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EUROPEAN SOCIAL CHARTER

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the European Social Charter

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THE GOVERNMENT OF SERBIA

Articles 3, 11, 12, 13, 14 23 and 30
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for the period 01/01/2016 – 31/12/2019

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CYCLE 2021

REPORT OF THE REPUBLIC OF SERBIA
Group 2 - Conclusions 2021
Health, Social Security and Social
Protection

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' organisations:

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 minimising the causes of hazards inherent in the working environment;

a) Please provide information about policy formulation processes and practical arrangements made to identify new or emerging situations, that represent a challenge to the right to safe and healthy working conditions; also provide information on the results of such processes and of intended future developments.

The National Occupational Safety and Health Policy, which was established in the Republic of Serbia in 2006, is regularly assessed and developed, which is reflected in the adoption of the Occupational Safety and Health Strategy in the Republic of Serbia for the period from 2018 to 2022 with the Action Plan for its implementation ("Official Gazette of RS", No. 96/18). The strategy is a national program of the Government which comprehensively determines the development of safety and health at work. The goal of this Strategy is to provide a safe and healthy working environment for over two million employees in the Republic of Serbia. In addition to the Ministry of Labour, Employment, Veterans' Affairs and Social Affairs, other ministries, representative organizations of employees and employers, and educational institutions with the aim of ensuring safe and healthy working conditions are the bearers of activities and measures that are implemented.

The strategy builds on the Strategic Framework for Safety and Health at Work of the European Union for the period from 2014 to 2020, which identifies the following challenges:

- 1) improving the implementation of regulations, in particular improving the capacity of micro and small enterprises to set up efficient and effective risk prevention measures;
- 2) improving the prevention of occupational diseases and overcoming existing, new and emerging risks;
- 3) overcoming demographic changes.

The characteristics of work in the Republic of Serbia are constantly changing in order to respond effectively to technological and demographic changes. These changes lead to the creation of new risks, adaptation of known circumstances of exposure to occupational risks,

and at the same time provide an opportunity to improve safety and health conditions at work.

Preventing and promoting safe and healthy jobs is considered a good investment because the costs to the employer are higher if a fatal or serious injury occurs at work. Ensuring good working conditions in terms of safety and health at work leads to higher productivity.

The Occupational Safety and Health Strategy from 2018 to 2022 represents a global framework for prevention policy to:

- 1) prevention and reduction of the number of injuries at work and occupational diseases;
- 2) improving the health and well-being of employees and preserving their working ability;
- 3) encouraging innovation, quality and efficiency.

An effective and efficient system of occupational risk prevention affects the improvement of safety and health conditions at work and the productivity of employees.

The general goal of the Strategy is to improve safety at work and preserve the health of the working population, i.e. to improve working conditions in order to prevent injuries at work, occupational and work-related diseases and reduce them to a minimum, i.e. eliminate or reduce occupational risks. The Strategy aims to reduce the number of injuries at work in the Republic of Serbia by 5% during the period of its implementation, compared to the total number of injuries at work for the previous five-year period of implementation of the Strategy, according to records kept by the Labour Inspectorate.

All actors in the system of safety and health at work will participate in the activities of implementation and full integration of regulations in the field of safety and health at work, i.e. their full implementation in practice.

The specific goals in the implementation of the Strategy are:

- 1) improvement of safety and health at work;
- 2) prevention of injuries at work and occupational diseases;
- 3) improvement of records on injuries at work.

The Action Plan for the implementation of the Strategy identifies the competent state administration bodies, social partners and other factors in the occupational safety and health system with specific individual goals and activities that elaborate goals and measures to achieve the goals of the Strategy, as the most important strategic document in the field of safety and health at work.

- b) With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal*

protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.

The Ministry of Labour, Employment, Veteran and Social Affairs has developed a Plan of Protection and Prevention Measures, issued over 30 instructions, orders and recommendations and organized Viber groups with all institutions, all for faster communication with heads of institutions and organizations and faster response in case needs. Priority was given to accommodation service users, vulnerable social groups and residents of non-standard settlements.

Representatives of the Ministry of Labour, Employment, Veterans' Affairs and Social Affairs visited all accommodation facilities / homes, and on several occasions those where the virus was observed. In that way, meetings were organized with the employees and the management in order to see the current situation and needs in those institutions.

The Ministry has ensured that social protection institutions on the territory of the Republic of Serbia are additionally strengthened through the work engagement of medical and non-medical staff in order to prevent and mitigate the consequences caused by the virus in social protection institutions.

Since the beginning of the state of emergency, the Ministry has regularly supplied all social welfare institutions with the necessary protective equipment in order to protect beneficiaries and employees of the institution / home, as well as employees of the Ministry, the Republic Pension and Disability Insurance Fund and the National Employment Service.

Cooperation has been established with all local self-government units, in order to prevent the spread of the epidemic, by providing continuous support to home care providers in their local communities, in the form of disinfection of space within and around accommodation facilities, as well as establishing cooperation between the same with local health centres.

A register of reports and records on potentially infected beneficiaries and employees in social protection institutions was kept on a daily basis;

The conduct of private homes for the elderly in relation to the admission of new beneficiaries was checked in relation to the Instruction of the Ministry and health recommendations issued to prevent the spread of COVID-19 disease;

The actions of social protection institutions for accommodation of users and social protection organizations for providing home accommodation services were controlled with regard to the application of protection measures and instructions and instructions on actions in protection of users in emergency circumstances, reports on actions, protection plans in emergency situations were analysed. reports of local self-government units on measures taken for prevention and support to providers of dormitory accommodation services at the local level, proposed measures and manner of organization to supervised entities in the circumstances of the state of emergency;

Records were kept on the occurrence of COVID - 19 symptoms in users of social protection services, as well as employees, as well as those infected with the virus;

The situation in the social protection system regarding the presence of an epidemic was regularly reported;

Cooperation and mediation with other bodies functioned in order to take measures in order to prevent the spread of the epidemic;

The website of the Ministry of Labour, Employment, Veterans and Social Affairs posted information on important telephone numbers of competent institutions, on how to do a self-check for the corona virus, a contact form was established for citizens who need food, medicine or medical assistance, contact application form for volunteering.

The government established a single contact centre COVID - 19 at number 19819. By calling this number, citizens could get advice and recommendations from experts in the fight against coronavirus, as well as contact the competent services throughout the country. Calls are free.

The government has also established a single contact centre for assistance to the elderly on the number 19920. By calling this number, citizens could turn for help with food, medicine and the like. in city and municipal centres where volunteers were engaged.

Of special importance for the social protection system were the measures taken to mitigate the consequences of COVID-19, which were aimed at strengthening human resources and hiring additional medical and non-medical staff.

Directorate for Execution of Penal Sanctions

Healthcare workers and Security Service workers wear surgical masks, gloves and visors at all times. Persons who work with proven Covid patients or with patients who have Covid symptoms use epidemiological masks, tights, spacesuits and surgical caps in addition to the listed equipment. clean with chlorine preparations and UV (ultraviolet) lamps. The Directorate for the Execution of Penal Sanctions recognized in time the seriousness of the situation brought about by the epidemic of the new corona virus, and we carefully followed the development of the situation in Europe and the surrounding area. That is why in February we immediately established close cooperation with the Institute of Public Health of Serbia "Dr Milan Jovanović Batut" and doctors of the Infectious Diseases Clinic of the Clinical Center of Serbia in order to develop prevention measures that will preserve the health of convicts and detainees. At the same time, we take into account the humane aspect of the execution of imprisonment and detention measures, and since the beginning of the pandemic, we have been following the recommendations of the Council of Europe.

From March 11, 2020, the body temperature will be checked in all institutions with contactless thermometers for employees who come to the shift, as well as for all other persons who come to the institution on any other basis. Persons with a fever cannot enter the facility. Disinfection barriers have been set up at the entrance to the institutes, as well as in several places in the institutes themselves, as well as checkpoints with hand sanitizers.

Employees in all services wear surgical masks when in contact with persons deprived of their liberty, and the obligation to wear masks also applies to their work premises, which do not include persons deprived of liberty. At the Special Prison Hospital in Belgrade, employees in contact with persons deprived of their liberty wear epidemiological masks, gloves and visors, given the sensitivity of the population being treated in this institution. Persons who work with Covid patients or with patients who have Covid symptoms use epidemiological masks, tights, spacesuits and surgical caps in addition to the listed equipment.

The institutions have the necessary hand sanitizers, face masks, gloves and disinfectants for cleaning rooms for persons deprived of their liberty, visiting halls and other rooms and surfaces (cassettes, cabinets, telephone booths, bars.) corridors, visiting halls, rooms for accommodation of convicts) and work surfaces is done several times during the day. All institutes have the necessary protective equipment.

All rooms are disinfected with sodium hypochlorite and UV (ultraviolet) sterilization lamps, and work and other surfaces are cleaned with alcohol (cassettes, cabinets, telephone booths, grills ...). All institutes follow the recommendations of the Institute of Public Health of Serbia "Dr Milan Jovanović Batut" which refer to enhanced hygiene measures. The recommendations refer to washing hands as often as possible, washing floors, disinfecting equipment, work surfaces, ventilating rooms as often as possible and prolonging the person's stay in the fresh air. During the duration of all these measures, the convicts' stay in the fresh air was extended for more than 2 hours as prescribed by law.

