

11/02/2021

RAP/RCha/CYP/15(2021)

## **EUROPEAN SOCIAL CHARTER**

15<sup>th</sup> National Report on the implementation of  
the European Social Charter submitted by

### **THE GOVERNMENT OF CYPRUS**

Articles 3, 11, 12, 13 and 14

for the period 01/01/2016- 31/12/2019

Report registered by the Secretariat on

11 February 2021

**CYCLE 2021**

**Contribution of the**  
**Ministry of Labour, Welfare and Social Insurance regarding**  
**European Social Charter Questions on**  
**“Health, Social Security and Social Protection”**

**Article 3**  
**The Right to Safe and Healthy Working Conditions**

**Question 1 (a)**

Cyprus has a fully harmonized with European Acquis legal framework on Occupational Safety and Health (OSH). In cooperation with the Cypriot Social Partners, the Ministry of Labour, Welfare and Social Insurance has formulated the National Strategy of Cyprus on Safety and Health at Work for the period 2013 – 2020. This is a continuation of the Strategy of Cyprus on Safety and Health at Work 2007 - 2012, which was designed based on the corresponding European Community Strategy 2007 - 2012, and sets the direction and priorities for the continuous and constant improvement of safety and health levels at work. At present, the Ministry of Labour, Welfare and Social Insurance (MLWSI) is participating in the relevant European Committees responsible for developing the new European Strategic Framework on OSH (period 2021-2027). The potential need of including provisions on COVID-19 or similar impending pandemics is currently being evaluated.

With regards to the Covid-19 pandemic, the MLWSI is cooperating closely with the Ministry of Health to provide employers and employed persons in Cyprus with all necessary legal provisions, guidance and relevant information to minimize the infection rates in workplaces. This cooperation has resulted in the recent publication of various general and specific guidelines and protocols for businesses to reopen safely following the COVID-19 imposed lockdown and the restrictions placed by the Cyprus Government. General protocols contain general measures for employers and employees in all types of working activities. Specific protocols refer to safety and health measures in specific industries, such as construction sites, wholesale and retail trade companies and public transportation. The above mentioned protocols can be found at the following link (English version)

<http://www.mlsi.gov.cy/mlsi/dli/dliup.nsf/All/4AF1B6998BCE1A2BC225856D003562B2?OpenDocument>

Simple guidelines for the protection of workers in construction sites from Covid-19 were translated from Greek into English, Bulgarian, Romanian, Arabic and Turkish to better inform all employed persons in Cyprus. Also the general guide and the leaflet for the protection of employees were translated from Greek into English. Furthermore, a Technical Guide with requirements concerning the safe use Air Conditioners during the Covid-19 Pandemic has been prepared.

**Question 1(b) (Ministry of Health Article 3).**

The main goal of the Government, is to keep the health system viable so as to meet all needs and cope with all the challenges of COVID-19. This can be achieved by protecting all health professionals and ensuring that they have all the essentials to deal with all the difficulties concerning COVID-19.

For this purpose, healthcare professionals were informed on how to protect themselves from the virus, about strict hygiene rules, the use of masks and gloves and how to dispose of them with precaution, the use of special personal protective equipment. They followed continuous training and were provided with information on strict rules to be followed. Additionally there was continuous communication with WHO and ECDC for updates on the virus.

All Protocols and Guidelines issued by the Ministry of Health, ensured that all groups (citizens, workers and employers in the public and private sector, health professionals, people that belong to vulnerable groups, etc) acknowledged the dangers of COVID-19, knew how it was transmitted and had knowledge of how to protect themselves and their surroundings.

All health professionals, participated in educational programs about COVID-19, organized by the Ministry of Health in each Hospital separately. Other groups (upon request), such as lifeguards, participated in an educational program. Since the beginning of the pandemic all health professionals and most of the support staff at the Covid-19 reference hospital, at the Archbishop Makarios III Hospital in Nicosia and at the Ambulance Service were trained whilst for the remaining Public General Hospitals the percentage of trainees ranged between 50-60% (with the exception of Paphos General Hospital which was lower). There are no statistics available for the private sector.

One of the main goals of the training was to prevent adverse effects on employees including the risk of infection, stress prevention and mental strain. The trainings took place in small groups, with live demonstrations, during personnel working hours. These trainings were mainly targeted towards personnel working in departments/ units, especially on the front line, but also on support personnel, in case the situation escalated. Each hospital/ service listed their trained personnel. Topics such as screening, clinical management responsibilities, sampling and so on, were added to the trainings in accordance with relevant protocols, instructions and algorithms prepared by the Epidemiological Surveillance Unit and the Scientific Advisory Committee for Covid-19.

With the imposition of restrictive measures on social distancing, the education method was revised. An expert's group mapping the available online training programs and protocols for the various procedures, based on the national plans and suggestions from organizations such as WHO and the ECDC, was formed. In addition, videotaped lectures were created and a series of online trainings were conducted for private and public sector health professionals. These revised training methods, were communicated to all public and private hospitals, health services, professional bodies, other public services, prisons, refugee and immigrant centers, NGOs, volunteers delivering medicines and giving guidance to positive cases in isolation, etc. Fast learning cycles were also introduced, in order to respond to all services at risk, to the specifics needs of the population, but also to the inflows of new health personnel.

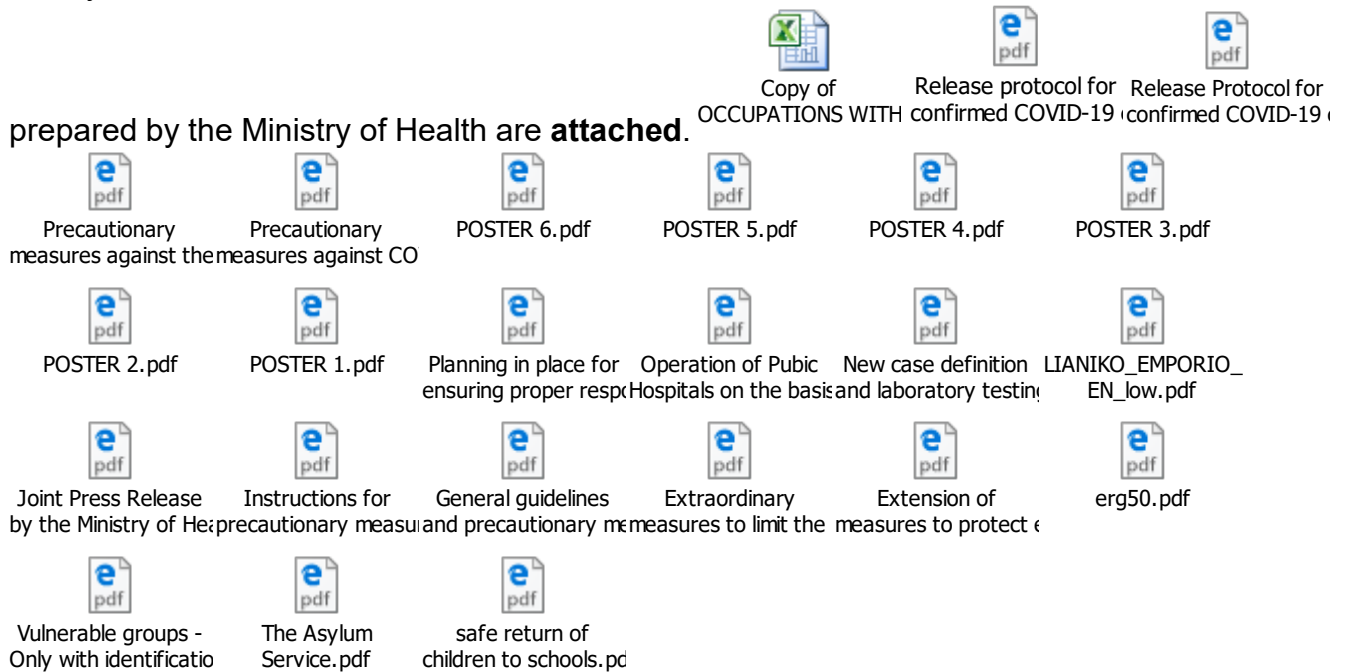
As regards to the Personal Protective Equipment Inventory (PPE) Stock Management, the recommendations of the WHO/ECDC were followed and since the end of January 2020 a Central Committee and a Working Group were established. Actions taken during the first wave of the pandemic are the following:

- Evaluation of the required quantities of PPE for each hospital/ service/ department, based on the ECDC protocol.
- Initially a stock of consumables was committed in the Central Warehouses.
- Inventory count (both in hospitals and in central warehouses), initially every week and ~~then~~ during the pandemic, daily until the end of June.
- Quantities supplied to hospitals were on a daily need basis and based on a formula provided by the Offers and Procurement Unit of SHSO in collaboration with the Commission.

Even though there was a difficulty in finding new supplies for consumables and PPE due to the pandemic and the global high demand, adequate quantities covering the needs of Health care units, other public services, prisons, refugee and immigrant centers, NGOs, volunteers were ensured.

Finally, statistical data on health outcomes, as well as a number of Guidelines and Protocols

prepared by the Ministry of Health are **attached**.



### **Question 2 (a)**

In its capacity as the Cyprus National Focal Point of the European Occupational Safety and Health Agency (EU-OSHA), the Department of Labour Inspection of (DLI) of the MLWSI has jointly developed the online tool known as “OiRA” – Online interactive Risk Assessment to help employers in Cyprus to conduct a risk assessment for the prevention of Covid-19 infection. This tool covers multiple related OSH issues including the risks arising from telework, the risks of developing MusculoSkeletal Disorders (MSDs) in remote workers, risks for lone workers, etc. Additionally, webinars were organized in close cooperation with the Social Partners to inform all employed persons about the measures to combat the spread of Covid-19 in a safe and timely manner.

### **Question 3 (a)**

Statistics regarding work-related death and injury in Cyprus for the year 2019, according to relevant European Union requirements are listed in Appendix I.

### **Question 3 (b)**

The Annual Inspection Plan for 2020 was modified in order to include OSH inspections focused on prevention and protection of the spread of COVID-19 in workplaces. An action plan with specific actions was prepared and implemented in order to continue the fight against the pandemic for the second half of 2020, taking into consideration all new data/information available.

An updated organizational chart is attached as **Appendix II**. While no additional staff was hired for carrying out inspections for the implementation of measures against COVID-19 pandemic, the Labour Inspectors were assisted in their daily inspections by Officials from other Government Ministries / Services / Local Authorities, as well as by the Cyprus Police. During the period of March – October 2020, approximately 22.000 inspections were carried out in retail trade workplaces and approximately 3.000 inspections in construction sites throughout Cyprus. These inspections focused on informing employers and employees of the protective and preventive measures needed to minimize the spread of Covid-19 in their workplaces and on checking that the measures were being followed. Relevant publications and guidance were

also handed out to employers and employees. Sanctions were imposed on a number of employers who were found not to be in compliance with the Covid-19 measures.

### **Question 3 (c)**

According to the Safety and Health at Work Laws of Cyprus, as amended, duly appointed Labour Inspectors are entitled to inspect all workplaces including residential premises, subject to specific provisions being satisfied.

### **Article 11 - The right to protection of health**



Statistical tables  
11.1.a.xlsx

**Article 11.1 (a): see statistical tables.**

#### **Article 11.1 (b):**

Structured actions are adopted by the State in the area of Sexual and Reproductive Health. The Strategy for Sexual and Reproductive Health of Youth was adopted by the Council of Ministers on 18/12/2018. 15-29 year olds are targeted with the aim of creating a framework for action to improve the current situation; through cross-sectoral collaboration methods by providing holistic health care to young people on their sexual and reproductive health, with their active involvement.

The content of the Strategy, defines the framework for all stakeholders, in matters of their competence and / or co-competence. Its Action Pillars focus on:

- (1) Parental Health,
- (2) Family Planning - Infertility - Contraception - Unwanted Pregnancy - Abortions,
- (3) Sexually Transmitted Diseases (STDs) - HIV / AIDS - Reproductive and Reproductive Infections,
- (4) Reproductive Cancer Prevention
- (5) Reproductive Infections Cases of Sexual Violence.

In this context, actions are taken at the legislative and political level, at the level of health and other services, as well as at the level of information, education and training. For the purposes of monitoring the Implementation of the Strategy, a Monitoring Committee has been set up, which includes representatives of the Ministry of Health and other relevant government departments, social partners, non-governmental and professional associations / organisations.

Statistical data on early motherhood can be found on the table attached, while data on communicable diseases among the drug users can be found in our contribution under Article 11.3 (b).

**Article 11.1 (c) :** the absence of a National Health System (NHS) generated some problems related to the equal and easy access of patients to quality healthcare service. The recent introduction of the NHS starting on 1/6/2019 and gradually implemented up to December 2020 enables a freedom of choice in healthcare treatment, universal coverage and equal access to healthcare services to the beneficiaries. The NHS covers all medical care needs of beneficiaries including chronic, rare and serious conditions: The 'right to health' within the NHS is independent from the payment of contributions. Beneficiaries with no income (unemployed, children, students, soldiers and others) have equal access to healthcare services. NHS covers all citizens who are permanent residents in the areas controlled by the Republic of Cyprus including members of their families. Access to personal doctors (as from 01/06/2019) and inpatient healthcare (as from 01/06/2020) is free of charge, with beneficiaries paying small

amounts of co-payments upon receiving services by outpatient specialists, laboratories, pharmacies, nurses, midwives, allied health professionals, and A&Es (i.e. €1 per pharmaceutical product, €1 per laboratory test, €6 per visit to a specialist doctor). There is a ceiling on the annual co-payment per person.

The health of the population relates also to the adoption of specific health promotion and disease prevention policies as well as strategy implementation in areas such as for example cancer control, breast feeding, injury prevention, rare diseases, nutrition, addictions. Finally, screening programs from the early stages of life such as hearing and autism evaluation, as well as the implementation of general population screening programs, e.g. breast cancer, colorectal cancer, enables the early detection of diseases and the provision of respective treatment.

### **Article 11.2 (a):**

Health Visitors' and School Doctors' services are provided to the School Health Service on a standard curriculum. The main target of this service is the prevention of illness as well as the promotion of health and well-being of the students through:

- Early detection and care of students with health problems
- Development of healthy attitudes and healthy behaviours by students
- Ensuring a healthy environment for children at school
- Prevention of communicable diseases at school

Screening Tests through medical examination, Prevention and investigation of Communicable Diseases including Health education of the school personnel in order to be able to take the necessary measures to prevent viral meningitis, implementation of the necessary measures in order to prevent spreading of communicable diseases, investigation of certain communicable diseases such as viral meningitis and tuberculosis and vaccinations are part of the main activities of the School Health Service.

Provision of knowledge as well as provision of skills for developing and adapting to a healthy behaviour is the main purpose of Health education which covers areas such as Smoking, Dental Hygiene, drugs, Menstrual period, Prevention of accidents, Personal Hygiene, Nutrition and Healthy diet, HIV/AIDS and Hepatitis B, Prevention of Drug abuse, Family and sex education, Promotion of mental health and Adolescence Educational programmed courses.

A number of secondary school students are trained so that they can take over the training of their fellow students in areas such as:

- Anti- Smoking Educational Program: The aim of this program is to offer knowledge on the consequences of smoking on human health and generally to the human life (financial social and environmental consequences), to develop a healthy attitude and behaviour, to acquire the necessary abilities for a young person to resist the challenge to smoke.
- Anti-HIV/AIDS educational Programmed Course: The scope of this course which is carried out by means of dialogue, games and through acting roles is to offer the students some knowledge on AIDS and the sexually transmitted diseases, the methods of contamination and protection, the methods by which the virus is not transmitted so that they do not have false phobias about HIV people who are HIV positive.
- Organising Healthy Breakfasts: The Health Visitors in collaboration with the school management teams and the Parents Associations organize the serving of healthy breakfast in Primary Schools. An educational course regarding nutrition in general and the importance of breakfast in particular, always precedes the actual serving of the meal.

**Article 11.2 (b):**

Within the School Health Services, students as well as parents are informed about the examinations conducted by the school health services, about the vaccinations that will be given so that parents'/guardians' written consent is provided.

In a general context, the general population receives information and support about health treatment and rights based on the Law on Securing and Protecting Patients' Rights from the Federation of Cyprus Patients' Associations and from NGOs.

**Article 11.3 (a):**

Research and clinical trials on vaccines are implemented based on the existing legal framework for clinical trials and bioethics.

**Article 11.3 (b):**

The Central Prison is staffed with a General Practitioner who deals with the daily physical healthcare needs of the inmates. Upon admission of an inmate to the prison facilities a procedure for their medical screening is adopted within 24 hours. Medical screening can be carried out by qualified Medical Doctors on duty during morning hours and by the General Nursing Personnel who is on duty on a 24 hour basis, during the afternoon and night hours.

In case of a violent incident, and when there is a history of mental illness or predisposition to developing behavioural disorder, a Psychiatrist examines the detained person.

Detainees can either, at their own charge, summon a doctor of their choice for medical examination, treatment and /or follow-up and for that purpose communicate by telephone with them in the presence of a police officer or receive medical examination, treatment and/or follow-up by a government doctor, free of charge

A central trauma register has been introduced by healthcare professionals and a body chart for reporting traumatic injuries based on the Istanbul Protocol is used. For safeguarding the consistency of the reporting, training of healthcare personnel on the identification of torture signs (physical and psychological) and possible victims of torture with the contribution of a Professional Organisation, under the financing of European Asylum Support Office (EASO), has been undertaken.

Additionally Block 10 was originally established to hospitalize patients on a short-term basis within the prison's premises and it operates under the responsibility of Mental Health Services Directorate. The mental health department in the Central Prison is staffed by a Psychiatrist, Clinical Psychologists, Occupational Therapist for five days a week, and Mental Health Nursing staff every day. Mental health services offered include surveillance of the prisoners with mental health problems, intervention in crisis and especially during the first evaluation, in order to deal with any mental disorder in real time. Mental health services in the Central Prison is accessible to all prisoners and when needed translation services are provided. A drug rehabilitation program and a substitutional program are operational in order to offer services to the drug addicted prisoners. After prisoners with mental health problems are released, they are referred to the community services and programs to continue therapy.

**Article 11.3 (c):**

Athalassa Hospital (under Mental Health Services Directorate of the State Health Services Organisation) is the only mental health hospital in Cyprus where patients are in detention by court order. The Hospital is staffed by Psychiatrists, Clinical Psychologists, Occupational Therapists five days a week, and Mental Health Nursing staff every day and a Psychiatrist on-call. Community mental health services are also offered.

Nursing Services and municipalities have developed a community mental health support action, which provides mental health services onsite and online, for the support and empowerment of the community and of persons in need. Additionally, the CARE ZONE mobile unit has been deployed to the cities of Limassol, Paphos and to rural areas where Harm Reduction and Mental Health support is limited, thus providing equal access to Public Health to persons in need.

#### **Article 11.3 (d):**

The National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol provides the overarching political framework and priorities for the period 2013-2020. The framework aim and objectives of this Strategy also serve as a basis for two consecutive 4-year Action Plans. The new strategy for the period 2021-2027 was recently adopted by the Council of Ministers. The until recently implemented Strategy is based first and foremost on the fundamental principles of EU policies principles and, in every regard, upholds the founding values of the European Union: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. It aims to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated and evidence-based approach to the drugs phenomenon. By providing a framework for joint and complementary actions, the Strategy ensures that resources invested in this area are used effectively and efficiently, whilst taking into account the institutional and financial constraints and capacities of the various institutions involved. The Strategy is structured around two policy areas, namely demand reduction and supply control and regulation; and four cross-cutting themes: promotion of evidence-based policies, research, monitoring and evaluation. The two consecutive Action Plans provide a list of specific actions with a timetable, responsible parties, indicators and assessment tools. Finally, the Strategy is based on 5 main pillars (Prevention, Treatment and Social Reintegration, Harm Reduction, Supply Control and Regulation, and International Cooperation), each pillar having distinct priority areas, objectives and actions. For each action, all main actors involved in its implementation are identified and the responsible organization / agency is appointed. The Cyprus National Addictions Authority is responsible for the monitoring of the overall implementation of the strategy, by the relevant actors, and also for the execution of certain actions.

**Overdose deaths:** Information regarding acute drug induced deaths in Cyprus is available through the Special Registry. According to this Registry, 5 acute drug induced deaths were recorded in 2019. Since 2004 when recording began, the majority of overdose deaths (64%) involved young adults (up to 34 years of age), while the remaining 36% were in the age range 35+ (with most of them being in the age 34-44). As the previous years, where opiates were mainly found in post-mortem toxicological results, in 2019 4 out of 5 deaths were due to poisoning by opioids (and other substances), 2 of which were caused by poisoning due to opioids alone, while the rest involved the use of cocaine and methamphetamine. According to the information provided, 2 of the drug-induced deaths took place in their homes, 1 was found dead in a hotel, 1 was found in a field/outdoors and one in a detoxification unit. The mean age was 31.2 years old (see also ST5\_2020\_CY\_01). More precisely, the four males were in the 23 to 35 age range and the female was 36 years old. Regarding their nationality, two were Greek Cypriots, two EU nationals and one person from South Asia.

#### **Infectious diseases among people who inject drugs (IDUs):**

Hepatitis C: Based on routine testing among those recorded in treatment (prevalence data), the total number of those with HCV positive results in 2019 reached 55, corresponding to 54% of all IDUs tested. No data is available regarding chronic infections. Although the proportion of



those tested positive on HCV in 2019 is higher than in the previously reported year (48.8% in 2019), when actual numbers are taken into account, a decrease is noted (55 HCV positive clients, compared to 63 in 2018,). Out of the total of 55 HCV positives injecting drug users, thirty eight (38) were foreign nationals (mainly Greek nationals). In addition, while the vast majority of positive cases involved IDUs who were injecting for more than 10 years, as many as four cases involved new injectors (those reporting to be injecting for less than two years). In line with this finding is also the age group of those tested positive, as two HCV positive cases involved persons below 25 years of age. As to main drug of those positive, as in previous years, the majority (33 out of 55) reported opioids as their primary drug of abuse. However, a continuously increasing number (22, compared to 15 in 2018 and, 7 in 2017) of HCV positive users reported primary drug other than opioids (10 of which reporting methamphetamine as their primary drug, 7 cocaine and 4 cannabis and 1 other drugs). Furthermore, 35 out of the total of 55 HCV positive cases reported to have ever shared (only two in the last month) and 32 did not use a condom during their last sexual intercourse. Finally, 26 of HCV positive IDUs reported having been sentenced to prison in the past.

Hepatitis B: Based on diagnostic testing upon treatment, only 1 IDU recorded in treatment in 2019 was found positive on HVB (see also ST9P2\_2020\_CY\_02).

HIV: Based on the routine testing, 6 HIV positive case were reported in 2019. It is also worth mentioning that 2 of the HIV positive cases (self-reports) involved new injectors (those reporting to be injecting for less than two years). In addition, the majority of HIV positive cases reported as their main drug, substances other than opioids (mainly methamphetamine). Contrary to HCV positive cases, where the majority involved non-CY nationals. HIV positive cases mainly involved Cyprus nationals and all positive cases are referred to the specialized HIV clinic ("GRIGORIOS CLINIC"), for the confirmation tests and to initiate treatment.

### **Article 11.3 (f):**

The main goal of the Government, is to keep the health system viable in order to meet all needs and cope with all the challenges of COVID-19. In this framework, healthcare professionals were informed on how to protect themselves from the virus, about strict hygiene rules, the use of masks and gloves and how to dispose them with precaution, the use of special personal protective equipment and were undergone continuous training on the rules that must be strictly followed. In addition, all Protocols and Guidelines issued by the Ministry of Health, ensured that all groups (citizens, workers and employers in the public and private sector, health professionals, people that belong to vulnerable groups, etc) acknowledged the dangers of COVID-19, they knew how it was transmitted and they had the knowledge of how to protect themselves and their surroundings.

As regards the Personal Protective Equipment Inventory (PPE) Stock Management, the recommendations of the WHO/ECDC were followed and since end of January 2020 a Central Committee and a Working Group were established. Actions taken during the first wave of the pandemic are:

- Evaluation of the required quantities of PPE for each hospital/ service/ department, based on the ECDC protocol.
- Initial stock-taking of consumables at the Central Warehouses.
- Inventory count (both in hospitals and in central warehouses), initially every week and during the pandemic, daily until the end of June.
- Quantities given to hospitals were according to their daily needs and based on a formula opted by the Head of the Offers and Procurement Unit in collaboration with the Commission.

The implementation of restrictive measures on social distancing, the testing of the general population through rapid tests, the testing of the population within nurseries and closed community houses, the coordinated measures for tracing the population with COVID-19, the

implementation of measures such as the partial lock down and restrictions on the number of active workers within a business as well the introduction of tele-working whenever possible, were introduced through Ministerial Decrees.

A National COVID-19 vaccination plan was put in place where population groups are vaccinated based on specific categorization. The COVID-19 vaccinations started at the 27<sup>th</sup> of December 2020 and according to the plan, so far vaccination has been offered to individuals in homes for the elderly and community houses for people with disabilities, the health professionals in hospitals dealing with COVID patients, in Accidents and Emergency Departments and in Ambulances, to the General Practitioners and specific medical specialties and to the general population above 80 years old. Indicatively, the total number of the population vaccinated until the 17<sup>th</sup> of January 2020 was 10,440 people.

## **Article 12 – The right to social security**

### **Question 3 (a)**

No special provisions exist for employed persons or persons whose work is managed through digital platforms. All persons exercising gainful activity in Cyprus, either employed or self-employed are covered by the Cyprus Social Security Scheme (including those working through digital platforms).

The same rights and obligations under the Social Insurance Scheme are ensured both for people working through digital platforms and in traditional forms of work. The Scheme provides cash benefits for maternity, paternity, sickness, unemployment, survivors, invalidity, orphanhood, old age, death and employment injury. The self-employed are not however entitled to unemployment benefit and occupational accidents and diseases benefits, hence their contribution is 1% lower than for the employed persons.

### **Question 3 (c)**

During the pandemic, the aim of the Government was to protect the businesses and jobs of those mostly affected, who were forced to shut down, or had a loss of turnover. Within this context special schemes providing for wage compensation of the employees were introduced for:

1. Businesses in the tourist industry
2. Businesses related to the tourism industry or businesses directly affected by tourism or associated with businesses that are subject to mandatory total suspension
3. Businesses subject to mandatory total suspension
4. Businesses exercising special predefined activities, which have been seriously affected by the pandemic.

A “special unemployment scheme” was also introduced for individuals who were registered as unemployed in the Public Employment Services in November 2020, who had received unemployment benefits, but have exhausted their right to payment in the period between January 2020 and June 2020 and who have not been invited for training or participation in the schemes of the Ministry of Labor, Welfare and Social Insurance (including Projects implemented by the Human Resources Development Authority).

A “special scheme for self-employed persons” was also introduced providing for an allowance for certain categories of self-employed persons provided that the self-employed persons are were registered in the Registry of the Social Insurance Services.

A “special work absence scheme” was introduced for private sector workers absent from their work either for health reasons or because of measures introduced to deal with the pandemic.

A suspension of contributions of Social Insurance was introduced as a result of the suspension activity in businesses and the self-employed. The period during which employed or self employed received special benefits as also the period attributed for Special Absence Allowance from Work were to be considered as “periods of insurance” for the purpose of

contributions to the Social Insurance Fund, crediting the insurance record of these individuals accordingly.

A reduction in contributions payments by employers and the self employed was recorded, but legal proceeding were suspended following a decision by the Attorney General.

In order to comply with the rules of social distancing many services requiring physical presence were offered via digital means such as email or digital platforms.

### **Article 13.**

#### **Question 1 (b)**

On 26.03.2020, the Council of Ministers approved the provision of all services related to the diagnosis and treatment of COVID-19, free of charge, in all public hospitals, as an important measure to treat the disease.

### **Article 14 – The right to benefit from social welfare services**

#### **Question 1 (a)**

The Ministry of Health, on 8/3/2020, with a Relevant Decree designated the Ministry of Labour, Welfare and Social Insurance (MLWSI) and all its Services/Departments as part of the essential services with all staff continuing to work throughout the pandemic.

During the pandemic, procedures in order to better serve the public were adapted accordingly, taking increased precautions for both staff and the public, as follows:

The provision of social welfare services was never disrupted and evolved in consideration to the needs of the people requiring social welfare services.

1. In an effort to avoid overcrowding, instead of compulsory physical attendance of beneficiaries for provision of benefits monthly payment of benefits were provided automatically without submitting any certificates (otherwise necessary for their eligibility),
2. In order to limit physical attendance, requests were handled either via the telephone or in written form following the written requests of applicants
3. Home visits were limited to the absolute essential, and teleconferencing was used where possible. High priority was given to people and families at risk (e.g. increased vulnerabilities i.e. violence, temporary housing) through appropriate screening and systematic communication.
4. Various precautionary measures were taken to safeguard the health of tenants in state social care institutions through regulating the visits by their relatives and of the staff working in the institutions. In private social care institutions, in co-operation with the Ministry of Health steps were taken ensure the relevant Protocols were enforced.
5. Additional information on the available hotlines was provided (on support and help lines, mobile units providing essential supplies to vulnerable individuals).

Regardless of the pandemic, provision and operation of all programmes and services of the Social Welfare Services continued, in close collaboration with all relevant services/actors in taking all the necessary measures to protect vulnerable groups whilst taking precautionary measures to curb the spreading of Covid-19.

#### **Question 1(b)**

In conformity.

#### **Question 2 (a)**

As described in previous reports, the Social Welfare Services (SWS), implement several legislations and are in the process of re-drafting / revising some of the legislation in order to safeguard the involvement / participation of individuals/voluntary and other organisations in the provision of social care services, such as the:

- (1) Homes for the Elderly and People with Disabilities (Laws and Regulations amended in 2011).
- (2) Day Care Centers for Adults (Law and Regulations amended in 2011).
- (3) Children's Day centers (Law and Regulations and Decrees amended in 2011).
- (4) Home Care Services delivered either by a Service Provider or a Home Carer (an Individual) or a Carer (an Individual- Carer who is responsible for social care services to a Home of up to five people more than 18 years of age)<sup>1</sup> (Terms and Conditions of the Director of the Social Welfare Services, 2017).
- (5) Counselling Centers<sup>2</sup> (Terms and Conditions of the Director of the Social Welfare Services, 2017).

Providers of care services for children, older persons and persons with disabilities must be registered and are inspected by the Social Welfare Services, in accordance with the respective legislation, which sets standards on safety, hygiene, staff and space ratios, staff qualifications etc. Additionally due to the pandemic and for the health and safety of beneficiaries of these social care programmes, relevant Protocols were established by the Ministry of Health.

The programmes run by NGOs or Local authorities may apply for co-funding under the State Aid Scheme, of the Ministry of Labour, Welfare and Social Insurance, under the EU Regulation 360/2012 for the provision of Services of general economic interest (De Minimis) and under the Decision 2012/21/EU<sup>3</sup>.

The SWS are responsible for providing technical assistance to these programmes and assessing their applications for funding under the State Schemes as well as are responsible for the state budget proposals, which are greatly influenced by the needs of users of these programmes

Furthermore, under the Homes for the Elderly and People with Disabilities (Laws and Regulations), the establishment of a Counselling Body is provided, which may advise the Minister of Labour, Welfare and Social Insurance on the enforcement of the law. This Body is comprised of eleven members, of which five members are representatives of the Union of Municipalities, of the Voluntary Initiative Homes, of the Pancyprian Association of Elderly Home Owners, of the elderly and people with disabilities and of the Pancyprian Federation of Associations for the Welfare of the Elderly.

In Cyprus, before legislation is enacted, consultation with all key stakeholders is conducted.

## **Question 2(b)**

In conformity.

---

<sup>1</sup> This was established after the previous report.

<sup>2</sup> This was established after the previous report.

<sup>3</sup> The previous mentioned grants-in Aid Scheme was amended and launched in 2013 in order to be in conformity to the EU Regulation 360/2012 and Decision 2012/21/EU.

## Appendix I

### a. Analysis of Fatal Accidents Occurred to employed person during work for year 2019

**Total No. of Accidents: 13** (*Accidents Reportable According to Legislation*)

No.	District	Number of Victims	Economic Activity Sector of Employer	Accident Causation
1.	Nicosia	1	Storage of electrical products	Fall from a height
2.	Limassol	1	Restaurant / Food delivery service	Road accident
3.	Pafos	1	Quarrying works	Buried from bulk of earthling materials
4.	Larnaca	1	Manufacture of ready-mixed concrete	Contact with overhead electrical lines
5.	Larnaca	1	Painting of buildings	Fall from a height
6.	Limassol	1	Construction	Fall from a height
7.	Limassol	1	Repair of heavy vehicles	Crushed by the open-bed of a tipper lorry
8.	Nicosia	1	Manufacture of electric distribution and control apparatus	Fire - explosion - entrapment
9.	Limassol	1	Construction	Fall from a height
10.	Pafos	1	Newspaper distribution	Road accident
11.	Limassol	1	Construction	Fall from a height
12.	Limassol	1	Construction	Buried under a mound of soil
13.	Larnaca	1	Steel construction	Hit by a crane hook

### b. Analysis of Fatal Accidents Occurred to Self Employed Persons during Work for year 2019

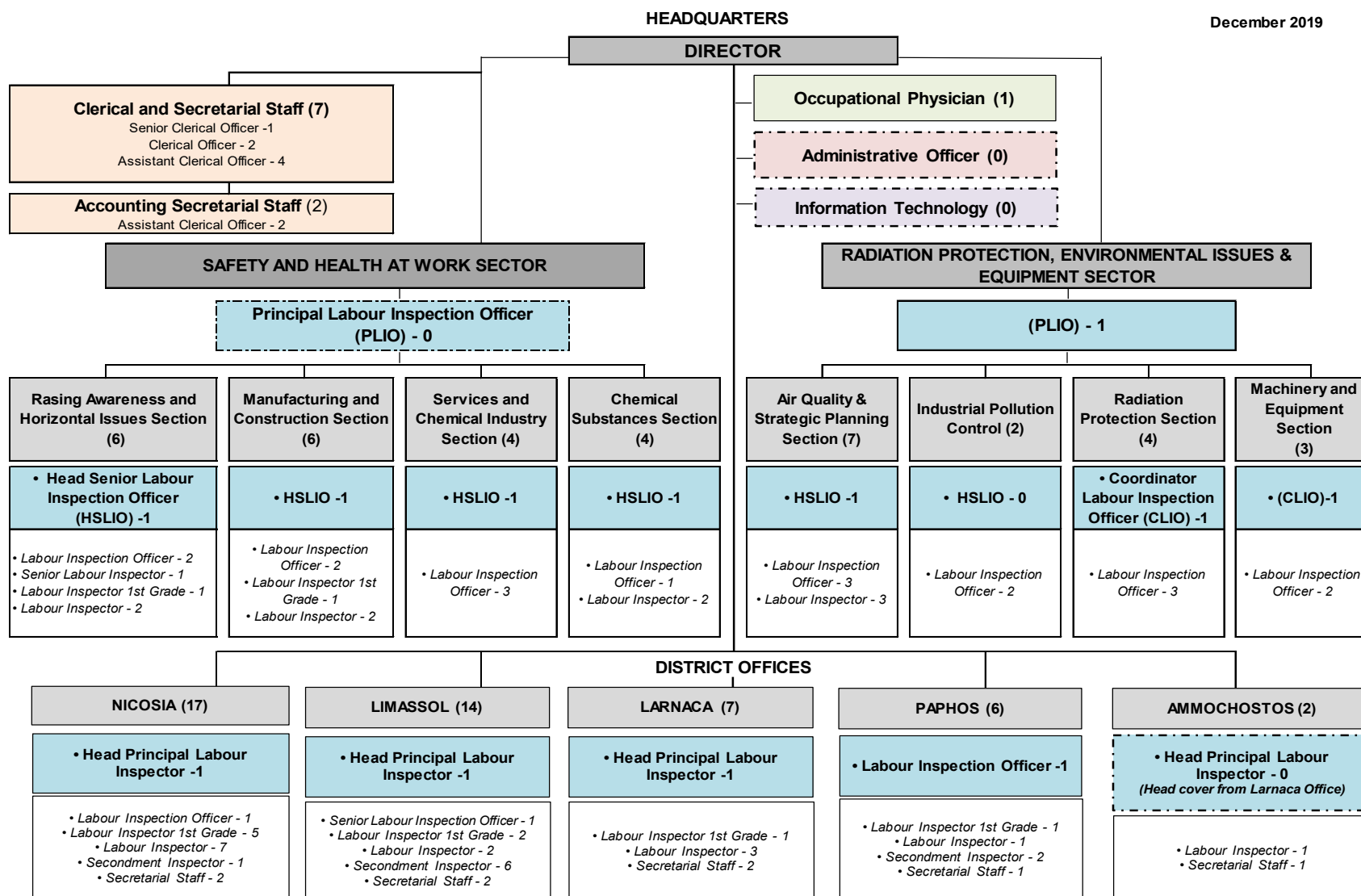
**Total No. of Accidents: 2** (*Accidents Reportable According to Legislation*)

No.	District	Number of Victims	Economic Activity Sector of Employer	Accident Causation
1	Limassol	1	Construction	Fall from a height
2	Pafos	1	Construction	Fall from a height

## Appendix II

### Organizational Chart and Personnel of the Department of Labour Inspection (DLI) 2019

December 2019



**DLI Budget Permanent Posts: 86** (Appointed 63, Vacant Posts 23 and 1 on retirement leave). **Supporting Staff:** Secretarial - 17, Occupational Physician - 1, Information Technology - 0, Cleaners - 5 (equivalent), Messengers - 3 (equivalent). **Provisional Additional staff: 4.** **Secondment Inspectors from other Public Services to DLI: 9.** **Moved from DLI to MLWSI: 1** Labour Inspector Officer, 1 Labour Inspector and 1 Messenger  
**Total servicing in DLI: 102**