



27/05/2021

RAP/RCha/MNE/10 (2021)

EUROPEAN SOCIAL CHARTER

10th National Report on the implementation
of the European Social Charter

submitted by

THE GOVERNMENT OF MONTENEGRO

Articles 3, 11, 12, 13, 14 and 23
for the period 01/01/2016 – 31/12/2019

Report registered by the Secretariat
on 27 May 2021

CYCLE 2021



Montenegro

Ministry of Economic Development

Address: Rimski trg 46
81000 Podgorica
Montenegro
tel: +382 20 482 163
fax: +382 20 234 027

**10th NATIONAL REPORT ON THE IMPLEMENTATION OF THE EUROPEAN SOCIAL CHARTER FOR
2020**

Conclusions 2017

MONTENEGRO

April 2021

Revised European Social Charter

Article 3

All workers have the right to safe and healthy working conditions

Article 3 – The right to safe and healthy working conditions

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organizations:

1. To formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimizing the causes of hazards inherent in the working environment;

a) Please provide information on the policy formulation process and the method in which the identification of new and emerging situations that hinder the realization of the right to safe and healthy working conditions has been organized in practice; furthermore, please provide information on the results of that procedure and plans for the future.

ANSWER:

Montenegro adopted the Strategy for the Improvement of Safety and Health at Work for 2016-2020, with the Action Plan for its implementation, and the Law on Safety and Health at Work ("Official Gazette of Montenegro", Nos. 34/14, 44/18) which applies to all persons employed in the territory of Montenegro with legal entities and entrepreneurs in all sectors of activity, government bodies, state administration and local self-government units, employees posted to work abroad, if the regulations of the receiving state provide less favorable measures of safety and health at work than those provided for in this Law. Unless otherwise regulated by a special law, safety and health measures are defined as a part of prevention and have been pursued for improving the protection and/or hygiene and/or health of the employees. Measures of safety and health at work are provided or planned in all of the work processes with the employer, with the view of prevention or reduction of risks for life or health of the employees, in the process of:

1) design, construction, operation and maintenance of facilities intended as the working and auxiliary facilities, and facilities for the work in the open, in order to secure safe work processes;

2) design, construction, operation and maintenance of technological work processes with all the accompanying work equipment in order to secure safe work for employees, as well as harmonization of chemical, physical and biological hazards, microclimate and lighting at the workplace and the

working and auxiliary premises with the prescribed measures and standards for the activity performed in these workplaces and in these work premises;

3) design, manufacturing, operation and maintenance of the work equipment, constructions and facilities for collective protection and health at work, ancillary structures and facilities and other resources used in the work process or in any way associated with the process of work, so that in the course of their use injury or damage to the health of employees shall be prevented;

4) production, packaging, transport, storage, use and destruction of dangerous agents in the manner and under the regulations and rules that prevent injuries or damage to the health of employees;

5) design, manufacture and use of personal protective equipment at work, use of which eliminates the risks or dangers that could not be eliminated by appropriate protective measures;

6) education and training in the field of Safety and health at work.

The protective measures of safety and health at work have been prescribed in more detail by 54 subordinate legislations in the area of safety and health at work and other regulations.

The Law on Safety and Health at Work and the and Safety and the Rulebook on the manner and procedure of workplace risk assessment (“Official Gazette of the Republic of Montenegro”, No. 43/07) stipulate that the employer shall be obliged to adopt and possess a risk assessment act for all workplaces, as well as to determine the methods and measures to eliminate risks and ensure their implementation.

The risk assessment act is an act that includes a description of the work process with the assessment of (evaluation) of the risk of injuries at work, occupational or work-related diseases that identifies measures of safety and health at work for the purpose of their improvement.

In the risk assessment act, the employer determines workplaces at increased risk, or special work requirements, the health requirements for specific work to be met by employees in the work process or the use of certain work equipment based on expert assessment of the authorized institution.

The risk assessment act shall stipulate:

- identification, i.e. detection of danger;*
- jobs exposed to the identified danger;*
- the probability of injury at work, occupational or work-related disease;*
- whether the risk is acceptable;*
- the introduction of measures to reduce unacceptable risk.*

The employer is required to amend the risk assessment act in the event:

- of appearance of any new risk and changes in the level of risk in the work process;*

- the existing measures of protection are not sufficient or are inappropriate;
- of adaptation, reconstruction, disaster, overhaul;
- of serious, collective and fatal injuries at work;
- the risk assessment is based on data that do not correspond to the actual situation;
- of changes in activity.

The employer is obliged to inform the employee with the risk assessment act in a transparent manner.

The inspection supervision over the Law on safety and health at work, regulations adopted thereunder, and technical and other measures relating to the safety and health at work shall be carried out by the Labor inspection, through inspectors working in the field of safety and health at work, unless the law stipulates that supervision in the implementation of these regulations in certain activities shall be carried out by other bodies.

In 2020, the irregularity of not possessing the risk assessment act has been identified in 101 cases.

b) With special reference to COVID-19, please provide specific information on the protection of first-line defense workers (health workers including ambulance crews and support staff; police and other emergency services staff; police and military personnel involved in assistance and enforcement; employees in social protection - nursing homes, for example for the elderly or children; prison staff, and other staff, in morgue jobs; and others performing basic life support tasks - the most basic jobs, including transportation and retail, etc.). This information includes data on instructions and training, as well as the amount and adequacy of personal protective equipment that workers receive in different environments. Provide analytical data on the effectiveness of these protection measures and statistics on health outcomes.

ANSWER:

In order to prevent the introduction of communicable diseases into the country, suppression and prevention of transmission to other countries, the Ministry of Health, at the proposal of the Institute of Public Health of Montenegro in accordance with Article 55 of the Law on Protection of Population against Communicable Diseases ("Official Gazette of Montenegro", Nos. 12/18 and 64/20) may order measures to protect the population against communicable diseases, or to issue an order to suppress and prevent the transmission of contagious COVID-19.

The aforementioned Law stipulates, inter alia, in Article 55, paragraph 1, item 3c) provision of prescribed personal equipment – medical masks, and if necessary other elements of equipment, for employees during work:

- in facilities under sanitary supervision,

- in facilities where trade is carried out;
- in facilities where craft and other services are provided to citizens, in accordance with the law,
- in facilities where the food business is carried out,
- in facilities where hospitality and tourist services are carried out,
- in facilities where games of chance are organized,
- on agricultural land and plantations, as well as in production facilities and premises where agricultural activity is carried out,
- in government bodies, state administration bodies, local self-government and local administration bodies, public institutions and other entities exercising public authority in which services are directly provided to citizens,
- on the construction sites,
- in public transport of passengers or transport of employees by vehicles for their own needs;

Item 3d) prescribes the mandatory use of prescribed personal protective equipment of employees (medical masks, gloves, visor, etc.) in facilities: under sanitary supervision, in which trade, hospitality, tourism, craft and other services to citizens are carried out, in accordance with the law, organized games of chance, food business, on agricultural land and plantations, as well as in production facilities and premises where agricultural activity is carried out, work on the construction sites, in public transport vehicles or transport vehicles used for transporting employees for their own needs in government bodies, state administration bodies, local self-government bodies and local administration bodies, public institutions and other entities that exercise public authority in which services are directly provided to citizens;

Item 3e) prescribes the obligatory use of prescribed personal protective equipment - masks or scarves by customers/users of services of facilities referred to in item 3d of this paragraph, as well as during stay in public transport vehicles or transport vehicles used to transport employees for their own needs;

Item 3f) prescribes obligatory disinfection of facilities in which the activity or services referred to in item 3d of this paragraph are carried out and provision of conditions in those facilities for disinfection of hands of customers/users of services;

Item 3d) prescribes the obligatory provision and disinfection of public transport vehicles and vehicles used for the transport of employees for their own needs;

Item 3h) prescribes the obligatory use of personal protective equipment (medical masks, gloves, etc.) by the employees during work in public transport vehicles and vehicles used to transport employees for their own needs.

The Law on Protection of Population against Communicable Diseases (“Official Gazette of Montenegro”, Nos. 12/18 and 64/20) prescribes measures to protect the population against communicable diseases in Montenegro, measures for their prevention, control and eradication, implementation of epidemiological surveillance, competent entities for their implementation, the manner of providing funds for their implementation, supervision over the implementation of the law, as well as other issues of importance for the protection of the population against communicable diseases.

On the basis of the aforementioned Law, issued are the orders for undertaking of temporary measures for preventing carrying in the country, suppressing and preventing transmission a novel coronavirus, which further determine the temporary measures to protect all categories of the population, including employees in various industries.

The Law on amendments to the Law on Protection of Population against Communicable Diseases (“Official Gazette of Montenegro”, No. 64/20) sets forth the measures related to:

3a) ensuring compliance with the mandatory adherence to the prescribed measure of physical distance between persons, during:

- stay in an open public place, except for members of the joint family household and persons providing assistance to persons with disabilities, elderly and infirm persons,*
- stay in facilities under sanitary supervision,*
- stay in facilities where trade is carried out,*
- stay in facilities where craft and other services are provided to citizens, in accordance with the law,*
- stay in facilities where food production, processing and distribution are carried out,*
- provision of hospitality and tourist services,*
- stay in facilities where games of chance are organized,*
- stay and work on the construction site,*
- stay and work on agricultural land and plantations, as well as in production facilities and premises in which agricultural activity is performed;*

3b) obligatory observance of the prescribed measure of physical distance between persons during:

- stay in an open public place, except for members of the joint family household and persons providing assistance to persons with disabilities, the elderly and infirm,*
- stay in facilities under sanitary supervision,*
- stay in facilities where trade is performed,*
- stay in facilities where craft and other services are provided to citizens, in accordance with the law,*
- stay in facilities where food business is performed,*

- *provision of hospitality and tourist services,*
- *stay in facilities where games of chance are organized,*
- *stay and work on the construction site,*
- *stay and work on agricultural land and plantations, as well as in production facilities and premises in which agricultural activity is carried out;*

3c) provision of prescribed personal protective equipment – medical masks, and if necessary other elements of equipment, for employees during work:

- *in facilities under sanitary supervision,*
- *in facilities where trade is carried out,*
- *in facilities where craft and other services are provided to citizens, in accordance with the law,*
- *in facilities where the food business is carried out,*
- *in facilities where catering and tourist services are carried out,*
- *in facilities where games of chance are organized,*
- *on agricultural land and plantations, as well as in production facilities and premises where agricultural activity is carried out,*
- *in government bodies, state administration bodies, local self-government and local administration bodies, public institutions and other entities exercising public authority in which services are directly provided to citizens,*
- *on the construction site,*
- *in public transport of passengers or transport of employees by vehicles for their own needs;*

3d) mandatory use of prescribed personal protective equipment of employees (masks, gloves, visor, etc.) in facilities: under sanitary supervision, where trade is carried out, catering, tourist, craft and other services provided to citizens, in accordance with the law, where games of chance are organized where activity of food business is carried out, on agricultural land and plantations, as well as in production facilities and premises where agricultural activity is performed, work on the construction site, in public transport vehicles or transport vehicles used for transport of employees for own needs in government bodies, state administration bodies, local self-government bodies and local administration bodies, public institutions and other entities exercising public authority in which services are directly provided to citizens;

3e) mandatory use of prescribed personal protective equipment - masks or scarves by customers/users of services of facilities referred to in item 3d of this paragraph, as well as during their stay in public transport vehicles or transport vehicles used to transport employees for their own needs;

3f) mandatory prescribed disinfection of facilities in which the activity or services referred to in item 3d of this paragraph are carried out and the provision of conditions in those facilities for disinfection of the hands of customers/users of services;

3g) mandatory prescribed provision and disinfection of public transport vehicles and vehicles used for the transport of employees for their own needs;

3h) mandatory prescribed use of personal protective equipment (masks, gloves, etc.) of employees during work in public transport vehicles and vehicles used to transport employees for their own needs

In accordance with the Law on Safety and Health at Work, employees are being trained for safe and healthy work at their workplace, and the employer must provide the employees with the appropriate personal protective equipment in accordance with the PPE normative per employee, which is prepared in accordance with regulations, standards and the risk assessment act in the workplace.

The monthly report on the spread of communicable diseases prepared by the Institute of Public Health of Montenegro is presented in the following link:

<https://s3.eu-central-1.amazonaws.com/web.repository/ijzcg-media/files/1606818601-2020-10-mjesečni-izvještaj-o-kretanju-zaraznih-bolesti.pdf>

The Rulebook on protection measures at work from biological agents exposure risk ("Official Gazette of Montenegro", No. 62/17) prescribes the minimum requirements that the employer must meet in providing protection measures at the workplace, in order to eliminate or reduce the risk of the occurrence of injuries at work, occupational, or work-related diseases that might or occur at the workplace during the employee's exposure to biological agents. Having in mind that SARS-Cov 2 is a novel virus, the Ministry of Economic Development has planned for the first quarter of 2021, to transpose Annex III of Directive 2000/54/ EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work, which includes the aforementioned virus being classified in the Group 3 of biological hazards.*

With regard to the situation in prisons, the Directorate for the Execution of Criminal Sanctions (Prison Institute) emphasizes that in order to protect health from COVID-19 infection, and in reference to Article 3 - Right to safe and healthy working conditions, the Sector for Health Protection of the Prison Institute is daily in contact with the Institute of Public Health, and on a daily basis exchange information on the situation, actions and planned and taken measures in order to prevent the spread of the virus in the Prison Institute. When it comes to protective measures among the employees, as well as among the prisoners and detainees, they Prison Institute emphasized the measures that are taken in order to maintain the hygiene of the premises, or their disinfection, maintenance of personal hygiene, primarily personal hand hygiene of all in the Prison Institute, daily measuring of body temperature of employees when coming to work to prevent infected officers from entering the premises, obligation to wear protective masks, etc. They have emphasized that any convicted and

detained persons have their body temperature measured twice a week, and that hand sanitizers are installed at the entrance to each organizational unit. Visits and benefits for convicts are currently suspended, all in order to reduce the risk of infection. The Prison Institute has registered, from the outbreak of Covid-19 until January 2021, the total of 140 cases of infection. When it comes to the number of employees (508 full time and 83 part time employees, as well as 19 interns) throughout the duration of the epidemic, have carried out all activities and tasks falling under the competence of this state authority. In the Sector for Health Protection of Prison Institute, 25 executors were hired, as well as 2 interns, and currently 13 medical workers are hired as external associates who participate primarily in providing secondary health care through specialist checkups..

When it comes to special protection of employees on the first line of defense, specifically the employees of the Police Administration, the Instruction on the manner of carrying out certain tasks and other issues of importance to the Police Administration in the circumstances of taking temporary measures for preventing carrying in the country, suppressing and preventing transmission of the novel coronavirus (COVID-19) has been adopted in a timely manner..

When carrying out the tasks and duties in the circumstances of taking temporary measures for preventing carrying in the country, suppressing and preventing the transmission of novel coronavirus (COVID-19), the Police Administration, or the heads of organizational units:

- acted and act in accordance with the principles of unified management and direction of work of all executors of jobs and tasks;*
- actively monitored and monitor the situation with timely internal notification of the Collegium of the Director on events and phenomena significant from the aspect of suppressing and preventing the transmission of the novel coronavirus (COVID-19),*
- successfully cooperated and coordinated activities with competent authorities and institutions participating in providing and implementing protection of the population against the novel coronavirus, at the central and local level.*

Acting in accordance with the Instruction above, the heads of organizational units undertook activities aimed at providing the employees with appropriate advice, guidelines and recommendations of the Institute of Public Health of Montenegro with an emphasis on hygiene, social distance measures and use of available protection equipment when carrying out jobs and tasks.

Numerous activities have been pursued for efficient provision, assignment, use and protection of human and material resources. This includes, but was not limited to, the implementation of the necessary activities, independently, but also with the assistance of socially responsible legal entities, for the purpose of procuring and supplying the necessary personal protection equipment in the Police

Administration (masks - respirators, medical masks, goggles), protective visors, protective suits and protective gloves), as well as providing additional quantities of hygiene products, disinfectants, but also for the maintenance of the hygiene at the workplace, including procedures for cleaning and disinfection of work areas, surfaces and equipment used by the Police Administration.

Pursuant to the recommendations of the Institute of Public Health, appropriate orders and guidelines have been issued for the medical treatment of officials in specific situations of the occurrence of symptoms of acute respiratory disease. In particular, appropriate guidelines were issued when carrying out the tasks and duties, or exercising authority and taking measures and actions, in situations when contact is made with persons suspected of being infected with a novel coronavirus.

All organizational units of the Police Administration are on a daily basis compiling individual reports on the situation in the past 24 hours for the period from 7 am to 7 pm, and submit them to the Central Organizational Unit, which compiles a single report electronically and delivers it to all heads of organizational units at headquarters and in the field. This Report, with a breakdown of the situation during 24 hours, in the period from 7 am to 7 pm, entails data or indicators of importance for the management and organization of work in the context of the outbreak of the COVID-19, including certain data relate to human resources, as well as to individual indicators of the crime rate.

In the Police Administration, in the period from 14 March 2020 to 14 February 2021, the number of recovered police officers from COVID-19 amounts to 888, where 4 deaths were registered due to COVID - 19.

In the area of social and child protection, when it comes to institutions for accommodation of beneficiaries, related to the COVID-19 pandemic, at the proposal of the Institute of Public Health of Montenegro, in order to prevent spread of infection in social and child protection institutions for collective accommodation, introduced was a regime for employees, which implies the reduction of all "external" contacts and interactions, i.e. the organization of the work regime in which the employees of the accommodation institutions resided in nursing homes, or in the institutions in which they are employed with. If the accommodation of employees in their parent institutions was not possible, they were provided with hotel accommodation and transportation with maximum adherence to all measures of prevention and isolation from contact with other persons. In the light of the above, the Public Institution Nursing Home "Bijelo Polje" provided accommodation for 48 employees, 29 employees from the Public Institution Nursing Home "Pljevlja" were accommodated in the Hotel "Franca" in Pljevlja, 48 employees from the Public Institution "Komanski Most" were accommodated in the Hotel "Evropa" in Podgorica. The Public Institution Nursing Home "Grabovac" - Risan, provided accommodation for one, and 68 employees were accommodated in private accommodation.

All institutions and private nursing homes are fully implementing the Temporary recommendations for acting and implementation of protective measures in collective accommodation homes for the prevention and suppression of COVID-19, developed by the Institute of Public Health.

- Temperature screening and triage upon entering the institution for all employees using contactless thermometers with a ban on entering the institution of all employees who have symptoms or a positive epidemiological history of contact with the patient or with a person with symptoms.

- Daily occasional measurement of body temperature for both employees and residents as a measure of early detection of febrile persons.

- Prohibition of all visits, including the family of the resident.

- Established isolation room for residents/wards of the institution upon admission or arrival at the institution (from examination or control) in which the ward should spend at least 14 days upon return to the institution.

- Strict isolation and definition of procedures and measures for dealing with patients who have symptoms of respiratory infections.

- Defined procedures for staff - behavior, movement, hand hygiene, use of personal protective equipment.

- All joint activities of the residents of the institution have been canceled.

- All joint activities of employees in the institution without protective equipment have been cancelled
- gatherings, joint breaks, etc.

- Special measures and procedures have been established for the provision of palliative care.

In order to prevent the spread of the second wave of Covid-19 virus in social care institutions and private nursing homes, full isolation has been introduced for employees in which home staff resides and lives in the nursing homes, or in the institutions, and if this was not possible, they were accommodated in a hotel.

In the light of the above:

- As of 24 June 2020, 35 employees from the PI Nursing Home "Bijelo Polje" were accommodated in the home;

- As of 24 June 2020, 17 employees from the PI Nursing Home "Pljevlja" were accommodated in the Hotel "Franca" in Pljevlja;

- As of 24 June 2020, 28 employees from the PI "Komanski Most" were accommodated in the Hotel "Evropa", and 16 employees in the Hotel "Lovćen" in Podgorica;
- As of 29 June 2020, 79 employees from the PI Nursing Home "Grabovac" were accommodated in the home, or in the private accommodation Villa "Ilirik" in Risan;
- As of 24 June 2020, 6 employees from the Nursing Home "Duga" (privately owned) were accommodated in the home;
- As of 24 June 2020, 5 employees from the Nursing Home "Nana" (privately owned) were accommodated in the home.

In two occasions the Government of Montenegro allocated EUR 200,00 per employee aimed at helping employees employed with the accommodation institutions, who were placed under the isolation regime. Until October 2020, employees were not positive for Covid-19.

When it comes to institutions for accommodation of children PI Children's Home "Mladost" Bijela (children without parental care) and PI Center "Ljubovic" in Podgorica (children with behavioral problems and children in conflict with the law) in relation to employees and wards were applied all epidemiological measures recommended by the former Ministry of Labor and Social Welfare, the Institute of Public Health and the National Coordination Body for Combating Contagious Diseases. Several procedures have been adopted related to hygienic and preventive measures, procurement and collection of goods in cases of infectious diseases, entry and exit of employees from the institution. A regime has been adopted for employees, which implies a reduction of "external" contacts and interactions, and accommodation has been provided in the institution itself. Cooperation with the competent health institutions and communal services at the municipal level has been provided. Education was organized by the Health Center for children and employees regarding the application of preventive measures to combat COVID-19. Until October 2020, there were no recorded positive cases of COVID-19 by both employees and children. When it comes to the Public Institution Center "Ljubovic" Podgorica, where children with behavioral problems and children in conflict with the law are accommodated, we acted in accordance with the UNICEF and World Health Organization Guidelines on the Protection of Children Deprived of Liberty, including a regular communication with parents and guardians of the wards, centers for social work, schools, courts, prosecution service, etc.

c) If the previous conclusion confirmed that the national law has not been harmonized with the provision of the Charter, please explain whether and how the problem has been eliminated. If the previous conclusion confirmed its postponing, please answer the questions.

ANSWER:

The Committee has previously concluded that the situation in Montenegro is in accordance with Article 3 (1) of the Charter, pending the reception of requested information.

The Committee requests to include comprehensive information in the Report on the method of reviewing the Strategy for the Improvement of Safety and Health at Work in terms of risk assessment, in consultation with the social partners. The Committee further requests information on the activities carried out and the results obtained with regard to the National Strategy.

ANSWER:

The national culture of safety and health at work that is pursued is one in which the right to a safe and healthy work environment is respected at all levels, where government, employers and employees actively participate in providing a safe and healthy work environment through a system of defined rights, responsibilities and obligation and where the highest priority is applied on the principle of prevention. At the national level, building and maintaining a culture of prevention in the field of safety and health at work requires the use of all available means to increase general awareness, knowledge of threats and risks and understanding of their prevention and control. Dialogue at the tripartite level and national activities are key to creating long-term improvements in the field of safety and health at work. This is contributed by facilitating the exchange of experiences and examples of good practice in the field of safety and health at work. Decent work must be safe work.

When it comes to the Action Plan for the implementation of the Strategy for the Improvement of Safety and Health at Work in Montenegro (2016-2020), we emphasize that over 90% of the activities from the Action Plan have been implemented. Implemented activities included cooperation with social partners. The following are the regulations adopted on the basis of the Action Plan for the implementation of the Strategy, in the development of which, the social partners were involved:

- *Rulebook on safety and health measures at workplace during the use of equipment with screens ¹(“Official Gazette of Montenegro”, No. 16/16);*
- *Rulebook on protection measures and health at work from the risk of noise exposure ² (“Official Gazette of Montenegro”, No. 37/16);*
- *Rulebook on protection and health at work of employees from the risk of exposure to vibrations³ (“Official Gazette of Montenegro”, No. 24/16);*
- *Rulebook on protection and health at work from the risk of exposure to carcinogenic or mutagenic substances ⁴(“Official Gazette of Montenegro”, No. 60/16);*
- *Rulebook on more detailed conditions to be met by a legal entity for performing health examinations of employees (“Official Gazette of Montenegro”, No. 60/16);*
- *Rulebook on protective measures at work from the risk of exposure to asbestos * (“Official Gazette of Montenegro”, No. 14/17);*

¹ The Rulebook has been aligned with the EU Acquis.

² The Rulebook has been aligned with the EU Acquis.

³ The Rulebook has been aligned with the EU Acquis.

⁴ The Rulebook has been aligned with the EU Acquis.

- *Rulebook amending the Rulebook on protective measures and health at work from the risk of exposure to carcinogenic or mutagenic substances ("Official Gazette of Montenegro", No. 11/17);*
- *Rulebook on protective measures and health at work from the risk of exposure to chemical agents ("Official Gazette of Montenegro", No. 81/2016);*
- *Rulebook on protective measures against the risk of exposure to explosive atmospheres * ("Official Gazette of Montenegro", No. 27/17);*
- *Rulebook on protective measures at work from the risk of exposure to biological agents ("Official Gazette of Montenegro", No. 62/17);*
- *Rulebook amending the Rulebook on protective measures and health at work from the risk of exposure to chemical agents * ("Official Gazette of Montenegro", No. 40/18);*
- *Rulebook amending the Rulebook on protective measures and health at work against the risk of exposure to carcinogenic or mutagenic substances *, ("Official Gazette of Montenegro", No. 43/18);*
- *Rulebook on requirements, curriculum and the manner of taking the professional examination for carrying out the duties of coordinator for protection and health at work in the phase of project development and coordinator in the phase of execution of works ("Official Gazette of Montenegro", No. 67/18);*
- *Rulebook on protective measures at work on temporary or mobile construction sites ("Official Gazette of Montenegro", No. 20/19);*
- *Rulebook amending the Rulebook on measures for protection and health at work from the risk of exposure to carcinogenic or mutagenic substances * ("Official Gazette of Montenegro", No. 20/19);*
- *Rulebook on the plan of protective measures and health at work * ("Official Gazette of Montenegro", No. 38/19);*
- *Rulebook on protective measures and health at workplace and working environment * ("Official Gazette of Montenegro", No. 104/20);*
- *Rulebook on the protective measures against the risk of exposure to explosive atmospheres * ("Official Gazette of Montenegro", No. 27/17);*
- *Rulebook on the protective measures at work from the risk of exposure to biological substances * ("Official Gazette of Montenegro", No. 62/17);*
- *Rulebook amending the Rulebook on the protective measures and health at work from the risk of exposure to chemical agents * ("Official Gazette of Montenegro", No. 40/18);*
- *Rulebook amending the Rulebook on protection of safety and health at work against the risk of exposure to carcinogenic or mutagenic substances*, ("Official Gazette of Montenegro", No. 43/18);*
- *Rulebook on requirements, curriculum and the manner of taking the professional examination for carrying out the duties of coordinator for protection and health at work in the phase of*

project development and coordinator in the phase of execution of works ("Official Gazette of Montenegro", No. 67/18);

- *Rulebook on protective measures at work on temporary or mobile construction sites ("Official Gazette of Montenegro", No. 20/19);*
- *Rulebook amending the Rulebook on protection of safety and health at work from the risk of exposure to carcinogenic or mutagenic substances * ("Official Gazette of Montenegro", No. 20/19);*
- *Rulebook on the plan of protective measures and health at work * ("Official Gazette of Montenegro", No. 38/19);*
- *Rulebook on the protective measures and health at work in the workplace and working environment * ("Official Gazette of Montenegro", No. 104/20).*

The previous Report did not provide information on the duty of signatory states to carry out activities in terms of research, knowledge and communication related to psychosocial risks. Accordingly, the Committee reiterated its request.

ANSWER:

In April 2007, Montenegro established cooperation with the European Agency for Safety and Health at Work and appointed its coordinator (Focal Point - contact person) in that organization. In the light of the above, the European Agency for Safety and Health at Work has implemented, and its planning to continue financing: translation of materials into the Montenegrin language, development of a web site with information from the Agency on health and safety at work and a link to the European Agency for Safety and Health at Work, translation and printing of leaflets to be distributed to employees, pupils and students, conferences-seminars as well as the conferences of so-called European Sunday. The title of the campaign for 2014 and 2015 was Healthy Workplaces, Stress Management, and the ongoing campaign is titled Healthy Workplaces for All Ages.

The safety and health at work management system is only a tool that helps the employer to recognize, monitor and gradually improve its aspects. The same caveat applies to its use as to all other tools: good results will only be achieved if the tool is properly applied and reasonably adapted to the company's needs.

The success of health and safety at work management system is contingent upon the engagement of all levels and functions in the company, especially the management, and then employees and unions. The system must, inter alia, be grounded upon an appropriate health and safety at work policy with the employer; identified health risks and relevant legislation; objectives and programs to ensure continuous improvement of safety and health at work; check and control of the system of safety and health at work; reporting, evaluating and improving the system.

Supervision over the implementation of the Law, application of regulations adopted thereunder, technical and other measures related to health and safety at work is carried out by the Labor Inspectorate, through labor inspectors for safety and health at work, if the law does not stipulate that other authorities are also in charge of supervision over the implementation of these regulations for certain activities. In carrying out the inspection supervision, the labor inspector in the area of safety and health at work, in addition to the obligations and authorizations determined by the law, is obliged and authorized to inspect serious, collective and fatal injuries at work.

Labor inspections deal with several issues in the field of work: working conditions, wages, labor relations and employment, and safety and health at work. An efficient inspection system is pivotal for promoting and monitoring compliance with legislation. Enforcement and sanctioning are necessary components of any labor inspection system but should be adequately combined with prevention policies, aimed at helping the employers and employees in avoiding or eliminating the risk of occupational injuries, occupational and work-related diseases. In practical terms, the preventive role of inspection services refers to the increased emphasis on proactive activities, such as conducting planned inspection visits for the purpose of assessing plans for new facilities, facilities or processes and providing information and advice, including awareness-raising campaigns.

Labor inspectors face challenges in promoting safety and health at work, as well as ensuring its compliance in workplaces that are difficult to identify (e.g. agriculture and small construction sites) or where it is difficult to identify employment relationship. The increasing specialization of traditional processes, together with the frequent use of new technologies (e.g. robotics, microelectronics, high-tech navigation systems and nanotechnology) and alterations of the work organization and working conditions represent new and emerging risks in the workplace. Some of them are new risks caused by new threats, some already existed but were not recognized as risks, others were increased during the economic crisis such as the effects of psychosocial risk and stress in the workplace. All of this poses a challenge to inspectors who are required to have up-to-date knowledge of new and emerging risks as well as measures for mitigating them, to provide appropriate guidance to both employers and employees, although voluntary standards and self-control mechanisms are useful, strong regulatory and legislative systems, including competent and well-equipped labor inspectors, are still needed to ensure the safety and health of employees.

The Committee requests information on how employers, especially small and medium-sized enterprises, carry out their responsibilities with regard to the initial assessment of workplace-specific risks and the adoption of targeted preventive measures in practice. The Committee requests that the following report indicate how the Government ensures that occupational health and safety laws and regulations are adopted and maintained in force on the basis of an assessment of occupational risks.

ANSWER:

The Directorate for Safety and Health at Work has, through legal entities authorized to perform certain occupational health and safety activities, specifically the authority to draft assessment acts, according to annual reports on the number of adopted risk assessment acts, and the number of employees covered, obtained the data that this percentage is increasing by around 4% on a yearly basis. The reason for increase is also contributed by the fact that, in 2018/19, the Ministry of Labor and Social Welfare conducted a public competition for safety and health at work for all actors in the work process with an emphasis on promoting safety and health at work in small and medium-sized enterprises for allocating funds for financing projects of non-governmental organizations in the field of safety and health at work. The Government of Montenegro has allocated funds in the amount of EUR 120, 00. The emphasis of the competition was on the promotion of safety and health at work in small and medium-sized enterprises.

The Committee noted that there are measures to prevent risks at the enterprise level. However, there was no data on the Labor Inspectorate. The Committee emphasizes that it is the duty of inspectors to transfer knowledge about the risks and risk prevention they have acquired during their inspections and investigations carried out as part of their preventive activities (e.g. information, education). The Committee reiterates its request and considers that if the requested information is not provided in the next report, there will be no information to establish that the situation in Montenegro is in accordance with article 3, paragraph 1, of the Charter in this regard.

ANSWER:

The Department for Labor Inspection is within the Directorate for Inspection Affairs of Montenegro and it regularly informs the public about the activities of individual inspections, including the Labor Inspectorate. The 2019 Annual Report can be found at the following link:

<https://uip.gov.me/biblioteka/dokument>

Former Ministry of Labor and Social Welfare of Montenegro, the Directorate for Inspection Affairs of Montenegro and the Occupational Safety Association of Montenegro have organized numerous conferences, seminars, workshops, and trainings in which the representatives of the Labor Inspectorate were also the trainers/lecturers who have transferred knowledge about the risks and prevention of risks acquired during their inspections and investigations conducted as part of their preventive activities.

|

Information can be found on the following links:

<https://mrs.gov.me/informacije/zastitanaradu>

<http://www.uznr.me/index.php/novosti>

<https://project-balcanosh.net/>

The Committee requested that the next report includes updated information, supported by concrete examples of research work (sectoral risk analysis, defined standards, recommendations made, publications) and training (certification schemes, training of qualified professionals, training curriculum) undertaken during the reference period.

ANSWER:

In 2018, the Ministry of Labor and Social Welfare proposed to the Government of Montenegro a Sector Analysis to determine proposals for priority areas of public interest and the necessary funds for financing projects and programs of non-governmental organizations from the state budget in 2018, for safety and health at work. The analysis identified priority problems, an overview of the situation at the national level, key strategic planning documents, the manner of achieving strategic objectives, as well as consultations with interested organizations and capacities for the implementation of the competition.

During the reference period, employees of the Directorate for Safety and Health at Work underwent a series of trainings, organized conferences and round tables in order to improve knowledge and skills, but also to raise overall awareness of the importance of health and safety at work.

Below is a link for the activities of the Directorate for Safety and Health at Work:

<https://mrs.gov.me/informacije/zastitanaradu>

The Committee requested that the next report include concrete examples of the participation of employers 'and workers' organizations in tailoring occupational safety and health policy.

ANSWER:

In the current practice, the Ministry of Labor and Social Welfare, in drafting laws and subordinate legislations adopted on its basis, included in its work representatives of representative associations of employers and representative organizations of employees, as equal members of working groups for drafting these legal acts. Below we have submitted the links of the published public invitations for the participation of the mentioned groups in the working groups that were posted on the website of the Ministry and the e-government portal.

<https://mrs.gov.me/informacije/zastitanaradu> ; <https://www.euprava.me/>

Furthermore, representatives of representative associations of employers and representative organizations of employees were members of the working group for the development of the Strategy for improving safety and health at work in Montenegro 2016-2020.

In addition to the above, before the Government adopts the Law on Safety and Health at Work, the Draft Law must be submitted to the Social Council of Montenegro for an opinion. Having in mind that the Social Council is composed of the representatives of the Government of Montenegro, the Union of Employers of Montenegro, the Federation of Trade Unions of Montenegro and the Union of Free Trade Unions of Montenegro, the Council is a concrete example of tripartite social dialogue. Social Council reached a required census and issued a positive opinion to the Draft Law.

2. To issue safety and health regulations;

Please provide detailed information on regulatory measures taken to improve safety and health at work in relation to known, emerging or new situations (including stress and harassment at work; use of work-related agents and employers accountability; strict restriction and regulation of electronic monitoring of workers; mandatory digital refraining from the work environment during the rest period - also called “digital detox”; health and safety in the digital and platform economy, etc.) and the regulatory measures adopted in a response to a newly recognized forms of occupational injuries or diseases (such as self-harm or suicide at work, burnout, alcohol or other substance use disorders, post-traumatic stress disorder (PTSD), injuries and disabilities in the sports industry, including cases where such injuries and disabilities can take years or even decades to become apparent, for example in cases that are difficult to detect and brain damage, etc.).

ANSWER:

The provision of Article 19, paragraph 1, item 5 of the Labor Law (“Official Gazette of Montenegro”, No. 74/19) stipulates that the employer shall be obliged to provide safety and health measures at work by preventing, eliminating and controlling risks at workplace.

Pursuant to the Law on Safty and Health at Work, the employer is obliged to isseua and have an act on risk assessment, assess risks for all workplaces, determine the manner and measures for eliminating risks and ensure their implementation.

The risk assessment act is an act that includes a description of the work process with the assessment of (evaluation) of the risk of injuries at work, occupational or work-related diseases that identifies measures of safety and health at work for the purpose of improving safety and health at work.

In the act on risk assessment, the employer determines workplaces at increased risk, or special working conditions, the health requirements for specific work to be met by employees in the work process, or for the use of certain work equipment based on the expert assessment of the authorized institution.

This act stipulates:

- *Identification, i.e. detection of danger;*

- *Jobs exposed to the identified danger;*
- *The probability of injury at work, occupational or work-related disease;*
- *Whether the risk is acceptable;*
- *The introduction of measures to reduce unacceptable risks.*

The employer is required to amend the risk assessment act in the event:

- *of appearance of any new risk and changes in the level of risk in the work process;*
- *the existing measures of protection are not sufficient or are inappropriate;*
- *of adaptation, reconstruction, disaster, overhaul;*
- *of serious, collective and fatal injuries at work;*
- *the risk assessment is based on data that do not correspond to the actual situation;*
- *of changes in activity.*

The employer must inform the employees with the risk assessment act and make it available to the employees.

As far as the legislation governing the alcohol area of Montenegro is concerned, the National Strategy for the Prevention of Harmful Alcohol Use and Alcohol-Induced Disorders of Montenegro defines the general objective of reducing the harmful effects of alcohol on individuals and society as a whole. Furthermore, recently the current and new laws defining alcohol policy have been improved in Montenegro. Alcohol is directly or indirectly regulated by the following regulations: Law on Health Insurance ("Official Gazette of Montenegro", No. 29/05); Law on Amendments to the Law on Health Insurance ("Official Gazette of Montenegro", No. 14/12); Law on Alcoholic Beverages ("Official Gazette of Montenegro", No. 83/09); Law on Wine ("Official Gazette of Montenegro", No. 36/07); Law on Electronic Media ("Official Gazette of Montenegro", No. 53/11); Criminal Code of Montenegro ("Official Gazette of Montenegro", No. 25/10); Law on Amendments to the Law on Execution of Criminal Sanctions ("Official Gazette of Montenegro", No. 32/11); Law on Traffic Safety on Roads ("Official Gazette of Montenegro", No. 33/12); Law on Protection from Domestic Violence ("Official Gazette of Montenegro", No. 46/10); Law on Public Order and Peace ("Official Gazette of Montenegro", No. 64/11).

The main problems in the treatment of alcohol dependence are that patients request for help only in the advanced addictive phase, with already very pronounced psychological, somatic and social impairments. In the pre-toxicomaniac phase, most are without insight into their disease, so they do not seek treatment. Alcohol addicts are insufficiently detected and diagnosed at the level of primary health care, so they come to the hospital for treatment only in the late phase of the disease, which significantly complicates the treatment process.

As for the new psychoactive substances during the epidemic, no increased supply, sale, and general presence of these substances on the illegal drug market in Montenegro was observed.

Despite the coronavirus pandemic, the EMCDDA notified European countries in 2020 of more than 20 new psychoactive substances, none of which were detected in Montenegro. Montenegro is a member of Reitox's Early Warning System for early detection of new substances that have great potential for abuse, especially in small countries like ours. By strengthening cooperation with neighboring countries in order to more quickly detect possible impending threats, we prevent or delay the presence of these substances in Montenegro. Updating the substances checklist limits their abuse, increases border controls and educates police, healthcare, NGOs about the potentials, uses, and effects of these drugs.

If the previous conclusion confirmed that the national law has not been harmonized with the provision of the Charter, please explain whether and how the problem has been eliminated. If the previous conclusion confirmed its postponing, please answer the questions.

ANSWER:

The Committee concluded that the situation in Montenegro is not in accordance with Article 3 paragraph 2 of the Charter, based on the fact that:

- it has not been established that the levels of prevention and protection prescribed by legislation and regulations related to the establishment, change and maintenance of workplaces are in line with the level set by international reference standards;*
- the levels of protection against asbestos and ionizing radiation have not been found to be adequate;*
- Employees working from home are not protected by health and safety at work regulations.*

The Committee needs additional information on the content of the legislation, in particular on the risks covered by the Law on Safety and Health at Work. The Committee requested explanation for the special occupational risk protection system established by the Law on Safety and Health at Work.

ANSWER:

Law on Safety and Health at Work, through the meaning of terms, defined the risks, being as follows: risk is the probability of danger causing injury at work, occupational or work-related disease; as well as that the risk assessment is the systematic recording and evaluation of all the factors in the process of work, according to the nature of activities of the company, i.e. entrepreneur, with the aim to identify the possible causes of injury, occupational or work-related disease and to identify opportunities and ways to prevent, eliminate or reduce the risk..

1. *Mechanical, related to the use of work equipment:*
 - *defective or insufficient protection of rotating and moving parts, which are involved in the working process of crushing, cutting, piercing, impact and traction;*
 - *free movement of parts or materials that can cause injury to employees (falling, rolling, sliding, overturning, scattering, movement, scattering, etc.);*
 - *launching parts of the work equipment;*
 - *internal transport and movement of working machines or vehicles;*
 - *use of hazardous work equipment that can produce explosions and fire;*
 - *other factors that may appear as mechanical sources of danger;*

2. *Appearing in reference to the workplace features:*
 - *dangerous surfaces and sharp edges, corners, peaks, uneven surfaces, protruding parts ...);*
 - *work at height or in depth;*
 - *work in a confined, limited or dangerous space (e.g. if someone has to work between two fixed parts, which are too close to each other);*
 - *possibility of tripping, slipping and falling (e.g. wet or otherwise slippery surfaces);*
 - *physical instability of the workplace;*
 - *possible consequences or obstacles due to the use of personal protective equipment at work;*
 - *methods and techniques of work;*
 - *entry and work indoors;*
 - *and other hazards that may arise.*

3. *Related to the use of electricity:*
 - *danger of direct contact of live parts (transformer stations, HV plants, compensation devices, electrical cabinets, electrical installations, etc.);*
 - *danger of indirect contact (working equipment on electric drive);*
 - *danger of harmful influence of electrostatic charge;*
 - *hazards due to lightning strikes and atmospheric discharges;*
 - *danger of thermal action, and*
 - *other hazards.*

4. *Related to hazardous substances:*
 - *Inhalation of hazardous substances, i.e. their penetration into the body through the skin;*
 - *use of flammable and explosive substances;*
 - *lack of oxygen (suffocation);*
 - *presence of corrosive substances;*
 - *reactive/unstable substances;*
 - *presence of sensitizers (hypersensitivity to a certain substance);*

- *fire or explosion and*
- *other hazards.*

5. *Related to physical hazards:*

- *exposure to ionizing and non-ionizing radiation;*
- *exposure to laser radiation;*
- *exposure to noise, ultrasound;*
- *exposure to mechanical vibrations;*
- *exposure to substances with high temperature;*
- *exposure to substances with low temperature;*
- *presence of matter under pressure (air, steam, liquid, gas) and*
- *other hazards.*

6. *Related to biological hazards:*

- *presence of allergens;*
- *infections when manipulating biological factors;*
- *exposure to microorganisms and*
- *other hazards.*

3. *Related to microclimatic conditions:*

- *inadequate lighting;*
- *unfavorable temperature;*
- *humidity;*
- *air flow rate and*
- *other hazards.*

4. *Related to the attitude of employees towards the workplace:*

- *application of work standards;*
- *dependence on instructions, when conditions change;*
- *unexpected work procedures;*
- *adjustment of means and equipment of personal protection at work;*
- *motivation for safe work;*
- *ergonomic factors (adaptation of the workplace to the employee) and*
- *Other.*

5. *Related to psychological conditions:*

- *work characteristics (intensity, monotony);*
- *spatial coverage of the workplace (claustrophobia, loneliness);*
- *non-physiological position of the body (prolonged standing, sitting, squatting, kneeling, etc.);*
- *exertion or physical exertion (manual carrying of loads, pushing or pulling loads, various long-term increased physical activities, etc.);*

- *conflict relations;*
- *participation in decision-making;*
- *high demands, poor supervision during work;*
- *manner of reacting in case of dangerous and unforeseen situations and*
- *other.*

6. Related to the organization of work:

- *factors affected by the work process (e.g. repetition, shift work, overtime, emergency preparedness, night work);*
- *efficiency of the system and proper preparation for organizing, planning, monitoring and controlling occupational safety procedures;*
- *maintenance of work equipment, means and personal protection work equipment;*
- *emergency preparedness and response;*
- *other.*

7. Other factors:

- *-risks caused by other persons (e.g. violence against sales staff, violence against counter workers, the work of auditors, inspectors, police officers);*
- *work with animals;*
- *work in an atmosphere with low or high pressure;*
- *unfavorable weather conditions;*
- *completeness of the software;*
- *underground work, work at height and depth;*
- *work near water or below the water surface;*
- *variable workplaces.*

The Committee noted that the current regulations cover only a small part of the risks identified in Conclusions XIV-2 and do not provide protection against significant risks such as heavy loads, asbestos, air pollution, noise and vibration, and chemical, physical and biological agents or exposed sectors such as is port work and agriculture.

ANSWER:

Safety and health at work measures are planned and provided in all work processes at the employer, in order to prevent or reduce risks to life and health of employees, which is prescribed by the Law on Safety and Health at Work. These measures are prescribed in more details in subordinate legislation governing the safety and health at work area and other regulations. In the light of the above, the Ministry of Labor and Social Welfare has adopted the following Rulebooks in the past period:

- *Rulebook on protection measures during manual handling of loads (“Official Gazette of Montenegro”, No. 029/15), setting forth protective measures that the employer should provide during manual handling of loads when there is a risk of injury to the back of the*

employee's body, transposing Council Directive 90/269/EEC on the minimum safety and health requirements for the manual handling of loads.

- Rulebook on protective measures at workplace from the risk of exposure to asbestos * (*"Official Gazette of Montenegro"*, No. 14/17), prescribing the minimum requirements that the employer must meet in providing safety and health measures at work, including limit values, in order to eliminate or reduce the risk of injuries at work, occupational or work-related diseases arising from the exposure of an employee to asbestos, transposing the Directive 2009/148/EC on the protection of workers from the risks related to exposure to asbestos at work.
- Rulebook on protection of safety and health at workplace from the risk of exposure to noise ⁵ (*"Official Gazette of Montenegro"*, No. 37/16), setting forth protective measures of safety and health at work that the employer must provide in order to eliminate or reduce the risk of occurrence of injuries at work, occupational or work-related diseases during employee exposure to noise, transposing Directive 2003/10/EC of the European Parliament and of the Council on minimum health and safety requirements regarding the exposure of workers to the risks arising from exposure to physical agents (noise).
- Rulebook on protection of safety and health at work of employees from the risk of exposure to vibration ⁶ (*"Official Gazette of Montenegro"*, No. 24/16), setting forth measures of safety and health at work that the employer should provide to eliminate or reduce the risk from the occurrence of injuries at work, occupational or work-related diseases that occur during work during exposure of an employee to mechanical vibration, which transposed Directive 2002/44 / EC of the European Parliament and of the Council on minimum requirements for the protection and health of workers from exposure physical agents (vibrations).
- Rulebook on safety and health measures at work from the risk of exposure to chemical hazards (*"Official Gazette of Montenegro"*, No. 40/2018), setting forth the minimum requirements to be met by the employer in providing safety and health measures at work, including limit values, in order to eliminate or reducing the risk of injuries at work, occupational or work-related diseases arising from occupational exposure to chemicals, transposing Council Directive 1998/24/EC, Commission Directive 91/322/EEC, Council Directive 80/1107 / EEC, Commission Directive 2000/39/EC on the application of Council Directive 98/24/EC, Commission Directive 2006/15/EC on the application of Council Directive 98/24/EC and amending Directive 91/322/EEC and Directive 2000/39/EC, Commission Directive 2009/161/EC concerning the application of Council Directive 98/24/EC and amending Directive 2000/39/EC.
- Rulebook on protective measures at workplace against the risk of exposure to biological agents (*"Official Gazette of Montenegro"*, No. 62/17), setting forth the minimum requirements that the employer must meet in providing safety and health measures at

⁵ The Rulebook has been aligned with the EU Acquis.

⁶ The Rulebook has been aligned with the EU Acquis

workplace, in order to eliminate or reduce the risk of the occurrence of injuries at work, occupational or work-related diseases that are or could occur during work during the employee's exposure to biological agents, transposing the Directive 2000/54/EC of the European Parliament and of the Council on the protection of workers from the risks related to exposure to biological agents at work.

The Committee noted that the previous report did not include the information on the installation, modification and maintenance of the workplaces.

ANSWER:

Pursuant to Article 17 of the Law on safety and Health at Work, the employer must amend the risk assessment act in the event:

- of appearance of any new risk and changes in the level of risk in the work process;*
- the existing measures of protection are not sufficient or are inappropriate;*
- of adaptation, reconstruction, disaster, overhaul;*
- of serious, collective and fatal injuries at work;*
- the risk assessment is based on data that do not correspond to the actual situation;*
- of changes in activity.*

The employer must inform the employees with the risk assessment act and make it available to employees.

The Committee requested information on legislative or regulatory measures establishing levels of prevention and protection against occupational hazards, in particular relating to the establishment, change and maintenance of workplaces. The Committee also requested more detailed information on the implementation of preventive measures tailored to the nature of the risk, the provision of information and training for workers, as well as compliance planning.

ANSWER:

The employer is obliged to provide measures of safety and health at work in accordance with Article 18 of the Law on Safety and Health at Work by organizing work and the work process.

The employer is obliged to ensure protective measures in compliance with this law through work organization and work process.

The employer shall take appropriate steps to ensure that only employees who are trained for safe operation and who have received adequate instructions for work at such a place, may have access to workplace in a work area threatened by a risk of serious and/or specific danger of injury or damage to health, and who are equipped with the right tools and personal safety equipment.

The employer is obliged to warn any person who finds himself for any reason at the workstation, employer's ground or within the site, about places of danger or health hazards occurring in the production process, the protective measures that must be applied and instruct him on the safe range areas.

The employer is obliged to put labels and warnings in the official language and languages in official use and signs of safety and health at work at workstations and on the work equipment in accordance with the act of the state authority in charge of labor.

The Committee requested that the next report provide information on specific provisions relating to the protection against the risk of benzene exposure.

ANSWER:

Protection against the risk of benzene exposure is regulated by the Law on Safety and Health at Work ("Official Gazette of Montenegro", Nos. 34/14, 44/18) and the Rulebook on safety and health measures against the risk of exposure to chemical agents ("Official Gazette of Montenegro", Nos. 81/16, 30/17, 40/18) was adopted thereunder. The Rulebook sets forth the minimum requirements that the employer must meet in providing safety and health measures at work, including limit values, aimed at eliminating or reducing the risk from the occurrence of injuries at work, occupational diseases and work-related diseases when the employee is exposed to chemical substances. Occupational exposure limits for benzene are set at 3.25 mg/m³.

Furthermore, the Law on Air Protection ("Official Gazette of Montenegro", No. 25/10) and subordinate legislation adopted thereunder, prescribe the target value of benzene content in the air. The Law on Air Protection defines that the air is outside air in the troposphere, except for air at the workplace and where the public does not have regular access, the quality of which is regulated by the law, which regulates the protection of safety and health at work.

The Committee requested answer whether the workers were protected to a level at least equivalent to that laid down in Council Directive 83/477/EEC of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work, such as amended by Directive 2003/18 /EC of the European Parliament and of the Council of 27 March 2003, and the ILO Convention No. 162 on asbestos (1986), and whether the use of asbestos in the workplace in its most harmful forms (amphiboles) is prohibited. The previous report did not contain information on levels of asbestos-related prevention and protection.

ANSWER:

*In 2017, the Ministry of Labor and Social Welfare adopted the Rulebook on protective measures at work against the risk related to exposure to asbestos * ("Official Gazette of Montenegro", No. 14/17) setting forth the minimum requirements that the employer must meet in providing safety and health at work measures, including limit values, to eliminate or reduce the risk of injuries at work,*

occupational and work-related diseases that occur during work during exposure of an employee to asbestos, transposing the Directive 2009/148/EC of the European Parliament and of the Council on the protection of workers from the risks related to exposure to asbestos at work.

The provisions of the Rulebook apply to workplaces where employees are exposed or may be exposed to dust originating from asbestos or asbestos-containing material, while the limit value for asbestos exposure is set at 0.1 asbestos fiber in 1 cm³ of air during the eight-hour working hours. Asbestos fiber is a fiber with a length greater than 5 µm, a width less than 3 µm and a length/width ratio greater than 3: 1.

Furthermore, it is not allowed to perform work in which asbestos or asbestos-containing materials are applied by spraying and the use of insulation materials with a density of less than 1 g/cm³ that contain asbestos. It is not allowed to perform asbestos exploitation, production and processing of asbestos products or production and processing of products to which asbestos has been intentionally added, in which employees are exposed to asbestos, except for operations performed to remove asbestos or asbestos-containing materials.

The Committee requests that the next report contain information on legislation and regulations on the level of asbestos prevention and protection and on the application of this legislation and regulations in practice. The Committee also requests concrete information on exposure limit values, prohibitions on the production and sale of asbestos and products containing it, as well as concrete measures to be taken to list all buildings and materials contaminated with asbestos.

ANSWER:

*Rulebook on protective measures at work against the risk related to exposure to asbestos * (“Official Gazette of Montenegro”, No. 14/17) sets forth the limit value of asbestos exposure at 0.1 asbestos fiber in 1 cm³ of air during eight-hour working hours. Asbestos fiber referred to in paragraph 1 of this Article shall be a fiber with a length greater than 5 µm, a width less than 3 µm and a length/width ratio greater than 3: 1.*

*The **Law on the Environment** (“Official Gazette of Montenegro”, No. 52/16) adopted in 2016, prohibits the placing on the market and use of all types of asbestos fibers.*

*Furthermore, the **Law on Waste Management** (“Official Gazette of Montenegro”, Nos. 64/11, 39/16) defines waste containing asbestos as a special type of waste. The Law prohibits the processing of cement asbestos construction waste. Moreover, the Law defines that containing asbestos is collected, packaged, stored and disposed of separately in a landfill for the disposal of non-hazardous waste, in a place intended for the disposal of asbestos-containing waste. On the basis of this Law, the following subordinate legislation was adopted:*

- ***Rulebook on the manner of packaging and disposal of asbestos-containing waste*** (“Official Gazette of Montenegro”, No. 11/13) which prescribes the manner and conditions for packaging and disposal of asbestos-containing waste, and

Rulebook on construction waste management, manner and procedure of construction waste processing, conditions and manner of disposal of cement asbestos construction waste (“Official Gazette of Montenegro”, No. 50/12) regulating the construction waste management, manner and procedure of construction waste processing, conditions and manner of disposal of cement asbestos construction waste and conditions to be met by the construction waste processing plant.

No facilities were built in the construction of which asbestos was used. In the previous period, a large number of projects related to the improvement of energy efficiency in public buildings (health facilities, educational and social institutions and administrative facilities) were implemented. In order to introduce energy efficiency measures, a large number of public buildings were renovated and on that occasion, in case of asbestos materials were found, they were removed and managed in an adequate and legally prescribed manner.

The Committee requests that the next report provide more comprehensive information on legislation and regulations on the level of prevention and protection against ionizing radiation and the application of this legislation and regulations in practice. The Committee also asks whether workers are protected to a level at least equivalent to that set out in the Recommendations of the International Commission on Radiation Protection (ICRP Publication No. 103, 2007).

ANSWER:

The Ministry of Ecology, Spatial Planning and Urbanism, the Agency for Nature and Environment Protection and the Directorate for Inspection Affairs are in charge of occupational safety in the field of ionizing radiation protection.

Protection against ionizing radiation and radiation safety in Montenegro is regulated by the Law on Ionizing Radiation Protection and Radiation Safety (“Official Gazette of Montenegro”, Nos. 56/09, 58/09, 40/11, 55/16) and seventeen subordinate legislations adopted thereunder, the Strategy for Ionizing Radiation Protection, Radiation Safety and Radioactive Waste Management for the period 2017-2021, with the Action Plan for the period 2017-2021, as well as the Radon Protection Program with the Action Plan for the period 2019-2023. In addition to the aforementioned, this area is regulated by 26 international legal instruments, of which Montenegro is a signatory party.

The aforementioned regulations govern the protection of occupationally exposed persons and the population from the harmful effects of ionizing radiation, primarily through: prescribed exposure limits, prescribed partial (limited) exposure limits, measurements to assess exposure to ionizing radiation, the obligation to use protective equipment and personal protective equipment in the workplace the obligation to conduct health examinations of occupationally exposed persons, the existence of persons responsible for protection against ionizing radiation, etc. When submitting applications for obtaining appropriate licenses in the field of ionizing radiation protection, applicants are obliged to meet the requirements regarding occupational safety in the field of ionizing radiation,

which they prove in the administrative procedure by submitting the appropriate prescribed documentation.

In the light of the above, we are emphasizing that employees in the field of ionizing radiation protection in Montenegro are protected.

With regard of consideration of the problem of transport and trade of radioactive materials, protection against ionizing radiation is also governed by: the Law on Environment (“Official Gazette of Montenegro”, No. 52/16), Law on Transport of Dangerous Materials (“Official Gazette of Montenegro”, Nos. 33/14, 33/18), Criminal Code of Montenegro (“Official Gazette of the Republic of Montenegro”, Nos. 70/03, 13/04, 47/06, and the “Official Gazette of Montenegro”, Nos. 40/08, 25/10, 73/10, 32/11, 64/11, 40/13, 56/13, 14/15, 42/15, 58/15, 44/17, 49/18), the Law on International Legal Assistance in Criminal Matters (“Official Gazette of Montenegro”, Nos. 4/08, 36/13), Law on Inspection Supervision (“Official Gazette of the Republic of Montenegro”, No. 39/03, and the “Official Gazette of Montenegro”, Nos. 76/09, 57/11, 18/14, 11/15, 52/16), Law on Foreign Trade (“Official Gazette of the Republic of Montenegro”, Nos. 28/04, 37/07, and the “Official Gazette of Montenegro”, Nos. 73/10, 1/14, 14/14, 57/14), the Law on Export Control of Dual-Use Goods (“Official Gazette of Montenegro”, No. 30/12), the Law on Foreign Trade in Weapons and Military Equipment (“Official Gazette list of Montenegro”, No. 40/16) and Decision on the checklist for export and import of goods (“Official Gazette of Montenegro”, Nos. 22/14, 38/15, 29/16). In the field of protection against ionizing radiation, it is important to point out the Law on Food Safety (“Official Gazette of Montenegro”, No. 57/15) with accompanying subordinate legislations, is prescribing conditions for food and feed safety, obligations and responsibility of business entities. food and feed, including traditional products, as well as other issues of importance for food and feed safety, in order to protect human life and health, the environment, consumers and the efficient functioning of the market.

In the field of emergencies, adopted were the Law on Protection and Rescue (“Official Gazette of Montenegro”, Nos. 13/07, 05/08, 86/09 32/11, 54/16) and the Strategy for Disaster Risk Reduction with the Dynamic Plan for the implantation of the Strategy for the period 2018-2023.

*Having in mind the fact that as of 2009 when the current Law on Ionizing Radiation Protection and Radiation Safety was adopted, the *acquis communautaire* governing the ionizing radiation protection and radiation safety has significantly changed, as well as ratified international legal instruments at the international level, standards and guidelines of the International Atomic Energy Agency and the International Commission for Ionizing Radiation Protection, it was necessary to initiate the development of the Law on Ionizing Radiation Protection, Radiation and Nuclear Safety and Security, in order to improve the protection of human health and the environment in this area. Prior to the development and adoption, conducted was a detailed analysis of the current Law and subordinate legislation adopted thereunder. The analysis showed that the adoption of subordinate legislation would not significantly improve the system, as there are significant limitations due to the*

impossibility of transposing the acquis that has been applied to the great extent and the need to change and upgrade the system in this area, with a completely new approach. Therefore, the conclusion of the analysis was to initiate the development of a completely new law with a set of subordinate legislation that will enable its full implementation, which will, based on experience and implementation so far, significantly improve the protection of human health and the environment from the harmful effects of ionizing radiation for peaceful purposes and thus facilitate the implementation of this law by end users. In addition, it is necessary to harmonize such a framework with the acquis communautaire, international standards and guidelines, as well as the obligations that Montenegro has taken over from international legal instruments. The process of drafting the Law lasted for two years, during which an intensive public discussion was conducted, the results of which have been presented in the Report on public discussion, which is publicly available.

The Draft Law regulates the protection of human life and health and the environment from the harmful effects of ionizing radiation, import, export and transit of ionizing radiation sources and nuclear materials, transport of radioactive sources and nuclear materials, radioactive waste management, and other issues of importance for radiation and nuclear safety and security. The Draft Law includes XIX legal postulates that clearly show the rights and obligations of both implementers and legal entities and physical persons to whom this area applies, all in order to protect life and health of persons and the environment from the harmful effects of ionizing radiation in their inadequate application.

In 2018 when the Law was drafted, the European Commission provided the support and has checked whether the Draft Law was in compliance with the acquis communautaire in the field of ionizing radiation protection, being the main activity within the regional project supported through the European Commission IPA multi-beneficiary instrument and the Project "Further strengthening of the nuclear regulatory bodies of Albania, Northern Macedonia, Bosnia and Herzegovina, Serbia, Kosovo (as defined by UNSCR 1244/1999) and Montenegro."

The Draft Law shall improve: the application of a graded approach in authorization procedures for the first time; protection at work from ionizing radiation; consideration of the justification of activities and/or activities in the application of ionizing radiation; demonstrating compliance with the safety and security requirements for possession of ionizing radiation sources before use; a system for issuing authorizations which are limited in time and which will therefore not cause unnecessary pressure on inspection activities; authorization system (professional training, decommissioning, disposal, possession of ionizing radiation sources, etc.); laying out the misdemeanor provisions; legal basis for drafting subordinate legislation; system of adequate prohibitions; safety aspect of ionizing radiation application; medical exposure, especially in terms of controlling the exposure of patients, careers and helpers; performing activities and/or activities where radioactive material with increased content of natural radionuclides (NORM) may appear; protection against radioactive radon gas; regulation, for the first time, authorization of export and transit of radioactive waste and transit of spent fuel, which must be allowed; regulation, for the first time, authorization of import,

export, transit, transport and use of nuclear materials; application of protective measures from ratified international legal instruments related to nuclear materials, etc.

The Draft Law on protection against ionizing radiation, radiation and nuclear safety and security was determined at the session of the Government of Montenegro held on 16 January 2020, and subsequently submitted to the Parliament of Montenegro. The Draft Law was adopted by the Committee on Tourism, Agriculture, Ecology and Spatial Planning and was not put on the agenda of the Committee for Legislation due to the announced parliamentary elections in Montenegro, which is the reason why the Draft Law was put aside, provided however that that it will be reconsidered by the Government of Montenegro and the new convocation of the Parliament of Montenegro.

The total of 11 EU Council Directives, one Decision and one EU Council Regulation were transposed into the Draft Law on Ionizing Radiation Protection, Radiation and Nuclear Safety and Security, being as follows:

- 1) Council Directive 2013/59/EURATOM of 5 December 2013 laying down basic safety standards for protection against the dangers arising from exposure to ionizing radiation, and repealing Directive (89/618/EURATOM, 90/641/EURATOM, 96/29/EURATOM, 97/43/EURATOM and 2003/122/EURATOM);*
- 2) Council Directive 2013/51/EURATOM of 22 October 2013 laying down requirements for the protection of the health of the general public with regard to radioactive substances in water intended for human consumption;*
- 3) Council Directive 2011/70/EURATOM of 19 July establishing a Community framework for the ANSWER and safe management of spent fuel and radioactive waste;*
- 4) Council Directive 2009/71 / EURATOM of 25 June 2009 establishing a Community framework for the nuclear safety of nuclear installations;*
- 5) Council Directive 2014/87/EURATOM of 8 July 2014 amending Directive 2009/71 / EURATOM establishing a Community framework for the nuclear safety of nuclear installations;*
- 6) Council Directive 2006/117/EURATOM of 20 November 2006 on the supervision and control of shipments of radioactive waste and spent fuel;*
- 7) Commission Regulation (EURATOM) 2005/302 of 8 February 2005 on the application of EURATOM safeguards (safety oversight);*
- 8) Commission Decision of 2008/312 of 5 March 2008 establishing the standard document for the supervision and control of shipments of radioactive waste and spent fuel referred to in Council Directive 2006/117/EURATOM;*

- 9) *Directive 89/391/EEC of the European Parliament and of the Council of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work;*
- 10) *Council Directive 92/58/EEC of 24 April 1992 on the minimum requirements for the provision of safety and/or health signs at work (ninth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC) ;*
- 11) *Council Directive 89/654 of 30 November 1989 on the minimum safety and health requirements for workplaces (first individual directive within the meaning of Article 16 (1) of Directive 89/391/EEC);*
- 12) *Council Directive 89/656 of 30 November 1989 on the minimum safety and health requirements for the use of personal protective equipment in the workplace (third individual Directive within the meaning of Article 16 (1) of Directive 89/391 / EEC);*
- 13) *Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 on the minimum safety and health requirements for the safety and health requirements for the use of work equipment by workers at work (second individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC).*

In the field of ionizing radiation protection, radiation and nuclear safety and security, Montenegro is a party to 26 international legal instruments, the individual provisions of which are transposed within the framework of this Law. In addition, the standards of the International Atomic Energy Agency in the field of safety and security and the guidelines of the International Commission for Ionizing Radiation Protection were used during the drafting of the Law.

*More specifically, the Draft Law in Chapter X - Minimum Safety Requirements (Articles 111-114) transposes the *acquis communautaire* in the field of safety and health at work in the field of ionizing radiation protection, or it defines the need for an Exposure Risk Assessment, as well as measures for the risk elimination and reduction (Action Program). Furthermore, the Draft Law regulates the obligation to use means and equipment of personal protection at work and the manner of informing the exposed persons. This Chapter transposes the following Directives:*

- 1) *Council Directive 89/391/EEC of the European Parliament and of the Council of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work;*
- 2) *Council Directive 92/58 / EEC of 24 April 1992 on minimum requirements for the provision of safety and/or health signs at work (ninth individual Directive within the meaning of Article 16 (1) of Directive 89/391 / EEC) ;*
- 3) *Council Directive 89/654 of 30 November 1989 concerning the minimum safety and health requirements for the workplace (first individual directive within the meaning of Article 16 (1) of Directive 89/391 / EEC);*

4) *Council Directive 89/656 of 30 November 1989 on the minimum health and safety requirements for the use of personal protective equipment at the workplace (third individual Directive within the meaning of Article 16 (1) of Directive 89/391 / EEC);*

5) *Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work (second individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC).*

Risk assessment includes the following: assessment, measuring and/or calculation of ionizing radiation exposure levels in order to eliminate or reduce the risk of exposure and for the safety and health of occupationally exposed persons, persons responsible for the implementation of ionizing radiation protection measures and persons responsible for radiation and/or nuclear safety. The risk assessment is carried out a professional for protection against ionizing radiation in accordance with international standards, and in situations of exposure that are not covered by these international standards, the risk assessment is carried out in accordance with national or international scientifically established guidelines and methodologies.

Where, based on the risk assessment, it is determined that the values of ionizing radiation exposure levels are above the permitted levels, the applicant for the issuance of a decision on registration, license and permit, or the holder of the decision on registration, license and permit is obliged to develop an action program on the implementation of protection measures (Action Program). The Action Program includes the following: technical and/or organizational measures to prevent ionizing radiation exposure above the permitted ionizing radiation exposure limit values.

Where the limit values of ionizing radiation exposure levels are above the threshold values, in addition to the measures from the Action Program, the holder of the decision on registration, license and permit is obliged to implement immediately additional measures to reduce the exposure below the permitted values of ionizing radiation exposure and improve protective and preventive measures, to prevent these values from being exceeded again. The holder of the decision on registration, license and permit is obliged to adjust the protection measures and remediation measures to the requirements of occupationally exposed persons who are particularly endangered.

If, based on a risk assessment, it is determined that occupationally exposed persons, persons responsible for the implementation of ionizing radiation protection measures and persons responsible for radiation and/or nuclear safety may be exposed to ionizing radiation above the permitted limits, workplaces and access to workplaces, where technically feasible, shall be marked in accordance with this Law. Workplaces should meet the minimum safety and health requirements for the safe work of employees.

The holder of the decision on registration, license and permit is obliged to provide the advisory function to occupationally exposed persons, persons responsible for the implementation of ionizing radiation protection measures, persons who occasionally perform work (external workers) and

persons responsible for radiation and/or nuclear safety who are exposed to exposure risks of ionizing radiation at workplace and to enable them to participate in the discussions on all issues related to safety and health at work.

The Ministry of Ecology, Spatial Planning and Urbanism will adopt the Rulebook on more detailed content of the Action Program, the manner of marking workplaces and access to workplaces, minimum safety and health requirements for the workplaces, the method of informing, internal training, counseling and participation in discussions of professionally exposed persons, persons responsible for protection against ionizing radiation and persons responsible radiation and/or nuclear safety.

In addition, the Ministry will adopt the Rulebook on more detailed content of risk assessment as well as a Rulebook on the necessary means and equipment of personal protection at work and the conditions to be met by means and equipment, with the consent of the state administration body responsible for the economy.

When developing the Radon Protection Program, which is also very important from the aspect of safety and health at work, especially at workplaces and spaces with public access, it is important to emphasize that other relevant documents of international organizations were used for improving the protection against radioactive radon gas, being as follows:

- *Handbook on Radon of the World Health Organization;*
- *Radiation protection and safety of radiation sources: International basic safety standards, General safety requirements GSR Part 3, International Atomic Energy Agency;*
- *Publication 65 of the International Commission on Ionizing Radiation Protection (ICRP) "Protection Against Radon - 222 at Home and at Work";*
- *Publication 115 of the International Commission on Ionizing Radiation Protection (ICRP) "Lung Cancer Risk from Radon and Progeny and Statement on Radon";*
- *Publication 126 of the International Commission on Ionizing Radiation Protection (ICRP) "Radiological Protection against Radon Exposure".*

Therefore, the current Law on Ionizing Radiation Protection and Radiation Safety ("Official Gazette of Montenegro", Nos. 56/09, 58/09, 40/11, 55/16) sets forth the requirements for radiation activities in Montenegro and protection of life and human and environmental health from the harmful effects of ionizing radiation. Radioactive waste in Montenegro is generated mainly due to the use of radioactive sources for medical and industrial purposes, as well as in education and scientific research.

The following radiation activities are carried out in Montenegro:

(1) Medical activity:

a) dental X-ray diagnostics; b) diagnostic and interventional radiology; c) radiotherapy; d) brachytherapy; e) nuclear medicine (diagnostics); f) X-ray diagnostics in veterinary medicine.

(2) Non-medical activity:

a) non-destructive testing - radiographic examinations (industrial radiography); b) measurement with portable meters, detection or analytical techniques (thickness, density, level, humidity, etc.); c) measurement with stationary meters, detection or analytical techniques (thickness, density, level, humidity, etc.); d) radioactive waste management; e) trade in ionizing radiation sources and radioactive materials. Regarding future intentions, in the next period, the introduction of radiation activity - nuclear medicine (therapy) will be considered.

Medical use of ionizing radiation in Montenegro includes: about 300 sources of ionizing radiation, including dental X-ray units; CT, 15 screen films, 2 CR and 1 DBT mammography systems; 2 digital angiography systems; 1 bone density system; moving X-ray; 1 digital C-arm for operating room; 1 radiotherapy department with 3 LINACs: Siemens Ocor, Varian True Beam and Varian Halcyon and 24slice Siemens CT for treatment planning; 1 Department of Nuclear Medicine with gamma camera and SPECT CT. Industrial and research uses include: several sources used in mining (bauxite, coal ...) and metal processing (smelting of steel and aluminum). Montenegro also has an industrial radiography service provided by a legally authorized person, the Institute of Ferrous Metallurgy AD from Nikšić. Specifically, the strongest radioactive source in Montenegro is used in industrial radiography, a highly active radioactive source of category 2 selenium Se-75, whose activity on 22 June 2017 amounted to 3.33TBq (90Ci). The source is supplied by the Vinca Institute of Nuclear Sciences - Belgrade, which takes over the used radioactive source. In addition, in Montenegro, another highly active radioactive source of iridium Ir 192 is used in medicine (brachytherapy), which is returned to the supplier after expiration.

The Agency for Nature and Environmental Protection, as one of the important participants in the process of radioactive waste management, is continuously working on the list of radioactive waste. In addition, data on used sealed radioactive sources and radioactive sources used are continuously updated. The Agency keeps records of occupationally exposed persons and persons responsible for protection against ionizing radiation. This database contains data on 102 persons from category A and 544 occupationally exposed persons belonging to category B.

The Ministry and the Agency for Nature and Environmental Protection maintains a database on reported nuclear materials.

In Montenegro, there is a central storage of radioactive waste managed by DOO Center for Eco - toxicological Testing - Podgorica. Holders of licenses for performing radioactive activity are temporarily storing used sealed radioactive sources and radioactive waste generated by carrying out radioactive activities in a storage facility until they are handed over to a radioactive waste storage facility. The Rulebook on the method of collecting, keeping, treatment and storage of radioactive waste ("Official Gazette of Montenegro", No. 58/11) sets forth the method of collecting, keeping, treatment, keeping records and storage of radioactive waste. The Rulebook, inter alia, sets forth that the records on radioactive waste are kept in the electronic form for each year separately in the form

sets forth by the Rulebook. This Rulebook stipulates that the records shall be kept for each package separately and contain data on meeting the eligibility criteria for receiving radioactive waste in the storage. All data from the records on radioactive waste are kept.

The Agency for Nature and Environmental Protection is in charge of issuing the licenses in the area of ionizing radiation protection and radiation safety, which are not time barred. Licenses are issued on the basis of the Law on Ionizing Radiation Protection and Radiation Safety and subordinate legislation adopted thereunder, the Law on Administrative Procedure (“Official Gazette of Montenegro”, Nos. 56/14, 20/15, 40/16, 37/17) and the Law on Transportation of Hazardous Substances (“Official Gazette of Montenegro”, Nos. 33/14, 13/18). The Agency for Nature and Environmental Protection maintains the RAIS (Regulatory Authority Information System) database, which includes, inter alia, data on issued permits. Based on the aforementioned regulations, the Agency for Nature and Environmental Protection, inter alia, issues licenses for carrying out radiation activities; temporary carrying out of radiation activities; trade in ionizing radiation sources - import; trade in ionizing radiation sources - exports; sale of ionizing radiation sources - transit; transportation (transport) of ionizing radiation sources; radioactive waste storage management. The most demanding procedure in Montenegro in this area was related to the issuance of a license for the management of radioactive waste repository, which became functional on 13 June 2012, upon issuing the license to the “Center for Eco - toxicological Research” DOO. The repository fully complies with all safety requirements defined by primary and secondary legislations for safe and secure storing of radioactive waste and used sealed radioactive sources, in accordance with international standards.

Based on the database from the information system it maintains, the Agency for Nature and Environmental Protection issued the total of 253 licenses in the period from 1 October 2017 to 31 July 2020.

Licenses issued in the period from 1 October 2017 to 31 July 2020:

LICENSE TYPE AND NUMBER:

License for carrying out the radiation activity	67
License for temporary carrying out of radiation activity	3
License for trade in ionizing radiation sources - import	89
License for trade in ionizing radiation sources - export	18
License for trade in ionizing radiation sources – transit	0
License for transportation of ionizing radiation sources	76

TOTAL LICENSES ISSUED: 253

The Agency for Nature and Environmental Protection, as one of the important participants in the process of radioactive waste management, is continuously compiling the inventory of radioactive waste of Montenegro. Moreover, the data on radioactive sources in Montenegro that are still in use

are the entered with the database - RAIS, as well as the data on occupationally exposed persons, which are continuously updated. This database is updated on a daily bases with relevant data concerning the trade and transportation of radioactive material as well as the trade, transportation and use of all sources of ionizing radiation in our country.

With the objective of working more effectively and efficiently, the employees of the Department of Radiological and Nuclear Safety and Security and Protection against Ionizing and Non-Ionizing Radiation of the Agency for Nature and Environmental Protection participated in the work of commissions for determining the fulfillment of conditions for carrying out radiation activities.

Pursuant to the Law on Transportation of Hazardous Substances ("Official Gazette of Montenegro", Nos. 33/14, 13/18), the Ministry of Internal Affairs - Directorate for Emergencies in the period from 1 October 2017 to 31 July 2020 has issued the total of 63 consents for the transport of hazardous substances within the regular procedure for issuing licenses for the trade in radioactive materials, issued by the Agency for Nature and Environmental Protection.

Within the regional multi - beneficiary Project, supported through the pre-accession instrument of the European Commission – IPA, "Further strengthening of nuclear regulatory bodies of Albania, Northern Macedonia, Bosnia and Herzegovina, Serbia, Kosovo (as defined by UNSCR 1244/1999) and Montenegro", representatives of the Agency for Nature and Environment have reviewed and altered the current procedures in the pursuit of a more systematic approach to licensing.

Radioactivity monitoring

Pursuant to the Law on Ionizing Radiation Protection and Radiation Safety ("Official Gazette of Montenegro", Nos. 56/09, 58/09, 40/11, 55/16) the systematic testing of environmental radiation (hereinafter: radioactivity monitoring) is carried out for the purpose of determining the presence of radionuclides (of natural and artificial origin) in the environment and to assess the level of exposure of the population to ionizing radiation in normal conditions, in case of suspicion and during the radiation incident.

Environmental radioactivity monitoring, i.e. continuous measuring and monitoring of radionuclide content (of natural and artificial origin) in the environment provides data on the average level of radioactivity and may indicate possible changes in the environment that may be the result of the global or local pollution caused by ionizing radiation sources.

The program for testing the content of radionuclides in the environment is carried out in accordance with:

- Law on Ionizing Radiation Protection and Radiation Safety ("Official Gazette of Montenegro", No. 56/09),

- *Decision on systematic testing of radionuclide content in the environment (“Official Gazette of the FRY”, No. 45/97),*
- *Rulebook on the limits of radioactive contamination of the environment and the manner of decontamination (“Official Gazette of the FRY”, No. 9/99),*
- *Rulebook on the limits of exposure to ionizing radiation (“Official Gazette of the FRY”, No. 32/98),*
- *Rulebook on the conditions that must be met by legal entities for conducting systematic testing of the content of radionuclides in the environment (“Official Gazette of the FRY”, No. 32/98).*

Systematic testing of radionuclides is carried out in: the air, soil, rivers, lakes and the sea, solid and liquid precipitation, construction materials, drinking water, food and animal feed. Furthermore, the intensity of the absorbed dose of γ radiation in the air has been measured, as well as the level of radon exposure in residence areas.

The Committee concluded that the provisions of the Law on Safety and Health at Work do not apply to persons for whom the employer has organized work at home, or with whom an employment contract has been concluded for carrying out the work in a household. The Committee therefore concluded that the situation was not in line with the Charter on the grounds that workers working from home were not protected by safety and health at work regulations.

ANSWER:

The Law on Safety and Health at Work from 2014, prescribed that the provisions of the Law do not apply to persons for whom, in accordance with the law, the employer organized work at home, or with whom an employment contract was concluded for carrying out the work from a household. However, with the amendments to the Law on Safety and Health at Work from 2018, this provision has been amended to include employees working in the territory of Montenegro with legal entities and entrepreneurs being engaged in any activity, state government, state administration bodies, or local self-government units, employees assigned to work abroad, if the regulations of the host country provide for less favorable measures of safety and health at work than those provided by this law, unless otherwise provided by a special law. In the light of the above, there is no longer an exception to the application to persons for whom, in accordance with the law, the employer has organized work at home, or with whom an employment contract has been concluded for performing work in a household.

The Committee requests that the following report include concrete examples of how temporary and occasional workers and workers on fixed term employment receive information on hazards, training on safe working methods, medical examination when hiring or transferring to new tasks. It also seeks concrete examples of how these workers gain access to representation at work. It also requests information on any existing restrictions based on the number of employees and on existing measures to monitor the application of such laws and regulations in practice.

ANSWER:

The Law on Safety and Health at Work refers to all employees who are engaged with employers on any legal grounds, and in that sense, it also includes temporary and occasional workers, who are entitled to any right arising from the Law on Safety and Health at Work.

In the light of the above, the employer must be obliged to warn any person who is in the working premises, working circle of the employer or construction site on any grounds of dangerous places or the harmful effects on health that occur in the technological process, the protective measures of safety and health at work, which must be applied and directed to safe zones for movement, and the employee has the right and obligation to be informed with the safety and health measures at the workplace to which he is assigned, as well as to be trained for their implementation.

The employer is obliged to inform the employee, during the training, with all types of hazards at the workplace to which he is assigned to and about specific safety and health measures at work that must be pursued to eliminate the danger to life or damage to health.

The employer, on the basis of a contract or other legal grounds, whose employees carry out work with another employer, must provide appropriate instructions to the employees on possible risks to life and health, and must inform them about the safety and health measures during the carrying out of assigned tasks.

The employee has the right and obligation to perform a health examination that corresponds to the risk for protection and health at the workplace, to which he is assigned by the employer, in accordance with the regulations governing the safety and health at work and regulations in area of health care.

When planning and introducing new technologies, the employer is obliged to consult with employees or their representatives for protection and health at work on the choice of work equipment, working conditions, working environment and their consequences for protection and health at work.

When it comes to application in practice, supervision is performed by the Labor Inspectorate, through labor inspectors for the field of safety and health at work, if the law does not stipulate that supervision in the implementation of these regulations in certain activities is performed by other bodies.

3. To provide for the enforcement of such regulations by measures of supervision;

a) Please provide statistics on the incidence of work-related deaths, as well as injuries and disabilities in the workplace including suicide or other forms of self-harm, PTSD (post-traumatic

stress disorder), burnout and alcohol or other substance use disorders, and epidemiological studies conducted to assess the long-term health impact of new high-risk jobs (e.g. cyclical delivery services, including those employed or operated via a digital platform; contractors in the sports entertainment industry, including in particular contact sports; jobs that include certain forms of interaction with clients and who are expected to use potentially harmful substances, such as alcohol or other psychoactive products; new forms of lucrative trade in very stressful conditions, military and police, etc.), as well as victims of harassment at work and mismanagement.

ANSWER:

In the process of joining the European Union, within the negotiation chapter 19 - Social policy and employment, Montenegro completed the legal framework and harmonized its regulations in the field of safety and health at work with the EU acquis.

The Report for 2020 is under development, yet during 2019, the labor inspectors for safety and health at work carried out the total of 27 inspections of injuries at work, being as follows: seven fatal and 20 serious injuries, representing a decrease of 61, 43% compared to 2008, when the largest number of injuries at work was accounted for (decrease in fatal injuries by 41, 67%, and severe injuries at workplace by 64, 91%). The inspection found that the most common cause of injuries at workplace pertain to the failure to apply safety and health measures at work (fall from a height or depth, electric shock, impact/crushing of the trunk part of the body), hiring of untrained workers and who have not undergone a previous health checks; obsolescence of work equipment, as well as their use without prior examination and testing, or without professional findings obtained from authorized organizations for occupational safety and health. If an imminent danger to life has been established or the health of employees is endangered, a measure of prohibition of or prohibition of the use of work equipment on which the injury occurred are imposed, other measures and actions within the competence of the Labor Inspectorate have been taken, and reports of work injuries have been submitted to judicial authorities or the prosecution service.

a) Provide the latest information on the organization of labor inspection and the trend in terms of providing funds and human resources for the work of inspection services. Furthermore, provide information on the number of implemented inspection supervisions, as well as the level of compliance with safety and health at work regulations and the proportion of workers and enterprises covered by inspections, as well as the number of safety and health violations and the nature and type of sanctions.

ANSWER:

The Department for Labor Inspection is located within the Sector for Market and Economy Protection, Games of Chance and Public Procurement in the Directorate for Inspection Affairs of Montenegro

and has two groups of jobs: group of jobs for labor relations and employment and group of jobs for safety and health at work. In 2019, the number of systematized jobs for labor inspectors amounted to 53 (37 for the area of labor relations, including the chief inspector and 16 for the area of occupational health and safety). A total of 42 inspectors are employed, of which 32 are in charge of labor relations, including the chief inspector (all of which are lawyers) and 10 inspectors are in charge of occupational health and safety (graduate engineers of various technical and technological professions).

In the period from 1 January 2016 to 31 December 2019, the Labor Inspectorate hired two additional inspectors in the area of occupational health and safety.

Labor inspectors are carrying out the supervision in the area of occupational health and safety throughout Montenegro, and they work in 9 labor inspection offices that have office furniture, desktops, all-in-one devices (copier, fax and scanner) and Internet access. All inspectors have laptops, mobile printers, mobile scanners, modems for mobile internet access and the necessary protective equipment (waterproof jackets, helmets and safety boots). Out of 10 inspectors, 8 use the vehicles assigned to the Directorate, being as follows: 4 SUVs DACIA DUSTER and 4 MITSUBISHI COLT cars.

When it comes to the occupational health and safety, attention is focused on: providing protective measures of safety and health at work, i.e. working conditions that do not lead to injuries at work, occupational or work-related diseases, harmonization of normative acts with the provisions of the Law on Safety and Health at Work, providing examinations and testing of work equipment and testing of working conditions within the prescribed deadlines, training of employees for safe work, providing specialist health examinations of employees working in workplaces with special working conditions, or increased risk, organizing safety and health at work at the employer, keeping records on occupational safety and health, procurement, issuance and provision of personal protective equipment at work, collective insurance of employees, taking the necessary measures and appointing employees to provide first aid, fire protection and evacuation of employees and adoption risk assessment acts.

In the period from 1 January 2016 to 31 December 2019, in the area of safety and health at work, the Labor Inspection carried out the total of 10,831 inspections, resulting in the identification of the total of 11,618 irregularities.

<i>Inspections and measures</i>	<i>Occupational health and safety</i>
<i>Number of inspectiokns performed</i>	<i>10831</i>
<i>Number of identified irregularities</i>	<i>11618</i>
<i>Number of warninas issued</i>	<i>3541</i>
<i>Number of decisions on removing</i>	<i>438</i>

<i>Numebr of decisions on prohibitions of work</i>	<i>190</i>
<i>Numebr of administrative orders</i>	<i>3068</i>
<i>Number of imposed monetary fines based on issued administrative orders</i>	<i>938.810,00€</i>
<i>Number of requests for instituting misdemeanor procedures</i>	<i>49</i>

Inspections based on activities

<i>Activity</i>	<i>Number</i>
<i>Administrative and support service activities</i>	<i>60</i>
<i>Public administration and defense, compulsory social insurance</i>	<i>0</i>
<i>Financial and insurance activities</i>	<i>83</i>
<i>Construction</i>	<i>3280</i>
<i>Information and communication</i>	<i>24</i>
<i>Education</i>	<i>88</i>
<i>Other service activities⁷</i>	<i>1605</i>
<i>Agriculture, forestry and fishing</i>	<i>31</i>
<i>Manufacturing industry</i>	<i>534</i>
<i>Transportation and storage</i>	<i>58</i>
<i>Electricity, gas, steam and air conditioning supply</i>	<i>57</i>
<i>Professional, scientific and technical activities</i>	<i>81</i>
<i>Wholesale and retail trade, repair of motor vehicles and motorcycles</i>	<i>1693</i>
<i>Arts, entertainment and recreation</i>	<i>377</i>
<i>Accommodation and hospitality services</i>	<i>2676</i>
<i>Excavation of ore and stone</i>	<i>6</i>
<i>Health and social protection</i>	<i>154</i>
<i>Other</i>	<i>24</i>

The most common irregularities identified in the field of safety and health at work are as follows: failure of the employer to procure and issue to the work equipment to employees required for the workplace with a experts finding and assessment that they are provided with prescribed occupational safety measures; failure of the employer to procure, issue for use and ensure the use of personal protective equipment at workplace; work of employees without a certificate of acquired competence for safe work and without medical certificates of medical fitness for jobs with special working conditions, i.e. increased risk; failure to keep records in the field of occupational safety and health; failure of the employer to undertake the necessary measures and to designate employees

⁷ Hospitality services not including hotels, restaurants and crafts.

with the first aid, fire protection and evacuation of employees, as well as the lack of a risk assessment act for all jobs, while the rest refers to other types of irregularities.

b) Please indicate whether inspectors have the right to inspect all workplaces, including residence premises, in all sectors of the economy. If certain workplaces are excluded, indicate the manner in which the supervision of health and safety regulations in these premises is organized.

ANSWER:

The provisions of the Law on Safety and Health at Work apply to employees working in the territory of Montenegro with legal entities and entrepreneurs in all activities, government bodies, state administration bodies, i.e. local self-government units, employees assigned to work abroad, if regulations of the receiving country provide for less favorable measures of safety and health at work than those provided for by this law, unless otherwise provided by a special law.

In accordance with Article 4 of the Law on Labor Inspection ("Official Gazette of Montenegro", Nos. 79/08 and 40/11), the Inspector shall be authorized to enter the business premises of the employer without prior notice, in accordance with the law. The inspector shall be authorized to, in addition to inspecting the employer's documentation, to make copies or excerpts from that documentation, with the obligation to keep it as a business secret. If it is necessary for the inspector to inspect certain residential premises in which the employer's activity is performed during the inspection, and the employer or the employee objects to that, he must provide a decision of the competent court for the inspection of those premises.

c) If the previous conclusion confirmed that the national law has not been harmonized with the provision of the Charter, please explain whether and how the problem has been eliminated. If the previous conclusion confirmed its postponing, please answer the questions.

ANSWER:

The Committee had previously postponed the conclusion (Conclusions 2013) and requested statistical data on the number of injuries at work; average incidence rates per 100,000 workers related to occupational injuries, number of fatal accidents, average incidence rate per 100,000 workers related to fatal accidents; statistical data on the number of cases of occupational diseases; average incidence rate per 100,000 workers in cases of occupational diseases; number of fatal cases of occupational diseases; average incidence rate per 100,000 workers in fatal cases of occupational diseases.

The Committee noted that the previous report did not provide standardized rates of incidents of accidents at work and fatal accidents at work. It therefore requests that the report contain this information.

ANSWER:

In accordance with the Law on Safety and Health at Work, in carrying out the inspection supervision, the labor inspector in the area of occupational health and safety, in addition to obligations and competences established by the law, is obliged and authorized to inspect serious, collective and fatal injuries at work, thus the Labor Inspection keeps the data on the number of performed investigations of injuries at work. For the reference period from 1 January 2016 to 31 December 2019, the Labor Inspectorate investigated 25 deaths, 73 serious injuries and 5 collective injuries at work.

During 2019, the total number of reported other injuries at work amounted to 1,065. For the period of 2018, a total of 1,199 injuries at work were reported.

These numbers of reported injuries at work have been provided by the Health Insurance Fund of Montenegro.

The Committee requests that the report contain information on the legal definition of occupational diseases; a mechanism for the identification, examination and revision of occupational diseases (or a list of occupational diseases); incidence rate and number of recognized and reported occupational diseases during the reference period (broken down by sectors of activity and year), including cases of fatal occupational diseases, as well as measures taken and/or envisaged to remove deficiencies in the publication and recognition of occupational diseases; most common occupational diseases during the reference period, as well as preventive measures taken or envisaged.

ANSWER:

The Law on Pension and Disability Insurance ("Official Gazette of the Republic of Montenegro", No. 054/03, and the "Official Gazette of Montenegro", Nos. 12/07 ... 80/20) sets forth in Article 36 that the occupational diseases, under this Law, shall be certain diseases that have arisen during the insurance period, caused by a long and direct influence of processes and conditions at workplace or in the jobs a participant performed. Diseases falling under the definition of occupational diseases have been defined in the Rulebook on determining the occupational diseases from 2004.

Pursuant to Articles 30, 31 and 37 of the Law on Pension and Disability Insurance, a participant who has suffered complete loss of working capacity due to an injury at work or an occupational disease shall be entitled to a disability pension regardless of the length of insurance. Article 39 of the Law sets forth that the disability pension in these cases shall be determined in the amount of the old-age pension that a participant would receive for 40 years of pension service.

In Montenegro, the Rulebook on determining the occupational diseases from 2004 established a list of 56 diseases that are considered occupational diseases. In addition to the disease, the Rulebook defines the jobs and workplaces where the disease occurs, as well as the conditions for recognizing

the disease as the occupational. Occupational diseases defined in this way imply the so-called “closed list of occupational diseases” in which only the diseases listed as occupational diseases are recognized as such.

4. To promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

Information should not be provided unless it has been established in the previous conclusion that the national law has not been harmonized or that a conclusion is to be postponed. Concerning the non-compliance, explain whether the problem has been resolved and how, and regarding the postponement, answer the question asked.

ANSWER:

*The Committee concluded that the situation in Montenegro is in accordance with article 3 (4) of the Charter, pending the receipt of the requested information. **The Committee requests that the next report provide information on the impact of the Strategy for the Improvement of Occupational Health Services of Montenegro for the period 2015-2020, on the development of health services in small and medium-sized enterprises.***

ANSWER:

The Strategy for the improvement of occupational health services of Montenegro for the period 2015-2020 aimed at providing high quality occupational health services, as well as their availability to all employees. The provision of multidisciplinary services in the occupational health services, for all companies, including small and medium-sized, was envisaged in the Strategy, through the establishment of the Institute of Occupational Health Services. A detailed study on the professional and socio-economic justification of the establishment of the Institute for Occupational Health Services has been developed. Due to the outbreak of the COVID-19 pandemic, the implementation of that part of the Strategy has been postponed, thus this activity will be conferred to the new Strategy, which should be developed for the period 2021-2023.

Currently, occupational health services are provided by occupational medicine specialists in 17 health centers and 10 private health institutions. At the same time, all employees, including those in small and medium-sized enterprises, receive health services in 18 health centers, with a selected doctor for adults.

The Committee notes that the Law on Safety and Health at Work requires employers to provide

medical examinations to employees. Given the progressive nature of the obligation under article 3 (4) of the Charter, the Committee reiterates its request for information on the percentage of staff covered by occupational health services in the following report.

ANSWER:

Currently, occupational health services are provided by the specialists in 17 health centers and 10 private health institutions. The following institutions provide occupational health services in Montenegro:

Public health institutions:

- 1. Health Center Bar,*
- 2. Health Center Berane,*
- 3. Health Center Bijelo Polje,*
- 4. Health Center Budva,*
- 5. Health Center Cetinje,*
- 6. Health Center Danilovgrad,*
- 7. Health Center Herceg Novi,*
- 8. Health Center Kolašin,*
- 9. Health Center Kotor,*
- 10. Health Center Mojkovac,*
- 11. Health Center Nikšić,*
- 12. Health Center Plav,*
- 13. Health Center Pljevlja,*
- 14. Health Center Podgorica,*
- 15. Health Center Rožaje,*
- 16. Health Center Tivat,*
- 17. Health Center Ulcinj.*

Private health institutions:

- 1. PHI "Bona Mente" – Podgorica,*
- 2. PHI "Codra" – Podgorica,*
- 3. PHI "Dijagnostič" – Podgorica,*
- 4. PHI "Dr Vuksanović" – Bar,*
- 5. PHI "Nova medicina rada" – Podgorica,*
- 6. PHI Poliklinika "Feniks Medika" – Podgorica,*
- 7. PHI "Stojović" – Herceg Novi,*
- 8. PHI "Trim Medical" – Nikšić,*

9. PHI "MOJ DOKTOR" – Nikšić,

Moreover, all employees, even those in small and medium- sized enterprises, receive health services in 18 health centers, with a selected doctor for adults.

Revised European Social Charter

Article 11

Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

Article 11

Right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organizations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health.

a) **Provide aggregated and disaggregated statistics on life expectancy across the country and different population groups (urban; rural; different ethnic groups and minorities; long-term homeless or unemployed persons, etc.), indicating disadvantages (e.g. certain areas in the community; specific occupations or workplaces, proximity to active or unused industrial or highly contaminated sites or mines, etc.) and the prevalence of certain diseases among relevant groups (e.g. cancer) or blood-borne infectious diseases (e.g. new cases of HIV or hepatitis) Among people who abuse substances or are in prison, etc.)**

ANSWER:

In the middle of 2019, there were 622,028 inhabitants in Montenegro;

- *The number of children (0 to 17 years) in Montenegro in mid-2019 amounted to 135,533 or 21,8% of the total population;*
- *In 2019, 7,223 newborns were born, 3,777 or 52,3% were boys, and 3,446 or 47,7% were girls;*
- *Observed by regions, most births (3,747) and deaths (2,921) are in the Central region.*
- *In the Central and Costal region, the natural increase is positive and amounts to 826 in the Central and 303 in the Costal region, while in the Northern region it is negative and amounts to -501.*

- *The working age population or the population aged 15 to 64 makes up 66,7% of the total population, which is 414,768 inhabitants;*
- *Population aged 65 and over makes 15,4% of the total population which is 95, 643 inhabitants; In Montenegro, based on the natural increase per 1,000 inhabitants, the number of inhabitants increases by one inhabitant per year;*
- *The migration rate in Montenegro is 10,5, which means that 10,5 persons per 1,000 inhabitants have changed their place of residence within the borders of Montenegro;*
- *Life expectancy at birth in 2019 is 76,7 years.*

HIV surveillance has been implemented in Montenegro for more than two decades, and has been significantly improved by the adoption of the Strategy for Combating HIV/AIDS and the introduction of the Second Generation of Surveillance, which created the basic preconditions for a more efficient and comprehensive response. In 2019, 26 new HIV/AIDS cases were registered, thereby the incidence of newly discovered infections in 2019 is 4,2/100,000 inhabitants. At the time of diagnosis of HIV infection, 10 newly registered persons were in the AIDS stage (incidence is 1,6/100,000), while 15 persons were registered in the phase of asymptomatic HIV infection. One person was registered in the phase of acute retroviral syndrome. In 2019, four AIDS deaths were registered. Mortality this year is 0.6/100,000 inhabitants.

The total of 3% of registered persons with HIV became infected through blood, of which in 1% of cases there was an infection with infected blood or its derivatives in medical institutions (outside Montenegro), and in 2% due to the use of drugs by injection.

In Montenegro in 2019, hepatitis C was registered in 15 people, one person with hepatitis acuta C and 14 persons with hepatitis chronica C) with an incidence of 2,4/100,000. The value of the incidence is two and a half times higher than the value in previous years.

In the reporting period from 1 January 2016 to 31 December 2019, pursuant to the data from the HIV/AIDS Register:

- *In 2016, the number of HIV positive persons was 22 and there were 12 persons with AIDS, number of AIDS related deaths was 2;*
- *In 2017, the number of HIV positive persons was 13 and there were 13 persons with AIDS, number of AIDS related deaths was 4;*
- *In 2018, the number of HIV positive persons was 11 and there were 12 persons with AIDS, number of AIDS related deaths was 2;*
- *In 2019, the number of HIV positive persons was 16 and there were 10 persons with AIDS, number of AIDS related deaths was 4.*

Surveys among prisoners provided data on the prevalence of HIV, viral hepatitis B (HBV) and viral hepatitis C (HCV), as well as the socio-demographic and behavioral characteristics of this population.

It was confirmed that the HIV epidemic among prisoners in Montenegro is at a low epidemic rate (no case of HIV infection was detected among the respondents). HBV infection was found in 3 respondents, while HCV infection was found in one fifth of the respondents, the prevalence of HCV was 20, 1%). The research shows that prisoners have a significant level of behavior that is associated with the risk of HIV, HBV and HCV infection, and that knowledge about HIV infection is insufficient.

a) Provide information on sexual and reproductive health services for women and girls (including the possibility of exercising the right to abortion), as well as statistics on early (underage) motherhood, as well as on child and mother mortality. Provide information on the adopted policy measures for the greatest possible elimination of the causes of the observed anomalies (premature death, preventive infection with blood diseases, etc.).

ANSWER:

The Law on Conditions and Procedure for the Termination of Pregnancy (“Official Gazette of Montenegro”, Nos. 53/09 and 4/11) regulates abortion, as a special medical intervention for a pregnancy termination before the biological term, as well as the conditions and procedure for performing it. Article 4 prescribes that abortion can be performed up to 10 weeks from the day of conception, based on the written request of the pregnant woman. Moreover, it is prescribed that abortion can be performed after the expiration of 10 weeks from the day of conception, but not after 32 weeks. The provisions of Article 5 stipulate that termination of pregnancy of a minor or a person under guardianship may be carried out only with the written consent of the parent, adoptive parent, or guardian. Written consent is kept with the medical documentation on the performed termination of pregnancy. Consent may also be given by the competent guardianship authority, if due to the absence or impediment of the parents, adoptive parents, or guardians, their consent cannot be obtained. The costs of terminating a pregnancy up to 10 weeks from the day of conception are borne by the pregnant woman. If the pregnant woman is a beneficiary of social protection pursuant to the regulations on social and child protection, the costs of abortion shall be borne by the Center for Social Work on whose territory the pregnant woman resides. If the pregnant woman is a minor or a person under guardianship, the costs are borne by the parent, adoptive parent, guardian or guardianship authority. In cases of termination of pregnancy for the reasons stated in Articles 6, 7 and 8 of the Law, the costs of abortion shall be borne by the Health Insurance Fund of Montenegro.

Women are exempted from paying co-payments during pregnancy, childbirth and one year after childbirth, Article 19, paragraph 1, item 2 of the Law on Compulsory Health Insurance (“Official Gazette of Montenegro”, Nos. 6/16, 2/17, 22/17, 13/18 and 67/19). Compulsory health insurance does not provide funds for abortion for non-medical reasons.

In June 2013, the Government of Montenegro adopted the Strategy for the Preservation and Promotion of Reproductive and Sexual Health, 2013-2012, with the objective of:

- *Providing high quality and affordable prenatal care to every mother, safe childbirth and comprehensive postpartum care;*
- *Reducing the incidence and prevalence of cervical cancer and breast cancer;*
- *Providing high quality family planning services including infertility services;*
- *Reducing the abortion rate;*
- *Prevention and control of sexually transmitted infections to become an integral part of comprehensive health services in the field of sexual and reproductive rights;*
- *Promoting of sexual and reproductive health in the context of healthy lifestyles, with the objective of reducing the risk of sexually transmitted diseases, premature conception or acceptance of different attitudes in the field of sexual and reproductive health;*
- *Ensuring a higher level of knowledge in the field of sexual-reproductive health through forms of formal and non-formal education.*

Non-governmental organizations continuously and jointly carry out actions for the improvement of sexual and reproductive health, etc.

Reproductive health counseling centers are organized within the Health Centers on the territory of Montenegro, which work in one or two shifts, depending on the number of selected doctors working in the counseling center and the programs that are being implemented. The working hours of the counseling center correspond to the working hours of selected doctors for women - gynecologists. You can come to the counseling center without a referral on the proposal of the chosen doctor or without him. A nurse or a medical technician in the team for the implementation of the program works permanently in the Reproductive Health Counseling Center, and selected doctors for women - gynecologists perform individual and group health education within the scope of their work and implement a program of women's health care measures.

Furthermore, projects are being implemented in cooperation with non-governmental organizations aimed at providing the information on access to health services of sexual and reproductive care for women. As an example, we are pointing out the Project "CARES-Cross-border Actions in the Reproductive Health Sector", funded by the European Union through the Cross-Border Cooperation Program Montenegro-Kosovo, and co-financed by the Ministry of Public Administration of Montenegro. The contracting authority for the project is the Ministry of Finance of Montenegro - Directorate for Financing and Contracting of the EU Assistance. The Project in Montenegro is implemented by FORS Montenegro - Foundation for the Development of Northern Montenegro. On 1 March 2019, the FORS Montenegro started the implementation of the project - CARES - Cross-border Actions in the Reproductive Health Sector - which aims at improving the quality of services in the reproductive health sector and inform the population about the importance of prevention and preservation of reproductive health.

Eight month Project will be implemented in both Montenegro and Kosovo, and the main activities include the procurement of equipment for the health centers involved in the Project, organizing

preventive checkups, raising of awareness campaign on the reproductive health, publications, cross-border conference, etc.

a) If the previous conclusion confirmed that the national law has not been harmonized with the provision of the Charter, please explain whether and how the problem has been eliminated. If the previous conclusion confirmed its postponing, please answer the questions.

ANSWER:

The Committee concludes that the situation in Montenegro is not in line with article 11, paragraph 1, of the Charter, as no adequate measures have been taken to effectively guarantee the right of access to health care. Accordingly, please answer the following questions.

The previous report stated that the Government had adopted the Action Plan 2016-2017 for the implementation of the Strategy for the Control and Prevention of Chronic Non-Communicable Diseases in Montenegro. Measures and activities directly or indirectly related to the control and prevention of chronic non-communicable diseases are envisaged in other national strategic documents and accompanying action plans (e.g. Nutrition Action Plan, Mental Health Promotion Action Plan, Diabetes Health Action Plan, Action Plan to Reduce Harmful Alcohol Use, etc.). The Committee requests that the next report contain information on the implementation and impact of these plans and initiatives to combat the root causes of death.

ANSWER:

The Law on Health Care ("Official Gazette of Montenegro", Nos. 3/16, 39/16, 2/17, 44/18, 24/19 and 82/20) stipulates in Article 4 that a citizen of Montenegro has the right to health care in accordance with the highest possible health standards and achievements of modern medical theory and practice. And Article 5 also stipulates that in exercising the right to health care, citizens are equal, regardless of nationality, race, gender, gender identity, sexual orientation, age, disability, language, religion, education, social origin, property status and other personal characteristics, in accordance with the law. Article 10 stipulates, inter alia, that health care is implemented on the principles of comprehensiveness, continuity, accessibility, comprehensive and specialized approach to health care, as well as on the principle of continuous improvement of the quality of health care. The Program for Control and Prevention of Chronic Non-Communicable Diseases in Montenegro for the period from 2019 to 2021 with the Action Plan, for the period from 2019 to 2020, determines measures for chronic non-communicable diseases. The situation in Montenegro, in terms of the burden of non-communicable diseases, is similar to that seen in Europe and the rest of the world. The consequences of the so-called Epidemiological transitions: the majority of the burden of the disease is no longer borne by communicable, but non-communicable diseases.

Non-communicable diseases are the leading causes of illness, disability and premature (before the age of 70) deaths of the population of Montenegro. According to available data on deaths in Montenegro from 2010 to 2015, non-communicable diseases are the cause of about ¾ the total number. Of the total number of deaths, almost half were caused by heart and blood vessel diseases and almost a quarter by malignant neoplasms. Data on non-communicable diseases, according to estimates from the information system of primary health care during 2013-2017, were represented by about 30% of the adult population in Montenegro and in the observed period recorded a slight growth trend (about 6% during this period).

National response to the epidemic of chronic non-communicable diseases is illustrated in adopted strategic, program and planning documents relating to the prevention and control of non-communicable diseases. First of all, there is the Strategy for Prevention and Control of Chronic Non-communicable Diseases, the Program for Control and Prevention of Chronic Non-communicable Diseases in Montenegro for the period from 2019 to 2021, the National Strategy for Sustainable Development until 2030, which is in the analysis of triggers, pressures, conditions and impacts of the common risk factors (use of tobacco and tobacco products, harmful alcohol use, unhealthy/improper diet and physical inactivity) for most preventable non-communicable diseases. In the Directions of Development of Montenegro 2018-2021, within sustainable growth, in accordance with the Master Plan for Health Development of Montenegro, the focus is on prevention and control of non-communicable diseases. Many activities that are also directly or indirectly related to the control and prevention of chronic non-communicable diseases are included in other national strategic documents and accompanying action plans.

The main objective of these strategic documents is to reduce the number of premature deaths and significantly reduce the burden of disease and disability from leading non-communicable diseases by creating a socio-economic and environmental environment conducive to eliminating or reducing exposure of the Montenegrin population to risk factors through healthy lifestyles, as well as through the improvement and strengthening of the health care system of Montenegro in order to act more effectively and efficiently in the field of specific prevention, early diagnosis and effective treatment of non-communicable diseases. Activities to achieve the set goals are carried out at both the population and individual level.

The National Office for the Control and Prevention of Non-Communicable Diseases, established within the Ministry of Health, gives its full contribution to the achievement of the objectives defined by the abovementioned strategic documents.

Action plan for the improvement of mental health in Montenegro 2019-2023, represents the operationalization of strategic goals set by the Strategy for the Protection and Improvement of Mental Health in Montenegro. The strategic goals of the planned activities relate to the promotion

of mental health and the prevention of mental disorders; improving mental health services; respect for and protection of the human rights of persons with mental health disorders; improving the quality of information on which mental health planning is based through information systems and conducting research.

Objectives of the Program of Measures for Improving Nutrition and Diet with the Action Plan 2019-2020, arose as a need to continue to harmonize national activities with regional recommendations adopted by the World Health Organization for the European region (European Action Plan for Food and Nutrition 2015-2020). In line with the goals of the WHO health policy and the EU strategy “Health for all until 2020”, the guiding principles are the improvement of health for all the reduction of health inequalities as well as the improvement of health management. This framework aims to support activities at the level of the Government and society in order to significantly improve the health and well-being of the population, reduce health inequalities and strengthen public health. The global targets and time frame for chronic non-communicable food and diet-related diseases under this plan are: 25% reduction in the risk of premature mortality from cardiovascular disease, diabetes and chronic respiratory disease by 2025; 30% reduction in sodium / salt intake by 2025; reduction of physical inactivity by 10% by 2025; halting the trend of increasing childhood obesity by 2025; cessation of all forms of malnutrition by 2030.

Data from the Registry for Diabetes in Montenegro in 2013 (when the registry was first established) indicate that 2, 832 new cases were registered, of which 99% are adults, and in 92% of cases it is type 2 diabetes mellitus. Montenegro has adopted the National Strategy for Health Care of Persons with Diabetes, 2016-2020, which defines the strategic goals in reducing the number of diabetic patients.

The goals of the National Health Care Strategy for Persons with Diabetes are: to improve the health system to implement, control and monitor the system in the prevention of diabetes and in the care of persons at risk of diabetes; contribute to the prevention or delay of the onset of type 2 DM diabetes. Improve quality of life contingent upon health and reduce complications and premature mortality in persons with DM type 1 and type 2; Achieve long-term pregnancy and childbirth outcomes in gestational diabetes and in women with pre-existing diabetes, equal to those in non-diabetic pregnancies; Improve knowledge and skills in prevention, delay, early detection and treatment of DM (type 1, type 2 and gestational); Achieve integration with other national programs and strategies; Promote research in diabetes with the aim of improving prevention and treatment.

National Strategy for the Prevention of Harmful Alcohol Use and Alcohol-Induced Disorders in Montenegro 2013-2020, defined a general objective, which is to reduce the harmful effects of alcohol use on the individual and society as a whole. The Action Plan for the implementation of the National Strategy for the Prevention of Harmful use of Alcohol and Alcohol-related disorders in Montenegro

for the period 2019-2020 has been adopted. This document represents the operationalization of strategic goals that need to be undertaken in order to prevent harmful alcohol use and alcohol-related disorders in Montenegro, specifically to significantly reduce morbidity and mortality caused by harmful alcohol consumption and other social consequences arising from it, and improve health and social outcomes for the individual, family and community; Encourage efforts to create an environment in which children and young people grow up protected from the negative consequences of alcohol consumption; promote and support local, national and regional activities to prevent and reduce the harmful effects of alcohol; raise general awareness of the extent and characteristics of health, social and economic problems caused by harmful alcohol use, and strengthen the state's commitment to take action to reduce harmful alcohol use; strengthen and improve resources to prevent harmful alcohol consumption and treat diseases and disorders associated with alcohol consumption; continuously work on research into the extent and determinants of harmful alcohol use and its consequences, as well as effective interventions to prevent and reduce these consequences; enhance partnerships and improve coordination between decision-makers and increase the mobilization of resources necessary to implement concerted action to reduce harmful alcohol use; improve the national monitoring and control system and ensure the effective exchange and application of information for policy advocacy, development and evaluation; effectively implement and manage the Strategy, for which purpose a body will be established or delegated that will be responsible for the implementation, monitoring and reporting on the activities from the Strategy.

The Committee requests updated figures in the next report on mortality rates and the main causes of death, as well as on infant and maternal mortality rates.

ANSWER:

The mortality rate in 2019 according to Monstat (Statistical Agency) ranges from 10,2 in 2015 to 10,6 in 2019, being as follows:

- *According to preliminary data on the causes of death from 2017, the leading causes of death are from the group of diseases of the circulatory system and the group of tumors (over 70%), with the first group dominated by cardiovascular diseases, while the leading causes of tumors are malignant lung tumors and breast cancer.*
- *According to preliminary data from 2017, one death was recorded as a result of pregnancy, childbirth and midwifery.*

The infant death rate in 2016 was 3,4, in 2017 was 1,3, in 2018 was 1,7, and in 2019 was 2,4.

The Committee requests that the following report contain information on the insured person's participation in the costs of the medicine or co-payments (as a percentage of total health spending).

ANSWER:

The issue of the insured person's participation in the costs of the medicine or the participation (as a percentage of the total health expenditure) is regulated by the Law on Compulsory Health Insurance. Article 17 of the Law stipulates that the insured person participate in the costs of using health care. Health services and the amount of participation, as well as the manner of payment of participation are prescribed by the Government of Montenegro, at the proposal of the Ministry. The provision of Article 18 stipulates that for the performed service, the health care provider must issue to the insured person proof of payment of the co-payment, which must contain the full price of the health service, the co-payment amount expressed as a percentage of the health service price and the nominal co-payment amount. Until the adoption of a new decision which will further regulate the participation, the Decision on the participation of the insured persons in the costs of using health care ("Official Gazette of the Republic of Montenegro", Nos. 34/91 and 19/93) shall apply.

The Committee wishes to remain informed about the implementation of the Plan of Structural Reforms in the Health System of Montenegro and about any other health care reforms..

ANSWER:

Structural reforms in the health care system (2015-2016) imply the improvement and advancement of identified weaknesses in the system, which sought to achieve a financially sustainable health care system, which with efficiency provides adequate quality for all service users. Based on analyzes in the health care system, health status of the population, analysis of financing of the existing health system, as well as adopted planning and strategic documents and identified "weaknesses" in the system, it may be concluded that the structural reforms should continue to improve efficiency and quality of the health system.

By continuously investing in modern medical equipment, modernization of spatial capacities and education of staff, Montenegro applies the latest medical achievements and improves the quality and safety of health care of its citizens. The overall health system of Montenegro has the total of 2,278 actively engaged doctors. When we compare this number with the number of inhabitants, we obtain a ratio of 3,3 doctors per thousand inhabitants, which brings us closer to the European average/standard of 3,4 doctors.

Care for professional development and advancement, through residency and subspecialty, as well as continuous medical education, for which the state allocates significant funds, are one of the ways to enable professional advancement of doctors.

The list of medicines, which includes modern therapies, has significantly contributed to the improvement of treatment of Montenegrin insured persons, and by expanding the right to medical devices and aids during the past year, the effects of treatment are stronger and health care is more accessible.

The Ministry of Health has worked very intensively to provide the same quality and equally accessible health care for all citizens, to provide a sustainable system tailored to the patient through comprehensive health care reforms, but also tailored to all health care employees.

The Committee previously requested that the report show how the WHO Framework Strategy “Health for All” is implemented in practice, or whether vulnerable groups (unemployed, people living below the poverty line, etc.) are eligible for medical care, and the scope of public health services which are provided (Conclusions 2013). The Committee also noted from the European Commission’s 2016 Report that access to health care for people with disabilities, people living with HIV, children and adults who use drugs, prisoners, women in prostitution, LGBTI people, internally displaced persons and Roma must be improved. The Committee wishes to receive comments from the Government on this issue.

ANSWER:

The Law on Health Care stipulates that a citizen of Montenegro shall have the right to health care in accordance with the highest possible health standards and achievements of modern medical theory and practice. In exercising the right to health care, citizens are equal, regardless of nationality, race, gender, gender identity, sexual orientation, age, disability, language, religion, education, social origin, property status and any other personal characteristics (Article 5). Health care is implemented on the principles of comprehensiveness, continuity, accessibility, comprehensive and specialized approach to health care, as well as on the principle of continuous improvement of the quality of health care (Article 10). Comprehensive health care implies the involvement of all citizens in the implementation of appropriate health care, with the application of integrated measures and activities to preserve, protect and promote the health of citizens, including health promotion, disease prevention at all levels of health care, early detection, treatment and rehabilitation. Continuity is achieved by adequate organization of health care, especially its primary level, with the aim of providing quality health care to citizens of all ages, with functional connection and harmonization of all levels of health care. Access to health care implies the schedule of health care providers which is enabling equal conditions for providing health care for all citizens, especially at the primary level of health care, taking into account physical, geographical and economic accessibility. The provisions of Article 11 of this Law stipulate that in the exercise of health care, a citizen shall have a right to equality in the entire treatment during the exercise of health care.

The Law on Compulsory Health Insurance stipulates (Article 6, paragraph 1, item 11) that insured persons, under this Law, inter alia, are unemployed persons registered with the unemployment register, receiving monetary compensation in accordance with the law governing employment. Furthermore, the beneficiaries of social protection rights also have the right to compulsory health insurance, in accordance with special regulations, if they are not insured on another basis (item 14). Article 8 stipulates that citizens of countries with which an international agreement on social insurance has been concluded shall receive health care to the extent determined by that agreement. Article 9 stipulates that persons who do not have the status of an insured person on any grounds, but have permanent residence, or the status of a person with permanent residence in Montenegro and do not have the status of an insured person in another state, shall have the right to health insurance, provided that they have paid the contribution, in accordance with a special law. In the light of the above, the Law on Compulsory Health Insurance is a part of the social insurance system which, on the principles of obligation, reciprocity and solidarity, provides all insured persons with the right in accordance with the law. Exercise of rights under equal conditions is provided by the Health Insurance Fund of Montenegro. In the organization of the Ministry of Foreign Affairs, in June 2020, in 6 health institutions - health centers of Montenegro, extraordinary preventive examinations were organized for members of the RAE population, being as follows: physical examinations of the general medicine health specialist, measuring of blood pressure, sugar/glucose levels, examination and X-ray of the lungs, based on indications.

In May 2013, the Government of Montenegro adopted the Strategy for Improving the Quality of Life of LGBTI People in Montenegro for 2019-2023, as a systemic response to the observed phenomenon of discrimination against LGBTI people in Montenegrin society. This Strategy improves the quality of life of LGBTI people. The legal basis for promoting, strengthening and improving the protection of basic human rights and freedoms enshrined in the Constitution of Montenegro is further operationalized through special laws, being as follows: Criminal Code of Montenegro, Law on Prohibition of Discrimination, Law on Protector of Human Rights and Freedoms of Montenegro. These regulations prohibit discrimination based on gender identity, sexual orientation and/or intersex orientation.

In terms of access to health services, research indicates a positive trend. This was contributed by the sensitization of medical workers to work with LGBTI people, so the appropriate training included 163 medical workers, after which contact persons were appointed in all health care institutions at all levels of health care in charge of cooperation with the LGBTI community. The Ministry of Health has institutionalized relations with non-governmental organizations dealing with the protection and promotion of human rights of LGBTI people. In 2014, the Rulebook on determining medical reasons for gender reassignment was adopted.

In the part of the issue related to access to health care for persons serving prison sentences, we emphasize that information on health services in places of detention, especially in prisons, medical examinations upon arrival, opportunities to exercise the right to specialist health care, prevention of communicable diseases, health care protection for mental health, etc., are given within the answer to the question of the application of Article 11, paragraph 3 “to prevent as much as possible epidemic, endemic and other diseases, as well as accidents”, the question given under (b).

The Committee requests information and concrete examples of actual average waiting times for primary and specialist care, as well as for surgical interventions.

ANSWER:

The Rulebook on the types of health services for which waiting lists can be made, as well as the manner and procedure of compiling waiting lists (“Official Gazette of Montenegro”, No. 38/17) stipulates that waiting lists can be made for certain health services in the field of diagnostics and treatments (therapeutic procedures), which are not urgent and which cannot be provided within 30 days, for:

- a. Radiological diagnostics;*
- b. Diagnostic and therapeutic procedures for heart disease;*
- c. Diagnostic and therapeutic procedures in ophthalmology;*
- d. Therapeutic procedures in orthopedics-Elective operations in orthopedics; Oncology and radiotherapy.*

Waiting lists are compiled by health care institutions, and placing on the waiting list is done in a health care institution located in the place of residence or stay of the insured person.

At the primary health care level, there is no waiting for examinations by selected doctors for adults, children and women, while specialist examinations by internists and ophthalmologists take an average of up to seven days and radiological diagnostics from 0 to 30 days.

The Committee requests that the next report contain comprehensive information on the implementation of the structural reform indicated in the report and on their specific impact on the health care system. In the meantime, emphasizing that major reforms of the health system should be implemented from 2016 to 2017 (outside the reference period), the Committee believes that the situation is not in line with Article 11, paragraph 1, of the Charter, as adequate measures have not been taken to effectively guarantee the right of access to health care.

ANSWER:

Structural reforms in the health care system (2015-2016) imply the improvement and addressing the identified weaknesses in the system, with the aim of achieving a financially sustainable health care system, which will effectively provide adequate quality for all service users. Based on analyzes in the health care system, health status of the population, analysis of financing of the existing health system, as well as adopted planning and strategic documents and identified “weaknesses” in the

system, it may be concluded that the structural reforms should continue to improve efficiency and quality of the health system. By continuously investing in modern medical equipment, modernization of spatial capacities and education of staff, Montenegro applies the latest medical achievements and improves the quality and safety of health care of its citizens. The overall health system of Montenegro has the total of 2,278 actively engaged doctors. When we compare this number with the number of inhabitants, we obtain a ratio of 3,3 doctors per thousand inhabitants, which brings us closer to the European average/standard of 3,4 doctors. Care for professional development and advancement, through residencies, sub-specializations, as well as continuous medical education, for which the state allocates significant funds, are one of the ways to enable doctors professional advancement. The list of medicines, which includes modern therapies, has significantly contributed to the improvement of treatment of Montenegrin insured persons, and by expanding the right to medical devices and aids during the past year, the effects of treatment are stronger and health care is more accessible. The Ministry of Health has worked very intensively to provide equal quality and equally accessible health care for all citizens, to provide a sustainable system tailored to patients, but also to all health care employees, through comprehensive health care reforms.

The Committee took into account the information from the European Commission's 2016 Report on the Prevention of Drug Abuse that efforts, as well as that the efforts must be made to develop and expand prevention, rehabilitation and social reintegration programs for addicts. The same source indicates that the Commission for Drugs was established in May 2016, which consists of four psychiatrists, one representative of civil society organizations and two representatives of the Ministry of Health. The Committee wishes to be kept informed of progress in this area in this report.

ANSWER:

Montenegro's Strategy for Prevention of Drug Abuse 2013-2020, and the accompanying Action Plan for 2019, recognizes the importance of drug abuse prevention. The problem of drug use is very complex and requires the involvement of all subjects of society. The Strategy of Montenegro for the Prevention of Drug Abuse defines multi-sectoral and multi-thematic activities of measures for the prevention of drug abuse. In 2019, within the strategic goal 1, "Reduction of the demand for drugs" envisaged in the Action Plan for the implementation of the Strategy of Montenegro for the Prevention of Drug Abuse 2019-2020, identifies a total of 4 operational objectives with 16 strategic measures, 15 measures have been implemented, while within operational objective 3, one measure has been partially implemented.

In Montenegro, preventive activities are carried out by various state institutions and non-governmental organizations. Municipal Drug Prevention Offices play an important role in prevention at the local community level, such as violence, delinquency, other mental illnesses, sexual risk

behavior, suicide and polytoxomania (including dependence on non-chemical agents). During 2019 and 2020, a large number of preventive activities and workshops for the development of socio-emotional skills of young people have been implemented.

Universal preventive activities are mainly carried out in educational institutions and at the municipal level. Montenegro started with the implementation of the prevention programs during the 1990s. At that time, the Drug Abuse Prevention Program (launched in 1998) was developed and implemented in primary schools, resulting in the training of the total of 200 primary school associates, and the Teacher's Manual was published. From the above-mentioned activities in the Drug Abuse Prevention Program, the course "Healthy Lifestyles" for students of 8th or 9th grade of primary and secondary schools was organized as an elective subject. The topic "The impact of psychoactive substances on health" is covered within this topic. A manual and a Teacher's Manual have been developed for both of these courses. Topics related to the prevention of substance abuse are covered within the course Biology (primary and secondary school), Psychology (secondary school level).

In the period from 2016 to 2018, the first phase of the "Skills for Adolescence" program was implemented. The target groups were the pupils of 6th and 9th grades of 17 primary schools in Podgorica, Nikšić, Cetinje and Danilovgrad. The program was implemented during one school year, including the organization of 26-40 workshops for pupils and about 1,500 pupils participated in the program. In the second phase of the 2018/2019 school year, the program was expanded to 10 primary schools in the northern region (Ulcinj, Bar, Budva, Kotor, Tivat and Herceg Novi). It was applied among 7th grade pupils, one grade per school, and about 250 pupils were involved in the program. In secondary education level, available prevention programs aim to increase students' knowledge of drugs and develop their skills in recognizing drug-related risks and resisting societal pressures on drug use. These activities are mainly carried out by NGOs. Police are also involved in prevention activities in schools. These activities are carried out in the following ways: through the concept of "Community Policing"; activities with minors aimed at early detection and prevention of drug trafficking and drug consumption in educational institutions and schoolyards ("School Police Officer" project in primary and secondary schools); participation in educational workshops, seminars, round tables and other activities for the exchange of police knowledge and experience on preventive action; cooperation with municipal offices for the prevention of drug abuse in order to organize informative public events; permanent presence of specialized drug officers in the field and gathering information on particularly sensitive areas (territories), as well as taking preventive measures. Most municipalities in Montenegro have an addiction prevention office tasked with conducting information and awareness-raising activities on substance use.

As far as the rehabilitation is concerned, the Public Institution for Accommodation and Rehabilitation and Re-socialization of Drug Users, which is of the residential type, operates in full capacity. Professional treatment of drug addiction, for females, is provided through the stay in a purpose-built

facility for women's accommodation, with accompanying facilities for occupational therapy, physical activity, free time, creative activities and other measures necessary for rehabilitation.

Pursuant to the Strategy 2013-2020, and developed drug-related legislation, a relevant system for providing health care to drug users has been established to ensure integrated, permanent and affordable treatment of drug users, equally accessible to patients of both genders and patients of different ages, as well as users of all types of drugs. Treatment in state institutions is financed from the state budget, as well as general health care. All Montenegrin citizens have the right to health insurance (including the unemployed, refugees, displaced persons and children). Specialized outpatient treatment is provided in the units within the mental health centers in Podgorica, Bar, Bijelo Polje, Budva, Berane, Cetinje, Danilovgrad, Herceg Novi, Kotor, Niksic, Pljevlja, Rozaje and Ulcinj. These centers offer opioid substitution treatment. There are also outpatient units in two special psychiatric units where addiction treatment can take place. In addition, outpatient psychosocial and medical drug treatment is provided in 18 health centers across the country (14 of which are linked to mental health centers). Hospital treatment is provided at the Psychiatric Clinic in Podgorica, the Psychiatric Hospital in Nikšić and the Special Psychiatric Hospital "Dobrota" in Kotor, while detoxification units are also available in seven general hospitals. Rehabilitation/re-socialization is provided in the state Public Institution for Accommodation, Rehabilitation and Re-socialization of Drug Users, as well as in the therapeutic community RETO (registered as an NGO). It is worth mentioning that other civil society organizations provide certain services for drug users through support programs, counseling, drop in centers, etc. Financial resources are allocated from the state budget for the implementation of programs for non-governmental organizations. In a public rehabilitation institution, the program consists of two phases: the first phase includes the stay of clients in the institution for 12 months; the second phase involves nonresidential treatment. In 2019, 1,363 group therapies for clients in the residential part of the treatment and 67 group therapies for clients in the non-residential part of the treatment were performed in the Public Institution Kakaricka Gora. At the end of 2019, 39 professionals were introduced to this topic through an educational supervision group. Ongoing individual psychotherapy treatment, a professional rehabilitation and re-socialization program as well as a substitution program Methadone maintenance treatment (MMT) is available since 2005. The methadone program (MMT) is a high-threshold program with strict rules and frequent drug use trials. It is designed for people with a long history of drug use (mostly opioids), as well as for those who are already addicted to methadone. Methadone maintenance treatment is available in Podgorica, Berane and Kotor, Bar, Niksic, and is financed by the National Health Insurance Fund.

All clients on residential treatment in JU Kakaricka Gora (average number in 2019 was 27) were involved in occupational therapies. In 2019, the Project "Construction of a car wash" as a part of occupational therapy was launched. PI Kakaricka Gora periodically organizes excursions, walking tours, visits to cultural events. In this public institution, the members of the expert team carry out the

Professional Program of Rehabilitation and Re-socialization. Spatial and personnel capacities for rehabilitation treatment of female addicts have been provided. A professional program/protocol of rehabilitation and re-socialization that takes into account the specifics of the problem of female addicts is being applied. The number of admissions in 2019 in the Center for Female Addicts amounts to 6. Spatial capacities allow the possibility of admission without a waiting list.

An overview of the situation with drugs in Montenegro during the COVID-19 pandemic

Like the world, Montenegro was affected by the effects of the COVID – 19 outbreak. In the first wave, when the virus was unknown around the world, Montenegro, like other European countries, opted for the lockdown. All institutions responded in a timely manner to minimize the spread of the virus.

The new situation caused by the pandemic affects all areas of social life, including the drug situation. The difficulties caused by the pandemic, such as rising unemployment, domestic violence, limited access to social and health care systems, etc., have led to new patterns and ways of fighting at all levels. Despite everything, in these changed circumstances, Montenegro has enabled the provision of all necessary services and other activities.

The Ministry of Health, specifically the Department for Membership in International Bodies in the Field of Drug Abuse Prevention Policy, is, in cooperation with all relevant institutions such as the Institute of Public Health, the Ministry of Justice, the Ministry of Labor and Social Welfare, the Ministry of Interior, Customs Administration, Judiciary and Prosecutor's Service, local self-government, civil society, etc., and international institutions such as the European Monitoring Center for Drugs and Drug Addiction EMCDDA, the United Nations Office on Drugs and Crime UNODC, the Pompidou Group, etc., continued to advance the field of drug abuse prevention despite the pandemic.

Impact of the COVID-19 Pandemic on drug-related areas, provision of harm reduction and other services

The EMCDDA conducted a study using a customized version of the trend potter methodology in IPA7 beneficiary countries, and aimed to map and increase understanding of the impact of the COVID-19 epidemic and related national measures on drug use, harm and service delivery patterns, and to identify innovative national response to public health challenges in this area. Montenegro participated in this study, and the Ministry of Health translated the questionnaire into the Montenegrin language, and in June 2020 the questionnaire was delivered to all stakeholders dealing with the problem of drug addiction (all primary health care institutions, hospitals, Clinical Center of Montenegro, Public institution for accommodation, rehabilitation and re-socialization of users of psychoactive substances "Kakaricka Gora", Special Psychiatric Hospital "Dobrota", municipal offices

for drug prevention, non-governmental organizations). The later phase of this study collected the number of participants in treatment in the first 6 months of 2020, and the data collected are presented below.

The results show that there was an overall slight decrease in the demand for drug treatment services during the COVID-19 control measures. Those who noticed the changes reported that the target group was opioid users - heroin and OST users, as well as the users who abused antidepressants and sedatives. Initiation of opioid substitution treatment (OST) for new clients who require or need this treatment is slightly reduced.

Data were collected from 20 health institutions that provide addiction treatment; the total number in the first 6 months of 2020 (excluding Clinical Center of MNE) is 116 persons. The number of patients on OST therapy in the first 6 months of the current year was 97. Data refer to the total number of patients receiving treatment in the first 6 months of 2020 and the number of patients in prison. Data were collected from 20 health institutions providing the addiction treatment services (data from the Clinical Center are missing) and the total number is 4,739, and the total number of patients in prisons is 734.

There has been a slight decrease in the availability and provision of treatment services - the Public Institution for Accommodation, Rehabilitation and Re-socialization of Users of Psychoactive Substances and the NGO "Preporod", which provide counseling services, have suspended the admission of new clients. Some OST centers have changed the way they work - and some Centers were administering methadone and buprenorphine therapies once or twice a week. The rules for the OST were to be changed in the Capital City and they opted for allowing the clients to take away the prescribed doses during the strictest epidemiological measures to reduce the frequency of user arrivals. The hospital in Bijelo Polje reported that the number of patients admitted to the hospital to start substitution programs (opiates) was reduced. In some smaller towns, they organized home delivery of therapy to users. Delivery of OST therapy was organized for persons placed in self-isolation or quarantine. During the epidemic in Montenegro, a national SOS line for psychological assistance was established. This service was also available to the entire population. The Health Center in Podgorica also organized and provided a free telephone service - experts were available on weekdays and weekends from 07 -21 h. Moreover, the NGO "Preporod" reported that free SOS line and the calls they receive have been intensified. Some services were switched to online regime - Public institution for accommodation, rehabilitation and re-socialization of users of psychoactive substances "Kakaricka Gora" and NGO "Preporod" have established online counseling services. A slight increase in the demand for harm reduction services was reported during COVID-19 control measures. The main target group was heroin users. Harm reduction services remained operational throughout the epidemic, with limited working hours in line with national measures, and some services were switched online. At the methadone center in the Health Center Podgorica, testing of

methadone therapy users has been kept to a minimum for safety reasons due to the epidemic. The reports of the institutions/organizations did not pinpoint any changes in the patterns of drug use (quantities used, methods of administration, substitution of substances, etc.) among certain groups of people who use drugs since the introduction of COVID-19 control measures. NGO "Preporod" pointed out that they noticed new risky behaviors related to drug use in certain subgroups of people who use drugs since the introduction of measures for combating the COVID -19, i.e. that the abuse of substitution therapy has increased among OST clients.

NGO "Preporod" reported that they noticed drug-related damage - an increase in property crimes concerning the misappropriation of cash to buy illegal drugs, as well as substitution therapy in the illegal market, and the intensity of conflict within the drug-using population.

Prevention

The greatest impact of the COVID-19 virus pandemic is in the area of prevention. Almost all preventive activities had to be canceled, postponed or switched to an online format wherever possible.

Recommendations from international drug policy bodies, such as the United Nations Office on Drugs and Crime (UNODC) and the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), the Pompidou Group, imply that continuity of appropriate access to health care is needed during a pandemic and provision of health services. To facilitate the review of proposals for the treatment, care and rehabilitation of drug users in the context of the COVID-19 pandemic, UNODC has prepared and published information posters with guidelines on prevention, treatment, care and support services for drug users and service providers. Persons abusing drugs, especially intravenous drugs, already have a compromised immune system, and addiction is often accompanied by the presence of other diseases such as HIV/AIDS, hepatitis B and/or C, lung and cardiovascular diseases, etc., thus exposing those people to increased risk of coronavirus infection.

The Committee requests that the report contain information on the availability of mental health and treatment services, including information on the prevention of mental disorders and recovery measures.

ANSWER:

In Montenegro, inpatient treatment of persons with mental health disorders is provided in inpatient treatment units, being as follows:

a. Special Hospital for Psychiatry Kotor with a capacity of 237 beds, being as follows: Emergency Ward - capacity 10 beds, Addiction Ward – 21 capacity beds, Acute Men's Ward - capacity 30 beds, Acute Women's Ward - capacity 22 beds, Forensic Ward - capacity 21 bed, Chronic men's

ward - capacity 46 beds, Chronic women's ward - capacity 36 beds, Men's ward for extended therapy - capacity 51 beds.

b. *Clinical Center of Montenegro - Clinic for Psychiatry Podgorica with a capacity of 40 beds distributed in 4 organizational units, being as follows: Psychosis Ward - capacity 30 beds, Neurosis Ward - capacity 5 beds, Addiction Ward - capacity 5 beds, while Day Hospital has no beds and in this unit patients are admitted on a daily basis, due to the administration of long-acting drugs from the group of antipsychotics.*

General Hospital Nikšić-Psychiatric Department of the General Hospital with 26 beds.

c. *General Hospital Bijelo Polje-Psychiatric Ward with a capacity of 7 beds.*

Outpatient treatment of patients with mental health disorders is administered by the Centers for Mental Health in Healthcare Centers.

Strategy for protection and improvement of mental health in Montenegro 2019-2013, envisages the construction of a prison hospital by the end of 2021. The main strategic goals defined by the Strategy are as follows: to improve the mental health of the population and reduce the burden of mental illnesses in the population, with a special focus on risk groups. To this end, activities to promote mental health and prevent mental disorders will be intensified, with special reference to the most vulnerable groups and those most at risk. Establish and develop affordable, safe and effective mental health services, in line with community needs, that meet the mental, physical and social needs and expectations of people with mental health problems and their families. Create conditions for the human rights of people with mental health problems to be fully valued, protected and promoted and to be provided with the opportunity to create the best possible quality of life, while reducing stigma and discrimination.

The Committee requests that the report contain information on dental care services (e.g., who is entitled to free dental care, the cost of the main treatment and the percentage charged to the patient).

ANSWER:

Pursuant to the provisions of the Law on Compulsory Health Insurance, the right to health care includes, inter alia, dental health care at the primary, secondary and tertiary healthcare levels. Dental healthcare, at the primary level, is provided to the citizens through a selected dentist. The right to free dental health care, from compulsory insurance, refers to health promotion through counseling work, prevention through prevention programs, preventive examinations of children up to 18 years of age, diagnosis and treatment of children up to 18 years of age, students and children without parental care, and no later than 26 years of age, persons older than 67 years of age, women during pregnancy and one year after childbirth, persons with disabilities who have muscle and neuromuscular disorders, plegic syndrome, hearing, vision and speech impairment with more than 70 % of physical impairment, intellectual disability with IQ 69 and less, autism, psychosis, epilepsy, examinations due to jaw anomalies (orthodontics), mobile orthodontic appliances for children up to

18 years of age, as well as fixed devices for children up to 18 years of age with intellectual disabilities with an IQ of 69 and less, autism, epilepsy, and impairments that limit mouth opening.

The patient has the right to select a dentist. The selection of a dentist can be made in the regional branches of the Health Insurance Fund in all municipalities or in the dental clinic of a dentist, with whom the Fund has concluded a contract. The selection of a dentist is the obligation of the insured person within the right to dental health care at the expense of health insurance funds and the selection is made for at least a period of one year.

With regard to the right to health protection of transgender persons, the Committee received a submission from Transgender Europe and the International Lesbian and Gay Association (European Region) (ILGA) stating that Montenegro was among the countries requiring sterilization as a requirement to enjoy legal recognition of their preferred gender. The Committee requests information on this issue in the next report, in particular, whether legal gender recognition for transgender persons requires (by a law or in practice) to undergo sterilization or any other invasive medical treatment that could impair their health or physical integrity.

ANSWER:

In terms of access to health services for LGBT persons, research indicates a positive trend. In 2015, the perception of discrimination against LGBTI persons was at the level of 16, 3%, and in 2017 it amounted to 17, 1%, after 2018 there was a decrease to the level of 14.4%. The measures determined by the Strategy for Improving the Quality of LGBTI Persons in Montenegro 2019 -2023 contributed to the positive trend.

The Rulebook on determining medical reasons for gender reassignment ("Official Gazette of Montenegro", No. 47/14) determines the medical reasons for gender reassignment of the insured person, which are borne by the funds of compulsory health insurance.

It is prescribed that a gender reassignment for medical reasons may be required by an insured person older than 16 years of age. Medical reasons for gender reassignment of the insured person are determined by: examination at the primary healthcare level, examination and diagnosis by a specialist in internal medicine (general internal medicine, endocrinology), examination and diagnosis by a surgery specialist (general surgery, plastic and reconstructive surgery, urology and gynecology), examination and diagnosis, if necessary, of other specialists or specialists of narrower branches of medicine, the report of a psychiatrist and psychologist, and the social case history issued by a social worker. Reports and case histories are made on the performed examinations. The opinion on the existence of medical reasons for gender reassignment of the insured person is given by the council of doctors of medicine of the appropriate specialty of the Clinical Center of Montenegro on the basis of reports and case history.

2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;

a) Please provide information on health education (including sexual and reproductive health education), and related prevention strategies (including those related to empowerment that can serve as a factor in addressing self-harm, eating disorders, alcohol and drug use) in the community and schools. Furthermore, provide information on awareness and education regarding sexual orientation and gender identity and gender-based violence.

ANSWER:

*The Bureau for Education Services of Montenegro has undertaken a number of activities on these issues in previous years with the aim of raising students' awareness of the importance of health education and the importance of preventive response in situations where schools may be affected by various hazards. Based on the analysis of the implementation of the curriculum, the Bureau for Education Services concluded that young people (adolescents) in Montenegro are provided with sufficient space for adequate representation of sex education. In addition to the regular and elective subjects such as Biology and Healthy Lifestyles in primary schools, as well as in the Grammar School, there are inter-curricular areas contained in the document entitled: **FRAMEWORK FOR CROSS-CURRICULAR INTRODUCTION OF SUSTAINABLE DEVELOPMENT CONTENTS IN MONTENEGRIN EDUCATIONAL SYSTEM FOR PRIMARY SCHOOLS AND INTERCURRICULUM AND AREAS IN THE GRAMAMR SCHOOL**. These are actually interculicurrum areas that teachers are obliged to implement within their subjects. One of those intercurriculum areas is Health Education and education recognizing the area of sex education. Finally, there is a free part of 15-20% in each subject program where any professional section and teacher can autonomously include content that is important for the holistic development of the personality of each student, including the content of sex education. Therefore, our education system offers many opportunities and they should be seized. Great progress was achieved when it comes to the representation of sex education. This assessment refers to primary education and general secondary education - high school. As far as secondary vocational schools are concerned, such an assessment cannot be given because their elective subjects are in the function of occupation and there is not much room for inclusion of such contents. A small exception are intercurriculum areas - Healthy lifestyles where sex education is recognized, but not in all educational areas.*

In Grammar school, the contents, or the goals of sexual education in a direct or indirect connection are contained in the following subject programs of regular and elective classes: Psychology, Civic Education, Media Literacy, Biology and Healthy Lifestyles. In primary school, the contents of sex education can be found in the subjects Biology in the ninth grade and in Healthy Lifestyles in the eighth or ninth grade. Regarding secondary vocational schools, sex education is represented in the following subject programs: Psychology, Biology and Sociology.

Based on the analysis of various initiatives submitted on this topic, we concluded that the content of the proposal for the introduction of compulsory subjects on sexual and reproductive health in the education system is based on a detailed analysis of current approaches to sex education and can contribute to general education goals in our schools.

Our education system has identified and applied several approaches to sex education in primary and secondary schools. What we want to emphasize is that we will continue to develop, apply and evaluate approaches and that in this process we would welcome and highly appreciate the cooperation and dialogue with all stakeholders.

The concept of “cross-curricular approach” in the field of sex education, or permeating the entire school curriculum with the goals of sex education, is a practice that, in our estimation, brings the greatest and sustainable benefits for the healthy development of children and youth, but is a complex and multiphase process.

In order to incorporate into our curriculum the March 2000 recommendations of the Council of Europe concerning the identification of key competencies necessary for each individual for personal development,, employment and active participation in the social life of the community, the Bureau for Education Services has developed a document in primary and high schools. The document has given a significant room for the place is reserved for the intercurriculum area of Health Education and Upbringing, and one of the very important topics is the area of youth sex education. Sex education and upbringing is multidisciplinary, because no single area of learning provides students with all the necessary knowledge that would contribute to the healthy development of children and youth. Appropriate knowledge and skills must be interconnected, during the teaching/learning process, through all individual subjects and programs, in order to implement them efficiently.

*All skills/competencies that should be developed and maintained by the children and young people in the process of sexual education fall within the domain of the so-called generic skills or transferable skills: they are also developed in the processes of teaching and learning all other subjects, precisely because we strive to ensure that every learning experience (in teaching and extracurricular activities) is permeated with sustainable or transferable knowledge and skills. The goals of the program/subject are intertwined, they are complementary, and they can be mutually compensated, strengthened, supported, all with the aim of sustainability and the greatest applicability of knowledge and skills. **In such an approach, it is not realistic to expect that only “the introduction of the whole subject, with a full norm of classes ... would lead to results.”***

One of the possibilities of implementing the goals of sex education is through the application of an open curriculum. This means that the programs leave space for up to 15-20% of the goals that the school, in cooperation with the local community, can plan and later implement. Thus, in subjects such

as Biology, Healthy Lifestyles, Civic Education, Civic Upbringing, or an individual in a group, additional goals of sex education and upbringing can be planned. This possibility is left to all schools and subject programs, i.e. teachers can independently, according to their own needs and students' assessments, implement certain goals of sexual education.

Secondary vocational education: In the modularized educational programs of level IV1, which belong to all sectors and are implemented in secondary vocational schools, there is an elective module in the second grade titled "Contemporary growing' with up with 72 classes per year. The aim of this module is: to enable young people to understand the process of growing up, as a challenge of modern society that offers various factors in the formation of identity; developing a critical attitude towards the contents of consumer-popular culture, risky forms of youth behavior, as well as an affirmative attitude towards identification with the positive values of the youth subculture and healthy lifestyles.

This module covers the following learning outcomes that enable students to:

- 1. Identify the challenges of the process of growing up and adolescence (in this learning outcome, special attention is paid to factors that affect personality development and identity formation, such as family, school, peers, culture, society, etc.);*
- 2. Perceive the importance of the family as a factor of socialization (this learning outcome, inter alia, includes the gender division of roles within the family and reflection on gender discrimination);*
- 3. Recognize the role and content of youth subculture (this learning outcome, inter alia, includes the impact of subcultural groups on the development of healthy lifestyles);*
- 4. Perceive the impact of mass media on young people, as consumers (this learning outcome, inter alia, includes the connection between media content and youth lifestyle, as well as the impact of the media on shaping the content of their own subculture);*
- 5. Identify the influence of consumer-popular culture on lifestyle shaping;*
- 6. Perceive the importance of applying healthy lifestyles (in this learning outcome, special attention is paid to the concepts of healthy eating, the importance of physical activity from the individual and social aspect, the importance of education for healthy behavior, attitudes and habits such as personal hygiene, proper nutrition, etc.);*
- 7. Recognize risky behavior of young people and prevention mechanisms (in this learning outcome, special attention is paid to juvenile delinquency in the causes that lead to it, characteristics of at-risk social groups, consequences of substance abuse and alcohol, possible causes and consequences of risky forms of sexual behavior, causes and the consequences of various forms of violence, prevention and prevention of risky behavior, etc.).*

In the modularized educational programs of level IV1, pertaining to all sectors and being implemented in secondary vocational schools, there is an elective module in the third grade titled Social Networks and Globalization with 72 hours per year. The aim of this module is: to acquaint students with the process of globalization, the challenges of the modern labor market, lifelong learning and volunteerism, human rights and freedoms, the importance of political engagement and

media literacy; developing a creative, critical and creative attitude towards the challenges of modern society.

This module covers the following learning outcomes that enable students to:

- 1. Recognize the position of young people in the process of globalization of society;*
- 2. Identify the characteristics of basic human rights and freedoms (in this learning outcome, special attention is paid to types of human rights and freedoms such as the right to life, the right to respect for private life, the right to freedom of thought, conscience, religion, etc.);*
- 3. Recognize the social context of gender roles in culturally diverse societies (in this learning outcome, special attention is paid to gender roles in traditional and modern society, gender identity and value orientations, gender inequalities in different developmental stages and social contexts, ethnic and racial affiliation in society , the emergence of prejudice and the impact on the development of social awareness of the acceptance of diversity);*
- 4. Assess the importance of developing political awareness and achieving the goals of sustainable development;*
- 5. Recognize the opportunities and requirements of the global labor market;*
- 6. Apply media literacy in everyday life;*
- 7. Identify the characteristics of cyber culture, as a social phenomenon (this learning outcome, among other things, includes the issue of identity and community in virtual worlds, as well as different types of cybercrime).*

In the modularized educational programs of level IV1, pertaining to the sector of health and social protection, professional module in IV grade titled Principles of healthy nutrition and health preservation with 66 hours per year is being implemented in the secondary vocational schools. The aim of this module is: to acquaint students with the basic principles of proper nutrition and healthy lifestyles, as well as risk factors that affect the quality of health; training students to make responsible decisions about their diet and health; developing critical thinking, responsible decision-making, effective communication, stress management and habits that will contribute to maintaining and improving health throughout life.

This module covers the following learning outcomes that enable students to:

- 1. Identify the concept of health and the importance of nutrients for human health;*
- 2. Identify the ingredients of foodstuff and their importance for human health;*
- 3. Establish the principles of healthy diet;*
- 4. Identifies menu ingredients and the importance of healthy eating habits in order to maintain health;*
- 5. Evaluate risk factors that affect human health;*
- 6. Notice the connection between physical activity and health;*
- 7. Evaluate the importance of health care in order to improve the quality of life*

In the modularized educational programs of level IV1, pertaining to the sector of health and social protection, professional module in IV grade titled Principles of healthy nutrition and health preservation with 66 hours per year is being implemented in the secondary vocational schools. The aim of this module is: to acquaint the students with the principles and procedures of first aid; training

for providing emergency assistance to injured and sick (p/o) persons in various emergency situations, which is the basis for saving and preserving lives and mitigating the consequences by applying procedures prescribed by international regulations; encouraging the development of ethical personality traits such as: humanity, altruism, responsibility, precision and sacrifice.

This module covers the following learning outcomes that enable students to:

- 1. Perceive the importance and principles of providing first aid to persons;*
- 2. Carry out the procedure of proper access to the person and triage in emergencies;*
- 3. Perform the procedure of cardiopulmonary resuscitation of a person;*
- 4. Perform procedures to stop face bleeding;*
- 5. Take care of injuries of the skeletal and muscular system of the face;*
- 6. Take care of injuries and conditions caused by physical, chemical and biological factors;*
- 7. Take care of injuries to certain parts of the body of a person;*
- 8. Provide first aid to persons with sudden problems, due to various conditions and diseases.*

In addition to compulsory and vocational modules in educational programs, there are modules of free activities related to the provision of first aid in all sectors to which educational programs in vocational education pertain.

Grammar school: In general education programs that are implemented in the Grammar schools, there is an elective subject in the first or second grade titled Healthy Lifestyles.

The subject program Healthy Lifestyles includes the following topics:

- 1. Health and healthy lifestyles;*
- 2. Development in adolescence;*
- 3. Diet and physical activity;*
- 4. Mental health;*
- 5. Body image and body care;*
- 6. The impact of psychoactive substances on health;*
- 7. Sexual and reproductive health;*
- 8. HIV/AIDS;*
- 9. Prevention of injuries and violence.*

Moreover, the Strategy for Improving the Quality of Life of LGBTI Persons in Montenegro 2019-2023, envisages certain activities that are carried out in health, social, culture and other sectors. Within the operational goal 3.2: "Improved access to healthcare services for LGBTI persons", the measure "Education of medical practitioners for a sensitive approach in working with LGBTI persons" is envisaged. The measure implies the organization of trainings for medical practitioners in order to raise the level of their knowledge about the human rights of LGBTI persons and to develop a sensitive approach in working with them. Within Operational Objective 3.3: "Improved access to social protection services and support services for LGBTI persons", measure 3.3.1 is envisaged aimed at

educating professionals in social work centers for a sensitive approach in working with LGBTI persons. The measure implies the organization of trainings for professional workers in the centers for social work in order to raise the level of their knowledge about the human rights of LGBTI persons and to develop a sensitive approach in working with them.

In addition to the above, other measures are envisaged that aim to educate certain groups and sectors in order to improve the level of knowledge about the human rights of LGBTI persons and develop a sensitive approach to working with them: education of sports workers for sensitive work with LGBTI persons, education of representatives of political parties on international human rights standards of LGBTI persons, education of Montenegrin army officers for a sensitive approach in working with LGBTI persons, education of teaching staff in primary and secondary schools on the rights of LGBTI persons, education of professional associates in primary and secondary schools psychosocial support in the process of acceptance and integration of LGBTI students, etc.

Furthermore, the Institute of Public Health, through the HIV Counseling Center, conducts an annual campaign to mark HIV Day and European Testing Week. At the invitation of individual NGOs and schools, trainings and campaigns are conducted, but only within this health calendar. There is no continuous cooperation with NGOs except as part of the project activities of individual NGOs.

a) provide information on measures to ensure informed consent to health interventions or treatment and on specific measures to combat pseudoscience in relation to health problems.

ANSWER:

The Law on Patients' Rights ("Official Gazette of Montenegro", No. 40/10), (Article 7) stipulates that the patient has the right to timely access to all types of information about his/her health condition and disease, the manner of providing health services and their use, as well as all information that is, based on scientific research and research, known and available. Article 11 stipulates that the patient has the right to receive, in due time, the information from the healthcare professional enabling him/her to make a decision on accepting or rejecting the proposed medical intervention. The information includes: diagnosis and prognosis of disease outcomes; a brief description and purpose of the proposed medical intervention, duration and possible consequences of undertaking or not undertaking the proposed medical intervention; the type and assessment of possible risks, pain, permanent or other side effects; alternative methods of treatment; possible changes in the patient's condition after undertaking the proposed medical intervention, as well as possible changes in the patient's lifestyle; effect of drugs and possible side effects of that effect. The information is provided by a health professional with a university degree, providing the patient certain type of health service even if the patient does not require it, orally in a way that is understandable to the patient, taking into account his/her age, education and emotional state. If the patient does not know the official language in use or is hearing impaired, the medical institution is obliged to provide a translator or interpreter. The competent healthcare professional enters in the medical documentation the data

that s/he has given an information to the patient, or a family member. Article 12 stipulates that the patient may waive the right to information, unless the proposed medical intervention is necessary, i.e. it is risky not to take it, as well as in cases when it directly endangers the life and health of others. Exceptionally, the competent healthcare professional may withhold the diagnosis, limit the course of the proposed medical intervention and its risks or information, if there is a serious danger that the information will significantly harm the patient's health.

b) If the previous conclusion was about non-compliance, explain whether and how the problem was fixed. If the previous conclusion is postponed, please answer the questions asked.

ANSWER:

The Committee postponed its conclusion until receiving the information requested below.

The Committee recalled that informing the public, especially through awareness-raising campaigns, must be a public health priority. Measures should be taken to prevent activities that harm health (smoking, alcohol, drugs) and promote a sense of individual responsibility (healthy diet, sexual education, and environment). The Committee requests that the next report include information on specific campaigns undertaken on the mentioned topics in the media, schools and public institutions, etc.

ANSWER:

The subject "Healthy lifestyles" designed for primary schools was introduced as an optional subject in schools. The subject includes chapters related to sexual and reproductive health, safe sexual relations, HIV/AIDS and sexually transmitted diseases. The Institute of Public Health, through the HIV Counseling Center, conducts annual campaigns to mark the day of the fight against HIV and the European Testing Week, at the invitation of some NGOs and schools. There is no continuous cooperation with NGOs except as part of the project activities of individual NGOs.

The previous report stated that the National Council for Education approved the introduction of the elective subject "Healthy Lifestyles" in secondary schools as well. Conducted was the research "The impact of the elective course Healthy lifestyles on the knowledge, values and life skills of primary school students. " The findings and recommendations of this research were used during the development of the subject "Healthy lifestyles for high school students." The Committee asked whether the second subject had been introduced into the secondary school curriculum.

ANSWER:

In general education programs that are implemented in Grammar schools, an elective subject in the

first or second grade has been introduced titled Healthy Lifestyles.

The subject program Healthy Lifestyles includes the following topics:

- 1. Health and healthy lifestyles;*
- 2. Development in adolescence;*
- 3. Diet and physical activity;*
- 4. Mental health;*
- 5. Body image and body care;*
- 6. The impact of psychoactive substances on health;*
- 7. Sexual and reproductive health;*
- 8. HIV/AIDS;*
- 9. Prevention of injuries and violence.*

The Committee requests that the following report contain information on consultation and examination programs available to pregnant women. Until the time of receiving the requested information, the Committee maintains its position on this issue.

ANSWER:

The Law on Health Care stipulates that within the scope of the right to health care, women enjoy special rights during pregnancy, childbirth and one year after childbirth. Thus, women during pregnancy, childbirth and one year after childbirth are exempted from paying participation, i.e. co-payments. The Rulebook on more detailed conditions regarding standards and norms and the manner of achieving primary health care through a selected team of doctors or a selected doctor prescribes that women (pregnant women) undergo preventive examinations during pregnancy in the outpatient clinics of a selected gynecologist.

Reproductive health counseling centers are organized within the Health Centers on the territory of Montenegro, which work in one or two shifts, depending on the number of selected doctors working in the counseling center and the programs that are being implemented. The working hours of the counseling center correspond to the working hours of selected doctors for women - gynecologists. One can come to the counseling center without a referral at the suggestion of the chosen doctor or without it. A nurse or a medical technician in the team for the implementation of the program works permanently in the Reproductive Health Counseling Center, and selected doctors for women - gynecologists perform individual and group health-education work within the scope of their work and implement a program of women's healthcare measures. The Reproductive Health Counseling Center implements the "School for Pregnant Women", the program with the aim of adequate psycho-physical preparation for childbirth. Pregnant women are included in school at the beginning of pregnancy. Psycho-physical preparations begin from the 28th week of pregnancy and require the consent of the chosen gynecologist. Classes are usually organized once a week, lasting two hours, and it is recommended that the pregnant woman attend them together with her partner/spouse. Preparing a pregnant woman for childbirth includes a theoretical and practical part. Such psycho-physical preparation enables a pregnant woman to accept pregnancy, childbirth and the postpartum period as a natural process, providing her with the opportunity to meet other pregnant women. In

short, the School for Pregnant Women helps women to go through pregnancy and childbirth without fear. Some of the topics of the School for Pregnant Women are: monitoring pregnancy, psycho-physical changes during pregnancy, nutrition and care of pregnant women, harmfulness of smoking, alcohol, drugs, etc. during pregnancy, the course of childbirth, support during childbirth, psychological aspects of pregnancy, childbirth, the role of father and parenthood, the importance and practice of breastfeeding - Ten steps to successful breastfeeding (implemented within the initiative "Mother and Baby Hospital" - WHO and UNICEF), preparations for the arrival of the baby, physical preparations for childbirth (breathing exercises, muscle relaxation exercises), etc.

In the previous report, it was stated that in 2011 Montenegro adopted the National Cancer Control Plan, the National Program for Early Detection of Breast Cancer, the National Program for Early Detection of Cervical Cancer and the National Program for Early Detection of Colon Cancer. Montenegro has also adopted a Strategy for the Prevention and Control of Chronic Non-communicable Diseases (2008). The Committee wishes to be informed of the impact/outcome of these programs in practice.

ANSWER:

The funds for the implementation of the National Prevention Programs are planned in the budget of the Health Insurance Fund. Preventive examinations, additional tests and treatments as part of the program for early detection of colon, breast and cervical cancer are free of charge for all participants in the program.

Colon cancer screening was implemented on 1 June 2013 in 14 municipalities, including both genders, aged 60-64. A year later (1 June 2014), the screening became a national program with the coverage of insured persons of the Health Insurance Fund of Montenegro registered with their chosen doctors. The target group consists of insured persons of both genders aged 50-74. The defined duration of one cycle is the time interval after which a person is invited to come for retesting in the next cycle if the finding of occult bleeding in the stool (Ifobt) in the previous cycle is negative.

In the period from 1 June 2014 to 31 December 2019, there were a total of 263,739 insured persons in the group, who selected this procedure and registered with the selected doctor for adults. 190,665 (72, 29%) of the planned cohort were invited to participate in the program. 148,352 (77.81%) persons responded to the invitation to participate in colon screening. In the reporting period, 83,148 results were returned, of which 7,229 (8.69%) were positive results.

Cervical cancer screening was implemented on 18 July 2016, in Podgorica among women in the age group 30-34 years. As of 2 January 2018, the screening is carried out at the national level among the insured persons of the Health Insurance Fund of Montenegro registered with the selected gynecologist. The primary screening test is a method of molecular HPV testing. In the following period, the target group was expanded, so that in 2020 it will consist of women aged 30-49. During the observed period, 70,611 women were included. Of the 21,726 returned results, 3,687 (16.97%) were positive, while 17,499 (80.54%) HPV samples were negative. 296 biopsy findings were collected in the cervical cancer screening program in electronic and paper form. Pathohistological analysis of biopsied material revealed chronic cervicitis in 101 (34.12%) women, low-grade intraepithelial lesion

in 89 (30.07%) women, and high-grade 96 (32.43%) women. In situ (0.68%) cancer in situ and in three women (1.01%) invasive cervical cancer.

Breast cancer screening began to be conducted on December 23, 2015, in 4 municipalities in Montenegro: Podgorica, Danilovgrad, Cetinje and Kolašin. Screening is conducted among women aged 50-69. The screening cycle lasts two years. The screening test is a mammogram on a digital mammogram. Out of a total of 27,274 (36.63%) invited women, 26,306 (96.45%) responded and 12,859 (48.88%) women were recorded. In the past period, a total of 388 biopsies were performed in breast cancer screening. Breast cancer was detected in 114 (29.38) women participants: ductal invasive carcinoma was detected in 74 (64.91) women, lobular invasive cancer was detected in 16 (14.04%) women, and in 18 (15), 79%) women of ductal carcinoma in situ, in 2 (1.75%) mucinous carcinoma and in 4 (3.51%) women tubular carcinoma was detected.

In order to improve the screening program in Montenegro, health literacy, media campaigns and social mobilization will be carried out, as well as raising citizens' awareness of the importance of detecting cancer at an early stage of the disease when effective treatment is possible, while improving the quality of life and prolonging survival. Cervical screening is conducted in 18 health centers in Montenegro.

The Committee notes from the European Commission's 2016 Report that the WHO European Initiative for the Monitoring of Childhood Obesity was implemented in May and June 2016, although official results are not available. The Committee requests information on this issue in this report.

ANSWER:

In the 2016 Survey, the target group of 7-year-olds consisted of 1,754 children, of whom 820 were girls (46, 8%) and 934 (53, 2%) were boys, and the measurement was performed on 1,689 children. The study obtained data showing that almost a fifth of boys are overweight (18, 1%), and just over a fifth are obese (22, 8%). Girls in the same percentage as boys are overweight, while almost every tenth girl is obese (17, 7%). When it comes to the distribution of overweight and obese children in relation to the degree of urbanity, the research found that overweight children are twice as many in urban than in rural areas of Montenegro, i.e. that there are 50% more such children in suburban areas than children in rural areas. The goals of the COSI research in Montenegro are focused on children's health and regulations related to the proper growth and development of children in Montenegro (ages 7, 0 to 7, 9), and they are as follows:

- determining the nutritional status of children,*
- defining eating habits of children and levels of physical activity,*
- collecting information about the school environment.*

In accordance with the sample selection methodology, 100 primary schools in 2016 and 111 schools in 2019 in Montenegro participated in the project, with one class per first and second grades, randomly selected. The sample was stratified into northern, central and southern regions, as well as urban, rural and suburban schools. Data collection was done using three data collection forms (examiner notes, school questionnaire and parent questionnaire). Parents were fully informed of the details of the survey, and their consent to participate in the research was sought on a voluntary basis. During the research in 2019, around 3,600 pupils were surveyed, of which 3,372 children aged 6, 7 and 8. The parent questionnaire was completed by 3,300 parents. All schools selected in the sample participated in the survey, so that 111 school questionnaires were administered. Field work on data collection lasted from mid-April to 10 June 2019. All data of the collected questionnaires were entered into the online electronic database of Open Clinic, proposed by the WHO. Verification of the results by the WHO is underway, after which the data from 2019 will be analyzed.

3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

a) Describe the measures taken to encourage vaccine research, to provide adequate funding for it and how and to take place in a coherent, or coordinated manner between public and private actors.

ANSWER:

Vaccination against the new coronavirus (SARS-CoV-2) is one of the biggest public health challenges that arose at a time when the health system is overburdened by a significant number of sick, hospitalized and deceased patients who are a direct consequence of infection with this virus. The Ministry of Health, in cooperation with the Institute of Public Health, has adopted a Plan for the introduction of COVID-19 vaccines. The plan aims to manage Montenegro's national response to the introduction of the COVID-19 vaccine. The plan builds on existing guidelines for the introduction of new vaccines previously developed by the WHO as well as available materials for COVID-19 vaccines approved by the WHO SAGE Group.

b) Provide a general overview of health services in places of detention, especially in prisons (which are responsible for their work, to which ministry they are obliged to report, staffing level, and other resources, practical arrangements (organization in practice), medical examinations upon arrival, possibilities of exercising the right to specialist health care, prevention of communicable diseases, provision of health care for mental health, conditions of home care, i.e. in community institutions as needed, etc.).

ANSWER:

The Law on Health Care sets forth the following: In the field of healthcare, the state shall provide the funds, inter alia, for health care of persons serving a prison sentence (Article 17, item 14).

The Law on Execution of Prison Sentences, Fines and Security Measures (“Official Gazette of Montenegro”, Nos. 36/15 and 18/19) sets forth: Medical examination of prisoners shall be carried out immediately, and no later than within 24 hours of admission to the execution of the sentence, after which the prisoner's medical record is opened. The examination shall determine the health condition of the prisoners, as well as the existence of possible injuries, about which a written report shall be made.

A prisoner has the right to health care, in accordance with the law.

Healthcare for prisoners is provided in the Prison Institute, which is obliged to provide conditions in terms of space, staff and equipment, in accordance with the regulations governing health care. A prisoner who cannot obtain health care in the Prison Institute shall exercise it in a medical institution, in accordance with the law. Time spent on treatment outside the Prison Institute shall be included in the time of serving of a prison sentence or a long-term prison sentence, except in the case of termination of the execution of the sentence, in accordance with this Law. The person in charge of the prison may, with the consent of the prison doctor, authorize the prisoner to be treated in a medical institution that has not concluded a contract with the Health Insurance Fund of Montenegro.

The provision of health care to a prisoner is provided through regular and special medical examinations. The prison doctor is obliged to visit and, if necessary, examine all sick prisoners, prisoners who have reported illness or injury, prisoners in solitary confinement and prisoners whose condition requires special care. The prison doctor is obliged to report immediately the existence of an illness or injury to the prisoner to the person who manages the prison, which requires special examination and specialist health care. A prisoner suspected or diagnosed with an infectious or contagious disease must be immediately isolated and treated. The Law prescribes that the security measure of compulsory psychiatric treatment and placement in a medical institution performed in a specialized medical institution, in accordance with the Law.

The Rulebook on the application of the security measure of compulsory psychiatric treatment and placement in a medical institution (“Official Gazette of Montenegro”, No. 31/14) prescribes the application of the security measure of compulsory psychiatric treatment and placement in a medical institution. The security measure of compulsory psychiatric treatment and placement in a medical institution is carried out individually or in groups, depending on the type and severity of the disease in accordance with the modern method of treatment. The provision of healthcare and treatment of persons who have been imposed the measure of compulsory psychiatric treatment and placement in a medical institution is performed on the basis of a program determined by the therapeutic team

appointed by the director of the medical institution. The therapeutic team consists of a doctor of medicine, a psychiatry specialist, a psychologist, a social worker, an occupational therapy technician, and, if necessary, a doctor of another appropriate specialty.

The treatment program is determined if necessary and in agreement with a specialist in psychiatry from the medical institution where the person was previously treated. The therapeutic team develops an individual facial treatment plan, in accordance with the principles of clinical practice. Persons on compulsory psychiatric treatment and placement in a medical institution are classified into three groups, depending on the type, severity of the disease and the required intensity of treatment. The first group includes persons who need intensive treatment and health care. Persons may be allowed to move in a medical institution, only under the supervision of a health worker. The second group includes persons in need of semi-intensive treatment and rehabilitation. Depending on the health condition, movement in the premises of the medical institution may be allowed, and receiving a visit is allowed under the supervision of a health worker. The third group includes persons whose treatment is nearing completion and who need re-socialization.

After the completion of the mandatory treatment and placement, the medical institution submits a report on the implemented security measure, i.e. compulsory psychiatric treatment and placement in a medical institution to the court that referred the person for custody and treatment, the competent social protection authority in the place of residence and to the administrative authority.

In relation to the health services provided by the Prison Institute, we emphasize that all detainees and convicted persons have access to a prison doctor and other medical staff on a daily basis and that the Prison Institute currently has one full-time general practitioner and two doctors engaged pursuant on the service contract and engaged to work twice a week, two psychiatrists one of whom is available daily and the other twice a week. Furthermore, once a week, consultative specialist examinations are performed and an internist, radiologist, urologist, surgeon and physiatrist come as consultants, and other specialist examinations are scheduled by e-mail and by agreement with the authorities from the Clinical Center of Montenegro.

When it comes to health care of beneficiaries of social and child protection rights, Article 34 of the Law on Social and Child Protection stipulates that the right to health care shall be provided to the beneficiary of material security, personal disability benefits, care allowance and accommodation services, if this right hasn't been realized on another basis. The right is provided in accordance with the law governing health care in medical institutions, and the competence of the center for social work is only to make a decision on the right to health care for beneficiaries who have not exercised that right on another basis.

When it comes to health care in institutions of social and child protection for the accommodation of users, it is provided on the basis of norms and standards prescribed for that institution and in accordance with the Rulebook on the organization and systematization of job posts. The possibility is given, depending on the institution and the structure of the beneficiaries for employment, doctors, nurses and technicians, physiotherapists and caregivers. As an example, the Public Institution Nursing Home "Grabovac" in Risan has 270 beneficiaries, it employs two doctors, 46 nurses, and technicians, five physiotherapists and four nurses were employed. Medical institutions in the healthcare system are also fulfilling the health needs of beneficiaries, as well as based on the cooperation with those institutions.

c) Provide information on the availability and scope of community mental health services and on the transition to community mental healthcare from formerly large institutions. Provide statistics on social protection measure in the field of mental health assessment of vulnerable populations, including those in poverty or exclusion, unemployed (especially the long-term unemployed). Moreover, provide information on proactive measures taken to ensure that persons in need of mental protection are not neglected. Provide information from prison health services on the proportion of prisoners who are considered to have mental health problems and who, according to health workers, do not belong to the prison system or would be spared such situations if adequate mental health services were available in the community or in specialized institutions.

ANSWER:

In Montenegro, inpatient treatment of persons with mental health disorders is provided in inpatient treatment units, being as follows:

- 1. Special Hospital for Psychiatry Kotor with a capacity of 237 beds, being as follows: Emergency Ward - capacity 10 beds, Addiction Ward – 21 capacity beds, Acute Men's Ward - capacity 30 beds, Acute Women's Ward - capacity 22 beds, Forensic Ward - capacity 21 bed, Chronic men's ward - capacity 46 beds, Chronic women's ward - capacity 36 beds, Men's ward for extended therapy - capacity 51 beds.*
- 2. Clinical Center of Montenegro - Clinic for Psychiatry Podgorica with a capacity of 40 beds distributed in 4 organizational units, being as follows: Psychosis Ward - capacity 30 beds, Neurosis Ward - capacity 5 beds, Addiction Ward - capacity 5 beds, while Day Hospital has no beds and in this unit patients are admitted on a daily basis, due to the administration of long-acting drugs from the group of antipsychotics.*
- 3. General Hospital Nikšić-Psychiatric Department of the General Hospital with 26 beds.*
- 4. General Hospital Bijelo Polje-Psychiatric Ward with a capacity of 7 beds.*

Outpatient treatment of patients with mental health disorders is administered by the Centers for Mental Health in Healthcare Centers.

Strategy for protection and improvement of mental health in Montenegro 2019-2023, envisages the construction of a prison hospital by the end of 2021. The main strategic goals defined by the Strategy are as follows: to improve the mental health of the population and reduce the burden of mental illnesses in the population, with a special focus on risk groups. To this end, activities to promote mental health and prevent mental disorders will be intensified, with special reference to the most vulnerable groups and those most at risk. Establish and develop affordable, safe and effective mental health services, in line with community needs, that meet the mental, physical and social needs and expectations of people with mental health problems and their families. Create conditions for the human rights of people with mental health problems to be fully valued, protected and promoted and to be provided with the opportunity to create the best possible quality of life, while reducing stigma and discrimination.

When it comes to working with people who have mental and behavioral disorders and during their placement with the Prison Institute, they point out that they are regularly monitored by psychiatrists and are not neglected, but on the contrary that they are provided with continuous medication by psychopharmaceuticals with psychotherapeutic support and that the psychiatrists from the Sector for Health Protection of the Prison Institute, in accordance with medical indications, is referring these patients for the hospital treatment in the Special Hospital for Psychiatry in Kotor. They state that vulnerable groups of patients, namely people with mental disorders and addictive behavior, juveniles are regularly psychiatrically monitored during their placement with the Prison Institute, with the application of an individual approach in the therapeutic, supportive and treatment domain, all with the aim preserving and improving their mental health. The number of acutely ill patients so far, who were referred and admitted for hospital treatment, was less than 10% in relation to the total number of persons deprived of liberty in the Prison Institute.

In the field of social protection, persons with intellectual disabilities and autism spectrum disorders are placed with the Public Institution "Komanski Most" in Podgorica. In addition to the placement and accommodation, the institution provides the following services: support for community living; counseling-therapeutic and social-educational services; professional support and implementation of appropriate training for family accommodation service providers; work-occupation engagement in accordance with physical and mental abilities, cultural and entertainment activities; health care, which is provided, in accordance with the regulations on health care and health insurance. The institution employs several doctors of various profiles who are permanently employed in medical institutions, and a permanent medical staff consists of 2 physiotherapists, 3 occupational animators, and 1 head nurse with a university degree, 19 nurses-technicians and 17 nurses. The institution accommodates 115 beneficiaries, of which 52 are women and 63 are men receiving care by the total of 90 employees. If necessary, the institution cooperates with medical institutions at both central and local level for the purpose of protecting the health of beneficiaries.

d) Provide data on drug-related deaths and the transmission of communicable diseases among persons abusing or injecting psychoactive substances in the community and in the prison. Provide an overview of the national policy measures as a response to substance abuse and related disorders (deterrence measures, education, public health approaches that reduce adverse health effects, including the use or availability of opioid antagonist-based drugs listed by the World Health Organization) while ensuring compliance with the “availability, accessibility, acceptability and quality” criteria (World Health Organization, 3AAAQ), always with the obligation of consent given on the basis of properly presented facts, without on the one hand consent given under coercion (as in in case of acceptance of detoxification measures and other obligatory treatment instead of punishment by deprivation of liberty), and on the other hand, consent given on the basis of facts which were not enough, which are imprecise and inaccurate/false, i.e. not grounded upon the current scientific evidence.

ANSWER:

a) Drug-related deaths - In 2016, five drug-related deaths were reported, one woman and four men. The latest data are available for 2017, when 256 autopsies were performed (rate of 0, 41 autopsies per 1000 citizens per year). Of all autopsy cases, 6 were drug-related deaths. They were all men, ranging in age from 29 to 57 years. Heroin was the most commonly found drug in body fluids. The use of multiple drugs was present in 3 cases; all in the presence of heroin and benzodiazepines. In 2017, there were no deaths related to designer drug abuse.

b) The Strategy of Montenegro for the prevention of drug abuse 2013-2020 provides balanced policy support to actions to reduce drug supply and demand; the Strategy is integrated encompassing the diversity of the multifaceted nature of the drug problem; and evidence-based, enabling the adoption of policy decisions on the basis of the best and most available evidence. The Strategy for the prevention of drug abuse is aligned with seven main pillars: demand reduction, supply reduction, information and data systems, research, international cooperation, financial resources and evaluation. Measures envisaged in the field of drug demand reduction include drug use reduction, drug dependence and related health and social risks through the development and improvement of an efficient, comprehensive and science-based drug demand reduction system, targeted interventions in prevention, treatment and rehabilitation and damage reduction. Reducing the supply of drugs includes establishing the basis for the implementation of effective police and customs interventions aimed at reducing the availability and supply of drugs in Montenegro, as well as the implementation itself. The Strategy also envisaged actions in the field of drug monitoring, such as: creating conditions for the establishment of an information system with the aim of collecting, administering, processing and managing information in the field of drugs. The Strategy of Montenegro for the prevention of drug abuse 2013-2020, lays out the basis for the development and implementation of the first Action Plan for the period 2013-2016. After the implementation of the first Action Plan for the above four-year period, the implementation of the Strategy has continued

through the Action Plan 2017-2018 and the Action Plan 2019-2020. The Action Plan 2017-2018 is in line with the recommendations of the EU expert team for drug policies, which through an expert mission participated in the external mid-term evaluation of the Strategy of Montenegro for the prevention of drug abuse 2013-2020. Furthermore, the Conclusions of the Council of the European Union (CORDROGUE 70 SAN 279) were also used, concerning the minimum quality standards in the field of drug demand reduction in the European Union.

c) As a member of the Reitox Early Warning System, we understand the importance of early detection of new psychoactive substances that have a high potential for abuse, especially in small countries like ours. By strengthening cooperation with neighboring countries in order to more quickly detect possible impending threats, we could prevent or delay the presence of these substances in Montenegro by including them in the Checklist and thus limit its import potential, increase border controls and educate police, healthcare providers and NGOs on the drug abuse matters.

When it comes to the Prison Institute, persons who were regular users of the substitution therapy program Buprenorphine and Methadone prior to being placed with the Institute, have continued to use this type of therapy in prison, in accordance with previous treatment and that it is regulated by the Contract for users of this type of treatment. Furthermore, the Prison Institute is also administering this type of therapy to all users abusing PAS and for whom there is medical justification and harmonization of recommendations and indications of the World Health Organization and National Protocols for substitution therapy. Addicts also have the opportunity to be tested for contagious diseases such as hepatitis B and C, AIDS, as well as adequate treatment in competent institutions with the application of current therapeutic protocols. When it comes to the number of deaths due to the use of psychoactive substances in the previous year, there were no registered confirmed cases in the Prison Institute.

e) Provide information on measures taken to prevent exposure to air, water or other forms of environmental pollution, including the proximity of active or closed (but not properly insulated or closed) industrial plants where pollutants or toxic fumes are still present, where they discharge materials and waste, as well as slowly releasing or transferring to the environment by toxic emissions, leaks or outflows, including slow release or transfer to the neighboring environment, nuclear facilities, mines, as well as measures taken to address the health problems of the affected population. Provide information on measures taken to inform the public, including pupils and students, on general and local environmental issues.

ANSWER:

Pursuant to the Law on Integrated Environmental Pollution Prevention and Control, the integrated permits were issued for industrial plants of "Deponija" d.o.o., Podgorica; Landfill "Možura" doo Bar; "Toščelik Ironworks", Nikšić; Thermal Power Plant "Pljevlja", Pljevlja. The permit determines the

amount of substances and/or the intensity of their release into the environment, expressed in concentrations and/or emission levels whose increase in a certain period of time or within the normal operation of the plant is not allowed, and the permit conditions must be in accordance with best available technologies. In addition to the application for the issuance of an integrated permit, the operators also submitted the Program of measures for adjustment of an existing installation or activity to prescribed requirements.

Pursuant to the newly adopted Law on Industrial Emissions and Article 26, the Agency for Nature and Environment Protection, ex officio, in 2020, initiated the procedure of revising integrated permits and informed all operators about the reasons for initiating it. The requested documentation was submitted to the Agency by the following 4 operators: "Možura" doo Bar; Landfill "Livade" doo Podgorica; Eclectic Power Plant of Montenegro for the "Thermal Power Plant Pljevlja" and the "TOSCELIK Alloyed Engineering Steel d.o.o.", Nikšić.

It is worth mentioning that the adoption of the Law on Industrial Emissions was accompanied by the development of a Specific Implementation Plan (DSIP) for the Industrial Emissions Directive - IED, presenting in details all activities and necessary measures to be taken by certain operators, specifying financial resources and timeframe for full implementation of IED.

Montenegro has no nuclear facilities and their construction is prohibited by the law. In Montenegro, there is a central storage of radioactive waste managed by DOO Center for Ecotoxicological Research - Podgorica. Holders of licenses for carrying out radiation activities shall temporarily store the used sealed radioactive sources and radioactive waste generated by the performance of radiation activities in the repository until they are handed over to the radioactive waste storage facility. The Rulebook on the method of collecting, keeping, processing and storing radioactive waste ("Official Gazette of Montenegro", No. 58/11) sets forth the method of collecting, keeping, processing and storing radioactive waste. Among other things, it stipulates that radioactive waste records are to be kept in electronic form for each year separately, on the form prescribed by the Rulebook. The Rulebook also stipulates that the records are to be kept for each package separately and should include the data on fulfilment of acceptance criteria for the reception of radioactive waste in the storage facility. All data in the radioactive waste records are permanently kept. This Rulebook is harmonized with the international standards of the International Atomic Energy Agency (IAEA).

The provisions of Article 37 of the Law on Ionizing Radiation Protection and Radiation Safety ("Official Gazette of Montenegro", Nos. 56/09, 58/09, 40/11, 55/16) regulate general safety requirements, which must be met during the process of radioactive waste management. These conditions are described in more details by the license holders (for carrying out the radiation activities and/or for managing the radioactive waste storage) in the Safety Report, which is only one part of the documentation that meets the conditions for obtaining a license for radioactive waste storage management. Defined conditions include: analysis and description of storage location (demography, topography, meteorology, hydrology, geology, seismic, impact of surface and groundwater,

environmental protection), technical characteristics of storage, analysis of storage safety, working conditions and restrictions, methods and means for protection against ionizing radiation, data on radioactive waste, plans and measures and procedures in case of radiation accident, quality assurance and control program, review of measures of physical security of the warehouse, description of the organization of regular operation of the warehouse. The law also requires that all applied protective measures for radioactive waste management be in accordance with internationally recognized criteria, standards and guidelines. In addition, Article 37 stipulates that the radioactive waste generated during the performance of radiation activities should be as small as possible in terms of activity and volume.

It is important to note that the extensive documentation submitted with the application for a issuing a license for the management of radioactive waste storage facility also includes:

- Detailed study on climatological characteristics of the area of Podgorica for the needs of storage of radioactive material;
- Report on geotechnical properties of the terrain for the needs of construction of a facility for processing radioactive waste and its temporary storage at a location that includes part of the cadastral parcel number 2049 K.O. Podgorica III, in Podgorica;
- Opinion on the load-bearing capacity of the foundation and seismic resistance of the constructed structure of the building;
- Report on the threat of the facility to atmospheric waters;
- Report on hydrological characteristics of the location for the needs of construction of the storage facility;
- Report on the geological characteristics of the area where the warehouse is located;
- Consent to the Study on Environmental Impact Assessment, etc.

Before the commissioning of the warehouse, a detailed analysis was conducted - monitoring of radioactivity in the area where the warehouse is now located, and that was the zero level. Later, every year, upon request from the license, a monitoring program is implemented - two independent monitoring programs of the interior and exterior of the warehouse. One is carried out by the D.O.O. "Center for Ecotoxicological Testing" CETI as an operator, and the other is carried out by an independent institution that meets all the necessary requirements. The structure of both programs is almost identical and it entailed the following types of tests: testing of radon concentration in the premises of radioactive waste storage:

- gamma spectrometric analysis of samples of groundwater and surface water, air and soil from the immediate vicinity of the warehouse;
- testing of external radiation levels with TL dosimeters and automatic measuring systems;
- testing of contamination levels - dosimetric tests of the immediate environment of the warehouse - gamma, beta and alpha components of radiation;

- *testing of contamination levels - dosimetric testing of the interior of the radioactive waste storage of gamma and neutron components;*
- *examination of contamination levels - in situ gamma spectrometric tests;*
- *examination of total alpha and beta activity in waters;*
- *testing of contamination levels - testing of surface swabs.*

In addition to the Law, the issue related to general safety requirements in national legislation is regulated through several subordinate legislations, being as follows: Rulebook on more detailed conditions for obtaining a license for the management of radioactive waste storage ("Official Gazette of Montenegro", No. 56/11), the Rulebook on the method of collecting, keeping, processing and storing radioactive waste, Decision on conditions for location, construction, trial run, commissioning, operation and permanent closure of nuclear facilities ("Official Gazette of the FRY", No. 42/97) (Chapter V of this Decision has ceased to apply) and the Decision on the method and conditions for systematic examination of radionuclide presence in the environment in the vicinity of a nuclear facility ("Official Gazette of the FRY", No. 42/97). The content of the Safety Report, as a mandatory document for the procedure of obtaining a license for radioactive waste storage management, is given in the Rulebook on detailed conditions for obtaining a license for radioactive waste storage management ("Official Gazette of Montenegro", No. 56/11).

Pursuant to Article 54 of the Law on Environment, the Agency for Nature and Environment Protection is collecting available information and reports on relevant national data in the field of:

- *municipal waste management,*
- *industrial waste management,*
- *medical waste management,*
- *development of waste management infrastructure,*
- *issuing permits for the export of hazardous waste and*
- *remediation of unregulated landfills.*

Pursuant to the data of the Statistical Office of Montenegro, below are the data on waste generated in industry, 2016-2018

Source: Monstat

MNE	2016	2017	2018
Total amount of waste generated in industry (t)	686 522	667 266,9	759 908,7
Total amount of hazardous waste from industry (t)	323 243	298 196,8	336 749,2

Total amount of non-hazardous waste from industry (t)	363 279	369 070,1	432 159,5
--	---------	-----------	-----------

In relation to the second part of the question, which refers to information on the measures taken to inform the public, including pupils and students, on general and local environmental problems, we would like to pinpoint the following:

Montenegro, as a party to the Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters (Aarhus Convention), is committed to the principles of the Aarhus Convention and pays special attention to sustainable development and environmental protection.

Article 23 of the Constitution of Montenegro, as the supreme legal act of a state, stipulates that “everyone shall have the right to a sound environment and to receive timely and full information about the status of the environment, to influence decision-making regarding the issue of importance for the environment, and to legal protection of these rights, as well as that everyone, the state in particular, shall be bound to preserve and improve the environment; while Article 51 stipulates, inter alia, that “everyone shall have the right to obtain information held by the state authorities and organizations exercising public authority.”

Article 4 of the Law on Preschool Education defines that the goal of preschool education is, inter alia, to develop a positive attitude towards nature and environmental protection.

Furthermore, the Law on Primary Education and Upbringing stipulates in Article 2 that the goal of primary education and upbringing, inter alia, is the adoption and encouragement of a healthy lifestyle and a responsible attitude towards the environment.

Article 5 of the Law on the Environment, as one of the basic principles of environmental protection, is the Principle of Access to Information and Public Participation, which defines that everyone shall have the right to be informed about the status of the environment and to participate in decision-making processes, the implementation of which could affect the environment. Data on the status of the environment are public.

Article 68 of the Law on the Environment stipulates that information on the environment shall be published in accordance with this law, through electronic databases or through the media. This Law also stipulates that the Environmental Protection Agency shall be obliged to publish on its website:

- texts of international treaties, conventions or agreements and the EU Law;*
- regulations related to the environment;*
- strategies, plans, programs and other documents related to the environment;*
- reports on the state of the environment;*
- data obtained by monitoring the status of the environment;*

- reports on the implementation of international agreements in the field of environment, including the implementation of international agreements and strategic documents, plans and programs in the field of environment;
- permits/approvals that have a significant impact on the environment; and
- other data of importance for environmental protection.

The Law on the Environment, the provisions of Article 71 stipulate that the government administration bodies, administrative bodies and local administration bodies, within their competence, shall ensure that environmental information prepared or compiled on their behalf is up-to-date, accurate and comparable.

Furthermore, the Law stipulates in Article 55 that the monitoring of the status of the environment shall provide continuous control and monitoring of the status of the environment - monitoring, in accordance with this and special laws. Monitoring is an integral part of a single Environmental Information System and contains monitoring programs for individual segments of the environment and areas adopted on the basis of special laws.

Based on the monitoring program, the Agency for Nature and Environment Protection compiles the Information on the status of the environment, which is a basic document that provides an assessment of the overall status of the environment in Montenegro. Information on the status of the environment, with measures to reduce the negative impact on the environment and the Action Plan for the implementation of measures, is adopted by the Government of Montenegro.

The information is grounded on data and analyzes obtained by the implementation of the Annual Monitoring Program for all segments of the environment, which are implemented by authorized institutions selected in the tender procedure.

The information prepared in this way provides the entire interested public of Montenegro with a clear and understandable insight into the status of the environment in Montenegro in all segments.

The Ministry of Ecology, Spatial Planning and Urbanism regularly updates the website <http://www.mrt.gov.me> which includes all current regulations, planning and strategic documents, issued construction and use permits, decisions on requests for free access to information, reports from public discussions and other information relevant to citizens.

The Agency for Nature and Environment Protection regularly updates the website <http://www.epa.org.me> that includes reports on the status of the environment, data obtained from monitoring, issued permits, consents and other administrative acts, environmental impact assessment notifications, decisions on strategic environmental assessment and other information within its competence.

e) In the context of the COVID-19 crisis, please assess the adequacy of measures taken to limit the spread of the virus in the population (testing and monitoring, physical distancing and self-isolation, provision of medical masks, disinfectants, etc.) as well as measures taken to treat patients (a sufficient number of hospital beds, including intensive care units and equipment, and the rapid deployment of a sufficient number of medical staff while ensuring healthy and safe working conditions - a matter referred to in Article 3 above). Indicate the measures taken or envisaged because of this evaluation.

ANSWER:

The Committee for Emergencies at its second session and in accordance with the international regulations proclaimed the disease of the novel coronavirus as a public health emergency of international concern. In accordance with that decision, the Committee recommended to the Director-General of the WHO a series of activities and measures aimed at the global community. In order to control and effectively monitor the novel virus, the Institute of Public Health has adopted an Action Plan in case of COVID 19, which aims to minimize the risk of spreading the virus and to detect possible cases in a timely manner, laboratory treatment, isolation and if necessary treat suspicious cases, conduct adequate and timely epidemiological research with the search for and identification of close contacts.

With timely epidemiological measures and responsible approach, Montenegro has managed to save the lives and health of citizens, maintain and strengthen the health system, organize free return of our citizens from abroad and departure of foreign nationals from Montenegro, provide and distribute additional necessary medical equipment, organizes monetary and commodity donations, coordinates budget assistance to citizens and the economy in overcoming the consequences of the pandemic, and timely and non-selectively informs the national and foreign public about all aspects of the new coronavirus pandemic in our country.

The health system of Montenegro has shown throughout the pandemic and has continued to show the ability, sustainability and high level of professionalism of health professionals.

e) If it is established in the previous conclusion that the national law is not harmonized with the provision of the Charter, explain whether and how the problem has been eliminated. If it is determined in the previous conclusion that the conclusion is postponed, please provide answer the questions asked.

ANSWER:

The Committee concluded that the situation in Montenegro was not in accordance with Article 11,

paragraph 3, of the Charter, concerning that the measures taken to ensure a smoke-free environment in public places were insufficient.

The Committee wishes to obtain information on levels of air pollution, drinking water contamination and food poisoning during the reference period, and whether trends in these levels are increasing or decreasing.

ANSWER:

The average annual limit value of nitrogen dioxide concentrations ($40 \mu \text{ m}^3$) was not exceeded at any measuring point in the period 2016-2019.

Concentrations of suspended PM10 particles have been continuously monitored in Podgorica, Nikšić, Pljevlja and Bar in the period 2016-2019. The average annual limit value ($40 \mu \text{ m}^3$) was exceeded in Pljevlja and Nikšić during all four years. In Podgorica, the average annual limit value was slightly exceeded in 2018 ($40, 3 \mu \text{ m}^3$), while in Bar there were no exceedances. The trend of decreasing concentrations is noticeable at all measuring points, except in Podgorica, where there was a slight increase in concentrations.

Based on the available data, the established target values and the long-term target for ground-level ozone have not been exceeded in any of the air quality zones.

Regarding the consequences of long-term exposure to polluted air, the Institute of Public Health in cooperation with World Health Organization experts and partner institutions in Montenegro in late 2015 and early 2016 conducted a study to assess the impact of air pollution on health in Montenegro, which included the cities of Pljevlja, Podgorica and Niksic. Data from the study indicate that more than 250 premature deaths and 140 hospital admissions annually in these three cities, as well as a number of other health consequences are directly related to exposure to PM particles whose concentrations exceeded the recommended concentrations by the World Health Organization.

A significant part of this impact can be attributed to air pollution that occurs in the winter months due to the combustion of solid fuels (wood and coal) used for heating in households, increased traffic intensity, and meteorological conditions that worsen pollution in winter. Combustion of solid fuels for food preparation and heating significantly increases the overall exposure to polluted air of occupants of houses that use solid fuel for cooking and heating due to the direct creation of pollution indoors.

During 2019, numerous activities were implemented with the aim of improving the State Network for Air Quality Monitoring, through the project "Strengthening the capacity for air quality management in Montenegro. " New air quality zones have been established, new equipment has been procured and the network of measuring stations has been expanded. All activities of installation

of new stations, change of locations of existing ones, replacement of old measuring equipment, were implemented in the period May-September.

Exceedances of the concentration of PM particles in relation to the prescribed values predominantly affected the poorer air quality. The presence of these particles in concentrations above the prescribed ones from the aspect of health protection is the largest in Pljevlja and Bijelo Polje, but they are also significant in Podgorica and Nikšić. Overruns most often occur during the heating season.

High air pollution is predominant during winter, primarily suspended particles (PM10 and PM2.5). Frequent occurrence of temperature inversions, especially in the Pljevlja valley, prevents the dispersion of emissions and causes the retention of pollutants that are the product of burning fossil fuels, emissions from traffic and similar sources, just above the ground, which leads to high concentrations of pollutants in the ground.

Pollution of benzo (a) pyrene, which is a product of fossil fuel combustion (heating, industry and traffic), is evident in urban areas, which is confirmed by the measurement results of this pollutant at locations in Pljevlja, Nikšić, Podgorica and Bijelo Polje.

High concentrations of this pollutant are common during the period of exceeding the concentration of PM particles, i.e. most often during the heating season.

When it comes to contamination of drinking water in the mentioned period, there was no significant increase or decrease in water pollution. Microbiological defects in drinking water samples ranged from 2.95-3.46% (there was a slight decrease) while chemical defects ranged from 4.26 to 4.77% (there was also a slight downward trend in the number of defective samples).

Supervision for the area of drinking water quality in terms of radioactivity in Montenegro is the responsibility of the Ministry of Ecology, Spatial Planning and Urbanism, while other aspects of drinking water quality testing are the responsibility of the Ministry of Health and the Institute of Public Health of Montenegro.

Specifically, pursuant to Article 9 of the Law on Ionizing Radiation Protection and Radiation Safety ("Official Gazette of Montenegro", Nos. 56/09, 58/09, 40/11, 55/16), the Agency for Nature and Environment Protection develops the annual Proposal of the program of systematic testing of radioactivity in the environment, which is adopted by the Government of Montenegro at the proposal of the Ministry of Ecology, Spatial Planning and Urbanism. The program of systematic testing of radioactivity in the environment, which has been implemented since 1999, is carried out to determine the presence of radionuclides in the environment and to assess the level of exposure of the population to ionizing radiation under normal conditions, both in case of suspicion of radiation and during radiation accident.

The program is carried out in accordance with the Law on Ionizing Radiation Protection and Radiation Safety, the Decision on Systematic Examination of the Radionuclide Content in the

Environment ("Official Gazette of the FRY", No. 45/97), the Rulebook on the Limits of Radioactive Contamination of the Environment and Decontamination Procedures ("Official Gazette of the FRY", No. 9/99), the Rulebook on the limits of exposure to ionizing radiation ("Official Gazette of the FRY", No. 32/98), the Rulebook on conditions for trade and use of radioactive materials, X-ray generators and other devices that produce ionizing radiation ("Official Gazette of the FRY", No. 32/98) and the Rulebook on intervention and derived intervention levels and measures of protection of the population, domestic animals and agriculture (veterinary medicine, crop production and water management) in case of emergency ("Official Gazette of the FRY", No. 18/92 and the "Official Gazette of Serbia and Montenegro", No. 1/2003 - Constitutional Charter). Systematic testing of radionuclides is carried out in air, soil, rivers, lakes and sea, solid and liquid precipitation, building materials, drinking water, food and animal feed, buildings of general use. In addition, the strength of the absorbed dose of gamma (γ) radiation in the air is measured and the level of radon exposure in living and working areas is examined. Methods for measuring specific activities of radionuclides in environmental samples are gamma (γ) spectrometry, measurement of total alpha (α) and beta (β) gas proportional counter and measurement of Sr-90 by radiochemical separation with liquid scintillation counter, which are in accordance with applicable methods and the recommendations of the International Atomic Energy Agency (IAEA). The program of systematic testing of radioactivity in the environment determines the places, time intervals, types and methods of systematic testing of radioactivity in the environment. As in case of suspicion of a radiation accident and during a radiation accident it is impossible to plan places, time intervals, types and ways of systematic testing of radioactivity in the environment, in this case only certain financial resources are planned for extraordinary monitoring of radioactivity.

The costs of conducting radioactivity monitoring (regular and extraordinary) and assessing the level of exposure of the population to ionizing radiation are provided from the budget of Montenegro. The legal entity, selected by the Agency for Nature and Environment Protection through a publicly announced tender in accordance with the Law on Public Procurement ("Official Gazette of Montenegro", Nos. 42/11, 57/14, 28/15, 42/17) is implementing the Program of systematic testing of radioactivity in the environment and is obliged to submit to the Agency by 1 March of the current year for the previous year the Report on monitoring of radioactivity in the environment. In case of a radiation accident, the legal entity is obliged to immediately notify the Agency. After that, the Agency for Nature and Environmental Protection prepares a joint Information on the state of the environment with a Proposal of measures to reduce the negative impact on the environment, which includes other segments of the environment. Pursuant to the conclusion of the Government of Montenegro, the Ministry of Ecology, Spatial Planning and Urbanism and the Agency for Nature and Environment Protection inform the Government about the implemented activities.

Pursuant to the Strategy for Ionizing Radiation Protection, Radiation Safety and Radioactive Waste Management for the period from 2017-2021, with the Action Plan for the period from 2017-2021, the Ministry of Ecology, Spatial Planning and Urbanism for the purposes of drafting subordinate legislation concerning the testing of radioactivity in drinking water, during 2019/2020 conducted an

open procedure of public procurement for the Analysis of radioactivity monitoring in drinking water on the entire territory of Montenegro. The measurements included sampling of drinking water from 68 water sources in Montenegro in which the following parameters were analyzed: radon in drinking water, tritium in drinking water and total alpha and beta activity in drinking water.

It is also very important to point out that measurements of radon concentration in workplaces, such as radioactive waste storage, are also carried out. The Government of Montenegro, at the proposal of the Ministry of Ecology, Spatial Planning and Urbanism (formerly the Ministry of Sustainable Development and Tourism), at the session held on 20 December 2018, adopted the Radon Protection Program with the Action Plan for the period 2019-2023. The program provided guidelines that are standardized within the Draft Law on Ionizing Radiation Protection, Radiation and Nuclear Safety and Security.

When it comes to food poisoning in the mentioned period, there were sporadic epidemiological occurrences caused by food-borne pathogens and cannot be characterized as an increasing or decreasing trend.

The Committee requests that it be further informed of the measures taken to reduce air pollution in problematic areas.

ANSWER:

Air quality control and monitoring in Montenegro is a legal obligation of the Agency for Nature and Environment Protection, being carried out for the purpose of assessing, planning and managing air quality. The analysis of the obtained results serves as a basis for proposing measures to improve and enhance air quality, as well as for numerous other analyzes and policy-making in other areas.

In accordance with the Law on Air Protection, air quality plans have been prepared for areas where the limit values for certain pollutants have been exceeded. The air quality plan for the municipality of Pljevlja was adopted in 2013, and it contains measures to mitigate the impact of individual fireboxes. The key measures relate to subsidized procurement of more environmentally friendly fuels and heating devices, as well as energy efficiency. The plan proposes the construction of infrastructure for heating Pljevlja as a permanent solution. The air quality plan for the municipality of Nikšić was adopted in 2014. The key measure of this plan is the adoption of the municipal energy efficiency plan, which was drafted in 2015. The air quality plan for the capital city Podgorica was adopted in 2015 and the key measures are related to the sustainability of traffic. In accordance with the plan, an extensive cycling infrastructure has been built in Podgorica.

Plans are available at the following links:

https://podgorica.me/db_files/Urbanizam/Dokumenta/plan_kvaliteta_vazduha_za_glavni_grad_podgorica_-final_31.0.pdf

<https://pljevlja.me/plan-kvaliteta-vazduha-za-opstinu-pljevlja/>

At the beginning of the second quarter of 2017, the Fourth Report on the Implementation of the National Air Quality Management Strategy with the Action Plan for the period 2017-2020 was adopted. The Government of Montenegro has adopted the National Air Quality Management Strategy with the Action Plan for the period 2013-2016 in February 2013. The First, Second and Third Report on the implementation of the Strategy were adopted in December 2013, December 2014, and March 2016, respectively. The Fourth Report includes an overview of the activities carried out during the entire period (2013-2016) of the Strategy, as well as the Action Plan for the next four-year period (2017-2020).

As the beginning of 2017 was featured by the incident in the urban zone of Pljevlja, when on January 29, very high concentrations of sulfur (IV) SO₂ oxide were measured at 16h, 18h and 19h which were above the warning limit of 500µg/m³, as well as very high concentrations of PM₁₀ particles in the air have been measured for a long time, which additionally affects the very poor air quality in the urban zone of Pljevlja, the Agency has undertaken activities prescribed by the Law on Air Protection. The Law stipulates that in zones where warning and/or notification thresholds for sulfur (IV) oxide SO₂ and nitrogen (IV) oxide NO₂ are exceeded or there is a risk of exceeding these standards, the Agency, in cooperation with local authorities in whose territory the zone is located, shall adopt a short-term action plan. In accordance with the above, the Agency for Nature and Environment Protection in 2017, pursuant to Article 23 of the Law on Air Protection ("Official Gazette of Montenegro", Nos. 25/10 and 43/15) developed a short-term action plan for the Municipality of Pljevlja which was adopted in August 2017.

Based on the measures envisaged by the National Air Quality Management Strategy, EUR 1, 1 million has been provided from the pre-accession IPA funds (IPA/2014/032-803.09/ME/Air Quality) to improve the air quality monitoring network. The existing network, which had 7 automatic air quality monitoring stations, was expanded with the implementation of this project with 3 more stations, including the EMEP station for monitoring trans boundary air pollution, and accompanying analytical and laboratory equipment was procured for the Institute of Hydrometeorology and Seismology.

Through this Project, technical assistance was provided for the first revision of the National air quality monitoring network, which in accordance with Directive 2008/50EC must be performed every five years. In addition to the new air quality zones, where necessary, new locations have been proposed for measuring points within the national air quality monitoring network, and where necessary, the existing stations have been relocated in order to monitor all required parameters in the best possible way. .

In the fourth quarter of 2018, the amended Decree on the establishment of a network of measuring points for air quality monitoring entered into force ("Official Gazette of Montenegro", Nos. 44/10, 13/11, 64/18). This Decree prescribes the repositioning of measuring points which, based on previous measurement results, have been determined to meet the conditions for relocation to a new location,

as well as redefining air quality zones in accordance with the study that was the result of the first phase of the project.

During 2019, numerous activities were implemented with the aim of improving the State Network for Air Quality Monitoring, through the project “Strengthening the capacity for air quality management in Montenegro”, new equipment was procured and the network of measuring stations was expanded. All activities of installation of new stations, change of locations of existing ones, replacement of old measuring equipment, were implemented in the period May-September. During September, the equipment was received and a trial measurement was carried out. In October, measurements officially began at nine stations within the State Network in accordance with the Decree on the Establishment of a Network of Measuring Points for Air Quality Monitoring (“Official Gazette of Montenegro”, Nos. 44/10, 13/11, 64/18), which prescribed exact locations of automatic stationary stations based on criteria that define certain types of measuring points.

Until May 2019, measuring equipment was located at 7 locations in accordance with the previously valid Regulation on the establishment of a network of measuring points for air quality monitoring, so that from October 2019, the time and territorial coverage was improved with new data from new locations.

All the steps described and implemented resulted in a systematic improvement in air quality monitoring, data availability and quality.

The Committee reiterates its request for information on contamination of drinking water and water management, waste management, environmental noise, ionizing radiation and asbestos. The Committee notes that in the absence of such information in the next report, it will have no basis to show that the situation is in line with the Charter on this issue.

ANSWER:

Information on drinking water contamination is provided in response to a previous request from the Committee on Information on Levels of Air Pollution, Drinking Water Contamination and Food Poisoning during the Reference Period, or whether trends in such levels are increasing or decreasing.

In previous years, Montenegro has adopted the organic Law on Waste Management (“Official Gazette of Montenegro”, No. 64/11) and a set of relevant subordinate legislations, thus establishing a coherent legal framework for the national waste management system. As a basis for establishing a waste management system, the Law envisages the development of a National Strategy and National Waste Management Plan, which would define the planned system, as well all objectives, measures and activities that need to be achieved and undertaken for the purpose of its establishment.

The Law on Waste Management also defines that the State Plan shall include a program for the disposal of biodegradable waste and a program for the prevention of waste generation, as well as plans for the management of medical and veterinary waste, as well as sewage sludge.

In 2019, the Ministry of Ecology, Spatial Planning and Urbanism financed and implemented projects concerning the strengthening of environmental awareness through organizing lectures and visits to infrastructure facilities for waste management in Montenegro, aimed at improving the understanding of waste as a significant resource. The implemented Projects are as follows: "Separate waste collection is my decision" and "Hazardous waste management" was conducted in cooperation with local self-government units.

Law on Environmental Noise Protection ("Official Gazette of Montenegro", Nos. 28/11 and 01/14), Rulebook on environmental noise limit values, manner of determining noise indicators and acoustic zones and methods of assessing the harmful effects of noise ("Official Gazette of Montenegro", No. 60/11), Rulebook on the method of preparation and more detailed content of strategic noise maps ("Official Gazette of Montenegro", No. 54/13), Rulebook on methods of calculation and measurement of noise levels in the environment ("Official Gazette of Montenegro", Nos. 27/14 and 17/17) and the Rulebook on conformity markings for noise sources placed on the market and use ("Official Gazette of Montenegro", No. 13/14) constitute the legislative framework in the field of environmental noise protection.

Environmental noise monitoring in Montenegro is carried out annually and in accordance with the Noise Monitoring Program. The results of the monitoring represent an integral part of the Information on the status of the environment, which is available on the website of the Agency for Nature and Environment Protection <https://epa.org.me/informacije-o-stanju-zivotne-sredine/>

The prohibition of further use of asbestos is defined by the Law on Environment ("Official Gazette of Montenegro", No. 52/16).

Furthermore, the National Strategy for Sustainable Development until 2030 envisaged the measure "Improvement of the healthcare of mothers and newborns and other vulnerable groups", with the sub-measure "Development of a national strategy to eliminate exposure of the population and employees to carcinogenic substances such as asbestos, benzo-a-pyrene, and other IARC group 1A carcinogens."

The part related to asbestos removal is regulated by the Law on Waste Management and subordinate legislation, being as follows: Rulebook on the method of packaging and disposal of asbestos-containing waste ("Official Gazette of Montenegro", No. 11/13) and the Rulebook on construction waste treatment, method and procedure of construction waste processing, conditions and manner of disposal of cement asbestos construction waste ("Official Gazette of Montenegro", No. 50/12). The implementation of the project for the reconstruction of asbestos-cement pipes in the water system of Montenegro is defined by the Proposal of the Action Plan for meeting the final

criteria in Chapter 27 - Environment and Climate Change, and it will be binding for project holders after adoption by the Government of Montenegro.

It is also very important to emphasize that the measuring of radon concentration in workplaces, such as radioactive waste storage is carried out.

The Committee requests that the next report provide up-to-date information on the status of the law prohibiting smoking in certain places, health warnings on cigarette packs, as well as on advertising, promotion and sponsorship.

ANSWER:

*The Law on Restriction of the Use of Tobacco Products * ("Official Gazette of Montenegro", No. 64/19) in order to protect human life and health, prescribes measures to reduce and limit the use of tobacco and similar products, prevent harmful consequences of their use, ingredients and emissions, labeling of individual and outer packaging, placing on the market of tobacco products and electronic cigarettes, as well as measures to prevent exposure to secondary tobacco smoke and providing air without tobacco smoke. Measures to reduce and limit the use of tobacco products (Article 5) include a ban on advertising, production, trade and labeling of tobacco products, a ban on smoking in work and public spaces and exposure to secondary tobacco smoke, impact on minors, and other issues of importance for protection human life and health, in accordance with the principles set out in the World Health Organization Framework Convention on Tobacco Control.*

Secondary tobacco smoke is smoke emitted by combustion at the burning end of a cigarette or from other tobacco smoking products, in combination with the smoke that the smoker exhales. A fine in the amount of EUR 500 to EUR 20,000 shall be imposed on a legal entity that is allowed to smoke in a work or public space, as well as on exposing other persons to secondary tobacco smoke, contrary to this law. A fine in the amount of 30 euros to 1,000 euros shall be imposed on a natural person for a misdemeanor if he smokes in a work or public space and exposes other persons to secondary tobacco smoke, contrary to this law.

The provisions of Article 40 stipulate that individual and outer packaging of tobacco products placed on the market must be marked with a health warning relating to harmful effects on human life and health or other harmful consequences of its use, including text warnings, combined health warnings, general warnings and information messages, in accordance with this law. Article 42, paragraph 1 stipulates that each individual and external packaging of a smoking tobacco product must contain the following general warning: "Smoking kills - quit immediately" and an informative message: "Tobacco smoke is made up of more 70 chemicals causing cancer." Article 44 stipulates that each individual and outer packaging of a smoking tobacco product must contain a combined health warning consisting of a photograph or a color illustration and one of the following textual warnings: "Smoking causes nine out of ten lung cancer deaths"; "Smoking causes cancer of the oral cavity and throat"; "Smoking harms the lungs"; "Smoking causes heart attack"; "Smoking causes stroke and

disability"; "Smoking causes clogging of the arteries"; "Smoking increases the risk of developing blindness"; "Smoking harms teeth and gums"; "Smoking can kill your unborn child"; "Your smoke is harmful to your children, family and friends"; "Children of smokers are more likely to start smoking"; "Stop smoking - stay alive for your loved ones"; "Smoking reduces fertility"; and "Smoking increases the risk of impotence."

In addition to health warnings, individual and outer packaging of smoking tobacco products must also contain information on quitting smoking (telephone number, Internet address to inform users about available assistance programs for people who want to quit smoking). The warnings are divided into three groups that rotate in turn, so that each warning appears on an equal amount of manufactured or sold tobacco products on each brand during the year. Article 5 stipulates that Measures to reduce and limit the use of tobacco products include a ban on advertising, production, trade and labeling of tobacco products, a ban on smoking in work and public spaces and exposure to secondary tobacco smoke, impact on minors and other protection of human life and health, in accordance with the principles established by the World Health Organization Framework Convention on Tobacco Control.

The Committee requests that the next report provide information on the impact of the National Strategy for the Prevention of Harmful Alcohol Use and Alcohol Disorders in Montenegro 2013-2020 and the Action Plan on Alcohol Consumption, especially among young people.

ANSWER:

Partial success has been achieved when it comes to activities of bridging the progressive gap between the number of people who would benefit from alcohol counseling to reduce or prevent harm or inclusion in alcohol-related rehabilitation or treatment programs, and the number of those who do receive such counseling or treatment. It is necessary to establish and maintain a reliable and sustainable system of registration and monitoring of morbidity and mortality caused by alcohol, as well as to create conditions for hospital treatment of addicted women. Regulations governing the displaying of inscriptions in a prominent place on the prohibition of the sale, serving and consumption of alcoholic beverages in sales and catering facilities - for persons under 18 years of age – have been adopted. It is necessary to continue with the aforementioned activities, and to continue with the training of hospitality staff to resist the pressures of serving alcohol to drunk and minors. The National Alcohol Coordination Council is the authority responsible for the implementation of the Strategy. The awareness raising is carried out through continuous promotion of pro-social, preventive and protective action with the development of socio-emotional skills in children and youth. Several lectures and workshops were held with the aim of raising students' awareness of the dangers of consumption and strengthening the belief in the harmfulness of alcohol consumption. Moreover, information classes were held on police affairs and the application of police authorities to perpetrators of criminal acts and sanctions, with the aim of developing a sense of responsibility for acts committed contrary to legal provisions and to raise awareness of sanctions for such crimes. A

number of trainings and programs for the prevention and reduction of harmful consequences of alcohol use in the community was organized and implemented in schools, municipalities and work organizations that implement policies and programs on alcohol, etc. Results of the national survey on the quality and lifestyle of the population of Montenegro have shown that among adults, aged 15 to 64, 64% drank alcohol, and 50% drank alcohol in the previous year. The survey also showed that, among adults, 66% drank alcohol extensively, more than 68% of young people, and 67 % of the youngest population. It is necessary to strengthen the role of police officers in the community, and to develop and support activities aimed at reducing excessive alcohol consumption in public places, sports events, as well as programs for at-risk groups, as well as continuous implementation of programs to promote non-use and prevention of alcohol use in primary and secondary schools - support for the subject "Healthy lifestyles". The number of tests for the presence of alcohol in drivers has increased and the number of those found to be under the influence of alcohol has decreased; the number of traffic accidents under the influence of alcohol has reduced, as well as the number of injuries and deaths caused by driving under the influence of alcohol. Pursuant to the Report on safety in road transport, 114,964 (67,769) drivers were tested for alcohol last year, which is by 69, 6 % more than in 2017. Also during 2018, the number of deaths decreased by 23,8 percent, the number of severely injured persons decreased by 9,5 percent, and the number of slightly injured persons by about 2 percent compared to the year before.

The Committee requests that the report contain updated information on the measures taken to reduce alcohol and drug consumption and trends in such consumption.

ANSWER:

Action plan for the implementation of the National Strategy for the Prevention of Harmful Alcohol Use and Alcohol-Induced Disorders in Montenegro for the period 2019-2020, represents the operationalization of strategic goals. The response and role of the health system has been strengthened, in reducing the availability of alcohol, awareness and commitment to the problem has been raised. It strengthens activities in the community and in the work environment, controls the advertising of alcoholic beverages, defines and implements effective policies in the field of driving under the influence of alcohol, reduces the negative consequences of alcohol consumption and intoxication, mandatory monitoring and regular monitoring.

Drug abuse and the many serious consequences it causes are a constant challenge for Montenegro, which requires a multisectoral continuous response of the community as a whole, in which individuals, families, local communities, government institutions, and civil society, international organizations provide contribution. The Action Plan in this area defines various activities in order to direct responsible actors towards the main areas of intervention, and they relate to the areas of law enforcement, customs, police, public health and healthcare, social protection systems, education and upbringing, as well as international cooperation. The goal of all ongoing activities is to reduce the harmful effects of drug abuse on the individual and society as a whole by implementing prevention

programs, especially in the local community and the school population, and therefore strengthening the role of the health system in relation to early interventions, and treating addiction-related comorbidities, while strengthening the national monitoring and control system.

The Committee requests updated information on vaccination coverage in this report.

ANSWER:

The Law on Protection of the Population from Communicable Diseases in Montenegro prescribes the obligation to adopt the Annual Program on Mandatory Immunization of the Population against Certain Communicable Diseases on the Territory of Montenegro. The Rulebook on the conditions and method of implementation of mandatory immunoprophylaxis and chemoprophylaxis against certain communicable diseases ("Official Gazette of Montenegro", No. 36/20) was adopted, regulating in more detail the issues of immunoprophylaxis and chemoprophylaxis.

The Committee recalls that, under article 11 (3), state parties must take steps to prevent accidents. The main accidents that are covered are traffic accidents, internal accidents, accidents at school and accidents during free time. The Committee requests information on the implementation and impact of strategies on reducing the number of accidents and trends in this area.

ANSWER:

In reference to this issue, we would like to pinpoint the following strategies adopted in the area of injury and violence prevention, which are based on records, i.e. have an evidence based approach in the implementation, evaluation and monitoring of planned measures and activities aimed at reducing violence and injuries and providing more efficient and adequate services of prevention, treatment, diagnosis and rehabilitation:

- *Strategy for Improving the Safety in Road Transport 2010-2019, Ministry of Interior, 2009;*
- *Program for Improving Road Transport Safety 2020-2022, Ministry of Interior, 2019;*
- *Strategy for prevention and protection of children against violence with the Action Plan 2017-2021, Ministry of Labor and Social Welfare;*
- *Strategy for protection against domestic violence 2016-2020, Ministry of Labor and Social Welfare;*
- *Strategy for protection and improvement of mental health in Montenegro 2018-2023, Ministry of Health;*
- *Strategy for the Prevention of Drug Abuse 2013-2020, Ministry of Health;*
- *Strategy for the development of the social and child protection system 2018-2022;*
- *Strategy of inclusive education of Montenegro 2019-2025;*
- *Health Development Strategy of Montenegro 2003–2020;*

- *Judicial Reform Strategy 2019-2022;*
- *National Strategy for Sustainable Development until 2030;*
- *Strategy for prevention and suppression of radicalization and violent extremism for the period 2020-2024, with an Action Plan for 2020;*
- *Cyber Security Strategy 2018-2021.*

In 2016, there were 65 traffic accidents and 106 suicides. In 2017, there were 63 traffic accidents and 106 suicides. In 2018, there were 48 traffic accidents and 114 suicides. In 2019, there were 47 accidents and 91 suicides, where a slight decrease in the trend has been accounted for, but in any case taking into account comparable indicators of the situation, the number of deaths per million inhabitants and or the number of deaths per 100,000 inhabitants ranks us at the very top of European countries.

In order to combat violence against children and provide better and more effective healthcare to children victims of violence, a draft protocol was developed, Guidelines for the treatment of health care providers to protect children and adolescents from violence, abuse and neglect, as a success of the health system in combating violence against children, in 2020 in cooperation with UNICEF and WHO, a workshop was organized entailing consultations of Southeast European countries on guidelines in the health sector on how to deal with cases of child abuse, in Budva, Montenegro, in the period 29 to 30 January 2019.

Multisectoral cooperation within the health system and other relevant institutions of the system at the national and international level has been strengthened in order to prevent abuse, with special emphasis on children and women and to provide adequate standardized medical services/services/treatment for children victims of violence, in order to overcome identified shortcomings of specialized services for children victims of violence in accordance with age, with special emphasis on the youngest population. Montenegro has become a country "Finding a way" in accordance with the results of the systemic setting of measures and activities in the field of prevention of injuries and violence at the national level, presented in the First Global Report on Prevention of Violence against Children, WHO 2020.

Response to the Committee's request regarding information on the implementation and impact of the Strategy for Improving the Safety in Road Transport for the period 2010-2019 on the reduction of the number of accidents and traffic trends in this area is as follows:

By adopting the Strategy for Improving the Safety in Road Transport for the period 2010-2019, the primary goal was, in addition to improving the overall situation in the area of road transport safety, reducing the number of traffic accidents in road transport, with the most severe consequences.

If we take into account the fact that from 2000 - 2010, around 100 persons on average died in traffic accidents in Montenegro annually, and that the number was even higher in some years, the adoption

and implementation of the Strategy proved to be necessary and justified. In order to implement the Strategy, the Police Administration adopts the Action Plan each year based on realistic measurable parameters for the implementation of the Strategy.

Having in mind the basic goal of this document, which is to reduce the number of victims in traffic accidents and their consequences, in the period of its implementation (2010-2019), this goal, is fully met. Thus, in this period, through proactive action, primarily by the police and the implementation of adopted measures, the number of fatalities has continuously decreased significantly, by more than 50% compared to the period before the adoption of the Strategy.

This fact is also confirmed by the data for 2016, 2017, 2018 and 2019 when it comes to traffic accidents with fatal consequences, persons who suffered serious bodily injuries and minor bodily injuries.

<i>Traffic accidents and their consequences</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>	<i>TOTAL:</i>
<i>Total deaths</i>	<i>65</i>	<i>63</i>	<i>48</i>	<i>47</i>	<i>223</i>
<i>Persons with minor injuries</i>	<i>1900</i>	<i>2183</i>	<i>2142</i>	<i>2292</i>	<i>8517</i>
<i>Persons with severe injuries</i>	<i>458</i>	<i>465</i>	<i>421</i>	<i>462</i>	<i>1806</i>

Revised European Social Charter

Article 12

All workers and their dependents have the right to social security

Article 12– The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security

Information should not be provided unless it has been established in a preliminary finding that the national law has not been harmonized or that a conclusion has been delayed. Regarding the discrepancy, explain whether the problem has been resolved and how, and regarding the postponement of the conclusion, answer the question.

ANSWER:

In its preliminary conclusion, the Committee concluded that the situation in Montenegro was not in accordance with article 12, paragraph 1, of the Charter, given that:

- *existing social security schemes have not been found to cover a significant percentage of the population;*
- *the level of sickness benefit is inadequate;*
- *the level of unemployment benefits is inadequate;*
- *the duration of payment of unemployment benefits to persons with insurance for a period shorter than ten years is too short;*
- *the minimum level of disability pensions is not adequate.*

The Committee requests that the next report contain updated data on the total population, the active population, the number of persons covered respectively in terms of healthcare; diseases; accidents at work and occupational diseases; old age, disability and death, as well as unemployment.

ANSWER:

Pursuant to the data of the Statistical Office (Monstat), in 2016, the total population amounted to 618, 600 and the number of active population was 272, 500. The activity rate amounted to 54, 5%. In 2016, there were 48, 300 unemployed persons.

In 2017, Montenegro had the 618, 500 inhabitants. The number of active inhabitants was 273,200, which means that the activity rate was at 57, 4%. The number of unemployed in 2017 was 43,900. In 2018, the total population was 618.600, of which 279, 900 were active. The activity rate for 2018 was 56% and there were 42,500 unemployed.

In 2019, the number of inhabitants was 619, 700, of which the number of active inhabitants was 278,300. There were 43, 400 unemployed and the activity rate was at 57, 4%.

The number of registered unemployed corresponds to the number of persons exercising health insurance as unemployed and are registered with the Health Fund.

Unemployed persons who are on the register of unemployed persons of the Employment Agency of Montenegro exercise their rights in accordance with the Law on mediation for job placement and rights during unemployment ("Official Gazette of Montenegro", No. 24/19), which entered into force on 30 April 2019.

One of the rights that an unemployed person can exercise under the conditions prescribed by this Law is the right to financial compensation during unemployment.

The aforementioned Law stipulates that the insured person shall be entitled to the monetary compensation whose employment, under a special law, has been terminated without his consent or guilt, and who, at the time of employment termination, has insurance period of at least nine months uninterrupted or with interruptions in the last 18 months.

The unemployed person shall have the right to unemployment benefit from the first day following the termination of employment, or termination of conducting entrepreneurial, professional or other activity as a core occupation, if he registers with the Employment Agency within 30 days from the day of insurance termination and submits the application for monetary compensation.

The unemployed person shall be entitled to the monetary compensation contingent upon the insurance period, being as follows:

- 1) three months if he has the insurance period of nine months to five years;*
- 2) six months if he has the insurance period of five years to 15 years;*
- 3) nine months if he has the insurance period from 15 to 25 years;*
- 4) 12 months if he has the insurance period from 25 to 35 years;*
- 5) five years if he has the insurance period of over 35 years - until re-employment, i.e. until the fulfillment of conditions regarding the age limit or insurance period for exercising the right to an old-age pension, in accordance with a special law.*

The monetary compensation amounts to 120% of the calculated value of the coefficient determined by law and other regulations.

Contributions for pension and disability insurance and health insurance are calculated on the amount of monetary compensation, in accordance with a special law.

The amount of monetary compensation determined by this Law has been increased in comparison with the repealed Law on Employment and Exercise of Unemployment Insurance Rights ("Official Gazette of Montenegro", Nos. 14/10, 45/12, 61/13, 20/15 and 52/16), which stipulated that the amount of monetary compensation was 40% of the minimum wage determined in accordance with the law.

Pursuant to the data of the Employment Agency of Montenegro, in 2016, on average, 6,386 unemployed persons used the right to monetary compensation per month; in 2017, the total of 8,422 unemployed persons; in 2018, the total of 9,595 unemployed persons; in 2019, the 12,372 unemployed persons.

Pursuant to the Law on Amendments to the Law on Pension and Disability Insurance, which entered into force on 12 August 2020, the amount of the lowest pension was adjusted by 13, 16%, thereby as of 12 August 2020, the lowest pension in Montenegro amounts to EUR 145, 77.

<i>Pensions adjustment date</i>	<i>Amount of the lowest pension in EUR</i>
<i>1 January 2016</i>	<i>101,60</i>
<i>1 July 2016</i>	<i>121,92</i>
<i>1 January 2017</i>	<i>122,83</i>
<i>1 January 2018</i>	<i>125,63</i>
<i>1 January 2019</i>	<i>128,14</i>
<i>1 January 2020</i>	<i>128,82</i>

As of 25 February 2021, the total number of insured persons in the database of insured persons amounted at 678,141, of which the current number of active insured persons amounts to 572,892. Every citizen of Montenegro and a foreign national with an approved permanent residence in Montenegro has the right to health insurance, pursuant to some of the prescribed legal grounds.

Insured persons, under the Law on Compulsory Health Insurance are employed persons, employed foreign nationals in Montenegro, entrepreneurs, pension beneficiaries, beneficiaries of social protection rights, unemployed persons who are beneficiaries of material compensation, farmers, as well as other categories under Article 6 paragraph 1 of the Law.

However, citizens of Montenegro and foreign nationals with approved permanent residence in Montenegro, if they do not have a basis for acquiring the status of insured person under Article 6 paragraph 1 of the Law, are also entitled to compulsory health insurance, which means that all persons with either temporary or permanent residence in Montenegro are covered by the health insurance.

Pursuant to the Law on Compulsory Health Insurance, employed insured persons are entitled to wage compensation during temporary incapacity for work due to illness, for the entire duration of the temporary incapacity for work. Wage compensation for the first 60 days is provided by the employer, after which the wage compensation is covered by the funds of the compulsory health insurance. The amount of compensation for the first 60 days is determined in accordance with the acts of the employer, and cannot be less than 70% of the compensation basis.

The basis for calculating the wage compensation during temporary incapacity for work is the average of the basic salary, or the wage compensation that the employee earned in the last 12 months preceding the month in which the temporary incapacity for work occurred.

The Committee requests that the next report indicate what remedies are available to challenge the decision suspending the right to unemployment benefits.

ANSWER:

The Law on Mediation for Job Placement and Rights during Unemployment (“Official Gazette of MNE”, No. 24/19) sets forth the reasons for the termination of the right to material compensation of the beneficiary.

Right to monetary compensation of the unemployed person shall be terminated in the following situations:

- 1. upon expiration of the period of entitlement;*
- 2. if he enters employment relation pursuant to the law;*
- 3. if he registers as an entrepreneur, or commences performing professional or other activity as a core occupation;*
- 4. becomes the single owner or owner of more than 51% in a business organization, in accordance with a special law;*
- 5. becomes a farmer – insured person, in accordance with a special law;*
- 6. becomes a priest, a religious servant, a monk or a nun - insurant, in accordance with a special law;*
- 7. realizes the right to an old age, invalidity or family pension in accordance with a special law;*
- 8. becomes fully incapable of working;*
- 9. reaches 67 years of age;*
- 10. commences serving the imprisonment sentence;*
- 11. fails in actively searching employment, in accordance with the regulation of the Ministry;*
- 12. is not available for work, in accordance with the regulation of the Ministry;*
- 13. refuses to participate in an active employment policy programme or interrupts or terminates it without justified grounds;*
- 14. rejects the offered employment, in accordance with this Law;*
- 15. if he is found working contrary to labor legislation, based on a decision of the competent labor inspectorate;*
- 16. files a request for termination of the right to a monetary compensation;*
- 17. ceases to be kept in the unemployment register*

The Employment Agency, as the first instance body, decides on the termination of the right to material compensation. An unemployed person may file an appeal against the first instance decision. The state administration body responsible for labor affairs (Ministry) decides on the appeal as a second instance body. An administrative dispute may be initiated against the decision made on appeal.

The Committee reiterates its conclusion that the level of unemployment benefits is clearly below the poverty line and that the duration of payments for a person with an insurance period of less than ten years is too short.

ANSWER:

The Law on Mediation for Job Placement and Rights during Unemployment, which entered into force on 30 April 2019, stipulates that the monetary compensation, as one of the entitlements of an unemployed person in accordance with this Law, shall amount to 120% of the calculated value of the coefficient determined by law and other regulations.

Contributions for pension and disability insurance and health insurance are calculated on the amount of monetary compensation, in accordance with a special law.

Accordingly, the monetary compensation amounts to EUR 108, 00 net amount (with contributions for pension and disability insurance and health insurance amounting at EUR 134, 78).

The amount of monetary compensation in the Law on Mediation for Job Placement and Rights during Unemployment is determined in accordance with the manner of determining the amount of unemployment benefits, which is prescribed in the Convention of the International Labor Organization No. 102 on the minimum standard of social security.

It is important to point out that the amount of monetary compensation has been increased in comparison with the repealed Law on Employment and Exercise of Unemployment Insurance Rights ("Official Gazette of Montenegro", Nos. 14/10, 45/12, 61/13, 20/15 and 52/16), which stipulated that the amount of monetary compensation was 40% of the minimum wage determined in accordance with the law.

The transitional and final provisions of the Law on Mediation for Job Placement and Rights during Unemployment regulate the issue of acquired rights and stipulate that an unemployed person who, by the date of entry into force of this Law, exercised his right to unemployment, in accordance with regulations in force until the date of entry into force of this Law, shall continue exercising the right in the same scope, duration and amount even after the entry into force of this law.

In the light of the above, the monetary compensation of beneficiaries who acquired this right under the previous law (which expired on 30 April 2019) in the amount of 40% of the minimum wage, the monetary compensation amounts at EUR 88, 80 net amount (with contributions for pension and disability insurance and health insurance in the amount of EUR 110, 82). The exception to the above is the material compensation realized by the disabled workers of II, III category, who are not beneficiaries of temporary benefit under the regulations on pension and disability insurance, and who from 1 January 2014 are entitled to unemployment benefit in the amount of the lowest pension in Montenegro, determined by the Law on Pension and Disability Insurance. As of 12 August 2020,

the material compensation for disabled workers amounts to EUR 145, 77 net amount (with contributions for pension and disability insurance and health insurance amounting at EUR 181, 91).

The duration of the material compensation depends on the length of insurance, which the unemployed person had before the termination of employment. The Law on Mediation for Job Placement and Rights during Unemployment stipulates that the unemployed person shall be entitled to material compensation, i.e. unemployment benefit in duration of:

- 1) three months if he has the insurance period of nine months to five years;*
- 2) six months if he has the insurance period of five years to 15 years;*
- 3) nine months if he has the insurance period from 15 years to 25 years;*
- 4) 12 months if he has the insurance period from 25 years to 35 years;*
- 5) five years if he has the insurance period of over 35 years.*
- 6) if he has more than 35 years of insurance experience - until re-employment, or until the fulfillment of the conditions regarding the age limit or insurance period for exercising the right to an old-age pension, in accordance with a special law.*

With regard to old-age pensions - the level of which was previously inadequate (2013 conclusions) - the Committee refers to the assessment under Article 23, where it found that the level remained inadequate.

ANSWER:

Pursuant to the Law on Amendments to the Law on Pension and Disability Insurance, which entered into force on 12 August 2020, the amount of the lowest pension was adjusted by 13,16%, thus as of 12 August 2020, the lowest pension in Montenegro amounts to EUR 145, 77.

The Committee noted in the report that in the event of a complete loss of working capacity, the minimum pension in 2012, 2013, 2014 and 2015 amounted at EUR 100, 40. As this amount falls below the poverty line, the Committee maintains its opinion that the minimum level of disability pension is inadequate.

ANSWER:

Pursuant to the Law on Amendments to the Law on Pension and Disability Insurance, which entered into force on 12 August 2020, the amount of the lowest pension was adjusted by 13,16%, thus as of 12 August 2020, the lowest pension in Montenegro amounts to EUR 145, 77.

The Committee requests that the next report provide comprehensive and up-to-date information on the national absolute poverty line, minimum wage and minimum levels of benefits in exchange for income (due to illness, accidents at work and occupational diseases, unemployment, old age and disability).

ANSWER:

As of 2013, the Statistical Office of Montenegro (Monstat) has switched to calculating relative poverty indicators in the Income and Living Conditions Survey (EU-SILC).

Based on the results of this Survey, the at-risk-of-poverty threshold (poverty line) in the required period 2016-2019 is:

Table 1. At-risk-of-poverty threshold (poverty line) per year, EUR

	2016	2017	2018	2019
<i>One-person household</i>	1,920	2,097	2,270	2,261
<i>Household with two adults and two children under 14 years</i>	4,032	4,405	4,766	4,748

More detailed data on relative poverty indicators from the EU-SILC Survey are available at the link: <http://www.medicina.org/cg/page.php?id=1673&pageid=1673> in a part covering the data.

The Law on Compulsory Health Insurance stipulates the rights from health insurance including the right to healthcare, the right to compensation of wages during temporary incapacity for work and the right to compensation of travel expenses related to the use of healthcare. In order to exercise the right to health insurance, insured persons must have the insurance period in which he/was insured in the compulsory health insurance in the capacity of the insured person, in accordance with this law, for at least two months without interruption or four months with interruptions in the last 12 months before exercising the rights from compulsory health insurance.

The right to wage compensation during temporary incapacity for work have: employed persons, in accordance with the law, elected or appointed persons, if they earn a salary, citizens of Montenegro who are employed in Montenegro by foreign or international organizations and institutions, foreign consular or diplomatic missions or foreign legal entities or physical persons, unless otherwise provided by an international agreement, persons posted for work abroad, who are employed in a company or other legal entity headquartered in Montenegro, pursuing activities abroad, if they are not obligatorily insured according to the regulations of the state to which they are posted to and if the international agreement does not stipulate otherwise, foreign nationals working in Montenegro with national legal entities or physical person, on the basis of special agreements and agreements on international technical cooperation, foreign nationals working in Montenegro, employed with international organizations and institutions and other foreign legal entities and physical persons, if the international agreement does not stipulate otherwise, or if they are not insured pursuant to the regulations of another state and entrepreneurs and persons who independently carry out a professional activity as their main occupation.

The aforementioned wage compensation belongs to the insured persons if they are temporarily prevented from working due to illness or injury, placed under health supervision or quarantined, isolated as carriers or due to the infection in the household, determined to care for a sick family member, prevented from working due to voluntary giving of blood, organs, tissues and cells or designated as a companion of a sick person referred for treatment or medical examination to another place, or while hospital treatment is in progress. Wage compensation during temporary incapacity for work is determined at least in the amount of 70% of the basis for compensation.

Wage compensation during temporary incapacity for work due to occupational disease and injury at work, except for consequences caused by occupational disease and injury at work, maintenance of pregnancy (treatment of threatened abortion), as well as voluntary donation of blood, tissues and organs, is provided in the amount of 100% of the compensation basis. Wage compensation during temporary incapacity for work in the amount of 100% of the compensation basis is provided to the insured person and for the treatment of the primary disease and condition, listed in Article 40 of the Law on Compulsory Health Insurance.

The Law on Mediation for Job Placement and Rights during Unemployment, which entered into force on 30 April 2019, stipulates that monetary compensation, as one of the rights that an unemployed person has in accordance with this law, amounts to 120% of the calculated value of the coefficient determined by law and other regulations.

Contributions for pension and disability insurance and health insurance are calculated on the amount of monetary compensation, in accordance with a special law.

Accordingly, the monetary compensation amounts to EUR 108, 00 net amount (with contributions for pension and disability insurance and health insurance amounting at EUR 134, 78).

The amount of monetary compensation in the Law on Mediation for Job Placement and Rights during Unemployment is determined in accordance with the manner of determining the amount of unemployment benefits, which is prescribed in the Convention of the International Labor Organization No. 102 on the minimum standard of social security.

The transitional and final provisions of the Law on Mediation for Job Placement and Rights during Unemployment regulate the issue of acquired rights and stipulate that an unemployed person who, by the date of entry into force of this Law, exercised his right to unemployment, in accordance with regulations in force until the date of entry into force of this Law, shall continue exercising the right in the same scope, duration and amount even after the entry into force of this law.

In the light of the above, the monetary compensation for beneficiaries who acquired this right under the previous law in the amount of 40% of the minimum wage, amounts to EUR 88, 80 net amount (with contributions for pension and disability insurance and health insurance amounting at EUR 110, 82).

In accordance with Article 101 of the Labor Law ("Official Gazette of Montenegro", Nos. 74/19 and 8/21), the employee is entitled to a minimum wage for standard performance and full-time work, or the working time equal to full-time work, in accordance with this law, the collective agreement and the employment contract. The minimum wage determined in this way cannot be less than 30% of the average wage in Montenegro in the previous half of the year, according to the official data determined by the administrative body responsible for statistics. The amount of the minimum wage is determined by the Government of Montenegro at the proposal of the Social Council of Montenegro, on an annual basis, based on the criteria for determining the level of minimum wages, being as follows:

- general level of wages in the country;*
- costs of living and changes thereunder;*
- economic factors, including the requirements of economic development, the level of productivity and the need to achieve and determine a high level of employment.*

The Labor Law applies to employees who work in the territory of Montenegro with the national or foreign legal entities or physical persons, as well as to employees posted for work abroad by an employer headquartered in Montenegro, unless otherwise provided by a special law. This Law shall also apply to employees in government bodies, state administration bodies, local self-government units and public services, unless otherwise provided by a special law. It also applies to employed foreign nationals working with an employer in the territory of Montenegro, as well as to physical persons pursuing an economic activity for the purpose of gaining profit, and who are not pursuing that activity for the benefit of another.

The Government of Montenegro continuously undertakes measures and activities, in accordance with economic development, in order to improve the standard of living of all citizens of the state and employees and their families. In the light of the above, the Decision on determining the minimum wage ("Official Gazette of Montenegro, No. 33/19 of 14 June 2019), which entered into force on 1 July 2019, has increased the minimum wage in Montenegro at EUR 222, 00. This Decision was adopted by the Government of Montenegro, at the proposal of the Social Council of Montenegro. On the day this Decision enters into force, the Decision on determining the minimum wage ("Official Gazette of Montenegro", No. 18/13), determining the amount of the minimum wage in Montenegro in the amount of EUR 193, 00 shall be repealed. The material compensation in the period of validity

of this decision amounted at EUR 77, 20 net amount, and with contributions for pension and disability insurance and health insurance, it amounted at EUR 95, 96.

We note that the Social Council of Montenegro is a tripartite authority consisting of representatives of the Government of Montenegro, a representative organization of trade unions of Montenegro and a representative association of employers in Montenegro. The amount of the minimum wage is negotiated at the tripartite level at a session of the Social Council. The decision on the proposal of the amount of the minimum wage is determined by consensus of all members.

Material compensation for disabled workers of II, III category, who are not beneficiaries of temporary benefit under the regulations on pension and disability insurance, and who as of 1 January 2014 are entitled to unemployment benefit in the amount of the lowest pension in Montenegro, determined by the Law on Pension and Disability Insurance, as of 12 August 2020, are receiving the material compensation in the net amount of EUR 145, 77 (with contributions for pension and disability insurance and health insurance amounting at EUR 181, 91). The amount of the lowest pension is adjusted annually. Pursuant to the Decision on extraordinary adjustment of the nominal, amount of the lowest pension as of 1 January 2020 ("Official Gazette of Montenegro", No. 84/20) the lowest pension for 2020 amounts to EUR 145, 77.

Pursuant to the Law on Amendments to the Law on Pension and Disability Insurance, which entered into force on 12 August 2020, the amount of the lowest pension was adjusted by 13, 16%, thereby as of 12 August 2020, the lowest pension in Montenegro amounts to EUR 145, 77.

Pensions adjustment date	Amount of the lowest pension in EUR
1 January 2016	101,60
1 July 2016	121,92
1 January 2017	122,83
1 January 2018	125,63
1 January 2019	128,14
1 January 2020	128,82

2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavor to raise progressively the system of social security to a higher level;

a) Provide information on social security coverage and its modalities provided to employees or whose work is managed through digital platforms (e.g. cyclical delivery of services).

ANSWER:

In accordance with the Labor Law ("Official Gazette of Montenegro", Nos. 74/19 and 8/21) Article 29 stipulates that the employer shall be obliged to enter into an employment contract with the employee. Article 33 stipulates that the employer shall be obliged to register the employee for compulsory social insurance on the date of entering employment. Social insurance shall include:

- *Health insurance,*
- *Pension and disability insurance,*
- *Unemployment insurance.*

Furthermore, the provisions of Articles 5, 6 and 7 of the Law on Contributions for Compulsory Social Insurance ("Official Gazette of Montenegro", Nos. 13/07, 79/08, 86/09, 78/10, 14/12, 62/13, 8/15, 22/17 and 42/19) prescribes the reporting entities, or the obligors of contributions for compulsory social insurance.

The rights of employees prescribed by the provisions of the Labor Law, the Law on Mediation for Job Placement and Rights during Unemployment, the Law on Health Insurance and the Law on Pension and Disability Insurance are described in details in response to the Committee's comments on the application of Article 12, paragraph 1.

b) If the previous conclusion was unaligned, explain whether and how the problem was solved. If the conclusion is postponed, please answer the questions asked.

The Committee notes from the information provided to the Committee of Experts of the International Labor Organization on the application of conventions and recommendations (CEACR) concerning the application of ILO Convention 102 that the old-age pension calculation shows a replacement rate of 40.75%, which would be in accordance with the Code and in advance. looks forward to receiving confirmation regarding these numbers, as well as updated information in the next report. The Committee notes that the 2017 CEACR Report does not address any observations or direct requests to the Government regarding ILO Conventions no. 102 and 121.

ANSWER:

Pursuant to the Law on Amendments to the Law on Pension and Disability Insurance, which entered into force on 12 August 2020, the amount of the lowest pension was adjusted by 13, 16%, thereby as of 12 August 2020, the lowest pension in Montenegro amounts to EUR 145, 77.

Year	Average wage in EUR	Average old-age pension in EUR	Rate in %
2016	509,00	321,64	63,19
2017	512,00	312,19	60,97
2018	513,00	315,45	61,49
2019	520,00	318,29	61,21

c) Provide information on the impact of the crisis caused by COVID-19 on social security coverage and on any special measures taken to mitigate or compensate for the damage caused by negative impacts.

In March 2020, the Government of Montenegro adopted the Proposal of Emergency Measures of the Government as a support to citizens and the economy in order to mitigate the negative effects of the coronavirus epidemic. In order to mitigate the negative effects of the epidemic on economic activity in the country and the deterioration of the material status of the most vulnerable groups in Montenegro, the Government adopted urgent measures in response to the negative economic effects of the coronavirus epidemic, being as follows: deferred payment of retail and corporate loans with all banks, microcredit institutions and the Investment and Development Fund (IDF) for 90 days, deferred of payment of taxes and contributions on salaries, as well as obligations under the Reprogramming Law, creation of a new credit line of the IDF intended to improve liquidity of entrepreneurs, micro, small, medium-sized and large companies up to a maximum amount of EUR 3,00 million per user, under a simplified procedure, without approval fee and with an interest rate of only 1, 5%, providing non-recurring financial assistance to pensioners with the lowest pension and beneficiaries of material compensation in the amount of EUR 50,00 each. For this purpose, the Government has allocated one million euros.

The aforementioned type of assistance of EUR 50, 00 each for the families of beneficiaries of material compensation will cover 8,583 beneficiaries, while 11,957 pensioners who receive the minimum pension have received a non-recurring financial assistance of EUR 50, 00 each.

Subsequently, in April, the Government adopted a second package of socio-economic measures in the field of social benefits in order to mitigate the negative effects of the epidemic of the novel coronavirus Covid-19. In order to provide financial support to vulnerable populations in the amount of EUR 50, 00 to unemployed persons who were on the register of unemployed persons with the Employment Agency of Montenegro on 31 March of the current year. Furthermore, a non-recurring financial assistance in the amount of EUR 50, 00 was paid to beneficiaries of proportionate pensions, realized through the application of international agreements on social insurance, paid by the Pension and Disability Insurance Fund of Montenegro in Montenegro, whose amount of Montenegrin

proportional pension, together with pension from abroad, does not exceed the amount of the lowest pension of EUR 128, 82 EUR. In addition, in April 2020, the Program of Support to the Economy and Employees was adopted, in order to mitigate the negative effects of the epidemic of the novel coronavirus Covid-19 and the Special Support Program for Agriculture and Fisheries, in order to mitigate the negative effects of the epidemic of the novel coronavirus Covid-19. The second government package of economic measures to support citizens and the economy has a fiscal effect of EUR 75 million gross, or 46 million net in three months.

The third package of socio-economic measures was adopted in July 2020 for supporting both economy and most vulnerable categories of the population. The measure of support to the economy through subsidizing salaries for closed activities, the subsidy of salaries of employees in quarantine, self-isolation and paid leave, as well as measures to support new employment amount to at around EUR 4, 2 million. In order to provide financial support to vulnerable categories of the population due to the negative consequences of the epidemic on the standard of living of citizens, a non-recurring financial assistance in the amount of EUR 200 was provided to the families of material compensation beneficiaries and veterans' material compensation beneficiaries. This measure amounts to at around EUR 1, 8 million.

4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure

- a) equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
- b) the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

Information should not be provided unless it has been established in the preliminary finding that the national law has not been harmonized or that a conclusion has been postponed. Regarding the non-compliance, explain whether the problem has been resolved and how, and regarding the postponement of the conclusion, please answer the question.

ANSWER:

The Committee adjourned its decision until the submission of the information below.

The Committee wishes to know more about the impact of the new Law on Foreign Nationals in this report.

ANSWER:

The Law on Foreign Nationals ("Official Gazette of Montenegro", No. 12/18), entered into force on 3 March 2018, and with the entry into force of this law, the Law on Foreign Nationals from 2014 was repealed. This Law regulates the conditions of entry into, exit from, movement, stay and work of foreign nationals in Montenegro. This Law, together with the subordinate legislation adopted for its implementation, is largely in line with EU directives regulating this area.

Certainly, the most significant change in the new Law on Foreign Nationals refer to the entry into, exit from, movement, stay and work of citizens of EU member states and members of their families. The provisions of the Law shall be applied from the day of Montenegro's accession to the European Union, and it is crucial that these persons will be equal in rights with the citizens of Montenegro. In order to employ highly qualified third-country nationals, this law prescribes the procedures for obtaining temporary residence and work permits. By making it easier for highly qualified workers and their families to regulate their residence and work, our country will become more attractive, which will maintain its competitiveness and economic growth. These norms will be applied from the day of Montenegro's accession to the European Union.

Moreover, the Parliament of Montenegro adopted the Law on Amendments to the Law on Foreign Nationals ("Official Gazette of Montenegro", No. 3/19). The main reason for the adoption of this Law is the need to simplify the procedure for issuing permits for temporary residence and work of foreign nationals for employment and seasonal employment. The key change in this Law, concerning the work of foreign nationals, is that it stipulates that the annual quota for temporary residence and work permits for foreign nationals - the annual quota be determined by activities, not by occupations in which foreign nationals can be employed. In addition to this change, the deadlines for resolving the submitted requests were shortened from 20 to 15 days. Foreign national may perform the duties of an executive director with several employers. A foreign national who is an entrepreneur and executive director in companies in which they are the only owners or where they own more than 51% of equity may be issued a work permit even though they are more than 67 years old. Moreover, when submitting an application for the issuance of a temporary residence and work permit, a foreign national/employer is not required to submit the excerpt from the Systematization Act with the employer.

Moreover, in order to incite greatest number of tourists, the cost of issuing visas through diplomatic and consular missions of countries with which Montenegro has signed bilateral agreements on consular representation and modernization of the Visa Information System have been reduced, the Ministry of Foreign Affairs, as the authority responsible for visa regime policy, will develop an application solution that provides an easier way to apply for a visa. With the introduction of electronic visas, Montenegro is creating global competitiveness when it comes to the tourism sector and the accessibility of Montenegro as a tourist destination. The application solution enables a higher degree of security, easier connection of the Visa Information System with the systems of the Schengen member states and other security institutions, which is the obligation of Montenegro in the process of accession to the European Union. An application for a visa to enter Montenegro may be submitted by a foreigner electronically.

Pursuant to the Law on Foreign Nationals, a foreigner in Montenegro may stay in Montenegro for up to 90 days, may be issued the temporary residence (approved for up to one year) or the permanent residence (approved permanently). Foreign nationals can stay in Montenegro for up to 90 days on the basis of a short-stay visa (visa C) or without a visa, in accordance with the regulation governing the visa regime. A foreign national may stay in Montenegro for a maximum of 90 days in a period of 180 days, counting from the day of first entry, unless otherwise provided by this Law or an international agreement. A foreign national who has resided in Montenegro for 90 days, may re-enter and reside in Montenegro after the expiration of a period of 180 days, counting from the day of first entry.

The Law on Foreign Nationals stipulates that the Ministry of the Interior shall approve temporary residence. Temporary residence is approved with a validity period of up to one year. The application for the issuance of a temporary residence permit is submitted personally by the foreign national to the Ministry in the place of residence. Temporary residence may be granted to a foreign national who intends to stay in Montenegro for more than 90 days, for the purpose of: family reunification; secondary education or study; participation in international student exchange programs or other youth programs; specializations, vocational training and practical training; scientific research work; treatment; humanitarian reasons; disposition of the right to real estate he owns in Montenegro; performing religious services; work; other justified reasons, in accordance with the law or an international agreement. A foreign national may be issued a temporary residence permit if: he has sufficient financial means, has accommodation provided, has health insurance, has a valid foreign travel document or identity card issued by the competent authority of another state, has not been banned from entering and staying in Montenegro. If in Montenegro, he has not been sentenced to unconditional imprisonment for a term exceeding six months for a criminal offense for which he is prosecuted ex-officio or the legal consequences of the conviction have ceased, he has not been sentenced to unconditional imprisonment for more than six months for a criminal offense for which he is prosecuted ex-officio or the legal consequences of the conviction have ceased, there are no obstacles for reasons of national security, public order or public health, attach proof of the justification of the application for a permit.

Pursuant to the Law on Foreign Nationals, a foreign national who intends to reside in Montenegro for employment, seasonal employment, as well as posted worker's work (who performs work in Montenegro for a limited period of time), is issued a residence and work permit as a single document. The procedure for issuing a temporary residence and work permit for a foreign national shall be carried out by the Ministry of the Interior.

A foreign national in Montenegro in terms of Article 66 of the Law on Foreign national may work under a temporary residence and work permit or work registration certificate, only to the jobs for which the temporary residence, work permit or work registration certificate was issued to him/her, and only for an employer who employs him/her.

Pursuant to the provisions of Article 38 of the Law on Foreign Nationals, temporary residence may be granted to a foreign national intending to stay in Montenegro for longer than 90 days, among other things for work (where work means employment, seasonal employment and posted worker's work). The posted worker's work refers to the provision of contracted services and the movement of persons within a foreign company.

Article 70 of the Law on Foreign Nationals (temporary residence and work permit for employment) stipulates that a temporary residence and work permit for employment of a foreign national is issued with a validity period of up to one year and may be extended for a maximum of two years. The employer is obliged to, within 24 hours from the day of issuing the temporary residence and work permit for employment, conclude an employment contract with the foreign national and register him for compulsory social insurance, in accordance with the labor regulations.

The application must be accompanied by the following evidence of financial means, accommodation, health insurance, photocopy of a valid travel document, that in the country of origin he has not been sentenced to unconditional imprisonment for more than 6 months for a crime for which is prosecuted ex-officio or the legal consequences of the conviction have ceased, the employer's written offer to employ a foreigner in a particular job that contains - all the essential elements of the employment contract, evidence of education and qualifications, evidence of medical fitness (medical certificate issued by foreign competent healthcare institution of Montenegro), evidence of registration of a legal entity or physical person with a registered office in Montenegro (excerpt from CRPS).

The application for the issuance of a temporary residence and work permit shall be submitted by the foreign national personally to the Ministry in the place of residence, on the prescribed form. When submitting an application, a photograph, a fingerprint of two fingers and a digitized handwritten signature are taken from the foreign national, in accordance with the law governing the issuance of an identity card. Exceptionally, an application for a temporary residence and work permit may also be submitted by the employer in the place of the foreign national's intended residence. The application for the issuance of a temporary residence and work permit shall be decided within 15 days from the day of submission of the proper application. As of 1 January 2021, a foreign national may submit the application for the issuance of a temporary residence and work permit for seasonal employment to the Ministry of Internal Affairs, through the diplomatic-consular mission in the country of origin.

In Montenegro, the so-called quota system for issuing permits for temporary residence and work of foreign nationals is applied, which was also recognized by the repealed Law on Foreign Nationals ("Official Gazette of Montenegro", Nos. 56/14, and 28/15 and 16/16), which was applied as of 1 April 2015. At the beginning of the application of this Law, the Law on Employment and Work of Foreign Nationals ("Official Gazette of Montenegro", No. 22/08 and 32/11), which until then regulated the employment and work of foreigners in Montenegro, ceased to be valid. We state this because before the entry into force of the Law on Employment and Work of Foreigners, Montenegro had an extremely liberal system of employment of foreign nationals, in accordance with the Decree on work

engagement of non-resident physical persons ("Official Gazette of the Republic of Montenegro", No. 28/03), when between 50,000 and 60,000 non-residents worked in our labor market annually. Due to the need to preserve the character of openness in the labor market, and at the same time bring the work of foreign nationals to an optimal level in accordance with the real needs of the Montenegrin labor market, the Law on Employment and Work of Foreign Nationals from 2008 introduced a quota system for issuing work permits for foreign nationals. The Government determined the quota of work permits for foreign nationals on an annual basis, based on the criteria prescribed by the Decree on Criteria and Procedure for Determining the Number of Work Permits for Foreign Nationals ("Official Gazette of Montenegro", No. 69/08). From that time until today, and in accordance with the applicable regulations governing the employment and work of foreigners in Montenegro, the Government determines the annual quota.

Thus, Article 76 of the Law on Foreign Nationals stipulates that the annual number of permits for temporary residence and work permits for foreign nationals (the so-called annual quota) is determined by the Government, in accordance with migration policy, status and movement on the labor market in Montenegro, not later than until 30 November of the current year for the subsequent year. The annual quota determines the business activities and occupations where the foreign nationals may be employed. Within the annual quota, the annual quota for employment and for seasonal employment of foreign nationals shall be separately determined.

Article 77 of the Law stipulates that the annual quota is determined at the proposal of the state administration authority in charge of labor affairs, upon previously obtained opinions of the Employment Agency of Montenegro, state administration authorities in charge of particular business activities for which annual quota is determined, and the Social Council. Moreover, the Government may restrict the annual quota, increase the number, or make rearrangements by purposes, if that is contingent upon ratio between labor market supply and demand or due to special conditions in particular business activity. This legal solution enables the protection of the national labor force from the spontaneous and unregulated employment of foreign nationals in Montenegro.

The Decree on Criteria and Procedure for Determining the Annual Number of Permits for Temporary Residence and Work Permits for Foreign Nationals ("Official Gazette of Montenegro", No. 20/19) determines the criteria and procedure for determining the annual number of permits for temporary residence and work permits of foreign nationals - annual quota. The criteria for determining the annual quota, set forth by this Decree are as follows:

- Ration between labor market supply and demand;*
- the possibility of meeting the demand on the labor market, by employing Montenegrin citizens,*
- employment of foreign nationals in Montenegro in the previous period;*
- utilization of the annual quota in the previous year; and*
- employers' needs for employment in the coming year.*

In 2016, the total of 14,588 work and employment permits for foreign nationals were issued (10,834 in the quota and 3,754 out of the quota). Of the total permits issued to foreign nationals in the quota, observed by type of permits, 56, 92% were issued for the employment of foreign nationals (6,167), 31, 39% for seasonal employment of foreign nationals or 3,401 permits and 11, 69% for the provision of contracted services (1,266).

In 2017, the total of 20,969 work permits and employment permits for foreign nationals were issued (14,259 in quota and 6,710 out of quota). Of the total permits issued to foreign nationals in the quota, observed by types of permits, 65.96% were issued for the employment of foreign nationals (9,405), 22.06% for seasonal employment of foreign nationals or 3,146 permits and 11.98% for the provision of contracted services (1,708).

In 2018, the total of 26,327 work and employment permits for foreign nationals were issued (15,132 in the quota and 11,195 out of the quota). Of the total permits issued to foreign nationals in the quota, observed by types of permits, 77.82% were issued for the employment of foreign nationals (11,776), 18.96% for seasonal employment of foreign nationals or 2,869 permits and 3.22% for the provision of contracted services (487).

In 2019, the 27,634 work and employment permits were issued for foreign nationals (15,582 in the quota and 12,052 out of the quota). Of the total issued permits for foreign nationals in the quota, observed by types of permits, 80.30% were issued for the employment of foreign nationals (12,513), and 19.70% for seasonal employment of foreign nationals or 3,069 permits.

A permanent residence permit may be issued to a foreign national who has legally resided in Montenegro for a continuous period of five years on the basis of an approved temporary residence or recognized refugee status or approved subsidiary protection, in accordance with the Law on Asylum ("Official Gazette of the RoM", No. 45/06), i.e. approved asylum or subsidiary protection in accordance with the law governing international and temporary protection of foreign nationals. It is considered that the foreign national has continuously resided in Montenegro and when in the period of five years he was absent from Montenegro several times up to ten months in total or once up to six months. A foreign national may be issued a permanent residence permit if: he has a valid foreign travel document, or a travel document for a stateless person; has a permanent, regular and sufficient financial means; has health insurance; has accommodation provided; has knowledge of the Montenegrin language to the extent that enables basic communication.

A foreign national will not be issued a permanent residence permit if the reasons of national or internal security so require. A foreigner is granted permanent residence in Montenegro for an indefinite period. A permanent residence permit is issued with a validity period of five years, with the obligation to extend.

A foreign national who has a permanent residence permit has the right to: work, employment mediation and rights during unemployment; education and professional development; recognition of diplomas and certificates; social assistance, health and pension insurance; tax relief, in accordance with the law; access to the market for goods and services; freedom of association, association and

membership in organizations representing the interests of workers or employers. These rights are exercised in accordance with the laws governing the exercise of these rights.

The Committee requests that the report clarify whether the payment of unemployment benefits is contingent upon the request for citizenship.

ANSWER:

Law on Mediation for Job Placement and Rights during Unemployment prescribed that an unemployed person shall mean a person from 15 to 67 years of age, who is a Montenegrin national, registered with the Employment Agency of Montenegro, capable or partially capable of working, who has not established an employment relation, actively seeking employment and work available.

Unemployed person, referred to in paragraph 1 of this Article, shall mean also a foreigner who, pursuant to the Law, holding:

- permanent residence permit;*
- temporary residence permit;*
- temporary residence permit for person without citizenship;*
- temporary residence permit to three years;*
- temporary residence permit for the purpose of family reunification with a Montenegrin citizen or with a foreigner who has a permanent residence permit;*
- temporary residence permit for humanitarian reasons;*
- granted asylum, subsidiary protection or seeking international protection, following the expiration of a period of nine months from the date of submitting application for international protection.*

A foreign national registered with the Unemployed Persons Register of the Employment Agency of Montenegro may exercise the right to material compensation during unemployment under the same conditions as a Montenegrin citizen who is on that Register.

In its previous conclusion (Conclusions 2013), the Committee asked whether there was a “condition of the child’s stay” for the payment of family benefits and, if so, whether bilateral or multilateral agreements had been concluded with States applying a different legal principle. The report states that Montenegro applies the “condition of the child’s stay.” The Report further specifies that the concluded bilateral agreements on social insurance cover, inter alia, access to child benefits. However, the report does not contain detailed information on the existence of such agreements with states applying a different requirement, so the Committee reiterates its questions.

ANSWER:

Article 5, paragraph 2 of the Law on Social and Child Protection (“Official Gazette of Montenegro”, Nos. 27/13, 1/15, 42/15, 47/15, 56/16, 66/16, 1/17, 31/17, 42/17, 50/17) stipulates that the rights from social and child protection determined by this law and the international agreement may be exercised by a foreign national with approved temporary residence or permanent residence in the state, and paragraph 3 of this Article stipulates that the rights from social and child protection determined by this law and an international agreement may be exercised by an asylum seeker and a foreign national under subsidiary protection, in accordance with the law.

The Committee asked in its previous conclusion (Conclusions 2013) whether the right to withhold compensation acquired in Montenegro by nationals of parties that do not have a bilateral agreement with Montenegro is secured and, if so, in what way. The Committee also asked that the next report explain why there are no agreements with certain signatory states, and provide information on planned agreements and when they can be signed.

ANSWER:

Montenegro implements bilateral social security agreements with 23 signatories to the European Social Charter. Negotiations for concluding an agreement with Romania have been completed, and an initiative has been launched for concluding an agreement with Albania, Greece and Ukraine.

In the coming period, Montenegro will intensify activities aimed at concluding new social security agreements.

The Committee also wishes the next report to contain additional information on the signatory States that have concluded bilateral social security agreements with Montenegro, as well as on the principles contained in those agreements.

ANSWER:

Montenegro implements bilateral social security agreements with 23 signatories to the European Social Charter:

- | | |
|----------------------------|-------------------------------------|
| 1. Republic of Austria; | 14. Republic of Northern Macedonia; |
| 2. Kingdom of Belgium; | 15. Kingdom of Norway; |
| 3. Bosnia and Herzegovina; | 16. Republic of Poland; |
| 4. Republic of Bulgaria; | 17. Republic of Serbia; |
| 5. Republic of Croatia; | 18. Republic of Slovakia; |
| 6. Czech Republic; | 19. Republic of Slovenia; |
| 7. Kingdom of Denmark; | 20. Kingdom of Sweden; |
| 8. French Republic; | 21. Swiss Confederation; |
| 9. FR Germany; | 22. Republic of Turkey; |

10. Republic of Hungary;

23. UK.

11. Republic of Italy;

12. Grand Duchy of Luxembourg;

13. Kingdom of the Netherlands;

These agreements, as well as all bilateral social security agreements applied by Montenegro, are based on generally accepted European principles:

- *the principle of determining the applicable legislation;*
- *the principle of equal treatment of nationals of the other Contracting State as of its own nationals;*
- *the principle of aggregation of insurance periods or other relevant periods for the acquisition of the right to benefits;*
- *the principle of payment of benefits in the territory of the other Contracting State;*
- *the principle of cooperation between the competent institutions of the Contracting States.*

The Committee asked in a previous conclusion (Conclusions 2013) whether and how the right to accumulation of insurance and employment periods is ensured for citizens of the signatory states that are not bound by a bilateral agreement with Montenegro. The Committee also asked why there are no agreements with certain signatory states and to provide information on planned agreements and when they could be signed. The report states that the right to insurance accumulation and employment periods is secured by the application of bilateral social security agreements. The Committee therefore assumes that such a right is not provided for nationals of signatory states not bound by such agreements. In this regard, it requests that the next report clarify whether this understanding is correct.

ANSWER:

The right to accumulate insurance periods and employment periods is ensured through the application of bilateral social security agreements. Montenegro applies bilateral social security agreements with 23 signatory states to the European Social Charter. Negotiations for concluding an agreement with Romania have been completed, and an initiative has been launched for concluding an agreement with Albania, Greece and Ukraine. We reiterate that the agreements apply exclusively to the nationals of signatory states.

Revised European Social Charter

Article 13

Anyone without adequate resources has the right to social and medical assistance.

Article 13

The right to social and medical assistance

1. With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake: to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;

a) Please describe the reforms of the general legal framework. Provide relevant figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. assistance should enable any person to meet basic needs and the level of benefits should not fall below the poverty line. Therefore, information on basic benefits, supplementary benefits and the poverty line in the country, defined as 50% of the median equivalent income, must be provided and calculated on the basis of the value of the at-risk-of-poverty threshold published by Eurostat.

ANSWER:

Law on Social and Child Protection prescribes the conditions for exercising the right and the amount of benefits.

The number of beneficiaries of individual rights is: financial support of 8,398 beneficiaries with 28,338 members; child allowance 7,221 families - 13,981 children; care and support allowance 19,270 persons; personal disability allowance 2,775 persons; maternity leave benefits 5,304 persons; parental or guardianship's allowance of the personal disability beneficiary 2332; compensation for transportation costs for persons with disabilities (according to a special law) 1,352 persons.

Current amounts of financial support from social and child protection based on the last adjustments ("Official Gazette of Montenegro", No. 83/20), are as follows:

1) Amount of financial support under the social protection:

a) the amount of monthly financial support for an individual or a family without income amounts to:

- EUR 68,57 for an individual;*
- EUR 68,57 for a family with one member;*
- EUR 82, 34 for a family with two members;*

- EUR 98,83 for a family with three members;
- EUR 116,67 for a family with four members;
- EUR 130.36 for a family with five and more members;
- EUR 130, 36 for a child without parental care.

b) the amount of personal disability allowance amounts to EUR 185,53 per month;

c) the amount of personal disability allowance for a person who is not a beneficiary of the right to care and support allowance in accordance with the Law on Social and Child Protection amounts to EUR 117, 49 per month;

d) the amount of the care and support allowance amounts to EUR 68.04 per month;

e) the amount of funeral expenses amount to EUR 340, 28;

d) the amount of compensation to the parent or guardian of the beneficiary of the right to personal disability allowance amounts to EUR 200,94 per month.

2) Amount of financial support under the child protection:

a) the amount of financial support for a newborn amounts to EUR 113, 55;

b) the amount of financial support for a newborn of the beneficiary of financial support amounts to EUR 136, 27;

c) the monthly child allowance amounts are as follows:

- EUR 24, 66 to a beneficiary of financial support;

- EUR 24,66 for a child whose parent, adoptive parent, guardian, foster parent as a beneficiary of financial support entered into employment on the grounds of the individual activation plan for overcoming unfavorable social situation.

- beneficiary of care and support allowance in the amount of EUR 33,19;

- beneficiary of personal disability allowance in the amount of EUR 41,18;

- without parental care in the amount of EUR 41.18;

d) the amount of financial support based on the birth of a newborn of a person who has been registered with the Unemployment Register of the Employment Agency of Montenegro and a full-time student amounts to EUR 82,28 per month.

We would like to emphasize here that when it comes to amount of financial support in the area of social and child protection, there are no primary and secondary sources of the EU Law with which this could be compared, because the amount of financial support is contingent upon the financial capacity of the state budget, economic and other trends, income of employed citizens (salaries, etc.), as well as the labor related income (pensions, etc.). In the light of the above, financial support in the area of social and child protection cannot bring the beneficiaries of these benefits in a more favorable position than citizens who are employed and citizens who have exercised their right to work. The

minimum wage in Montenegro amounts to EUR 222,00 and the minimum pension is EUR 144,00, while the average pension amounts to EUR 290,00.

a) Please specify any special measures taken to provide social and medical assistance to persons without funds in the context of a pandemic such as the crisis caused by the COVID 19. Please also provide information on the scope and modalities of providing social and medical assistance to persons without residence or any other status entitling them to legally reside in the territory of your country.

ANSWER:

Persons without funds exercise their the right to social assistance during the crisis caused by COVID-19 in the same manner and under the procedure as in the time without the crisis, because the crisis itself did not require a change in regulations in the field of social and child protection. In order to facilitate access to rights in the field of social and child protection, the centers for social work during COVID-19 established rules for communication with the beneficiaries, giving priority to indirect communication via telephone and electronic application allowing also the beneficiaries to submit the request to the mailbox at the entrance of the center. For services that require personal presence, a term was determined for the work with clients, as well as a special regime of entry and stay in the center's premises. In case of urgent and interventions, a telephone is provided which is at the service of the clients 24 hours a day. In 2020, the Government of Montenegro on two occasions, in addition to the regular monthly financial support, also opted for non-recurring financial support for the beneficiaries of financial support, beneficiaries of care and support allowance and personal disability benefits. Article 5, paragraph 4 of the Law on Social and Child Protection (Article 5 is also cited in earlier reporting) stipulates that the right to a non-recurring financial support and the right to temporary accommodation shall have persons who, due to special circumstances and social risk, require a special type of protection. Centers for social work are not competent to provide emergency medical care.

When it comes to medical assistance to persons without regulated residence in Montenegro, residing in Montenegro, we emphasize that the Law on Health Care prescribes (Article 12) that a foreign national shall have the right to health care in accordance with this law and international agreement. The law stipulates that health institutions and health professionals must provide emergency medical care to a foreign national. The foreign national shall bear the costs of the provided medical assistance or other type of healthcare, according to the price list of the health institution, unless otherwise regulated by an international agreement.

The Law on Compulsory Health Insurance ("Official Gazette of Montenegro", Nos. 6/16, 2/17, 22/17, 22/17, 13/18 and 67/19) stipulates that insured persons under this Law shall mean: Article 6

paragraph 1 item 6) a foreign national employed in Montenegro for the national legal entity or physical person, on the basis of special agreements and agreements on international technical cooperation; item 7) a foreign national employed in Montenegro by international organizations and institutions and other foreign legal entities and physical persons, unless otherwise determined by an international agreement, or if they are not insured under the regulations of another state; item 8) a foreign national employed in Montenegro by foreign diplomatic and consular missions, if such insurance is provided by an international agreement.

We emphasize that all health care services are provided to foreign nationals residing in Montenegro in accordance with the aforementioned laws and international agreements. Therefore, the Law on Compulsory Health Insurance, Article 6, paragraph 2, stipulates, inter alia, that asylum seekers and foreign nationals under subsidiary protection or foreign nationals under temporary protection, shall have the right to health insurance and health care provided for other persons under the Law on International and Temporary Protection of Foreign Nationals.

a) If it is established in the previous conclusion that the national law is not harmonized with the provision of the Charter, explain whether and how the problem has been eliminated. If it is determined in the previous conclusion that the conclusion is postponed, please answer the questions asked

ANSWER:

The Committee has previously concluded that the situation in Montenegro is not in accordance with Article 13, paragraph 1, of the Charter, given that:

- the right to social assistance is not guaranteed as a subjective right of any person without funds;
- The level of social assistance is clearly inadequate.

The Committee considers that social assistance is not provided, as a subjective right of any individual, whether competent or incompetent of working and whether or not it falls under a vulnerable category, simply because s/he does not have the resources and is unable to obtain adequate resources for any another way. Therefore, the situation is not in accordance with the Charter.

ANSWER:

The concept of the Law on Social and Child Protection is that the right to financial support is exercised in accordance with the personal status of the beneficiary (health status, family status, maintenance obligation under the Family Law, income and wages, assets, etc.). Persons who are work capable on the basis of the aforementioned conditions exercise their rights in the event that they have minor

children or adult children if a parent exercises an extended parental right (child's sickness).

Work capable persons, both those with and/or without children, exercise their rights as unemployed persons in accordance with the regulations governing employment, with the competent employment authority.

These persons capable of work who do not have minor children in the social protection system, based on the findings and opinion of the center for social work, can exercise the right to a non-recurring financial assistance and the right to certain services in the field of social protection (counseling, shelter).

These legal solutions are partly based on the specifics of Montenegrin society where some citizens have no income but own property of greater value, whether it is immovable or movable property, or avoid the completion of court proceedings related to inheritance, and are only formally registered with the competent authority as unemployed persons. This means that not only income is a limiting factor as indicated in the commentary but also the possession of movable and immovable property, which are different categories, with the fact that there is no legal possibility to determine income based on the use of that property, unless it is introduced into legal flows, so that only the possession of property is a legal impediment to the exercise of rights.

These are issues that are within the competence of other bodies and which the social protection system cannot solve. Activities are underway to analyze the social and child protection system, which will provide answers to the questions of possible expansion of the circle of beneficiaries of certain rights.

The Committee considers that the level of social assistance is clearly inadequate because the total assistance available (EUR 63,50) is not compatible with the poverty line.

The Committee reiterates its request as to whether the withdrawal of social assistance in response to the rejection of a job offer leaves the person concerned completely deprived of his or her means of subsistence.

ANSWER:

When it comes to increasing the amount of social assistance benefits, as stated in the previous Report in accordance with Articles 38 and 58 of the Law on Social and Child Protection, benefits are adjusted semi-annually (1 January and 1 July of the current year) with the trends of living costs and average wage of employees in Montenegro based on semi-annual statistical data and in a percentage of half a percent growth, i.e. decline in the cost of living and half the percentage increase, or decrease in wages. In case of negative parameters, the benefits are not adjusted.

We would like to emphasize here that when it comes to amount of financial support in the area of social and child protection, there are no primary and secondary sources of the EU Law with which this could be compared, because the amount of financial support is contingent upon the financial capacity of the state budget, economic and other trends, income of employed citizens (salaries, etc.), as well as the labor related income (pensions, etc.). In the light of the above, financial support in the

area of social and child protection cannot bring the beneficiaries of these benefits in a more favorable position than citizens who are employed and citizens who have exercised their right to work. The minimum wage in Montenegro amounts to EUR 222,00.

The comment states that the financial support of EUR 63, 50 prescribed for an individual is the total assistance, which is not in accordance with the current legal solutions. Specifically, it is about the right of an individual to financial support, which currently amounts at EUR 68, 57. This right has a person who is incapable of work, who has more than 67 years of age, which indicates that s/he did not exercise the right to a pension or is incapable of work due to health condition, and by rule, he/she is also the beneficiary of the care and support allowance provided for another person in the amount of EUR 68, 04 or the right to personal disability allowance in the amount of EUR 185, 53. This beneficiary may exercise the right to a non-recurring financial support, which depending on the reason for requesting assistance at the annual level can amount to EUR 50,00 to 300, 00, the right to a subsidy of monthly electricity bills in accordance with the Program of the Government of Montenegro in the average amount of EUR 20,00 to 30,00, certain categories are entitled to the right to home help service, day care service or institution accommodation services, which costs are financed from the state budget.

At the local level, these beneficiaries also exercise their rights in accordance with the decisions of municipalities and which rights are exercised independently of the rights prescribed by the central level, specifically: a non-recurring financial assistance, home help service, meals in the National Kitchen, housing in accordance with the Law on Social Housing etc., subsidies for the payment of certain communal services in accordance with the decisions of the company engaged in that activity (use of telephone and internet, water consumption, transportation, etc.). If the aforementioned person is a beneficiary of care and support allowance or the right to personal disability allowance under a special law, s/he may be entitled to reimbursement of 12 trips per year in intercity transportation, which amounts to a total of about EUR 500, 00 to 600,00 per year, depending on the distance. They also exercise certain rights in the field of health care, especially exemption from paying co-payments for services in that area or from paying co-payments for medicines. As a comparison of social protection benefits, we indicate the amounts of the lowest pension in Montenegro, which in 2020 amounted to about EUR 144,00, and the average pension amounting to about EUR 290,00.

As stated in the previous report, as of the application of the Law, there has been an increase in the amount of certain financial support, as well as regular adjustments in accordance with the law. The increase is also indicated by financial indicators, thus in 2014, a total of about EUR 50,2 million was paid from the state budget for rights and social and child protection and around EUR 75 million was paid in 2019. We point out that out of EUR 75 million paid in 2019, more than 55% of this amount was allocated for rights regardless of the financial situation of the individual or family. Any increase in the financial support in the forthcoming period will be contingent upon the financial possibilities of the state budget.

The Committee understands that both social and medical assistance is provided to nationals of signatory parties who are legally residing or who are regularly employed in Montenegro on an equal basis with Montenegrin nationals. The Committee requests that this understanding be confirmed in the next report.

ANSWER:

We confirm that the citizens of the signatory parties who legally or regularly work in Montenegro are provided with social assistance on an equal basis with the citizens of Montenegro in accordance with Article 5 paragraph 2 of the Law on Social and Child Protection, which stipulates that the social and child protection rights by law and an international agreement, may be exercised by a foreign national with an approved temporary residence or permanent residence in the country.

The Committee stated from the previous report that health institutions and health professionals are obliged to provide emergency medical assistance to a foreign national. The foreign national shall bear the costs of emergency medical care or other types of healthcare, according to the price list of the health institution. The Committee asks whether these costs could be written-off if the person concerned is without funds.

ANSWER:

A medical institution is obliged to provide the necessary health care to a foreign national in need of emergency medical care, as well as to request the collection of costs from a foreign national according to its price list.

In the case of a foreign national from a country with which an international agreement on social insurance has been concluded, and the foreign national does not have a certificate from its health insurance fund to cover costs, the health institution through the competent branch of the Health Insurance Fund subsequently provides a certificate from a foreign insurance fund to cover the costs of health care provided.

If a foreign national is coming from a country with which Montenegro has not concluded an agreement on social insurance, and the foreign national does not have the funds to pay for the service provided, the costs are borne by the budget of Montenegro.

The Committee recalls that persons in an illegal position must have a legally recognized right to meet basic human needs (food, clothing, shelter) in emergency situations in order to deal with urgent and serious needs. The Committee requests that the following report confirm that legislation and practice are in line with these requirements. In the meantime, the Committee maintains its position on this issue.

ANSWER:

A large number of national and international human rights documents envisage the protection of particularly vulnerable groups, i.e. groups of people who can be labeled as particularly sensitive, jeopardized or vulnerable, because these persons possess certain characteristics, qualifications (gender, age), or are in certain circumstances, whether temporary or permanent, that are suitable to make them vulnerable. When we say a particularly vulnerable group, we primarily mean children and young people, women, the elderly, people with disabilities, members of minority groups, migrant workers, non-citizens, as well as refugees, displaced persons and asylum seekers.

The very fact that a person belongs to one of the mentioned particularly sensitive/vulnerable groups, means a different treatment of state bodies, organizations and their treatment of these persons than the one that would be regularly applied when the mentioned persons would not be in a suitable situation, or if they wouldn't possess certain characteristics that are the determining factor that just such persons make up one or more of the particularly vulnerable groups. More precisely, the request for special treatment of these persons is reflected primarily in the fact that members of particularly vulnerable groups are not discriminated against because of their "status" they have, but on the contrary, because of it these persons are treated in a specific way with such care corresponding to the very fact that a person belongs to a particular vulnerable group.

Refugees, internally displaced persons and asylum seekers are one of the most vulnerable groups, and belonging to this group does not exclude the possibility that a person does not belong to another particularly vulnerable group only on other grounds. Refugees, internally displaced persons and asylum seekers must be treated without discrimination, respecting their person and dignity, in accordance with the principle of non-refoulement, and they must be guaranteed all human rights, as well as the availability and opportunity to exercise them. Moreover, in providing assistance to these persons, special care must be taken, and having in mind the circumstances in which such persons find themselves, primarily the state of emergency, their mental and physical condition.

In accordance with the above, Montenegro, with its national and institutional framework, has created the conditions for all these persons to have the right to access social and medical assistance on preferential terms or identically to Montenegrin citizens.

Thus, the Law on International and Temporary Protection of Foreign Nationals stipulates that foreign nationals who have been granted international protection have the right to social and health protection, on equal footing as Montenegrin citizens. In practice, these rights are available to these persons under the same conditions and in the same way as to Montenegrin citizens. Rights from social protection are prescribed by the Law on Social and Child Protection, and rights from health care by regulations governing health care and health insurance.

Moreover, the Directorate for the Reception of Foreign Nationals Seeking International Protection continuously provides adequate social support to all persons in accommodation. A foreign national seeking international protection in accordance with the Law on International and Temporary Protection of Foreign Nationals has the right to: 1) stay in Montenegro; 2) freedom of movement in Montenegro; 3) acceptance; 4) health care; 5) primary and secondary education; 6) information necessary for residence and legal advice regarding the procedure on the application for international protection and free legal aid; 7) free legal aid; 8) work; 9) documents in accordance with this Law; 10) family unification. In exercising the right, the needs of a foreign national seeking international protection, who needs special procedural guarantees, are taken into account. A foreign national seeking international protection may exercise his/her rights and obligations in accordance with this Law until the decision deciding on its application becomes final. A foreign national seeking international protection has the right to reside in Montenegro from the day of the expressed intention to apply for international protection until the decision rejecting his/her application becomes final. Foreign national seeking international protection and foreign national in transition have freedom of movement in Montenegro, which includes the choice of place of residence, with the obligation to notify the Ministry of place and address of residence, within three days of selection, or change of place and address. A foreign national seeking international protection has the right to admission, which includes accommodation in the Reception Center, food and clothing, reimbursement of public transportation costs, if s/he needs transportation to participate in the procedure for granting international protection or exercising other rights in accordance with law, as well as financial support. The type of accommodation in the Reception Center is determined by the Ministry, given the personal characteristics and circumstances, or the needs of the foreign national seeking international protection. Financial support to a foreign national seeking international protection is approved by the Center for Social Work. Foreign national seeking international protection may, in exercising the right to admission, be granted a non-recurring financial support in the amount of EUR 50,00, while the admission lasts, in accordance with the Decree on the amount of financial assistance to the foreign nationals seeking international protection, asylum seekers and foreign nationals under subsidiary protection. For an unaccompanied minor, who expresses an intention to apply for international protection, the Center for Social Work appoints a guardian trained to work with minors seeking international protection and whose interests are not contrary to the interests of that minor. In accordance with the Law on International and Temporary Protection of Foreign Nationals, the assessment of the age of minors is carried out on the basis of available data on minors, expert opinion of employees of the Reception Center involved in working with minors, as well as opinions of guardians of minors. Accommodation, food and clothing are provided by the Reception Center. The foreign national, which is accommodated with the Reception Center, will also be provided with basic funds for hygienic needs and a mandatory medical examination. When accommodating a foreign national seeking international protection in the Reception Center, special attention is paid to gender, age, and position of vulnerable groups, health condition and disability, as well as family unification. The protection of persons and property in the Reception Center is

provided by police officers who do not wear official uniforms and who are specially trained to work with foreigners seeking international protection. The rules of stay and house rules in the Reception Center are prescribed by the Ministry in a special rulebook, which clarifies the issues of admission, accommodation, health care, nutrition and house rules in the Reception Center. The Center for the Reception of Foreign Nationals seeking international protection is accommodating foreign nationals seeking international protection in special blocks of the Center for the Reception, taking into account the vulnerability of the foreign national. Special attention is paid to providing psycho-social support, organizing educational workshops for all foreign nationals seeking international protection who are in accommodation, mediation in exercising the right to education and providing support during it. In working with all persons admitted to the accommodation, support is provided by a team of officers (social worker, health worker including doctors, educator, psychologist, but also other officers as a security service). Information materials are provided to all foreign nationals seeking international protection upon admission to the accommodation. Professional staff performs continuous supervision over the exercise of rights and performance of obligations in accordance with the law.

Furthermore, after the outbreak of the conflict in Kosovo in 1998, the inflow of persons from that area in Montenegro commenced. During 1999, there was a sudden influx of refugees from the area, thus that according to UNHCR data, there were about 65,000 of persons in this period, which at that time made up about 10% of the total population of Montenegro. Montenegro provided adequate protection to these persons. Montenegro, through the Law on Foreign Nationals, enabled these persons to acquire the status of a foreign national with permanent residence in Montenegro, under preferential conditions, as a measure for a permanent solution to their status. In this way, inequality between internally displaced persons and Montenegrin citizens has been reduced. Internally displaced persons, by obtaining the status of a foreign national with permanent residence, are enabled to integrate into Montenegrin society and exercise the right to work and employment, education, professional training, recognition of diplomas and certificates, social assistance, health and pension insurance, tax benefits, access to the labor market and services, freedom of association, association and membership in organizations representing the interests of workers or employers.

The constitutional principle of “affirmative action” was applied to internally displaced persons, among whom were a large number of vulnerable categories and persons without education, most often members of the RAE population, providing equal opportunities to those who are not in the same position in the starting position as the majority in the process of exercising status rights in Montenegro.

Due to the specifics of this vulnerable social group, Montenegro has additionally provided simplified procedures, or privileged access to rights, including multiple reduction of administrative fees, application only on the basis of IDPs in offices that were opened for these purposes in the settlements

where they resided. persons, obtaining documents ex officio. Many of these persons in their home countries were not registered in the basic registers (birth register and citizenship register).

2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights

Information should not be provided unless it has been established in the preliminary finding that the national law has not been harmonized or that a conclusion has been postponed. Regarding the discrepancy, explain whether the problem has been solved and how, and regarding the postponement of the conclusion, please answer the question.

ANSWER:

The Committee concludes that the situation in Montenegro is in accordance with Article 13, paragraph 2, of the Charter, pending the receipt of the information requested below.

The Committee requested that the next report confirm that beneficiaries of social and medical assistance did not suffer from any restrictions on their political or social rights. The Committee asks whether provisions containing the principle of equality and prohibiting discrimination in the exercise of political or social rights are interpreted in practice in a way that prevents discrimination on the grounds of receiving social or medical assistance.

ANSWER:

Article 7, paragraph 1, item 2 of the Law on Social and Child Protection stipulates that discrimination against beneficiaries on the grounds of race, sex, age, nationality, social origin, sexual orientation, religion, political, trade union or other orientation, property status, culture, language, disability, nature of social exclusion, belonging to a certain social group or other personal characteristic shall be prohibited. In reference to the aforementioned article, the conditions for exercising the rights and the amount of financial support are defined the same for all users, regardless of personal characteristics.

Article 5 of the Law on Health Care stipulates that in exercising the right to health care, citizens are equal, regardless of nationality, race, gender, gender identity, sexual orientation, age, disability, language, religion, education, social origin, property status and other personal characteristics in accordance with the law.

When it comes to exercising the right to health care in the health system of Montenegro, all forms of discrimination are excluded.

3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

Information should not be provided unless it has been established in the preliminary finding that the national law has not been harmonized or that a conclusion has been postponed. Regarding the discrepancy, explain whether the problem has been resolved and how, and regarding the postponement of the conclusion, answer the question.

ANSWER:

The Committee concludes that the situation in Montenegro is in accordance with Article 13, paragraph 2, of the Charter, pending the receipt of the information requested below.

In assessing national situations under this provision, the Committee specifically examines whether there are mechanisms in place to ensure that those in need can receive assistance and personal services free of charge, and whether such services and institutions are adequately distributed on a geographical basis. The Committee requests that the next report provide up-to-date information on how these requirements have been met in legislation and practice.

ANSWER:

The goal of social and child protection services is to improve the quality of life of social and child protection beneficiaries and their empowerment for independent and productive life. Social and child protection is based on the principles prescribed in Article 7 of the Law on Social and Child Protection, inter alia: respect for the best interests of users in exercising social and child protection rights and prevention of institutionalization and availability of services in the least restrictive environment whenever there are conditions. in their homes or local community through non-institutional forms of protection, provided by various service providers, with the aim of improving the quality of life of the beneficiary and his social inclusion. Pursuant to Article 60 of the Law, social and child protection services, include the support for community life, counseling-therapeutic and social-educational services, accommodation, emergency interventions and other services.

Article 154 of the Law on Social and Child Protection stipulates that funds for basic financial support and social and child protection services are provided from the state budget, in accordance with the law. Funds for carrying out the social and child protection activities are provided in the state budget and the municipal budget, as well as by carrying out the activities of service providers. Funds for social and child protection services are also provided through the participation of beneficiaries, or their relatives who are obliged to support them, donations, gifts, bequests, legacies, establishment of endowments and foundations, etc., in accordance with a special law. If the municipalities are not

able to provide funds for the services referred to in paragraph 4 of this Article, the state shall participate in their financing, in accordance with Article 156 of this Law. Article 160 of the Law stipulates that for persons who are not able to participate in the costs of services, funds shall be provided in the state budget, or the municipal budget.

In practice, based on the decision made by the locally competent center for social work, the state shall bear costs of beneficiaries who are not able to participate in the costs of services.

4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Information should not be provided unless it has been established in the preliminary finding that the national law has not been harmonized or that a conclusion has been postponed. Regarding the discrepancy, explain whether the problem has been resolved and how, and regarding the postponement of the conclusion, please answer the question.

ANSWER:

The Committee adjourned its conclusion until the submission of the information requested below.

The Committee requested that the next report provide information on the legal presence of foreign nationals, and in the meantime, maintained its position. The Committee asks whether the provision of emergency social and medical assistance is left to the decision of the centers for social work.

ANSWER:

The Law on Health Care, Article 12, paragraph 2, stipulates that healthcare institutions and healthcare practitioners are obliged to provide emergency medical care to foreign nationals. The provision is imperative, and the possibility is excluded for the center for social work to make a decision on whether health care will be provided to a person who needs urgent medical intervention.

When it comes to emergency social assistance for legally present foreign nationals, we point out what was stated in the previous report, that Article 5 paragraphs 2 and 3 of the Law on Social and Child Protection stipulate that the rights from social and child protection determined by this law and an international agreement may be exercised by a foreign national with an approved temporary residence or permanent residence in the country. The rights from social and child protection

determined by this law and the international agreement can be exercised by the asylum seeker and the foreign national under subsidiary protection, in accordance with the law. A non-recurring financial assistance and temporary accommodation could be considered as emergency social assistance.

Revised European Social Charter

Article 14

Everyone has the right to benefit from social welfare services

Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake: 1 to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

a) Please explain how and to what extent the work of social protection services was maintained during the crisis caused by COVID 19 and whether special measures were taken in view of possible crises in the future.

ANSWER:

In order to facilitate access to rights in the field of social and child protection, the Centers for Social Work (CSR) during COVID-19 established rules for communication with the beneficiaries, thus the beneficiaries, in addition to direct, achieve greater indirect communication, and were given the opportunity to submit a request to the mailbox at the entrance to the center. For services that require personal presence, an appointment is given for work with clients, as well as a special regime of entry and stay in the center's premises. In case of urgent interventions, a telephone line was provided which is at the service of the clients 24 hours a day. Unique info line of the CSR (Telephone number 19977) - the beneficiary is automatically redirected via the geolocation infrastructure to the center for social work or the regional unit responsible for the place from which it is called. Calls are free of charge for all beneficiaries. The service is available to citizens 24/7 in a way that during working hours, calls are received in the offices of the competent CSR, while outside working hours, it is possible to redirect the reception of calls to the duty mobile phones of the centers. The establishment of the Single CSR Line was encouraged by the new coronavirus pandemic, and is fully in line with current measures to combat the COVID-19 pandemic. The single line significantly contributes to social distancing by reducing the need for physical arrival of users in CSR offices. Within the Project, activities aimed at promoting this service were implemented.

b) If it is established in the previous conclusion that the national law is not harmonized with the provision of the Charter, explain whether and how the problem has been eliminated. If it is determined in the previous conclusion that the conclusion is postponed, answer the questions asked.

ANSWER:

The Committee concludes that the situation in Montenegro is in accordance with article 14, paragraph 1, of the Charter, pending the receipt of the information requested below.

The Committee requested that the following report provide a detailed description of the organization of social services and the activities carried out by social services, public or private institutions or other types of organizations.

The Committee requests that the next report provide information on the ratio between employees and beneficiaries of social services and information on the geographical distribution of social services. The Committee also requests that information be provided on what types of mechanisms for the protection of human rights to privacy exist, including the protection of personal data.

ANSWER:

Some of the principles of social and child protection are the active participation of beneficiaries in the creation, selection and use of rights from social and child protection, which is based on participation in the assessment of the situation and needs and deciding on the use of necessary services; respecting the best interests of beneficiaries in exercising their rights from social and child protection; prevention of institutionalization and availability of services in the least restrictive environment whenever there are conditions in their homes or local community through non-institutional forms of protection, provided by different service providers, with the aim of improving the quality of life of beneficiaries and their social inclusion; pluralism of services and providers of social and child protection services performed by civil society organizations and other legal entities and physical persons, under the conditions and in the manner prescribed by law; partnerships and associations of different stakeholders and programs, especially at the local level in order to make services available in the least restrictive environment and prevent institutionalization.

Services in the field of social and child protection are: support for community life, counseling-therapeutic and social-educational service, accommodation, emergency interventions and other services. Community life support services include activities that support the stay of beneficiaries in the family or immediate environment, such as: living room, home help, supported housing, inn, personal assistance, interpretation and translation into sign language and other support services for

living in community. Counseling-therapeutic and social-educational services include: counseling, therapy, mediation, SOS telephone and other services with the aim of overcoming crisis situations and improving family relations. Accommodation is a service that includes the stay of the user: in family accommodation - foster care, family accommodation, in an institution, in a shelter - shelter and in other types of accommodation. Accommodation can be temporary, occasional and long-term. Immediate intervention services are provided to ensure safety in situations endangering the life, health and development of beneficiaries and are provided 24 hours a day. Immediate intervention services are provided by the center for social work, and they must cooperate with other competent authorities and services.

The procedure for exercising the rights under this Law shall be initiated at the request of a person, or a parent, adoptive parent, guardian or a foster parent and ex-officio. The Center for Social Work initiates the procedure ex - officio at the initiative of a legal entity or a physical person when it is in the interest of the beneficiary, or the public interest, or when there is an interest of third parties. The beneficiary, or his legal representative, adoptive parent, guardian or foster parent may directly select the service provider and conclude a contract on the use of the service with the service provider, if he fully participates in the costs of the service. Accommodation providers cannot be directly selected for accommodating a child in an institution and a person deprived of legal capacity. These services are used on the basis of the decision of the center for social work, or on the basis of a court decision, in accordance with the law.

Information on the ratio between the employees and beneficiaries of social services and on the geographical distribution of social services are indicated below.

When it comes to Law on Social and Child Protection, Article 123 stipulates that in social and child protection, professional workers shall be a social worker, psychologist, pedagogue, andragogue, special pedagogue, lawyer, sociologist, special educator, special educator, rehabilitator and doctor of medicine. Professional associates are persons of other professions, with higher education, who perform jobs with service providers. On the basis of the mentioned law, bylaws were adopted which determined the norms and standards which determine the organization and structure of employees in the centers for social work, institutions for accommodation as well as for other services.

The Institute for Social and Child Protection issued a total of 587 licenses for 516 professionals. Licenses for performing professional activities in the field of social and child protection were issued in accordance with the Rulebook on more detailed conditions for issuing, renewing and revoking licenses for professional workers in the field of social and child protection (“Official Gazette of Montenegro”, No. 73/17).

The number of licenses issued by type is shown in the Table below.

<i>Licenses for performing activities in the field of social and child protection</i>	<i>Number of Licenses:</i>
<i>Licenses for performing basic professional activities</i>	393
<i>Licenses to perform legal activities</i>	85
<i>Licenses for planning and development activities</i>	5
<i>Licenses to perform the work of educators</i>	24
<i>Licenses for occupational therapist</i>	41
<i>Licenses for performing specialized professional activities</i>	39
<i>Total licenses</i>	587

The following Table shows the services provided by licensed providers for carrying out social and child protection activities according to the types of services for which they received a license and the registered offices of the provider.

<i>Licensed providers by registered offices/ municipalities</i>	<i>Number of community life support services</i>	<i>Number of accommodation services</i>	<i>Number of counseling, therapeutic and social-educational services</i>	<i>Total services</i>
<i>Podgorica</i>	9	3	4	16
<i>Cetinje</i>	2	0	0	2
<i>Danilovgrad</i>	0	3	1	4
<i>Nikšić</i>	3	1	1	5
<i>Bar</i>	1	0	0	1
<i>Kotor</i>	2	2	1	5
<i>Tivat</i>	1	0	0	1
<i>Budva</i>	1	0	0	1
<i>Herceg Novi</i>	2	2	1	5
<i>Berane</i>	1	0	1	2
<i>Plav</i>	1	0	0	1
<i>Rožaje</i>	1	0	1	2
<i>Bijelo Polje</i>	4	2	0	6

Mojkovac	1	0	0	1
Pljevlja	3	1	0	4
Total services:	32	14	10	56

Concerning the development and establishment of social and child protection services, in accordance with the Regional Development Strategy 2014-2020, the state focused on the northern region in order to improve the area of social and child protection, bearing in mind the weaker economic development of local governments in the region.

Services have been established to prevent institutionalization - community life support services: home and day care (for a child with disabilities, a young person with disabilities, a child with behavioral problems, an adult and an elderly person, as well as an adult and the elderly person with disabilities); counseling - therapeutic services; accommodation service in a reception center - shelter; placement of children and youth in an institution and a small group community; accommodation for adults and the elderly persons.

The home help service for adults and the elderly persons with disabilities and day care service for adults and the elderly persons is most prevalent in the northern region..

Day – care Service

In order to improve the protection of children and youth with disabilities, 17 day care centers for children and youth with disabilities have been established in: Bijelo Polje, Nikšić, Pljevlja, Herceg Novi, Plav, Ulcinj, Cetinje, Berane , Mojkovac, Rožaje, Danilovgrad, Podgorica, Budva, Golubovci, within the Public Institution Children’s Home “Mladost”–Bijela, within the Public Institution Resource Center for Hearing and Speech “Dr. Peruta Ivanović” Kotor. A day care service for children with behavioral problems has been established within the Public Institution Center “Ljubović”.

In order to improve the protection of adults and the elderly with disabilities, 13 day care centers for adults and the elderly with disabilities were established in: Nikšić (3), Danilovgrad (2), Mojkovac (1), Plav (1), Cetinje 1), Rožaje (1), Bijelo Polje (1), Petnjica (1), Pljevlja (1) and Risan (1).

Accommodation service in a small group community

The service of accommodation in an institution and a small group community is provided to: a child without parental care, a child whose development is hindered by family circumstances, a child with developmental disabilities and a child with behavioral disorders. The service provider is the Public Institution Children’s Home “Mladost” Bijela, and the service is provided in the municipality of Bijelo Polje.

Accommodation service

Accommodation service is provided in public social and child protection institutions. The service of accommodation of children without parental care and children whose development is hindered by family circumstances is provided in the Public Institution Children's Home "Mladost" in Bijela.

The service of accommodation of children and youth with behavioral problems is provided in the Public Institution Center "Ljubović" in Podgorica.

The service of accommodation of persons with intellectual disabilities and autism spectrum disorders is provided in the Public Institution "Komanski Most" in Podgorica.

The service of accommodation of adults with disabilities and the elderly is provided in: Public Institution Nursing Home "Grabovac" in Risan, Public Institution Nursing Home "Bijelo Polje" in Bijelo Polje and Public Institution Nursing Home "Pljevlja" in Pljevlja.

The service of rest and recreation of children beneficiaries of financial support and children without parental care is provided in the Public Institution Lovćen - Bečići.

Home help service

The home help service for adults and the elderly with disabilities is provided in the municipalities of Bijelo Polje, Danilovgrad, Nikšić, Plužine, Pljevlja, Žabljak, Kolašin, Mojkovac, Berane, Andrijevica, Petnjica, Plav, Gusinje, Rožaje and the Capital City of Cetinje. The service was used by 1,200 users, and 120 associates were hired.

SOS hotline service for adults and the elderly who are victims of abuse, neglect, domestic violence and exploitation or who are at risk of becoming victims

In accordance with the Law on Social and Child Protection and international obligations, the SOS hotline service has been established for adults and the elderly who are victims of abuse, neglect, domestic violence and exploitation or who are in danger of becoming victims. The service provider is the NGO - SOS hotline for women and children victims of violence in Nikšić. The service is available in the Montenegrin and the Albanian language.

SOS hotline service for children and young people who are victims of abuse, neglect, domestic violence and exploitation or who are in danger of becoming victims

The service is intended for children and young people who are victims of abuse, neglect, domestic violence and exploitation or who are in danger of becoming victims and is active 24 hours a day. The service provider is the Public Institution Children's Home "Mladost" Bijela.

Family Associate Service

The goal of this service is to strengthen biological families and their parenting competencies, so that children, especially children from 0 to 3 years of age, grow up in their family. The provider of this service is the NGO "Family Cente"" Kotor. The service was provided in the municipalities: Podgorica, Bijelo Polje, Berane, Nikšić, Kotor, Tivat, Budva and Herceg Novi.

Accommodation service in the reception center - shelter

Until July 2018, this service was provided in a shelter in the capital Podgorica, and from April 2019, it has been provided in the Nursing Home "Grabovac" in Risan. The purpose of the service is to provide adults and the elderly who, due to special circumstances and social risk, need accommodation in a reception center - shelter for up to 12 months.

Reception stations for victims of violence

Reception stations for victims of domestic violence have been established in the municipalities of Herceg Novi, Kotor, Plav and the Capital City of Podgorica, in order to take care of victims of domestic violence, women and children, who need immediate relocation and emergency accommodation.

In the procedure for exercising the rights from social and child protection, the provisions of the Law on Personal Data Protection are applied. In that sense, the Law on Social and Child Protection prescribes the provisions on data protection referred to in Articles 148 - 150, while subordinate legislation prescribes forms on which the beneficiary by his/her signature gives consent that his data and the data of family members can be used in the procedure of exercising the right.

2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

a) Provide information on the involvement of beneficiaries in social services ("co-production"), in particular on how to ensure and promote such participation in legislation, in budgeting and decision-making at all levels, in the design and practical implementation of the service. Co-production here means social services that work together with the persons using them on the basis of key principles, such as equality, diversity, accessibility and reciprocity.

ANSWER:

Social and child protection is based on the principles prescribed by the Law on Social and Child Protection. Some of the principles are as follows:

- *Respect for the integrity and dignity of beneficiaries of social and child protection based on social justice, responsibility and solidarity, provided with respect for physical and mental integrity, security, and respect for moral, cultural and religious beliefs, in accordance with guaranteed human rights and freedoms;*
- *Prohibition of discrimination against beneficiaries on the grounds of race, sex, age, nationality, social origin, sexual orientation, religion, political, trade union or other affiliation, property status, culture, language, disability, nature of social exclusion, belonging to a particular social group or other personal characteristics;*
- *Informing the beneficiary about all data that are important for determining his/her social needs and exercising his/her rights, as well as about how those needs can be met;*
- *Individual approach to the beneficiary in providing rights from social and child protection;*
- *Active participation of beneficiaries in the creation, selection and use of rights from social and child protection, which is based on participation in the assessment of the situation and needs and deciding on the use of necessary services;*
- *Respect for the best interests of beneficiaries in exercising their rights from social and child protection;*
- *Prevention of institutionalization and availability of services in the least restrictive environment whenever there are conditions in their homes or local community through non-institutional forms of protection, provided by different service providers, with the aim of improving the quality of life and social inclusion;*
- *Pluralism of services and providers of social and child protection services provided by civil society organizations and other legal and natural persons, under the conditions and in the manner prescribed by law.*

The Law on Social and Child Protection stipulates that the beneficiary, parent or relative who is obliged to support the beneficiary and another legal entity or physical person who took over the payment, shall participate in the payment of the service with their income, wage and assets, except for income earned based on financial support, allowance for children, non-recurring financial support, income based on awards and severance pay for retirement. Criteria and benchmarks for the participation of beneficiaries, parents, or relatives in the payment of costs for the service provided by the state are prescribed by the competent state administration authority, and if the service is provided by the municipality, the criteria and benchmarks shall be prescribed by the municipality. For persons who are not able to participate in the costs of services, the funds are provided in the state budget, or the municipal budget.

a) If it is established in the previous conclusion that the national law is not harmonized with the provision of the Charter, explain whether and how the problem has been eliminated. If it is determined in the previous conclusion that the conclusion is postponed, please answer the questions asked.

ANSWER:

The Committee concludes that the situation in Montenegro is in accordance with Article 14, paragraph 2, of the Charter, pending the submission of the information requested below.

The Committee requested that the report contain information on the implementation of the new Law on Social and Child Protection, regarding the licensing and accreditation of training programs for private service providers, and whether this applies to all social services.

ANSWER:

Article 7 of the Law on Social and Child Protection prescribes the principles of social and child protection. Social and child protection shall be based on the following principles:

- 1) Respect for the integrity and dignity of beneficiaries of social and child protection which is based on social justice, accountability and solidarity, and is provided with respect for physical and psychological integrity, safety, and with respect for the moral, cultural and religious beliefs, in accordance with the guaranteed human rights and freedoms;*
- 2) Non-discrimination of beneficiaries on the basis of race, gender, age, nationality, social origin, sexual orientation, religion, political, trade union or other belonging, property owned, culture, language, disability, nature of social exclusion, belonging to particular social group or other personal characteristics;*
- 3) Informing the beneficiaries on all the data important for determining their social needs and exercising their rights, and on how the needs can be met;*
- 4) Individual approach to the beneficiary in providing rights in the area of social and child protection;*
- 5) Active participation of beneficiaries in the creation, selection and use of the rights in the area of social and child protection, which is based on participation in the situation and needs assessment and the decision making on the use of the needed services;*
- 6) Respect for the best interest of the beneficiaries in exercising the rights in the area of social and child protection;*
- 7) Prevention of institutionalisation and availability of services in the least restrictive environment whenever conditions for it arise in their home or the local community through*

extra-institutional forms of protection, provided by various service providers, with the aim of improving the quality of life of the beneficiaries and their social inclusion;

- 8) Pluralism of services and providers of social and child protection, which is performed also by civil society organisations and other legal and physical persons, under the conditions and in the manner prescribed by law;*
- 9) Partnerships and joining of different entities responsible for activities and programmes, especially at the local level with the objective of making services available in the least restrictive environment and preventing institutionalisation;*
- 10) Transparency with regard to informing the public on social and child protection through the media, and in other manners, in accordance with the law.*

Therefore, beneficiaries exercise the right to social and child protection services in a way that they can submit a request for exercising the right to the locally competent center for social work, and they exercise the right with the service provider they choose in cooperation with the center for social work. The law also prescribes the possibility of directly contracting the use of the service. Specifically, the beneficiary, or his legal representative, adoptive parent, guardian or foster parent may directly select the service provider and conclude a contract with him on the use of the service, if he fully participates in the costs of the service. Exceptionally, service providers for the placement of a child in an institution and a person deprived of legal capacity cannot be directly selected. These services are used on the basis of the decision of the center for social work, or on the basis of a court decision, in accordance with the law.

Law on Social and Child Protection establishes a new concept of social protection development, the focus of which is social protection services and the possibility of participation of various social protection providers in the provision of services, which is reflected in one of the principles of social and child protection. protections performed by the organization, entrepreneur, business organization and physical person, under the conditions and in the manner prescribed by law.

Licensing of service providers is generally regulated by the Law on Social and Child Protection (Articles 130-135a), and in more details in the Rulebook on more detailed conditions for issuing, renewing, suspending and revoking licenses for social and child protection activities, thus creating all preconditions for licensing providers service. Law on Social and Child Protection, Article 130, paragraph 1 stipulates that the service provider shall be obliged to obtain a license for carrying out the activities in accordance with the Law prior to carrying out the activity. When it comes to licensing, the same rules apply to all service providers.

The establishment of licensing of service providers has further improved the quality system in social and child protection, especially in the provision and use of services in this area. As of 22 March 2018,

the Ministry of Labor and Social Welfare has issued 42 licenses for carrying out social and child protection activities to service providers.

The procedure of accreditation of a training program or service provision program is a procedure in which it is assessed whether the training program, or the service provision program meets the established accreditation standards and is regulated by the Law on Social and Child Protection (Articles 140-147) and the Rulebook on standards for the accreditation of the training program, or the service provision program, the manner of conducting the program accreditation procedure and the content and form of the certificate. As of 11 December 2017, the Institute for Social and Child Protection has accredited 48 training programs.

Revised European Social Charter

Article 23

Every elderly person has the right to social protection.

Article 23 – The right of elderly persons to social protection

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

– to enable elderly persons to remain full members of society for as long as possible, by means of:

a) adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;

b) provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

– to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of: a provision of housing suited to their needs and their state of health or of adequate support for adapting their housing; b the health care and the services necessitated by their state;

– to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

a) Please provide detailed information on the measures (legal, practical and proactive, including those related to supervision and inspection) taken to ensure that no elderly person lags behind in accessing and enjoying social and economic rights.

ANSWER:

Article 164 of the Law on Social and Child Protection stipulates that inspection supervision over the implementation of this Law shall be carried out by the administration authority responsible for inspection supervision.

Article 165 of the Law prescribes that the inspector for social and child protection shall be independent in his work within the powers determined by the law and regulations adopted for the implementation of the law and shall be personally responsible for his work. The inspector is obliged to act conscientiously and impartially in the performance of inspection supervision, to keep as an official secret the information obtained during the supervision, and especially the data from the user's documentation. In performing supervision, the inspector is authorized to determine the legality of work and fulfillment of standards and to comply with this law.

In addition to the above, the regular protection of all categories of persons, and thus the elderly persons, is related to the administrative procedure. In the light of the above, the parties have the possibility to appeal against the negative decision of the center for social work to the second instance body (ministry), and may lodge a complaint against the decision of the ministry to the Administrative Court, and may also challenge the decision of the Administrative court before the Supreme Court with the motion to review the legality of the decision of the Administrative Court.

b) Please provide information on specific measures taken to protect the health and well-being of elderly persons, both in their homes and in institutional settings, in the context of a pandemic crisis, such as the COVID-19 crisis.

ANSWER:

Until October 2020, four public institutions for the placement of elderly persons were organized in Montenegro, namely the Public Institution Nursing Home "Bijelo Polje: in Bijelo Polje, the Public Institution Nursing Home "Pljevlja" in Pljevlja and the Public Institution "Komanski Most", Hotel "Evropa" in Podgorica. Public Institution Nursing Home "Grabovac" in Risan, as well as two private nursing homes "Nana" and "Duga" in Danilovgrad.

In public and private institutions, health service is provided by doctors (permanently engaged or by contract), nurses and technicians, physiotherapists and nurses, in accordance with the Law on Health Care and norms and standards prescribed in the field of social and child protection.

In the institutions for accommodation of users, 2020 was marked by the fight against the SARS-CoV-2 virus. As of 11 March 2020, when the WHO proclaimed the SARS-CoV-2 pandemic, the health service has initiated a series of actions and procedures to prevent the virus from entering the nursing homes. In addition to the ban on visits to users, which was already in force due to seasonal flu (in accordance

with the procedures, beneficiaries are vaccinated against seasonal flu every year), the work of the commission for epidemiological surveillance of the institution was intensified, and internal procedures strengthened related to the functioning of beneficiaries and employees in the institution.

The Temporary Recommendations for the Procedure and Implementation of Protection Measures in Collective Accommodation Homes for the Prevention and Suppression of COVID-19 Infection, developed by the Institute of Public Health, are fully implemented in all public institutions and private nursing homes.

Since the beginning of March, employees in public institutions have been strictly separated in their departments, with the obligatory use of the prescribed protective equipment. All rooms inside the nursing homes, as well as all exterior surfaces are disinfected daily. Internal expert teams provide daily and weekly reports on the situation in the nursing homes to the competent ministry. In addition to the engaged epidemiologists, the nursing homes received significant support by epidemiologists from the Institute of Public Health of Montenegro (IPHMNE), as well as epidemiologists from the competent health institutions.

Within the mentioned measures, in order to improve health protection of beneficiaries, quarantine was applied to employees on two occasions, for the period April-May and June-August, with an average response of about 80% of employees. During the quarantine period, the level of care of the beneficiaries was not reduced, despite the more difficult working circumstances. Following the recommendations of NKT and IPHMNE, and at the same time in accordance with internal procedures, all beneficiaries were measured daily temperature and saturation. Newly admitted beneficiaries, as well as the beneficiaries who left the nursing homes for specialist examinations, upon arrival at the nursing home and upon receiving negative COVID-19 test, were placed in the self-isolation department, which was staffed by technicians who stayed in the self-isolation department during the quarantine.

Moreover, all febrile and suspected COVID-19 beneficiaries were placed in the self-isolation department, with mandatory reporting to the regional epidemiologist. Before leaving the self-isolation department, each beneficiary was re-tested for COVID-19. The departments are visited daily by the competent employees. Emergencies and examinations were performed without delay, with the support of consulting physicians. Since the beginning of the epidemic, all beneficiaries and employees have been tested by PCR tests.

Rapid antigen tests have also been provided at the facility, enabling better control of the epidemic and speed of response in the event of an infection. All employees who are absent from work on the basis of annual leave or sick leave must be tested before returning to work, which additionally

protects beneficiaries from the introduction of the infection. Certain persons from the institution underwent testing training through online presentation and practical training by epidemiologists.

On 24 September 2020, the first positive beneficiary was confirmed in the Nursing Home "Risan". Until October 2020, there were no positive beneficiaries with fatal outcome. After this period, ending in October, COVID-19 was confirmed on three occasions totaling to 29 beneficiaries and 26 employees. All 30 beneficiaries were hospitalized at Covid Hospitals, as recommended by the NKT. We emphasize that the mentioned institution accommodates an average of about 280 beneficiaries and that 130 employees. Until October 2020, there were no positive beneficiaries in other institutions, which indicates the success of the measures taken.

a) If it is established in the previous conclusion that the national law is not harmonized with the provision of the Charter, explain whether and how the problem has been eliminated. If it is determined in the previous conclusion that the conclusion is postponed, please answer the questions asked.

ANSWER:

The Committee concludes that the situation in Montenegro is not in accordance with Article 23 of the Charter concerning that:

:

- The level of old-age pensions is clearly inadequate;*
- Accommodation facilities for the elderly persona are not subject to any accreditation or licensing or inspection procedure by an independent authority.*

The Committee, however, despite the legislative framework, considers that age discrimination is still widespread and is mainly encountered in the field of employment, but is not limited to this area.

With regard to decision-making assistance for the elderly persons, the Committee requests additional information on the power of attorney procedure and the guardian. The Committee also asks whether the Centers for Social Work regularly monitor or inspect guardians in reality or in law and, in this context, what measures they can take against a guardian who has failed to fulfill his or her responsibilities or has exploited the elderly person in any way by caring for him or her. Finally, the Committee asks whether the social work centers have the right to appoint a third party as guardian instead of a family member and what are the obligations of guardians.

ANSWER:

Accommodation facilities for the elderly persons are not subject to an accreditation procedure but to a licensing procedure in accordance with the Law on Social and Child Protection, under which the training programs are accredited.

In accordance with the Law on Social and Child Protection, the Ministry of Labor and Social Welfare is issuing licenses to the providers of accommodation services for adults with disabilities and the elderly persons for carrying out their activities. Licenses are issued for a period of six years. The license is issued to a service provider entered with the Register, and who fulfills the standards of providing accommodation for adults with disabilities and the elderly persons in reference to the location, space, equipment, number and type of professional staff and service program. The Ministry of Labor and Social Welfare has issued five licenses to accommodation providers of adults with disabilities and the elderly persons.

The Inspector of Social and Child Protection in accordance with Article 165 of the Law on Social and Child Protection is authorized to determine the legality of work and compliance with standards in accordance with the Law.

The procedure for placing under guardianship and termination of guardianship is initiated and conducted ex-officio by the guardianship authority and is prescribed by the provisions of the Family Law ("Official Gazette of the Republic of Montenegro", No. 01/07 and the "Official Gazette of Montenegro", Nos. 53/16 and 76/20). In order to provide a more detailed answer, we hereby cite the provisions of the Family Law.

Article 223 - About the need to grant custody for a person, or to apply a form of protection, which is provided by the custodial body, as well as to inform the custodial body about the need to have cessation of the custody:

- 1) registrar, state authorities, local administration bodies, non-governmental organisations, health, social, educational-upbringing and other institutions, when in performing their duties they find out for such a case,*
- 2) relatives, household members and other persons who have an insight in the circumstances of such a person.*

Article 224- Procedure for granting custody is an urgent procedure. When custodial body finds out that a person should be granted custody or that a form of protection provided by the custodial body should be applied in relation to that person, the custodial body shall be obliged to issue a temporary conclusion, within the next 24 hours, on placement of a protégée, and to immediately undertake measures necessary for protection of personality, property, rights and interests of such a person and it shall initiate a procedure to grant custody for such a person, i.e. to apply a form of protection in relation to him/her. The custodial body shall be obliged to make a decision on granting custody,

immediately, and no later than 30 days as of the day when it was informed about the need for custody over the child, i.e. as of the day when court decision on deprivation of business capability of an adult was received at the custodial body.

Article 225 - When deciding on which form of protection to apply in relation to a protégée, custodial body shall primarily be governed by the interests of the protégée, application of modern professional methods of social work and available financial possibilities.

Article 226 - Custodial body may change the decisions passed, in the manner regulated by the law, when it is required by the interests of the protégée and if by doing so the rights and interests of third persons are not violated.

Article 227 - An objection related to the work of a guardian and custodial body may be filed by the protégée who is capable of doing it, by the judicial and other bodies, institutions, nongovernmental organizations and citizens. Custodial body shall consider the objections submitted, and if the custodial body finds that they are grounded it shall determine the measures to be undertaken. If the objection referred to in paragraph 1 of this Article is filed to second instance body, and this body finds that the objection is grounded, it shall give the instructions to the custodial body how to proceed. After receiving the instructions, custodial body shall decide what measures to undertake and it shall inform the second-instance body about it.

Article 228 - Enactment on granting custody for a person and the enactment on cessation of the custody shall be delivered to the registrar within 15 days after coming into effect.

Article 229 - Custodial body shall be obliged to keep records and documentation about the persons granted custody, about the measures undertaken and about the property of the protégées.

Article 180 - The decision on granting custody shall be made by a custodial body Decision on granting custody shall obligatorily contain a plan of custody. In the decision on granting custody, the custodial body shall appoint a guardian and decide on accommodation of the protégée. If the protégée has any property, the permanent commission of the custodial body shall make the inventory and assessment of the value of the property of the protégée.

Article 181 - The activities of custody shall be performed by the custodial body through an appointed guardian or directly through an expert professional.

Article 182 - Custodial body shall undertake necessary measures to achieve the purpose of custody in the best possible manner. In preparation, making and enforcement of decisions and other specific measures the Custodial body shall use all the forms of social protection, methods of social and other

professional work as well as services of social, health, educational and other organizations and institutions.

Article 184 - When granting custody and appointing a guardian, custodial body shall be obliged timely to undertake all the measures aimed at proper accomplishing of the tasks of custody in terms of personality and property of protégée..

Article 185 - Custodial body shall continually monitor and examine the conditions of life of protégées, particularly minors and it shall control their accommodation, upbringing, health condition, process of qualifying for independent life, social environment in which they live, social relationships that they have and how their property is managed, as well as how their rights and interests are protected.

Article 187 - Custodial body shall appoint a guardian for a protégée, if the interests of the protégée and the circumstances of the case do not require that the custodial body performs the duties of the guardian directly. A guardian shall be a person who has personal characteristics and abilities necessary for performing the duties of a guardian, and who agrees in advance to be a guardian. If it is in the interest of the protégée and if the guardian agrees, the same person may be appointed as a guardian of several protégées.

Article 188 - When appointing a guardian, custodial body shall carefully analyze the circumstances of the persons who are granted custody and it shall appoint a person who, having these circumstances in mind, shall be in a position to perform the duty of a guardian in the best possible manner.

Article 189 - When appointing a guardian, custodial body shall also take into consideration wishes of the protégée, if the protégée is able to express them, as well as the wishes of close relatives of the protégée. The first choice for a guardian shall be a spouse or a relative of the protégée, if that is in the interest of the protégée.

Article 191 - Custodial body may, by a decision, limit the powers of a guardian and decide to perform certain activities of a guardian directly. If the custodial body performs directly duties of the guardian or certain activities of a guardian, the custodial body may entrust other expert persons with certain activities to be performed on behalf of the custodial body and under its supervision..

Article 192 - In the decision on appointing a guardian the custodial body shall determine his/her duties and the scope of his/her powers. Before passing the decision referred to in the paragraph 1 of this Article custodial body shall inform the guardian about the importance of custody, about his rights and duties and about all the other important data necessary for performing the duty of a guardian.

Article 193 - If a protégée owns immovable property, custodial body shall inform the body competent for keeping the register on immovables about granting custody, or about the cessation of the custody..

Article 194 - Guardian shall be obliged to care for the protégée's personality, rights, duties and interests in an indulgent and conscientious manner, as well to manage the protégée's property conscientiously.

Article 195 - Guardian shall be obliged to undertake, with the support of the custodial body, all the necessary measures to secure funds for enforcing the measures pronounced by the custodial body in the interest of the protégée

Article 196 - Expenditures for implementing certain measures which are undertaken in the interest of the protégée shall be covered by:

- 1. incomes of the protégée;*
- 2. funds obtained by the persons who are obliged to support the protégée;*
- 3. property of the protégée;*
- 4. funds obtained for the protégée on the basis of social protection, and*
- 5. other sources..*

Article 197 - Guardian shall not be:

- 1. a person deprived of parental rights;*
- 2. a person who lost business capacity;*
- 3. a person whose interests are in conflict with the interests of the protégée; and*
- 4. a person who cannot be expected to perform the duties of a guardian in a proper manner, due to his/her earlier or current behavior and personal characteristics and relations with the protégée and his/her parents and other relatives.*

Article 198 - If a protégée has property, custodial body shall pass the decision to make an inventory of the property, to assess the property and to give the property to be managed by the guardian. Commission appointed by the custodial body shall make the inventory and assessment of the property of the protégée. When the inventory and assessment of the property are made, the guardian shall obligatorily be present, as well as the protégée, if he/she is able to understand the situation, and persons who for the protégée hold the property of which the inventory is made.

Article 199 - The inventory of the property of the protégée shall be made and, through the accurate inventory, the property shall be identified at the moment of putting it under custody. The property must be exactly labeled in the inventory and the approximate assessment of the value must be given

at the rates in the open market. The inventory of the property with the assessment of the value shall be made in two copies, one of which shall be submitted to the custodial body and another to the guardian.

Article 200 - Custodial body, which initiated the procedure for granting custody of a person, may make an inventory and assessment of the property and undertake the necessary measures to protect the property before the decision on granting the custody of such a person is made.

Article 201 - Guardian may do the following things only with the approval of the custodial body:

- 3) undertake other important measures regarding the personality of the protégée;
- 4) alienate or burden the immovable property of the protégée;
- 5) to alienate movable items of large or special personal value from the property of the protégée or to manage property rights of high value;
- 6) to make a statement of relinquishment of inheritance and legacy and revocation of a gift;
- 7) to take other measures determined by the law.

In the procedure of giving approval to the guardian related to governance and management of the property i.e. the rights of the protégée, custodial body shall determine the purpose of the funds obtained and it shall perform the supervision of the use of the funds.

Article 202 - Without the approval of the custodial body, guardian may alienate fruit, small stock, items intended for sale, perishable items and other items, if that is done within the regular operations and management of the property of the protégée. The monetary means obtained by selling the items from the paragraph 1 of this Article may be obtained only for the needs of the protégée.

Article 203 - Without the prior approval of the custodial body a guardian may not undertake any activity or work which would go beyond the framework of regular operations and management of the property of the protégée. Guardian may not give gifts or dispose of the property of the protégée in any other manner without compensation and he/she may not put on the protégée the obligation of a guarantor.

Article 204 - Custodial body shall be obliged to provide support to the guardian in performing the activities that the guardian cannot perform him/herself, in particular in drawing up briefs for representation at the court or other bodies etc..

Article 205 - Guardian shall represent his/her protégée. Custodial body shall represent the protégée when it is performing the duty of a guardian directly or if the powers of the guardian are limited and the custodial body decides to represent the protégée itself.

Article 206 - In legal issues in which the other party is a spouse or close relatives of the guardian, a protégée shall be represented by custodial body or other guardian appointed by him.

Article 207 - Guardian may conclude a legal deal with protégée that he/she is a guardian of, only if the custodial body finds that it is required by the interests of the protégée and if the custodial body gives a prior approval for i

Article 208 - Guardian shall independently and in the name and in the behalf of the protégée perform the activities that fall within the scope of regular operation and management of the protégée's property. When undertaking activities referred to in paragraph 1 of this Article, the guardian shall, whenever possible, consult the protégée, if he/she is able to understand the circumstances.

Article 209 - Guardian is obliged to submit to the custodial body the report on his/her work. He/shall do that every year and also when the custodial body asks for that. In case of direct custody, the employee of the custodial body or another person who, in the name of the custodial body performs the activities of the custody shall be obliged to submit the report. The report shall be submitted in a written form or in an oral form with the minutes made about it, and it should contain information about protégée, his/her health, maintenance and qualifying him/her for independent life, data about management and dispose of the protégée's property, final status of hid/her property, as well as information being important for the personality of the protégée.

Article 211 - Custodial body is obliged to consider the report on work of the guardian, and, if needed, to undertake the appropriate measures for protection of the interests of the protégée. Apart from the control of work of a guardian through considering the report on his/her work, custodial body shall make direct control of the guardian's work, from time to time.

Article 212 - Guardian shall be entitled to reimbursement of all justifiable costs occurred in performing his/her duties. Custodial body may determine an award for the guardian, if he/she has made specific efforts in performing his/her duties. The award and reimbursement of costs shall be approved by the custodial body and they shall be taken from the incomes of the protégée. If maintenance of the protégée would be jeopardized in that way, they shall be taken from the funds for children and social protection.

Article 213 - A guardian shall be obliged to compensate to his/her protégée for the damage he/she made by improper and unconscientiously or negligent performing of his/her duties. Custodial body shall determine the amount of the damage and shall invite the guardian to make amends within a certain deadline. If the guardian does not compensate for the damage within the determined deadline, the Custodial body shall directly compensate to the protégée for the damage. Custodial

body may request at the court that the guardian compensate the paid amount from the paragraph 2 of this Article. In order to secure rights of the protégée, violated by the improper work of the guardian, custodial body shall be obliged to undertake towards the guardian the other measures provided for in the law.

Article 214 - If a guardian dies or arbitrarily stops performing the duties of a guardian or if such circumstances appear which prevent the guardian to perform his/her duties, custodial body shall be obliged without any delay to undertake measures for protection of the interests of the protégée until a new guardian is appointed.

Article 215 - Custodial body shall remove a guardian from his/her duties if the custodial body finds that in performing his/her duties the guardian is negligent, that he/she abuses his/her powers and that by his/her activities he/she jeopardizes the interests of the protégée, or if it considers that it would be more useful for the protégée to appoint another guardian. Custodial body shall remove a guardian from his duties when the guardian asks for it. It shall be done at latest within three months from the day of submitting such a request. Custodial body must at the same time undertake all the necessary measures for protection of the interests of the protégée. The guardian whose duties have ceased shall be obliged to submit a report about his/her work to the custodial body within the deadline determined by the custodial body.

Article 216 - In case of cessation of the need for custody, custodial body shall invite the guardian to submit a report about his/her work within a determined deadline, as well as a report about the situation of the protégée's property. The guardian shall also be requested to hand over all the property to be managed by the protégée, i.e. parent or adopter. Handing over of the property shall be done in the presence of the guardian, protégée i.e. parent or adopter and a representative of the custodial body.

Article 217 - In case of death of the protégée, the guardian shall hand over the duty of the guardian, with the minutes made in the presence of the custodial body in the manner and in the procedure determined by the custodial body.

Article 218 - Custodial body shall be obliged to undertake the necessary measures towards the guardian for the protection of rights and interests of the protégée which arise from the improper work of the guardian, as well as measures for protection of the rights and interests of other persons which arise from the custody relations.

The Committee notes that nothing in the report indicates whether public authorities are assessing the extent of the problem of abuse and neglect of the elderly persons or trying to raise public awareness.

ANSWER:

When it comes to institutional accommodation, one court procedure related to the abuse of beneficiary by employee was conducted, while the other is pending in the Public Institution "Komanski most" in Podgorica, where the service of accommodation of persons with intellectual disabilities and autism spectrum disorders is performed. In one case, the court found that there were no elements of abuse of beneficiary by the employee and the employee was returned to work, and in another case, the employee was suspended from work and the procedure is still ongoing with the competent court.

When it comes to non-institutional protection of the elderly persons from abuse and neglect, activities are underway for the development of the main project for the construction of the Regional Shelter for Victims of Violence in the Municipality of Bijelo Polje.

A new Protocol on the Procedure, Prevention and Protection from Violence against Women and Domestic Violence was signed on 28 September 2018, which also covers the elderly population of women and men, and it started with the implementation on 1 January 2019.

The main objectives of the Protocol are: application of the Istanbul Convention in the daily practice of institutions and organizations in order to provide effective and rapid protection to victims of violence; exchange of data and information through information systems between relevant institutions and organizations and harmonization of data collection methodology with relevant institutions and organizations, in order to form a single database.

In accordance with the Istanbul Convention and the Strategy for Protection against Domestic Violence 2016-2020, two National Plans were adopted - the National Plan for Improving General Support Services for Victims of Violence and the National Plan for Improving Specialized Support Services for Victims of Violence for 2019-2021.

A Coordination Committee has been established to coordinate, implement, monitor and evaluate policies and measures to prevent and combat all forms of violence covered by the Istanbul Convention.

In accordance with the above, an electronic database for domestic violence was established, which was put into trial operation in May 2019, and whose final operation will be established after the harmonization of all necessary parameters. The database enables automatic data exchange between the Ministry of the Interior (Police Administration) and the Ministry of Labor and Social Work (Centers for Social Work). In this way, a unique, standardized way of recording cases of domestic violence has been established; official and harmonized statistics are obtained and the

coordinated work of institutions and promptness in dealing with the protection of victims is improved. The database contains all legally prescribed, necessary data on all participants in the case of reported violence - and potential victims and perpetrators, children, initiated misdemeanor and criminal charges, assessed degree of risk, issued order to be removed from the apartment, etc. The development of the Database for Domestic Violence was financially supported by the Delegation of the European Union to Montenegro. The database is the result of joint work of the Ministry of Labor and Social Welfare, the Ministry of Interior, the Ministry of Human and Minority Rights, the EU Delegation in Podgorica and the UNDP Office in Montenegro..

The Committee requests that the next report provide information on services and facilities for the elderly persons.

The Committee requests additional information on addressing the housing issues of the elderly persons in the next report.

ANSWER:

The service of accommodation of adults with disabilities and the elderly persons is provided in: Public Institution Nursing Home "Grabovac" in Risan, Public Institution Nursing Home "Bijelo Polje" in Bijelo Polje and Public Institution Nursing Home "Pljevlja" in Pljevlja. In 2020, the Public Institution Nursing Home "Podgorica" in Podgorica and the Public Institution Nursing Home "Nikšić" were established in Nikšić.

The service of accommodation of persons with intellectual disabilities and autism spectrum disorders is provided at the Public Institution "Komanski most" in Podgorica. In addition to the aforementioned, the home help service for adults and the elderly persons with disabilities was supported in 15 municipalities of Montenegro (northern and central region) through the engagement of 120 geronto-housewives for about 1,200 users. In order to monitor the quality of service, an information system consisting of web and android applications was used, which contributed to the improvement of the quality of service provision, better monitoring of the work of geronto-housewives and their more efficient home help service. The work of the Shelter for the Homeless within the Nursing Home "Grabovac" Risan was supported, the purpose of which is to provide adults and the elderly persons who, due to special circumstances and social risk, need accommodation in a reception center - shelter for up to 12 months, and within this period, the competent Social Work Centers will collect the documentation necessary for finding permanent solution of individual cases in future. The functioning of 13 day care centers for adults and the elderly persons with disabilities received support, having about 145 users.

In 2012, pursuant to the data of local Associations of Pensioners, around 1,800 Montenegrin pensioners did not have their housing issue resolved. The Association of Pensioners addressed the Government of Montenegro through the Pension and Disability Insurance Fund with a proposal for activities aimed at resolving the housing issue of pensioners. The Government of Montenegro, through the relevant Ministry of Labor and Social Welfare, the Ministry of Finance and the Pension

and Disability Insurance Fund, has accepted the following financing in order to resolve housing issues for Montenegrin pensioners:

- a) local government contributes through the provision of land, bringing infrastructure to the parcel and release from the payment of utilities,*
- b) pensioners pay 50% of the contracted value of m2,*
- c) 50% of the funds are financed by the Government through line ministries and the Pension and Disability Insurance Fund.*

In this way, in the period from 2013 - 2020, 510 apartments for pensioners were built and allocated, in the following municipalities:

- 1. Podgorica, constructed were three buildings with the total of 288 apartments (100 + 100 + 88),*
- 2. Niksic, constructed were three buildings with the total of 162 apartments (12 + 75 + 75),*
- 3. Cetinje, constructed was one building with 37 apartments,*
- 4. Žabljak (5 apartments were bought for pensioners),*
- 5. Bijelo Polje, 18 apartments,*

Planned projects or projects whose implementation is in progress:

- 1. Bar, 68 apartments under construction (complete financing option),*
- 2. Pljevlja (partially closed financing option) 20 apartments under construction,*
- 3. Danilovgrad (closed financing option) 9 apartments,*
- 4. Mojkovac, paid EUR 100,000.00 for 9 apartments,*
- 5. Bijelo Polje, paid EUR 170,000.00 for 18 apartments,*
- 6. Nikšić, 100 apartments under construction,*
- 7. Podgorica, 52 apartments under construction.*

The Committee noted that during the previous reference period there was no institutional licensing procedure for service providers in place, and that, therefore, there were no legal means to verify the compliance of services provided with quality standards or to ensure that staff were appropriately qualified. Accordingly, it considers that the situation is not in line with the Charter on this issue.

ANSWER:

Law on Social and Child Protection, Articles 127 and 172 stipulate that all professional workers as well as trainees are obliged to pass the professional examination in the system of social and child protection after completing the internship. Professional workers are required to pass the professional examination by 30 June 2018, since passing the professional examination is one of the conditions

for obtaining a license to work in the social and child protection system. The Law on Social and Child Protection stipulates that the professional examination shall be taken before the Commission for taking the professional examination formed by the state administration authority responsible for social welfare affairs. The Ministry of Labor and Social Welfare has been organizing the professional examination in social and child protection area since October 2017. The total of 478 professional workers passed the professional examination.

In accordance with the Law on Social and Child Protection, the Institute for Social and Child Protection has accredited 48 training programs as of December 2017, and has issued 483 work licenses for a total of 445 professional workers.

The establishment of licensing of service providers has further improved the quality system in social and child protection, especially in the provision and use of services in this area. As of 22 March 2018, the Ministry of Labor and Social Welfare has issued 42 licenses for carrying out social and child protection activities to service providers.

The Inspector of Social and Child Protection in accordance with Article 165 of the Law on Social and Child Protection is authorized to determine the legality of work and compliance with standards in accordance with the Law.

The Committee had previously asked whether the places available in institutions for the elderly persons fulfill the requirements. The report states that Montenegro has started the construction of two additional facilities, and other projects are being considered. The Committee requests that any event in this area be informed in a subsequent report.

ANSWER:

Public Institution Nursing Home "Pljevlja" was founded on 15 September 2017, considering that the last period is featured by an increased number of requests for institutional accommodation of the elderly persons, which is why the existing capacities of Public Institution Nursing Home "Grabovac" in Risan and Public Institution Nursing Home "Bijelo Polje" are not sufficient. Furthermore, these capacities are not suitable for different categories of beneficiaries, distributed by regions and local communities, for which reason the Public Institution for Accommodation of Adults with Disabilities and the Elderly Persons "Pljevlja" was established.

In September 2020, the Public Institution Nursing Home "Podgorica" and the Public Institution Nursing Home "Nikšić" were established. It is planned that the accommodation of beneficiaries will start in 2021.

For the reconstruction of the facilities - the existing military complex of Trebjesa, for the needs of the home for adults with disabilities and the elderly persons in Nikšić, EUR 5 million was allocated, of which donor funds are slightly more than EUR 2,00 million. Accommodation capacity of the Public Institution for Accommodation of Adults with Disabilities and the Elderly Persons "Nikšić" is 208 places.

The construction of the Public Institution for Accommodation of Adults with Disabilities and the Elderly Persons "Podgorica" is the most valuable project of the Government of Montenegro and the Public Works Administration, whose value is EUR 12,5 million. Accommodation capacity of the Public Institution for Accommodation of Adults with Disabilities and the Elderly Persons "Podgorica" is 270 places.

Some municipalities, in accordance with local plans, plan activities to build capacity to accommodate the elderly persons and people with disabilities in accordance with the assessed needs.