Also, all persons deprived of their liberty have undergone education in order to protect themselves from Covid infection, and to that end they are advised to take care of their personal hygiene and the hygiene of the space they share with other persons. Hygiene products are provided by the institutes. Due to the worsening epidemiological situation in the country, the administration provided 12,000 antigen tests in a timely manner at the end of November in order to respond to the biggest challenge, which is the admission of new people who can introduce the infection. All employees in the Health Care Service in all 29 institutes in Serbia were trained to use these tests. As for the visits to persons deprived of their liberty, after the introduction of the ban on visits on March 30, they were allowed again on May 12, with strict application of protective measures. Visits take place with prior measurement of the temperature of the persons coming to visit, passing through disinfection barriers, disinfection of hands and obligatory use of protective masks and gloves, and visors are provided for detainees and convicts. During the visit, the recommended distance is respected and direct physical contact between the interlocutors is not allowed. At the end of the visit, persons deprived of their liberty safely dispose of used means of protection (mask, gloves and visor), with hand disinfection and return to the premises via a deso-barrier. Also, as of March 11, all newly admitted persons in the institutions were separated in smaller rooms (in quarantine), for a period of two weeks, under increased health supervision. During that period, they have no contact with persons who are already in the institution. These persons have their temperature measured with a non-contact thermometer and it is determined whether the person also has signs of respiratory infection / respiratory diseases (fever, cough, sneezing, difficulty breathing, sore throat). On March 12, the Directorate for the Execution of Penal Sanctions started the production of masks for employees and convicts, and then other protective equipment (hats, protective suits, nipples). The convicts in the Penitentiary in Sremska Mitrovica have sewn more than half a million protective equipment so far. The convicts in the Penitentiary in Nis and the convicts in the Penitentiary for Women in Požarevac also contributed to the institutions where certified sewing training is also organized. The convicts sewed up to 6,000 masks a day. That production is still going on. At the time of submitting the report, infection of Covid 19 was confirmed in 107 employees, which is 2.5% of 4159 employees in the entire system of execution of criminal sanctions. This number also includes employees who were preventively referred to home self-isolation due to the positive contacts

they had, which is another prevention for preserving the health of employees and persons deprived of their liberty.

In the period from March 16, 2020 to January 11, 2021, the Ministry of Trade, Tourism and Telecommunications has been continuously procuring protective equipment. During the state of emergency, protective equipment in the form of surgical masks and surgical gloves was procured through the office of the Cabinet of the Government of the Republic of Serbia. NALED donated a certain amount of surgical protective masks, protective gloves and visors. The Plan for the organization of work processes and preventive measures and activities to prevent the occurrence and spread of infectious diseases COVID-19 caused by the SARS-COV-2 virus infectious disease, after the abolition of the state of emergency in the Ministry of Trade, Tourism and Telecommunications number: 110-00-66 / 2020-02 to 08.05.2020. The Plan for the implementation of measures for the prevention and spread of the epidemic of infectious diseases in the Ministry of Trade, Tourism and Telecommunications, number: 011-00-233 / 2020-02, was adopted on July 28, 2020. as a supplement to the Act on risk assessment at the workplace and in the work environment number: 501-01-1/2014-02 of 16.01.2014. In the mentioned period, Decisions for performing work outside the premises of the employer were made, number: 130-01-41/2020-02 of March 18, 2020. and number: 130-01-41/1/2020-02 of 03.03.2020 - supplement. After the lifting of the state of emergency, the Ministry of Trade, Tourism and Telecommunications procured cotton masks on two occasions, two cotton masks for each employed and employed person. This Ministry also conducted two procurements related to the procurement of disinfectants, namely smaller packages with a spray and larger - litre packages, for the purpose of disinfection of hands and equipment. A new Decision for performing work outside the premises of the employer, number: 011-00-135 / 2020-02 from 08.05.2020, was also passed. as well as the Decision which obliges the heads of the Sector and the Secretariat of the Ministry of Trade, Tourism and Telecommunications to organize the work process of the internal unit they manage, while adhering to all security measures, so as to enable certain categories of employees to, starting from 06.07. 2020, and the longest while the measures and circumstances caused by the epidemic of infectious disease COVID-19, perform the work of their workplace, outside the official premises of the Ministry - from home, number: 112-00-78 / 2020-02 from 03.07.2020

With special reference to COVID-19, provide specific information on the protection of workers on the first line of defence (health workers and including ambulance crews and support staff; police and other staff in emergency services; police and military personnel involved in assistance and enforcement; social protection - home institutions, for example for the elderly or children; prison staff, and other staff, in the morgue; and others who perform 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.

In the context of all protection measures, with special reference to the safety of personal protective equipment and medical devices, the Ministry of Trade, Tourism and Telecommunications - Market Inspection Sector in cooperation with other authorities and the EU administration with which it implements EU-funded Twinning project under IPA 2016, has

prepared instructive and informative materials which, on the one hand, aim to help manufacturers, importers and distributors to ensure that these personal protective products and medical devices meet special safety requirements, and on the other hand to contribute to raising awareness and knowledge of users regarding using that equipment. The prepared Manual on Personal Protective Equipment and Medical Devices in the Context of the COVID-19 Pandemic is an instructional material for Market Inspectors in the control of safety of personal protective equipment and for Inspectors for drugs and medical devices in the control of safety of medical devices. Prepared publications for manufacturers, distributors and buyers of personal protective equipment are based on the application of the new Rulebook on personal protective equipment which was adopted in Serbia in 2020 and published in the "Official Gazette of RS", No. 23/20, which took over the provisions of European legislation-Regulation on personal protective equipment (EU) 2016/425. Bearing in mind the priorities in the fight against infection with this virus, with the support of the resources of the Regional Project for the Development of Quality Infrastructure. Funded by the German Institute of Metrology, training of market inspectors was conducted regarding the application of regulations on the safety of personal protective equipment. Two workshops were held. Which enabled market inspectors to exchange experiences with colleagues from EU market surveillance authorities and Southeast European market surveillance authorities. The exchange of experiences was especially related to the application of appropriate EN standards and relevant international (ISO) standards in the sector of personal protective equipment and medical devices.

Regarding the activities of the Market Inspection Sector during the state of emergency caused by the COVID-19 disease, which refers to masks and gloves, the following is a short report. Decree on limiting the retail price of protective equipment during the state of emergency caused by the COVID-19 disease caused by the SARS-CoV-2 virus, which refers to protective equipment (masks and gloves), and which was distributed exclusively by the Republic Health Insurance Fund to economic entities, in order to timely and evenly supply the market, in addition to the maximum price of masks and gloves, there was a limited number of pieces of these items that the trader can sell to the consumer. From the beginning of the application of this regulation, i.e. on March 22, 2020, until May 6, 2020, when it ceased to be valid, market inspectors performed 866 extraordinary inspections at retailers (pharmacies) and in no case did we determine that the merchant sold the masks and gloves in question at a higher price. In one case, we found that the trader (pharmacy) exceeded the maximum number of gloves sold. We point out that the even supply of retail facilities (pharmacies) with these goods has contributed to a significant reduction in citizens' complaints about the unavailability and prices of masks and gloves.

On the other hand, the Decision on limiting the level of prices and margins of basic foodstuffs and protective equipment, which refers to masks and gloves not distributed by the RHIF, stipulates that when selling these goods, the margin of the wholesaler and retailer must not exceed calculated on March 5, 2020. We emphasize that, as far as masks are concerned, the market inspection did not determine any violation in the procedures of extraordinary inspections, that is, traders did not go beyond the limited margin, which was determined by the Decision, when forming mask prices. We emphasize that the controls determined different

prices of masks, which depended on the purchase price, which is related to the type and type of mask (single-layer, double-layer, textile, with disposable filter, multiple filter, etc.) and prices ranged from 70 dinars to over 4000 dinars, but again we point out that no trader exceeded the level of the margin that was on March 5, 2020. As for protective gloves, in one case we found that the trader formed a price contrary to the provisions of this decision. We point out that the Market Inspection Sector performed 1193 extraordinary inspections over the implementation of this decision.

Also, market inspectors inspected various internet platforms on a daily basis and whenever they found ads of individuals, unregistered entities, about protective masks and gloves, they ordered the removal of these ads, so that almost a hundred such ads were removed.

During November and December 2020, market inspectors performed 2,900 inspections and controlled the implementation of anti-pandemic measures, especially in shopping malls, large retail chains and markets, i.e. in high-risk facilities as assessed and in cooperation with the sanitary inspection of the Ministry of Health.

- c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

The provisions of Art. from 44 to 48 of the Law on Safety and Health at Work ("Official Gazette of RS", No. 101/05, 91/15 and 113/17 - other law) stipulates that employees of the employer have the right to choose one or more representatives for safety and health at work (hereinafter: employee representative). At least three employee representatives from the Occupational Safety and Health Committee. The employer is obliged to appoint at least one of its representatives to the Board, so that the number of employee representatives is higher by at least one of the number of the employer's representatives. The procedure for the election and manner of work of employee representatives and the Board, the number of employee representatives with the employer, as well as their relationship with the trade union are regulated by a collective agreement or an agreement concluded between the employer and the employee representative. The employer is obliged to enable at least one representative of employees for safety and health at work to be absent from work in the performance of the job to which he is assigned for at least five hours of work per month with the right to salary compensation calculated and paid in the same amount as if worked on the jobs, as well as to provide technical and spatial conditions in accordance with the spatial and financial capabilities, in order to perform the activities of employee representatives.

The employer is obliged to provide the employee representative, i.e. the Board: with insight into all acts related to safety and health at work; to participate in the consideration of all issues related to safety and health at work, to propose and be consulted. The employer is obliged to inform the employee representative, i.e. the Board, about all data related to safety and health at work.

The employee representative, i.e. the Board has the right to: make proposals to the employer

on all issues related to safety and health at work; to require the employer to take appropriate measures to eliminate or reduce the risk that endangers the safety and health of employees; to request supervision by the labour inspectorate, if they consider that the employer has not implemented appropriate measures for safety and health at work. The employee representative, i.e. the member of the Board has the right to attend the inspection.

The employer is obliged to acquaint the employee representative, i.e. the Board: with the findings and proposals of protection measures and preventive measures or the measures taken by the labour inspection; with reports on injuries at work, occupational and occupational diseases and on measures taken for safety and health at work; on measures taken to prevent imminent danger to life and health.

The employer and the employee representative, i.e. the Board and the trade union, are obliged to cooperate with each other on issues of safety and health at work, in accordance with this law and other regulations.

According to the annual reports of the Labour Inspectorate, in practice there is a small number of educated Boards for safety and health at work with employers who were supervised in the field of safety and health at work.

2. to issue safety and health regulations;

- a) *Please provide detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or new situations (including as regards stress and harassment at work; work-related substance use and employer responsibility; strictly limiting and regulating electronic monitoring of workers; mandatory digital disconnection from the work environment during rest periods – also referred to as “digital detox”; health and safety in the digital and platform economy; etc.) and about regulatory responses to newly recognised forms of professional injury or illness (such as work-related self-harm or suicide; burn-out; alcohol or other substance use disorders; post-traumatic stress disorders (PTSD); injury and disability in the sports entertainment industry, including in cases when such injury and disability can take years or even decades to become apparent, for example in cases of difficult to detect damage to the brain; etc.).*

The Law on Safety and Health at Work ("Official Gazette of RS", No. 101/05, 91/15 and 113/17 - other law) prescribes the obligation of the employer to issue an act on risk assessment in writing for all jobs. in the work environment and to determine the manner and measures for their elimination. The Rulebook on the Manner and Procedure of Risk Assessment at the Workplace and in the Work Environment ("Official Gazette of the RS", No. 72/06, 84/06 - correction, 30/10 and 102/15) determines the manner and procedure of risk assessment of occurrence of injuries at work or damage to health, i.e. diseases of the employee at the workplace and in the work environment, as well as the manner and measures for their elimination, which are regulated by the employer in the act on risk assessment. Risk assessment also refers to efforts in performing certain tasks that cause psychological burdens, i.e. stress at the workplace as a risk factor (Article 9, item 2), sub-item (3) of the Rulebook).

The Rulebook on Amendments to the Rulebook on the Content and Manner of Issuing the Form of Report on Injury at Work and Occupational Disease ("Official Gazette of RS", No. 106/18) amended the form of the Report on Injury at Work and in the Instructions for Completing the Report The case for entering the code for mental stress was explained in the paper on the manner of injury.

A brochure of the International Labour Organization "Stress Prevention at Work Checkpoints " was posted on the website of the Ministry of Labour, Employment, Veterans' Affairs and Social Affairs, which provides practical guidelines for the prevention of stress at work.

- b) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Protection against ionizing radiation is prescribed by the Law on Radiation and Nuclear Safety and Security ("Official Gazette of RS", No. 95/18 and 10/19).

According to this regulation, it is prohibited to perform activities with ionizing radiation sources and nuclear materials without previously obtained approval issued by the Agency for Protection against Ionizing Radiation and Nuclear Safety of Serbia.

Any research and activity for the purpose of development, production and use of nuclear weapons, as well as the use of nuclear material for the production of nuclear weapons and other explosive devices is prohibited.

The import of radioactive waste and spent nuclear fuel of foreign origin into the territory of the Republic of Serbia is prohibited.

The installation of radioactive lightning rods on the territory of the Republic of Serbia is prohibited.

The installation of ionizing smoke detectors that have a source of ionizing radiation in the gaseous state or a source of ionizing radiation whose decomposition products are in the gaseous state is prohibited.

Protection against ionizing radiation in radiation activities, nuclear activities and radioactive waste management is based on the following principles:

- 1) justification of application - conditions and permissibility of performing existing and future radiation activities, nuclear activities and radioactive waste management activities, prices are determined according to economic, social and other benefits that their performance provides to society in relation to radiation risks that may occur due to their performance, taking into account the best available information on their effectiveness or consequences;
- 2) optimization of protection against ionizing radiation - each activity must be performed so that the exposure to ionizing radiation is as low as it is objectively possible to achieve, given the economic and social factors;
- 3) limitation of individual exposure - radiation activity must be planned so that the exposure of individuals is always below the prescribed limits.

The provision of Article 4, item 1) of the Law on Safety and Health at Work in the sense of the term “employee” (which is harmonized with provision 3a of Council Directive 89/391 / EEC) exempts domestic support staff because it is difficult to establish the existence of work engagement performed by natural persons for the needs of their households, as well as the impossibility of supervising the application of safety and health measures without obtaining a court decision for entering private property. Article 22, paragraph 1 of the Law on Inspection Supervision (“Official Gazette of RS”, No. 36/15, 44/18 - other law and 95/18), stipulates that in order to establish the facts, the inspection must obtain a written decision of the competent authority. court if it intends to conduct an on-site inspection of residential or other premises, except when the on-site inspection is carried out at the request or with the express written consent of the owner or user, or holder of residential premises, which may be given on the spot.

Consent may also be oral, when it is necessary to take urgent measures to prevent or eliminate danger to human life or health, property of greater value, the environment or flora or fauna, which is specifically explained in the minutes.

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

- a) *Please provide statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.*
- b) *Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections as well as on the number of breaches to health and safety regulations and the nature and type of sanctions.*

The Labour Inspectorate has a total of 25 separate departments and sections of labour inspection in administrative districts (11 departments and 14 sections of labour inspection), 2 departments of labour inspection in the City of Belgrade, as well as one department and one department at the seat of the Labour Inspectorate (Department for the second-instance administrative procedure in the field of labour relations and safety and health at work and the Department for study-analytical affairs and supervision).

A total of 278 jobs have been systematized in the Labour Inspectorate of the Republic of Serbia, of which 267 are labour inspector jobs. Currently, the Labour Inspectorate has 216 employees, including 2 appointed persons (director and assistant director), of which 208 are labour inspectors - lawyers, engineers of various technical professions, economists and professors. Currently, 62 jobs are vacant in the Labour Inspectorate, of which 59 jobs are labour inspectors.

The Government of the Republic of Serbia has adopted a Conclusion adopting the Three-Year Action Plan for the Employment of Civil Servants Performing Inspection Supervision in the Competence of the Republic Inspections, 05 No. 101-6204 / 2019-02 of 08.08.2020, which:

According to the Three-Year Action Plan for the Employment of Civil Servants, the Labour Inspectorate will have to hire and deploy an additional 40 inspectors by the end of 2021

(which requires a change in the Rulebook on Internal Organization and Systematization of Jobs).

The conclusion of the Government of the RS was submitted to the Ministry of Labour, Employment, Veterans' Affairs and Social Affairs.

At the session held on September 5, 2019, the Coordination Commission for Inspection Supervision adopted Instruction No. 06-00-00207 / 1 / 2019-08 for the implementation of the Conclusion adopting the Three-Year Action Plan for the Employment of Civil Servants Performing Inspection Supervision in the Competence of the Republican inspection.

The Ministry of Labour, Employment, Veteran and Social Affairs has not increased the number of systematized jobs of labour inspectors by amending the Rulebook on Internal Organization and Systematization of Jobs, according to the Three-Year Action Plan. The Labour Inspectorate still systematizes 267 jobs of labour inspectors, of which 208 jobs are currently filled.

In the period January-December 2020, labour inspectors:

- performed a total of 62,475 inspections at registered and unregistered entities, of which 31,243 in the field of safety and health at work, which included a total of 269,842 employees. According to the data of the Business Registers Agency, in December 2020, 410,050 business entities (131,181 companies and 278,869 entrepreneurs) were registered in the Republic of Serbia, where the labour inspection is competent to inspect the implementation of regulations in the field of occupational safety and health, and the labour inspection in the field of safety and health at work supervised 7.6% of registered employers,

In 2020, labour inspectors issued 5,390 decisions to eliminate identified irregularities, of which 4,135 decisions in the field of safety and health at work (with 10,358 measures), as well as 540 decisions banning work at the workplace, submitted 3,773 requests to initiate misdemeanours. procedures, of which 1,168 in the field of safety and health at work, as well as 40 criminal charges against responsible persons, of which 31 in the field of safety and health at work.

In 2020, labour inspectors performed 891 inspections on reported injuries at work, of which 31 on fatal, 12 on serious with fatal outcome, 15 on collective injuries at work, within which 4 more fatal injuries at work occurred, 798 on the occasion of severe and 35 inspections due to minor injuries at work.

In the period from 01.01.2017 to 31.05.2021, the Labour Inspectorate did not procure official cars. In 2021, the Labour Inspectorate did not procure technical equipment (computers, printers, scanners), but 164 qualified electronic certificates for access to electronic databases and for work in the e-Inspektor information system were procured.

With the redirected funds within the Twinning project "Support and improvement of safety and health at work and labour inspection in the Republic of Serbia" and funds donated by the Slovak Development Aid, the space in the building of the republic authorities in New Belgrade was reconstructed and adapted and equipped with necessary furniture. technical equipment (chairs, tables, projector, screen, speakers, 4 laptops), and thus in March 2021 the Pilot classroom of the Labour Inspectorate was formed, which enables continuous education of labour inspectors.

- c) Please indicate whether Inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. If certain workplaces are excluded, please indicate what arrangements are in place to ensure the supervision of health and safety regulations in such premises.*

The Labour Inspectorate carries out inspections in the field of safety and health at work at all registered employers who have employees and in accordance with the Law on Safety and Health at Work must first enter and supervise the facilities and premises of the employer at any time when there are employees at work, excluding the performance of specific military service in the Serbian Army and the performance of police and protection and rescue activities within the scope of the competent state body, as well as the performance of protection and rescue activities performed by other entities in accordance with a special law, which include safety and health those services and those affairs are regulated by a special law and regulations adopted on the basis of that law. Also, in accordance with the Law on Mining and Geological Research, in supervising the application of safety and health measures at work in mining facilities, the mining and geological inspector has the authority of a labour inspector.

Pursuant to the Law on Inspection Supervision, in order to establish the facts, the inspection must obtain a written decision of the competent court if it intends to conduct an inspection of a residential or other premises for such purpose, except when the inspection is performed at the request or with the express written consent of the owner or user. housing, which can be given on the spot. Consent may also be oral, when it is necessary to take urgent measures to prevent or eliminate danger to human life or health, property of greater value, the environment or flora or fauna, which is specifically explained in the minutes.

Notwithstanding the above, when it is necessary to take urgent measures to prevent or eliminate danger to human life or health, property of greater value, environment or flora and fauna, if there is a source of damage originating from the living space, and the owner or user, that is, the holder of the living space is unknown, inaccessible, absent for a long time or has passed away, and the legacy has not been distributed, the inspection without delay informs other bodies and organizations for urgent action and measures within their scope and proposes to the court to issue an order space, explaining in the proposal and especially in the minutes the reasons for such action.

The Inspectorate submits a written proposal for the issuance of a decision on the permit for the inspection of residential premises to the trial court.

The proposal must contain: marking and description of the living space; designation of the inspection that would perform the investigation; the purpose of the investigation; the conditions under which the investigation is to be conducted, including police assistance; facts to be proved by conducting an investigation; actions to be performed during the investigation; the reasons for which it is considered that an investigation should be carried out; the expected

duration of the investigation. The proposal may also require permission to search the residential space and the things in it.

The court may request from the inspection that submitted the proposal additional explanations and evidence, in order to determine the merits and completeness of the proposal.

The decision-making process is urgent. The court decides on the complete proposal without delay, and no later than within 48 hours from the submission of the complete proposal.

The court decides on the proposal for a decision in non-litigious procedure, acting according to the rules of civil procedure for providing evidence.

The court allows an inspection of the residential area when there are grounds for suspicion: that illegal activities or activities are performed in it or that they are performed contrary to the regulations; to keep objects, animals or other things in it contrary to the regulations; that the unregistered entity performs activities in the residential area; that the investigation will reveal other illegalities that require urgent measures to be taken to prevent or eliminate the danger to human life or health, property of greater value, the environment or flora or fauna.

The court allows a search of the living space and things in it when there is a reasonable suspicion that the search will find an object or traces that may be significant for the procedure.

The decision on the permit for conducting the investigation shall contain: the name of the court that allowed the investigation; marking and description of the living space in which the inspection is performed; designation of the inspection that is allowed to conduct the investigation; the purpose of the investigation; the conditions under which the investigation will be conducted, including police assistance; facts to be proved by conducting an investigation; actions to be performed during the investigation; the reasons for which it is considered that an investigation should be carried out; expected duration of the investigation; permission to search the living space and things in it - when it is allowed; other information relevant to the investigation.

In the above proposal, when it is not possible to obtain appropriate data on the space, a factual description of the residential or ancillary space is sufficient. With one proposal and one solution, it is possible to include more such spaces, i.e. facilities.

The inspection is authorized to start the investigation in the living space no later than ten days from the day of submitting the decision to the inspection, and in more complex matters, i.e. when the help of the police is needed - within 15 days from the day of submitting the decision to the inspection.

The on-site investigation is carried out in the presence of two adults as witnesses and is limited to the part where the purpose of supervision is achieved. The owner or user, i.e. the holder of the living space has the right to attend the investigation of the living space alone or through his / her proxy, one of the adult members of his / her household or another person he / she designates. An official who does not participate in the procedure may be a witness to the investigation.

Exceptionally, the investigation may begin in the absence of the above-mentioned person when it is necessary to eliminate the immediate and serious danger to people, animals or property or if the destruction of evidence or objects important for the inspection procedure is being prepared or started. before a court or other authority, or the holder of the dwelling is unknown or inaccessible, which is specifically explained in the minutes.

- d) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

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

The previous conclusion is positive.

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

The previous conclusion is positive.

Article 11 – The 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) *Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).*

HIV / hepatitis C According to the data of the Institute of Public Health of Serbia, at the beginning of 2019, 2597 diagnosed people lived with HIV (PLHIV) in the Republic of Serbia. The estimated prevalence of HIV infection in the population aged 15 and over at the end of 2018 by UNAIDS in Serbia is, as in previous years, less than 0.1%. Among all reported persons infected with HIV in the Republic of Serbia from the beginning of the epidemic to the end of

2018, four times more males were registered than females, while among newly diagnosed HIV-positive persons in 2018 the sex ratio was 14: 1 in favour of men

The incidence of newly diagnosed cases of acute and chronic HCV infection shows a downward trend in the period 2009-2018.

The latest requested data can also be found in the publication Health Statistics Yearbook of the Republic of Serbia for 2019. On the official website of the Institute of Public Health of Serbia, via the link <http://www.batut.org.rs/download/publikacije/pub2019a.pdf>.

b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by blood borne diseases; etc.).

Health services of sexual and reproductive care for women and girls are provided by a general act which regulates the scope and content of the right to health care from compulsory health insurance and according to that act the following services are provided:

- preventive gynaecological examination once a year for women aged 15 and over;
- preventive examination in connection with family planning for women of generative age from 15-49 years of age;
- screening / early detection of cervical cancer once in 3 years for women aged 25-64;
- screening / early detection of breast cancer once in 2 years for women aged 50-69;
- examinations and treatment in pregnancy, childbirth and 12 months after childbirth.

In this regard, we point out that the above general act provides for the following:

(1) Insured persons in connection with family planning, during pregnancy, childbirth and up to 12 months after childbirth shall be provided with:

- 1) diagnosis and treatment of sterility;
- 2) examinations and treatment related to pregnancy (including prenatal period, childbirth and postpartum period), conditions that can cause complications of pregnancy, as well as termination of pregnancy for medical reasons;
- 3) inpatient treatment when it is medically necessary to give birth in a health institution;
- 4) visiting nurse rounds and assistance to the mother and routine care of the newborn by the community/visiting nurse.

(2) The treatment of sterility in the sense of paragraph 1, item 1) of this Article shall also mean:

- 1) unlimited number of stimulated biomedically assisted fertilization procedures and three

cryoembryo transfers in a woman up to 43 years of age who has no children in the existing community (marital or extramarital);

2) two stimulated procedures of biomedically assisted fertilization and one cryoembryo transfer in a woman up to 43 years of age who has one child in the existing community (marital or extramarital) obtained in the procedure of biomedically assisted fertilization.

(3) Fulfilment of medical conditions for conducting the stimulated procedure of biomedically assisted fertilization referred to in paragraph 2 of this Article shall be assessed by the commission formed in the health institution of secondary or tertiary level of health care according to the instructions of the selected doctor - gynaecology specialist, and fulfilment of medical conditions of this Article, is assessed by the competent medical commission of the Republic Health Insurance Fund on the instructions of the selected doctor - gynaecology specialist.

(4) The fulfilment of the conditions related to the age referred to in paragraph 2 of this Article shall be assessed by the competent commission referred to in paragraph 3 of this Article at the moment when it determines that the medical conditions for conducting the stimulated biomedically assisted fertilization procedure are met, that is, cryoembryo transfer.

(5) Examination in terms of paragraph 1, item 2) of this Article means both prenatal and genetic testing and other preventive measures, in accordance with medical standards.

(6) Health services referred to in paragraph 1, item 2), 3) and 4) of this Article, which are part of the package of health services provided at the expense of compulsory health insurance, are provided at all levels of health care in content and scope according to the medical indications of the insured person, doctrinal views and available capacities.

The Law on Health Care and the Law on Health Insurance determine the conditions for providing health care for women. Women's health care at the primary level is provided by women's health services in health centres.

The realization of rights in the field of preventive health care for women is monitored within: measures for prevention and early detection of cervical and breast cancer, examination and treatment related to pregnancy, childbirth and the postnatal period and family planning for women aged 15 to 49.

In women's health care, a smaller scope of rights has been achieved in the field of: preventive gynaecological examinations, preventive examinations related to family planning, preventive health care for pregnant women, maternity health examinations, examinations six weeks and six months after childbirth and early detection (screening) of malignant diseases of the breast and cervix. In Serbia, in 46% of cases, the first contact in primary health care was made in pregnant women only in the second and third trimester of pregnancy.

- The average number of performed check-ups in the second and third trimesters of pregnancy in Serbia is higher than the scope of established rights in this area and averages seven check-ups, while the Ordinance provides for at least four.
- In the field of ultrasound diagnostics in Serbia, an average of 2.7 ultrasound examinations were performed in the second and third trimester of pregnancy per pregnant woman. The stated realization is in accordance with the scope envisaged by the Rulebook and the Health Care Plan for 2018 (three ultrasound examinations per pregnant woman in the second and third trimester).
- In the field of maternity health control, about 44% of mothers are included in the preventive examination after 6 to 8 weeks of birth, and 17% of mothers in the preventive examination after 6 months of birth.

In the health care of children, in the area of children: preventive examinations of newborns and infants in the first year of life from the Ordinance provided six reviews, an average of about five reviews were conducted in geographical areas such as Vojvodina and Serbia in total, while the coverage in Belgrade is about four looks at the child, and in central Serbia it amounts to about six examinations. In the central Serbia has improved compared to last year.

Source: Analysis of the planned and realized scope and content of the rights of insured persons to primary health care in 2018. Institute of Public Health of Serbia, 2019

Preventive examination of newborns and infants

The rulebook is implemented with a total of six examinations of a certain content for all children of this age, and for children at risk on the order of a paediatrician.

During 2018, a total of 335,980 preventive examinations of newborns and infants in the first year of life were performed in Serbia, which means that an average of 5.2 preventive examinations per child of that age were performed.

Youth counselling

The importance of the health of young people and adolescents is a challenge for the health care system. There are a total of 38 youth counselling centres in Serbia, of which 11 in Belgrade.

Health education in women's health care

Health education work in primary health care includes 12% of women over the age of 15 with various contents related to pregnancy and family planning, methods of contraception, as well as prevention of certain diseases, sexually transmitted and contagious, and especially in connection with prevention of malignant diseases, breast cancer and cervix. In 2018, 365,622 health and educational work services were provided in the services for women's health care, in the institutions of primary health care in the Republic of Serbia, which is 15% more than in 2017. The number of provided health education services first increased by 24% in the period from 2014 to 2015, and then decreased by 4% in the next three years.

Group forms and methods of work accounted for 6% of the total number of health education services, observed for the level of the Republic (of which 42% were realized in the form of workshops and 23% in the form of lectures).

In most districts, psychophysical preparation of pregnant women for childbirth was organized in health care institutions, which was attended by 35% of pregnant women in Serbia.

The right to abortion

Only pregnant women have **the right to abortion in medical institutions in Serbia**, in accordance with the Law on the Procedure for Abortion in the Health Institution of the Republic of Serbia. Serbia ("Official Gazette of RS", No. 16 of 12 May 1995, 101 of 21 November 2005). This right can be exercised independently on the basis of a written statement of a pregnant woman older than 16, and a person younger than 16 and a person completely deprived of legal capacity, only after obtaining the written consent of a parent or guardian (or in case of their impediment by the competent guardianship authority). Irrespective of the legal right, abortion cannot be performed by pregnant women when it is determined that it would seriously impair her health or endanger her life.

Prenatal protection coverage

In the prenatal period, there are significant opportunities for pregnant women to be included in interventions that can be vital for their health and well-being, as well as for the health and well-being of their children. Prenatal care is one of the indicators for monitoring the dimension of reproductive health and maternal health within SDG sub-goal 3.8 - universal coverage by health care. The WHO recommends at least eight prenatal visits, based on an analysis of the effectiveness of different models of prenatal care.

Percentage of women aged 15–49 who gave birth to a live-born child in the last two years who had at least one visit by a trained health worker: 99.4% (2019)

Childbirth protection

Percentage distribution of women aged 15–49 who gave birth to a live-born child in the last two years, according to the place of last birth, Serbia, 2019.

- 100% of births published in a health institution
- in 92.1% of cases, the doctor helped during the birth
- 31.8% of caesarean births
- 59.4% of women stated that they used baby-friendly services

Early birth

Percentage of women aged 15–19 who gave birth to a live-born child, who were pregnant with their first child, who gave birth to a live-born child or were pregnant with their first child, and who gave birth to a live-born child before the age of 15, and the percentage of women aged 20–24 years who gave birth to a live-born child before the age of 18, Serbia, 2019.

Percentage of women aged 15–19 who						
gave birth to a live-born child	who are pregnant with their first child	who gave birth to a live-born child or are pregnant with the first child	who gave birth to a live-born child before the age of 15	Number of women aged 15–19 years	the percentage of women aged 20–24 who gave birth to a live-born child before the age of 18	Number of women aged 20–24
1,4	1,1	2,5	0,0	384	2,8	443

Source: Republic Statistical Office and UNICEF, 2020. Survey of Multiple Indicators of the Position of Women and Children in Serbia and Survey of Multiple Indicators of the Position of Women and Children in Roma Settlements in Serbia, Report on Research Findings. Belgrade, Serbia: Republic Statistical Office and UNICEF.

Maternal mortality according to the tenth revision of the International Classification of Diseases (ICD10) is defined as the mortality of a woman during pregnancy or within 42 days after the end of pregnancy, regardless of the duration or location of pregnancy, from any cause related to pregnancy or worsening pregnancy or during its management, but not as a consequence of accidental or incidental causes. The maternal mortality rate (maternal mortality rate) is the number of women who died in pregnancy, childbirth or the puerperium due to complications associated with these conditions per 100,000 live births. Maternal mortality rate (maternal mortality rate) is the number of women who die in pregnancy, childbirth or the puerperium due to complications associated with these conditions per 100,000 women of reproductive age (15-49 years of age) in the population

In Serbia, the maternal mortality rate has been declining since 2012, and in 2019 it was 6.2 per 100,000 live births.

Year	Number of dead women	Maternal mortality rate per 100,000 live births	Maternal mortality rate per 100,000 women of reproductive age
2007	5	7.3	0.3
2008	10	14.5	0.6
2009	14	19.9	0.8
2010	12	17.6	0.7
2011	6	9.1	0.4
2012	10	14.9	0.6
2013	9	13.7	0.6
2014	8	12.0	0.5
2015	8	12.1	0.5
2016	7	10.8	0.5
2017	7	10.8	0.5
2018	9	14.1	0.6
2019	4	6.2	0.3

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

1. The report does not contain information on health care indicators (infant mortality rate, infant mortality rate and maternity mortality rate)

Life expectancy at birth from 2002 to 2019 increased for men from 69.7 to 73.1, and for women from 75.0 to 78.3.

The infant mortality rate (infant deaths per 1,000 live births) decreased from 5.3 (2015) to 4.8 (2019), and the mortality rate for children under five decreased from 8.9 (2015) to 5.3 (2019).

According to data obtained from the 2019 Multiple Cluster Indicators Survey, child mortality rates are still significantly higher in Roma settlements than the national average. The estimated infant mortality rate among children in Roma settlements in 2019 is 8 per 1,000 live births, while the probability that a child will die before the fifth birthday is around 9 per 1,000 live births.

The biggest burden of the disease are blood vessel diseases and malignant tumours, which make up over two thirds of all causes of death during 2019 in Serbia. More than half of all deaths

(51.6%) were due to death from blood system diseases, and almost every fifth deceased person (21.7%) was a victim of a malignant tumour, 2.8% of the population in Serbia died from injuries.

The latest preliminary data on their own perception of health obtained in the National Health Survey in 2019 showed that two thirds of the population in the Republic of Serbia perceives their health as good (significantly more in the Belgrade region - 72.8%, and among the active working population - 76,6%), while one in ten residents assessed that their own health was poor (significantly higher in the population aged 65 and over - 27.4%, and in the region of Southern and Eastern Serbia - 13.5%). Men perceived their health more positively than women: 71.3% of men said they were in good health and 62.1% of women.

Based on the measured value of the Body Mass Index, in 2019 in Serbia there were 40.4% of persons with normal nutritional status, while slightly more than half (57.2%) were overweight or obese (36.4%) and obesity (20.8%).

Indicators of natural population trends in the Republic of Serbia without Kosovo and Metohija are shown in the tables below:

Table: Trends in birth rates, Serbia, 1950-2019.

	1950	1960	1970	1980	1990	2000	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Birth rate per 1000 inhabitants	27,4	29,2	24,1	14,2	11,5	9,8	9,4	9	9,3	9,2	9,3	9,3	9,2	9,2	9,2	9,3

Source: Republic Statistical Office

Table: Natural increase rate per 1000 inhabitants, Serbia, 1950-2019

	1950	1960	1970	1980	1990	2000	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Natural increase rate per 1000 inhabitants	14,5	8,6	4,9	4,3	0,6	-4	-4,8	-5,2	-4,9	-4,8	-4,9	-5,3	-5,1	-5,5	-5,4	-5,3

Source: Republic Statistical Office

Table: Infant deaths per 1000 live births, Serbia, 1950-2019.

	1950	1980	1990	2000	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Infant deaths per 1,000 live births	113,1	22,3	16,4	10,6	6,7	6,3	6,2	6,3	5,7	5,3	5,4	4,7	4,9	4,8

Source: Republic Statistical Office

Table. Perinatal and early neonatal mortality, Serbia, 1950-2019

	1950	1980	1990	2000	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Early neonatal mortality	21,3	12,6	8,8	6,3	3,3	3,8	3,4	3,9	5,7	2,9	2,9	2,5	2,8	2,6
Perinatal mortality	33,0	18,7	14,7	11,2	9,0	8,8	8,9	8,6	10,9	8,7	8,7	7,8	8,1	8,2

Source: Republic Statistical Office

Table: Deaths in Serbia - pregnancy, childbirth and puerperium, (O00-O99), 2016-2019

Died ICD 10	2016	2017	2018	2019
(O00-O99) Number	7	7	10	4
Rate per 1000 live births (O00-O99)	0,11	0,11	0,16	0,06

Source: Republic Statistical Office

2. Life expectancy and main causes of death.

Life expectancy at birth, total and by sex, Serbia 2015-2019

Year	Life expectancy		
	Total	Men	Women

Година	Очекивано трајање живота		
	Укупно	Мушко	Женско
2019	75.7	73.1	78.3
2018	75.6	73.2	78.1
2017	75.4	73.0	77.9
2016	75.5	73.0	78.0
2015	75.1	72.6	77.7

Municipalities with the lowest life expectancy at birth, 2019

Crna Trava	66.6
Čoka	71.3
Nova Crnja	71.6
Novi Kneževac	71.7
Mali Idos	72.1
Senta	72.1
Žabari	72.5
Ada	72.8
Kanjiža	73.0
Srbobran	73.0

Municipalities with the highest life expectancy at birth, 2019

Petrovaradin	78.2
Vračar	78.1
Pantelej	77.9
Novi Beograd	77.8
Doljevac	77.4
Sremski Karlovci	77.3
Bajina Basta	77.3
Čukarica	77.1
Zvezdara	77.1
Stari grad	77.0

Mortality rate [per 1000 inhabitants], Serbia 2015-2019

Year	Mortality rate [per 1000 inhabitants]
2019	14.6
2018	14.6
2017	14.8
2016	14.3
2015	14.6

Ten most common causes of death in the Republic of Serbia, 2019

<i>Causes of death (ICD-10)</i>	<i>Code</i>	<i>Sex</i>	<i>Total</i>
<i>Republic of Serbia</i>		total	101458
		%	100.00
		-male	51309
		female	50149
1. <i>Cardiomyopathia</i>	I42	total	11860
		%	11.69
2. <i>Hypertensio arterialis essentialis (primaria)</i>	I10	total	6040
		%	5.95
3. <i>Infarctus cerebri</i>	I63	total	5936
		%	5.85
4. <i>Neoplasma malignum bronchi et pulmonis</i>	C34	total	5242
		%	5.17
5. <i>Infarctus myocardii acutus</i>	I21	total	4373
		%	4.31
6. <i>Insufficiencia cordis</i>	I50	total	4200
		%	4.14
7. <i>Morbus cordis ischaemicus chronicus</i>	I25	-total	3589
		%	3.54
8. <i>Institio cordis</i>	I46	total	3552
		%	3.50
9. <i>Morbus pulmonis obstructivus chronicus alius</i>	J44	total	2320
		%	2.29
10. <i>Atherosclerosis</i>	I70	total	2039
		%	2.01

Suicide mortality rate [per 100,000 population], Serbia 2015-2019

Year	Suicide mortality rate [per 100,000 population]
2019	13.5
2018	13.6
2017	14.3
2016	13.6
2015	15

Maternal mortality rate [per 100,000 live births], Serbia 2015-2019

Year	Maternal mortality rate [per 100,000 live births]
2019	6.2
2018	14.1
2017	10.8
2016	10.8
2015	12.2

Child mortality rate under five years of age, Serbia 2015-2019

Year	Child mortality rate under five years of age [per 1000 live births]
2019	5.7
2018	5.9
2017	5.8
2016	6.1
2015	6.2

Neonatal mortality rate [per 1,000 live births], Serbia 2015-2019

Year	Neonatal mortality rate [per 1,000 live births,]
2019	3.6
2018	3.7
2017	3.2
2016	4.0
2015	3.8

Birth rate of adolescent girls (aged 15-19 years) per 1000 women from that age group, Serbia 2015-2019

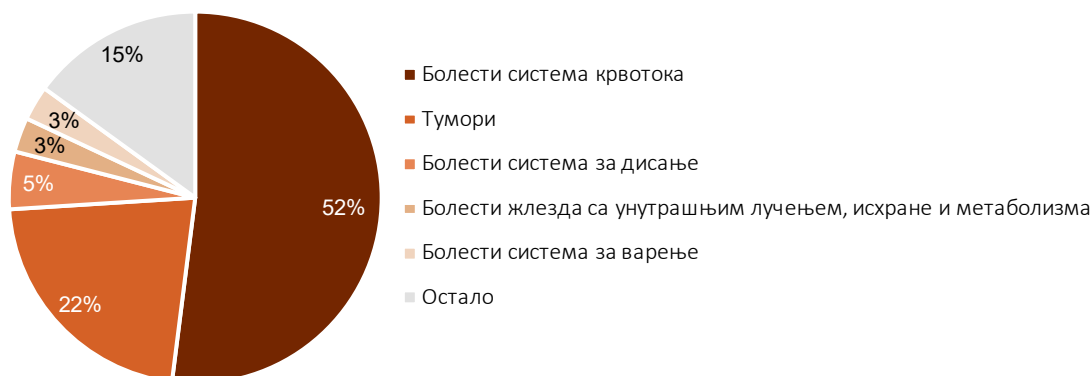
Period	Adolescent birth rate (aged 15-19) [per 1,000 women]
2019	13.6
2018	14
2017	15.1
2016	15.3
2015	16.3

In the Republic of Serbia, according to data for 2019, 101,458 deaths were registered (51,309 men and 50,149 women). The average age of deaths in the Republic of Serbia is 75.1 years. The largest number of deaths is in the age range from 75 to 84 years. Observed by gender, among persons of that age group, more women die (54.6%) than men (45.4%).

The number of deaths by violent death increased slightly compared to the previous year and in 2019 amounted to 2,833 (from 2,806 to 2,833). The number of suicides is 8 cases lower than in 2018 and amounts to 941.

The leading cause of death in both sexes was diseases of the circulatory system. From this cause of death, 52,330 people died (51.6% of the total number of deaths), as follows: 24,112 men and 28,218 women. According to the frequency of deaths, the second cause of death is tumours, of which 21,976 people died in 2019 (21.7% of the total number of deaths), i.e. 12,483 men and 9,493 women, while the diseases of the respiratory system are in third place, of which 5,504 persons (5.4%) died, i.e. 3,220 men and 2,284 women.

Chart 3. Deaths by cause of death, 2019



3. The Committee requests information on the administrative structures responsible for the proper implementation of the regulatory framework and the measures / programs implemented to ensure its implementation.

For the implementation of the regulatory framework and measures / programs, the competent authorities are the Ministry of Health, the Institute of Public Health of Serbia with a network of institutes, the Republic Health Insurance Fund, as well as other competent institutions and bodies.

4. The Committee requests information on total health expenditure as a percentage of GDP. The Committee also requests that information be provided in the next report on the share of participation in health care.

Total health expenditures in 2018 amounted to EUR 3,646 million, which is 8.5% of GDP. According to the data from the macroeconomic indicators of the Ministry of Finance, the gross domestic product (GDP) per capita in 2018 amounted to EUR 6,143, and the GDP growth rate 4,5%. Total health expenditures per capita in 2018 amounted to EUR 524. The dominant financier of health care is the state, which allocates 60% of the total funds, while the share of the private sector is 40%.

The share of public spending in total health expenditure decreased from 70.9% in 2003 to 59.9% in 2018, while in the same period the share of private household pocket payments in total health expenditure increased from 29, 1% to 40.1%. Restrictions mainly relate to the consumption of medicines in the public finance sector by establishing lists of medicines that are prescribed and dispensed at the expense of compulsory health insurance.

5. The Committee asks whether in practice there is an adequate opportunity to provide health care on an equitable basis (on the basis of equality) throughout the country and for the most disadvantaged groups (ethnic groups, including Roma, LGBT, etc.).

Health care is a constitutional right regulated by the laws of the Republic of Serbia. Health

care implies the implementation of measures and activities in order to achieve the highest possible level of preservation and improvement of the health of the citizens of the Republic of Serbia. The Republic of Serbia supports the development of the health culture of the population.

The Law on Health Care ("Official Gazette of RS" No. 25/2019) guarantees that the provision of health care will be provided to citizens of the Republic of Serbia and all other persons residing or staying in the Republic of Serbia, under equal conditions, in the territory of the Republic of Serbia, including implementation of measures for preservation and improvement of citizens' health, prevention, suppression and early diagnosis of diseases, injuries and other health disorders and timely and efficient treatment and rehabilitation, ensuring their right to health care, in accordance with the law and obliging them to protect and improve their own and other people's health, as well as living and working conditions.

Article 21 of this Law refers to the Principle of Fairness of Health Care, which implies the prohibition of discrimination in the provision of health care on the grounds of race, sex, gender, sexual orientation and gender identity, age, nationality, social origin, religion, political or other beliefs, property condition, culture, language, health condition, type of illness, mental or physical disability, as well as other personal characteristics that may be the cause of discrimination.

6. The Committee notes that according to the 2016 report of the EU Commission, the sustainability of the health sector is threatened by the weak financial situation of public health funds, which is hampered by the reduction of health insurance contributions in 2014. The shortage of health personnel in primary health care is problematic. The Committee asks the Government to comment on these issues / information on the measures taken to address them. We point out that the issue of financial stability of health institutions with established funds in public ownership is a multisectoral issue for the solution of which the Ministry of Health alone is not competent.

7. The Committee requests information on the rules applicable to the management of waiting lists and waiting times, as well as statistics on the actual average waiting time for health care in hospitals and dispensaries, as well as for primary care, specialist care and surgical practices. The rights and types of health services for which waiting lists are kept are defined by the Rulebook on waiting lists ("Official Gazette of RS" No. 75/13), while the Rulebook on the manner and procedure of exercising rights from compulsory health insurance is "Official Gazette of RS" , No. 10/2010, 18/2010 - amended, 46/2010, 52/2010 - amended, 80/2010, 60/2011 - decision US, 1/2013, 108/2017, 82/2019 - dr. Rulebook and 31/2021 - other Rulebook) stipulates that the health institution is obliged to schedule a specialist-consultative and diagnostic examination for which it is not prescribed to determine the waiting list, no later than 30 days from the date of the insured person to the health institution with a doctor's instruction. it is not urgent even if it cannot be performed in a health institution immediately after the appearance of the insured person for examination.

In the tables and graphs below, indicators of waiting time for certain specialist-consultative examinations are given.

Average length of waiting for the first examination scheduled in the specialist-consultative service (in days) PHC, Serbia, 2015-2019

Specialist service	REPORTING PERIOD				
	2015	2016	2017	2018	2019
	Average length of waiting for the first examination scheduled in the specialist-consultative service (in days)				
Internal medicine	12,8	9,6	9,9	9,6	7,1
Pneumophthisiology	5,1	10,5	4,4	4,9	4,4
Ophthalmology	16,5	13,5	10,7	10,8	8,5
Otorhinolaryngology	3,7	5,2	5,1	4,5	6,7
Psychiatry	11,9	8,0	7,4	6,5	6,9

Data source: IPH, Health Care Quality Indicators Database 2019

Average length of waiting for the scheduled first examination, from the patient reporting to the specialist-consultative service to the time of scheduling the examination (days), Serbia, 2015-2019

Specialist branch	REPORTING PERIOD				
	2015	2016	2017	2018	2019
	Average length of waiting for the scheduled first examination, from the patient's reporting to the specialist-consultative service to the time of scheduling the examination (days)				
Surgery	11,3	10,4	7,3	5,4	8,8
Internal medicine	13,7	11,7	11,5	6,8	8,7
Paediatrics	9,0	9,9	13,6	9,1	6,9
Gynaecology and Obstetrics	5,5	11,1	6,5	9,8	8,7
Psychiatry	8,3	10,7	8,7	9,7	5,4

Data source: IPH, Health Care Quality Indicators Database 2019

Average length of waiting for certain health services

In 2019, the longest wait was for the installation of implants in orthopaedics (hips and knees), which took an average of 382 days, and these are the only procedures on the waiting lists that have been waiting for more than a year on average. Cataract extraction and artificial lens implantation operations took an average of 257 days. The shortest wait was for a computerized tomography examination - 50 days

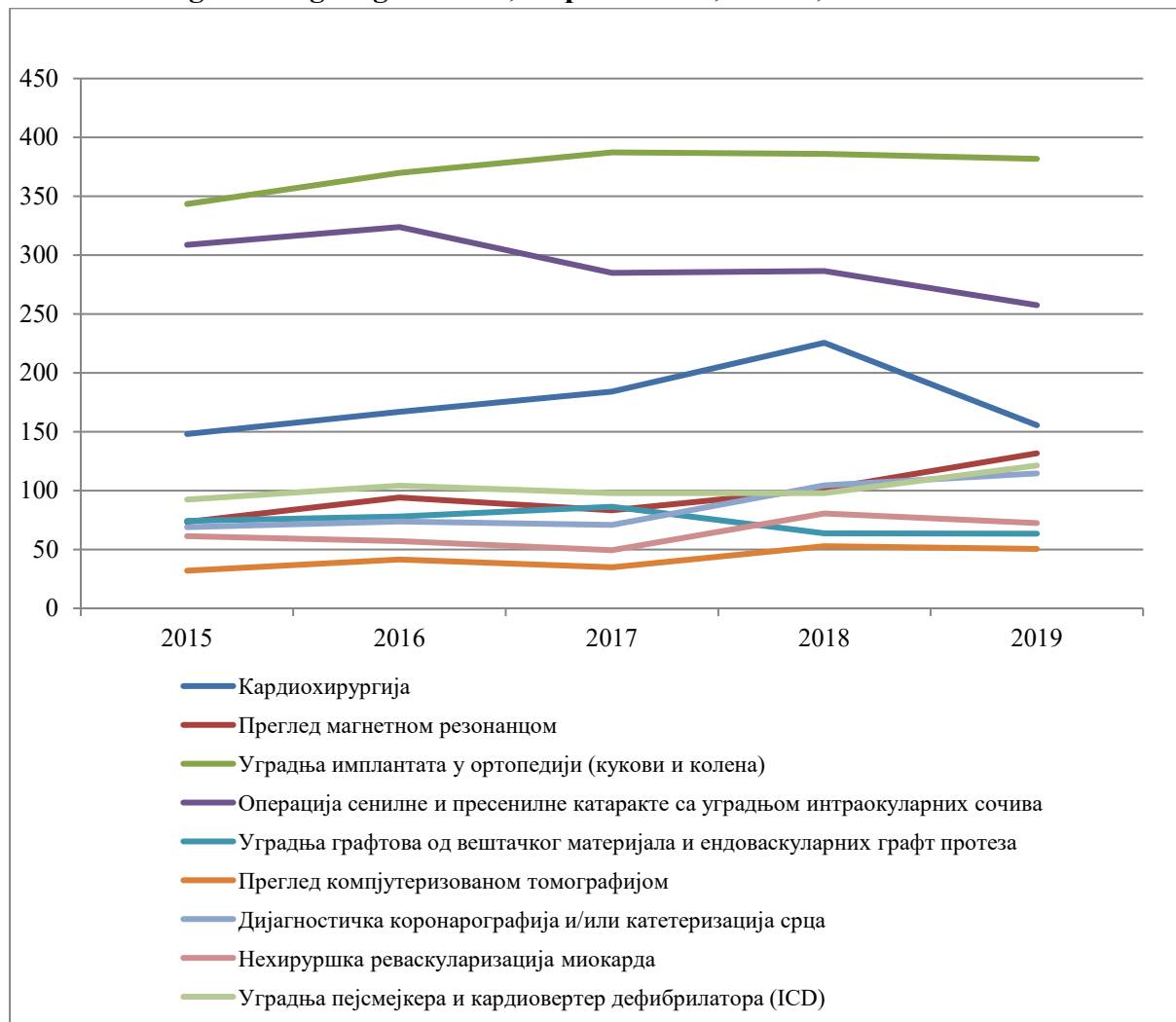
Chart: Average length of waiting, all procedures, Serbia, 2019.



Data source: IPH of Serbia, Quality Indicators Database 2019

Compared to the previous year, the average waiting time was significantly shortened for cardiac surgeries, and in 2019, the wait for these surgeries was 70 days shorter than in 2018. The average waiting time was also shortened for cataract surgeries, so in 2019, the wait was a month shorter than in 2018 and two months shorter than in 2016. For orthopaedic surgery procedures, implantation of artificial grafts and endovascular graft prostheses, computed tomography examinations and non-surgical myocardial revascularization, the average time has not changed significantly compared to 2018. For other procedures, the average time was extended compared to the previous year, the longest for magnetic resonance imaging examinations where the time was extended by one month and somewhat shorter for the installation of pacemakers and cardioverter defibrillators (ICD) where the waiting time was extended by 23 days and diagnostic coronary angiography procedures. catheterization where the average time was extended by 10 days, chart.

Chart: Average waiting length trends, all procedures, Serbia, 2015–2019



Data source: IPH, Health Care Quality Indicators Database 2019.

8. The Committee requests that data on the number of health professionals and health facilities be provided in the next report.

On March 3, 2021 in 336 institutions from the Plan of the network of health institutions, there were a total of 110,352 employees, as follows: 20,679 doctors of medicine, 1,685 doctors of dentistry, 1,416 pharmacists, 45,309 nurses, 15,708 other health workers and health associates, 23,833 administrative and technical workers and 1,722 people. managerial positions.

Health care in the Republic of Serbia is provided according to the Decree on the plan of the state health institution:

- Primary level: 160 centres of primary health centres (Health Centre) 36 pharmacies,
- Secondary level: 74 health institutions: 40 general hospitals, of which 34 special hospitals, including 18 special hospitals for rehabilitation;
- Tertiary level: 30 health institutions, 4 clinical centres, 6 clinical hospital centres, 7 clinics and 13 institutes;

- Multiple levels: 34 health institutions, of which 24 are public health institutes.

9. With regard to the prevention of drug abuse, the Committee notes from the European Commission's 2016 Report that a Centre for Monitoring Drugs and Drug Addiction was established in March 2016. He asks to be provided with information about the centre's activities and their impact on drug addiction.

- 1) An early warning system has been established that works in case of the appearance of new psychoactive substances in accordance with the EMCDDA Protocols. According to the Law on Psychoactive Controlled Substances, the Centre is the national contact point for cooperation with the EMCDDA and other relevant international bodies in this field.
- 2) The Centre shall regularly and timely submit reports to all competent international bodies upon their request in this area
- 3) The Ministry of Health in partnership with the expert commission for prevention and control of addiction diseases of the Ministry of Health has issued an Instruction for service providers for persons who abuse drugs or alcohol (Internal act)
- 4) The Centre continues to work continuously on the basis of the conducted analysis of the situation in prevention in the Republic of Serbia. Work is underway on the development of a National Prevention Program in accordance with international standards in line with the priorities and compliance with epidemiological measures necessary during the existence of the COVID-19 epidemic.
- 5) Having in mind the need for treatment of minors who use psychoactive substances, the Ministry of Health has published the publication "Mapping services for the treatment of adolescents with substance use disorders".

This publication has been produced with the assistance of UNODC. You can find the publication at the link:

<https://www.dropbox.com/sh/yiqyzno03cinp7b/AADDilbiWnn3Vx8tIGsQOoaza?dl=0>

A guide for the treatment of minors who use psychoactive controlled substances is followed by its implementation.

7) A cross-section and analysis of the state of influence of the epidemiological factor TDI during the epidemic COVID 19, and its impact on the new number of patients for the period from January to June in cooperation with and at the request of the EMCDDA.

On November 5, 2020, the last meeting of national experts was held and the presentation of R. was published. Of Serbia on the official website of the EMCDDA.

Work is underway on further requirements regarding the epidemiological factor TDI at the time of the epidemic, with regular submission of required data and reports within which the Republic of Serbia achieved the best result among the participating countries in terms of submitted data based on already adopted and harmonized EMCDDA protocols.

8) Special Mortality Register established in 2018

Regularly submitted reports on the requirements of the EMCDDA regarding the epidemiological DRD indicator and achieved the required results based on the already adopted and harmonized EMCDDA protocols.

The last meeting of the DRD indicators, in which RS took part with well-rated results, was held in November 2020, and work continues on the requirements of the EMCDDA.

9) Work is underway on the development of the Rulebook on determining the List of psychoactive controlled substances.

10) Working groups were formed to draft a Decree on detailed conditions for handling seized precursors and a Decree on the manner of storage, sampling, storage and destruction of seized psychoactive controlled substances.

10. The Committee requests that the next report on article 11, paragraph 1, provide information on the possibility of exercising the right to protection of mental health and the availability of treatment, together with information on the prevention of mental disorders and recovery measures.

National legislation in this area is regulated by the following legal acts: Law on Protection of Persons with Mental Disorders ("Official Gazette of RS" No. 45/13); Rulebook on closer conditions for the application of physical restraint and isolation of persons with mental disorders who are being treated in psychiatric institutions ("Official Gazette of RS" No. 94/13); Rulebook on the type and closer conditions for the formation of organizational units and performing mental health care in the community ("Official Gazette of RS" No. 106/13), Program for mental health care in the Republic of Serbia for the period 2019-2026. year with the accompanying Action Plan for the implementation of the program (Official Gazette of RS No. 84/19)

The Law on Protection of Persons with Mental Disabilities envisages full participation of persons with mental disabilities in deciding on all rights that directly affect them in exercising the right to health care, as well as important issues related to: improving the rights of persons with mental disabilities, defining health care institutions for the treatment of persons with mental disorders and the education of organizational units that will perform mental health care in the community, defining an individual treatment plan for persons with mental disorders, voluntary accommodation of persons with mental disorders in a psychiatric institution, reasons for detention and accommodation without consent in a psychiatric institution, discharge from a psychiatric institution, the rights and duties of persons with mental disorders in a psychiatric institution.

The Rulebook on detailed conditions for the application of physical restraint and isolation of persons with mental disorders undergoing treatment in psychiatric institutions regulates in more detail the conditions for the application of physical restraint and isolation of persons with mental disorders undergoing treatment in psychiatric institutions, and physical restraint and isolation are used only in emergencies and only for the purpose of ensuring the physical safety of persons with mental disabilities or another person and provided that less restrictive interventions that have proved ineffective have been previously exhausted.

The Rulebook on Type and Detailed Conditions for Education of Organizational Units and Performance of Mental Health Protection in the Community regulates the types and detailed conditions regarding space, equipment and personnel for education of organizational units and performance of mental health protection activities in the community, as special organizational units, mental health care in health centres and inpatient health care facilities that perform psychiatric activities.

In November 2019, the Government of the Republic of Serbia adopted the Mental Health Protection Program in the Republic of Serbia for the period 2019-2026. year with the accompanying Action Plan for the implementation of the program (Official Gazette of RS No. 84/19). The program is a harmonized system of measures, conditions and instruments of public policy that the Republic of Serbia should implement to protect mental health by preventing mental disorders, improving mental health, rehabilitation of persons with mental disorders, and respecting human rights and strengthening the dignity of persons with mental disorders. least restrictive forms of treatment.

11. The Committee requests that information on dental services and dental treatment be provided in the next report on article 11, paragraph 11 (e.g. who is entitled to free dental services, information on the cost of basic treatment and the share of co-payments paid by patients).

According to the Law on Health Insurance ("Official Gazette of RS" 25/19), insured persons are provided with examinations and treatment of oral and dental diseases in outpatient and outpatient conditions at the expense of compulsory health insurance, at least:

- 1) examination and treatment of oral and dental diseases in children up to 18 years of age, i.e. until the end of the prescribed secondary or higher education, and no later than 26 years of age, elderly persons who are severely physically or mentally handicapped, as well as persons with severe congenital or acquired deformity of the face and jaw;
- 2) examinations and treatment of diseases of the mouth and teeth, except for prosthetic care, in women in connection with pregnancy and 12 months after childbirth;
- 3) indication of emergency dental health care for adults;
- 4) examinations and treatment of diseases of the mouth and teeth, except for prosthetic care, before transplantation of organs, cells and tissues, i.e. heart surgery;
- 5) examinations and treatment of oral and dental diseases within the preoperative and postoperative treatment of malignant diseases of the maxillofacial area;
- 6) urgent dental and surgical examinations and treatment of injuries of teeth and bones of the face, including primary reconstruction with osteosynthetic material;
- 7) production of acrylic total and subtotal prostheses for persons older than 65 years of age;
- 8) necessary dental treatment, including fixed orthodontic appliances within preoperative and postoperative treatment in persons with congenital and acquired severe facial and jaw deformities;
- 9) production of prosthetic replacements of the face and jaw (intraoral postresection prostheses and facial prostheses) within the framework of post-tumour rehabilitation and reconstruction, including implants for their fixation;

10) examinations and treatment of diseases of the mouth and teeth in persons who, due to illness or injury, have lost certain physical or mental functions due to which they are not able to perform daily activities independently;

11) examinations and treatment of diseases of the mouth and teeth of the insured from Article 16 of the Law on Health Insurance.

The basis of out of pocket i.e. co-payment in the field of dental health care is defined by the Rulebook on the content and scope of the right to health care from compulsory health insurance and on participation for 2021 ("Official Gazette of RS" 25/19), as follows:

- dental examinations and treatment for dental and face bone injuries 20% of the determined price of the service
- dental examinations and dental treatment before heart surgery and transplantation of organs, cells and tissues 10% of the determined price of the service
- treatment of caries complications in children, pupils and students until the end of the prescribed schooling, and no later than 26 years of age, tooth extraction as a consequence of caries - per tooth after completion of treatment 50 dinars
- examinations and treatment of oral and dental diseases in pregnant women and children up to 18 years of age, i.e. by the end of the prescribed secondary or higher education, and no later than 26 years of age, as well as in insured persons referred to in Article 63, items 10) and 11) Of the Law if they do not respond to preventive dental and prophylactic measures for the prevention of examinations referred to in Article 53, paragraph 1, item 3) of the Law 35% of the determined price of the service

Prices of dental health care services are defined by the Rulebook on norms and standards of work and prices of health services for prevention, examination and treatment of oral and dental diseases provided from the funds of compulsory health insurance ("Official Gazette", No. 12/2012, 1 / 2019 and 15/2019).

On 31.12.2019. A total of 1596 dentists were employed in the health care system of the Republic of Serbia (health care institutions in the Network Plan). Out of the total number of dentists in health care institutions in the Republic of Serbia, 839 (53%) are specialists.

12. The Committee requests that the next report confirm that in Serbia the legal / legal recognition of gender for transgender persons does not require a condition (in law or practice) of undergoing sterilization or any other invasive treatment that could impair health and physical integrity.

Legal recognition of gender for transgender people is not conditioned by any form of invasive treatment that could impair health and physical integrity.

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 about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence*

The Ministry of Health of the Republic of Serbia, through programs of general interest, supports the implementation of activities aimed at promoting health, improving information, knowledge and attitudes in the general population and vulnerable groups regarding the most important risk factors for the most common diseases and ways to prevent them. These programs are implemented by the Institute of Public Health of Serbia "Dr Milan Jovanović Batut" with a network of institutes / institutes of public health. The Institute of Public Health of Serbia provides professional and methodological assistance to district coordinators for health promotion in planning and work on the implementation of program activities, as well as in preparing reports for the district level, controls the submitted data, prepares an annual report and submits it to the Ministry of Health. District institutes / institutes for public health coordinate and provide professional and methodological assistance to primary health care institutions, preschool institutions, primary and secondary schools and other organizations that conduct program health and educational work.

In order to conduct health promotion campaigns within the celebration of important dates from the Public Health Calendar for the needs of institutes and institutes of public health, the Institute of Public Health of Serbia coordinates and provides professional and methodological assistance to district institutes / institutes of public health. content, design, production, printing and distribution of promotional and educational material to support adequate information created by experts in the field of health promotion to raise the level of knowledge of the population and motivate target groups for further participation in actions related to health and health education programs. In order to more efficiently implement health education work, the Institute of Public Health of Serbia conducts education of educators within the programs accredited by the Health Council of the Republic of Serbia, as well as education of the population and cooperates with the media. Educational and professional coordination activities, public health campaigns and program activities aimed at vulnerable groups (elderly population, children, pregnant women) are continuously conducted, and the Institute of Public Health of Serbia coordinates and provides professional and methodological assistance to district institutes / public health institutes. The Institute of Public Health of Serbia participates in the work of national working groups, expert commissions and cooperates with national and international organizations in order to strengthen the capacity of health promotion. The activities carried out are planned activities: coordination and monitoring of health education activities in primary health care institutions, improvement of multisectoral cooperation and partnership, realization of education of educators and population for health promotion and prevention of infectious diseases, improvement of knowledge and information of vulnerable groups, implementation of

national campaigns for health promotion and continuous informing of population and promotion of healthy lifestyles through mass media.

Contents within these activities include prevention of the use of psychoactive substances and other risk factors (improper diet, physical inactivity, etc.).

In addition to these programs, the Institute of Public Health of Serbia implements programs "Prevention of diseases caused by HPV infection", "Preservation and improvement of sexual and reproductive health" as well as activities in the field of tobacco control through the Office for Smoking Prevention. The Institute of Public Health, with the financial support of the Ministry of Health and with the approval of the Ministry of Education, Science and Technological Development, conducts research on the health behaviour of school children. The results of the research provide guidelines for planning the content of health education activities.

In addition to the activities of institutes / institutes for public health, other sectors also implement activities aimed at health promotion and prevention of risk factors. During the implementation of all activities, multisectoral cooperation is achieved. Health education (including sexual and reproductive health education) is represented in biology, chemistry, and physical and health education programs, and education on gender, gender identity, and gender-based violence in biology, sociology, and citizens' education.

BIOLOGY

Within the program of teaching and learning the subject of biology in primary school, aged 11 to 15, the teaching area Man and Health is represented. Within this area, especially, but also in connection with other teaching areas, due to the holistic approach to the study of living beings, various aspects of health are studied: prevention, endangerment by external agents, hereditary predispositions, sexual and reproductive health, etc.

Fifth grade

Teaching area: Man and health

Healthy diet and water intake. Energy drinks,

Harmfulness of tobacco smoke and psychoactive substances.

Physical activity and health.

Changes in puberty and the consequences of premature sexual intercourse.

Connection with other teaching areas:

Teaching area: Life in the ecosystem

Wild animals as pets.

Significance of species for humans (wild edible, medicinal, poisonous plants; animals as food and possible carriers of diseases, poisonous animals).

Teaching area: Inheritance and evolution

Transfer of traits from parents to offspring. