level of the social pension (labour accident benefit, invalidity pension and survivor's pension) (**Article 12§3**).

Denmark:

- Act No. 356 of 9 April 2013 amended the Working Environment Act. The amendment pinpoints that the Act also deals with the psychological working environment (**Article 3§1**).
- Since January 2012 inspections by the WEA are risk-based, and all enterprises with two or more full-time employees (FRE) will be inspected at least once before the end of 2019 (**Article 3§2**).

- A number of measures were introduced in favour of persons who had exhausted their right to unemployment benefits, such as a special education allowance (Act No. 1374 of 23 December 2012, Act No. 790 of 28 June 2013) or temporary labour-market benefits (Act No. 1610 of 26 December 2013, Act No. 174 of 24 February 2015). Furthermore, measures were taken to maintain unemployment benefits during sickness, for the first 14 days (Act No. 720 of 25 June 2014). Additional measures in favour of unemployed people were taken in the framework of the Employment reform 2014 (Act No. 1486 of 23 December 2014) **(Article 12§3)**.

Estonia:

- The Health and Safety at Work Network inside Estonia was re-established in 2012. Its aim is the development of the field of occupational health and safety issues by providing a framework for institutions that enables the use of health and safety information, experience and knowledge in a more efficient way among the network members **(Article 3§1)**.
- An electronic tool "Töobik" has been developed in 2011-2015. It enables an enterprise to administer data related to its work environment, to conduct risk assessment and to maintain necessary data bases **(Article 3§1)**

Finland:

- A Government Decree on Good Occupational Health Practice Principles, Content of Occupational Health Care, and Education of Occupational Professionals and Experts (708/2013) took effect on 1 January 2014. The Decree underlines active cooperation between occupational health care professionals and the workplace in maintaining work ability of the workforce and also obligated occupational health units to develop and to follow the quality and the effectiveness of their services **(Article 3§4)**.
- In 2014, the qualifying period for unemployment benefits was shortened from 34 weeks to 26 weeks for employees and from 18 to 15 months for self-employed persons (amended Unemployment Security Act, No. 1049/2013) **(Article 12§3)**.
- As from 2013, the income of the beneficiary's spouse is no longer taken into account when assessing entitlement to the non-contributory unemployment benefits (labour market support), which has reduced unemployment periods without benefits **(Article 12§3)**.
- As of the beginning of 2014 (amended Health Insurance Act, No. 1197/2013), entitlement to parenthood allowance (maternity, paternity or parental allowance) has been extended to people covered by the Finnish social security system for at least 180 days immediately before the due date of birth of the child. Previously, the Act required the person to have lived in Finland for the same period of time, which meant that foreigners from "third countries", regularly working in Finland and covered by the Finnish social security system but not satisfying the length of residence condition were excluded from the parenthood allowance **(Article 12§3)**.
- At the beginning of 2013, another amendment to the Health Insurance Act, extended a father's right to paternity allowance to 54 working days; fathers can choose to stay at home and be entitled to paternity allowance for 1 to 18 days at the same time as the child's mother is paid maternity or parental allowance. The rest of the paternity allowance can be paid after the parental allowance has ended. Fathers can also, if they wish so, use all of the

paternity allowance entitlement after the parental allowance period, but before the child is two years old (**Article 12§3**).

- Through further amendments to the Health Insurance Act (No. 1224/2004), in 2014, partial sickness-allowance was extended from 72 days to 120 days (No. 972/2013) (**Article 12§3**).
- The Disability Benefits Act (No. 570/2007) was amended to the effect that, as of 1 June 2015, the specific costs resulting from the illness, impairments or injuries are better taken into account when deciding the level of the benefits granted; as a result, according to the report there would be approximately 10 000 newly eligible minimum basic benefits recipients over 16 years of age by the end of 2020. The amendment will extend benefits, inter alia, to those who are under the threat of disability, such as people suffering from long-term mental and behavioural disorders, those with multiple sclerosis or rheumatoid arthritis, or persons with cerebral palsy (**Article 12§3**).
- Another amendment concerning rehabilitation took effect at the beginning of October 2015, whereupon the person being rehabilitated can receive a partial rehabilitation allowance for those rehabilitation days when he/she is working part-time alongside the rehabilitation (**Article 12§3**).

France:

- A framework agreement on the prevention of psychosocial risks in public service jobs was signed by all the employers' representatives and most trade unions and Prime Ministerial Circular on the implementation of the framework agreement was signed on 20 March 2014 (**Article 3§1**).
- The Law of 17 August 2015 on social dialogue and employment set up a system for the representation of employees and employers in companies with fewer than 11 employees through regional interoccupational joint committees (CPRIs) set up on 1 July 2017 whose task is to provide information, advice and co-ordination relating to the specific problems of very small companies, particularly with regard to working conditions and health (**Article 3§1**).
- Decree No. 2012-639 of 4 May 2012 on the risks of exposure to asbestos adds a requirement to Article R. 4412-100 of the Labour Code for employers to respect an occupational exposure limit value of 100 fibres/litre of air inhaled over eight hours of work and provides for this value to be lowered to 10 fibres/litre from 1 July 2015 onwards (**Article 3§2**).
- Decree No. 2015-789 of 29 June 2015 on the risks of exposure to asbestos also adds a requirement to Article R. 4412-110 of the Labour Code for employers to provide workers with individual protection equipment ensuring that this exposure limit is respected and to assess the risks of exposure to asbestos (**Article 3§2**).
- Improvement in 2014 in access to health care through the extension of supplementary universal health coverage (CMU-C) and assistance for the payment of supplementary health insurance (ACS); the number of recipients of these benefits grew by 6.5% and 3.9% respectively between 2013 and 2014, reaching a total of 6 million persons covered by the end of 2014 (**Article 12§3**).

- The Act of 17 August 2015 on social dialogue and employment introduced the Activity Premium. Financed by the State, the Activity Premium is a supplement to income for low-income workers. According to the report, young people between the ages of 18 and 24, whether employed or self-employed, are now eligible for this allowance (**Article 13**).
- According to the report, France has implemented a secure information system which facilitates quantitative and qualitative analysis of reports received on the national listening and assistance hotline in order to respond to situations where elderly people, among other people, who are living at home or in institutions are being ill-treated (**Article 23**).
- Numerous measures have been undertaken to combat poverty and exclusion, both on the prevention side and on accompanying people living in poverty, in particular within the Multi-annual Antipoverty and Social Inclusion Plan (2013-2017), which is overseen by the Government, has an inter-ministerial nature and was designed by a number of players, including individuals experiencing hardship. The Plan has led to decompartmentalising social policies. (**Article 30**).

Georgia:

- The launching of a Universal Healthcare Programme in February 2013, by virtue of which the personal coverage of health care has been significantly extended, from 29.5% of the population in 2010, to 100% after 2013. The Universal Healthcare Programme covers the basic package of planned and emergency in- and out-patient clinical care, including oncology and maternity services (see information provided under Article 11 of the National Report) (**Article 12§3**);
- The extension, in 2013, of paid maternity leave from 126 to 183 days (and from 140 to 200 days in case of complications) and the increase of minimum maternity benefits from GEL 600 to GEL 1000 (€382 at the rate of 31/12/2015) (**Article 12§3**).

Germany:

- Two clarifying provisions on psychological stress in the Safety and Health at Work Act (**Arbeitsschutzgesetz**) entered into force on 25 October 2013 (Article 8 (1) of the Act of 19 October 2013). Section 4 (1) of the Safety and Health at Work Act stipulates that work shall be shaped so as to avoid, as far as possible, any risk to life and physical and mental health and to keep the remaining risk as low as possible. A new point 6 “psychological stress at work” was incorporated into Section 5(3) on Assessment of the condition of work of the Act (**Article 3§1**).
- As regards the Statutory occupational accident insurance scheme, the insurance coverage was extended, in 2012 and 2015, to new categories of persons and four additional occupational illnesses were recognised as such in 2015 (**Article 12§3**).

Hungary:

- In accordance with the Act CXXII of 2015 on Primary Health Service, school health services are now part of the primary health service which is a mandatory responsibility of municipal governments (**Article 11§2**).

Ireland:

- The online risk assessment tool, BeSMART, which supports and assists small business to deal with health and safety in their workplaces, was further developed in the period 2013-2015. It caters for more than 250 different business types. In 2015, the number of

BeSMART users increased by 6,896 users to bring the total users to 30,278 by year end. In addition, the HSA launched two new modules for the high risk construction and agribusiness sectors (**Article 3§1**).

- The extension of voluntary social insurance coverage (as regards the contributory old-age state pensions and the maternity/paternity benefits), in 2014, to certain spouses and civil partners of people who are self-employed (**Article 12§3**).
- The introduction in 2012 of a new Partial Capacity Benefit scheme, which allows people with disabilities who can work to avail of employment opportunities while continuing to receive an income support payment (**Article 12§3**).

Latvia:

- Among the categories of residents who are defined in Regulation No. 1529 as exempted from a patient contribution are poor persons who have been recognised as such in accordance with the regulations regarding the procedures by which a family or a person living alone shall be recognised as poor (**Article 13§1**).

Lithuania:

- The General Regulations for Assessing Occupation Risks were amended and entered into force as of 1st November 2013. The Regulations contain revised concepts and provisions relating to the organisation and performance of risk assessment and set out that the assessment of a risk at the workplace is followed by the filling in of a document in the form chosen by the enterprise. Enterprises having conducted a self-assessment of occupational risks in accordance with the Regulations review and revise the assessment of or reassess occupational risks according to Paragraph 5 of the General Regulations for Assessing Occupational Risks (**Article 3§1**).
- The Online Interactive Risk Assessment (“OiRA”) tools are being developed seeking to help small and medium size enterprises to assess the risks on their entities (**Article 3§1**).
- From 1 January 2012, payment of old age, work incapacity (disability) and survivors’ pensions (widow’s/widower’s and orphan’s pensions), which had been temporarily reduced in 2010–2011 (see Conclusions 2013), was restored to the full amount. As a result, in 2012, the average amount of old-age pension increased by around 9% compared to 2011 (**Article 12§3**).
- As of 1 January 2015, sickness allowances paid from the State Social Insurance Fund budget resources were increased by approximately one third, following the amendment of the Law on Sickness and Maternity Social Insurance. As a result, the sickness allowance was brought to 80% of the beneficiary’s compensatory salary for the whole length of the sick leave, while until end 2014 only 40% of it was paid from the third to seventh day of sick leave (**Article 12§3**).
- Sickness and maternity/paternity insurance was extended in 2015 to students and graduates under the age of 26, exempting them from the qualifying period requirements, provided that they start working within 6 months (as regards sickness insurance) or 12 months (as regards maternity/paternity insurance) from the completion of their studies. Until the end of 2014, young people starting work after completing their studies were only

exempted from the qualifying period requirement if they started working within 3 months from the graduation (**Article 12§3**).

- A Law on Compensation of State Social Insurance Old-Age and Lost Capacity for Work (Disability) Pensions, entered into force on 22 May 2014. The law provided for the payment of compensatory benefits to those who received reduced old-age and disability pensions in 2010–2011, because of the economic crisis, as well as to their heirs, if the beneficiaries has died after the entry into force of the law. The compensatory amounts were paid in instalments, between end 2014 and 2016, to around 500 000 persons, for a global cost of around €99 000 000. Another law (Law on Compensation of State Social Insurance Old-Age Pensions and State Pensions Reduced by Taking into Account Available Insured Income), adopted on 30 June 2015, provides for further compensatory amounts to be paid in instalments between 2016 and 2018 to some 84 400 beneficiaries of Old-age pensions which were reduced in 2010-2011 (the global amount involved is expected to be around €120 600 000) (**Article 12§3**).
- Amendments to the Law on Pension which remove the length of residence requirement for old age pension, widows and survivor's benefits have been adopted, so that social security benefits are henceforth only based on the social insurance record. The amendments entered into force in 2014 provide for the payment of state social insurance pensions to any person, whether he or she is a Lithuanian national or a national of third country, who paid the compulsory contributions to the State Social Insurance Fund budget, irrespective of his or her presence in Lithuania (**Article 12§4**).
- The amendments to the Law on Cash Social Assistance for Poor Residents established a legal basis for cash social assistance for persons in need. Municipalities provide cash social assistance for poor residents under equal conditions (both social benefits and compensations) as of 1 January 2015 by fulfilling their independent municipal function (**Article 13§1**).

Malta:

- The OHSa in collaboration with the EU-OHSa has developed a risk assessment tool (Online interactive Risk Assessment (OiRA)) which can be used for work in an office setting. The tool has been developed in the Maltese language and is based on Maltese occupational health and safety legislation (**Article 3§1**).
- Measures taken in favour of pensioners (exemption from taxes when the pension rate is equal to the national minimum wage; lowering of the age requirement – from 80 years old to 78, and then to 75 – for the granting of a €300 yearly allowance for elderly who continue to live in their residence; award of full widow pensions even when the beneficiary is employed) (**Article 12§3**).

Republic of Moldova:

- During the reference period, the Republic of Moldova concluded social security agreements with Belgium, Poland, Hungary and Lithuania (**Article 12§4**).

Montenegro:

- On 25 July 2014, the Parliament of Montenegro adopted the Law on Safety and Health at Work (Official Gazette No. 34/14), which replaces the former Law on Safety and Health at Work (Official Gazette No. 79/04 and 26/10). According to the new law, the employer is

obliged to provide measures of safety and health at work to all employees, by preventing, eliminating and controlling risks at work, informing and training employees, and with proper organisation and the necessary means. In addition, the employer is obliged to provide special safety and health at work to women during pregnancy, persons under 18 years of age, and persons with disabilities **(Article 3§2)**.

- During the reference period, Montenegro concluded bilateral social security agreements with Romania and the Slovak Republic **(Article 12§4)**.

Poland:

- The Regulation of the Minister of Health of 21 December 2012 on granting authorisation for radiological protection inspectors in laboratories using X-ray equipment for medical purposes and the Regulation of the Council of Ministers of 10 August 2012 on posts which are critical for nuclear safety and radiation protection and radiation protection inspectors were adopted during the reference period **(Article 3§1)**.
- The Council for Social Dialogue replaced the Tripartite Commission for Socio-Economic Affairs in accordance with the Law of 24 July 2015. The Council is made up of representatives of the government, workers represented by members of representative trade union organisations, and employers represented by members of representative employers' organisations. It conducts dialogue in order to lay the foundations for socio-economic development and increase economic competitiveness and social cohesion in Poland **(Article 3§3)**.
- The extension of certain health care benefits to refugees, their families, pregnant women and women who have just given birth and children under 18 years with refugee status or enjoying additional protection (law of 26 June 2014) **(Article 12§3)**.

Portugal:

- The Ministerial Order No. 40/2014 of 17 February 2014 laid down the norms governing the correct removal of materials containing asbestos and the packaging, transport and management of the construction and demolition waste generated, with a view to protect the environment and human health **(Article 3§2)**.
- The Law No. 42/2012, which approved the regimes governing access to and pursuit of the professions of senior occupational safety specialists and occupational safety specialist, repealed Article 100 of Law No. 102/2009, under which employers could commit a serious administrative offence if they hired a specialist who did not fulfil the requisites laid down in Article 100(1) **(Article 3§4)**.
- As regards unemployment benefits, the qualifying period was shortened from 450 to 360 days of registered work during the previous 24 months and new rules were introduced, which extend the coverage of unemployment benefits to certain self-employed persons (Executive Law no. 65/2012 of 15 March 2012, Executive Law no. 12/2013 of 25 January 2013) **(Article 12§3)**.
- As regards sickness benefits, the coverage was extended as a result of a modification in the way the reference pay is calculated, i.e. by taking into account the whole period from the beginning of the reference period till the day before the occurrence of the incapacity for work (Executive Law no. 133/2012 of 27 June 2012) **(Article 12§3)**.

- Entitlement to invalidity pensions was extended as a result of the adoption of new rules (Executive Law no. 246/2015 of 20 October 2015) which take account of the person's objective permanent incapacity for work, regardless of the causes (before the adoption of this law, only invalidity resulting from a specific list of diseases was recognised as such) **(Article 12§3)**.
- The 5-years time limit for claiming survivors' pensions was cancelled **(Article 12§4)**.

Serbia:

- A new mechanism has been launched at national level for those municipalities and cities which do not have means to launch social care services: the so-called "earmarked transfer", which under the law regulating funding of local governments, can fund several social care services from the State budget. **(Article 30)**.

Spain:

- Law No. 3/2012 of 6 July 2012 on urgent measures for the reform of the labour market has been adopted. According to the report, Section 13 of the Law defines "teleworking" as work where the work activity is carried out primarily in the worker's home or in a place chosen freely by the worker, as an alternative to being physically present at the company's work centre. The Law recognises that teleworkers have the right to suitable protection in relation to safety and health **(Article 3§1)**.
- The new Law No. 23/2015 of 21 July 2015 on the regulation of the Labour and Social Security System Inspectorate (ITSS) which repeals and replaces Law No. 42/1997 of 14 November 1997. The new law features several innovations in that it assigns new powers to sub-inspectors in relation to the prevention of occupational risks and creates a labour and social security inspectorate as a body which is independent of the national administration of the state or the regulation of a national body to tackle undeclared work, illegal employment and social security fraud as a specialised department of the ITSS. The law also governs the functions and powers of the ITSS, the remit, its organisation and its co-operation with other institutions. It explicitly recognises protection for its staff, including against acts of violence, compulsion, threats or illegal influence aimed at its inspectors and sub-inspectors **(Article 3§2)**.
- The new Labour, Social Security and Occupational Health Sub-inspectors Service strengthens the functions of the ITSS in terms of overseeing and monitoring the application of regulations concerning the prevention of occupational risks. In particular, this Service is responsible for verifying or checking the application of regulations which directly involve physical working conditions (situations as regards safety, health and hygiene at work), preventative actions according to the analysis of the rate of accidents at work, and information and assistance for businesses and workers **(Article 3§2)**.
- The integration into the general social security scheme of the special scheme for domestic staff and the special agricultural scheme (Act 27/2011 of 1 August 2011, Act 28/2011 of 22 September 2011, Royal Legislative Decree 29/2012 of 28 December 2012), and of clergy belonging to the Spanish federation of evangelical churches (Royal Decree 839/2015 of 21 September 2015, implementing the European Court of Human Rights judgment of 3 April 2012, final on 3 July 2012, in the case of Manzananas Martin, application No. 17966/10) **(Article 12§3)**.

- Measures to authorise persons, under certain conditions, to combine receipt of a retirement pension with certain forms of employment (Royal Legislative Decree 5/2013 of 15 March 2013) **(Article 12§3)**.
- Measures to assist the self-employed, including reductions in and rebates on their contributions (Royal Legislative Decree 4/2013 of 22 February 2013; Act 14/2013 of 27 September 2013; Act 25/2015 of 28 July 2015) **(Article 12§3)**.
- Reduced employer contributions under measures to promote business creation and youth employment (Act 11/2013 of 26 July 2013), and the employability of workers in general (Royal Legislative Decree 16/2013 of 20 December 2013; Royal Decree 3/2014 of 28 February 2014; Royal Legislative Decree 8/2014 of 4 July 2014; Royal Decree 637/2014 of 25 July 2014) **(Article 12§3)**.
- Measures to protect part-time workers (Royal Legislative Decree 11/2012 of 2 August 2012; Act 1/2014 of 28 February 2014) **(Article 12§3)**.
- A special agreement to assist persons with disabilities (Royal Decree 1567/2013 of 1 March 2013) **(Article 12§3)**.

Turkey:

- The number of people insured for old age has increased by 19% (from 17 076 451 to 20 380 319) from 2011 to 2015, while the total population growth in the same period was below 6% (from 74 525 696 to 78 741 053) **(Article 12§3)**.
- In 2013, the personal coverage of healthcare insurance has been extended to children below 18 years old who were not already covered on account of their family or curators, to persons under a protective injunction (victims of domestic violence), to persons training to work in penal institutions and jails and their families, to persons who graduated from high-schools or higher education in the last two years (subject to age conditions) and were not already covered as dependants **(Article 12§3)**.
- In 2014 (Law No. 6552) the time limit for survivors to claim their pension has been extended from 6 to 12 months **(Article 12§3)**.
- In 2014 and 2015, certain measures have been taken in favour of workers performing underground works in the mines, in particular their earliest pensionable age has been set for 50 years (instead of 55) for those who worked underground for at least 20 years (Law No. 6552) and favourable provisions have been taken in favour of survivors of miners deceased because of work accidents in coal and lignite mines in the last ten years (Law No. 6645) **(Article 12§3)**.
- New legislation in Turkey to strengthen the link between social assistance and the labour market (Law No 6704) was adopted on 14 April 2016 **(Article 13)**.

Ukraine:

- A reform of subsidies was implemented in 2014-2015 aiming at simplifying procedures and strengthening social protection. **(Article 30)**

United Kingdom:

- The Control of Asbestos Regulations came into force on 6 April 2012, updating previous asbestos regulations to take into account of the European Commission's view that the UK had not fully implemented the EU Directive 2009/148/EC on exposure to asbestos. According to Article 2 of these Regulations, the control limit of the concentration of asbestos on the atmosphere is 0.1 f/cm³ of air averaged over a continuous period of 4 hours (**Article 3§1**).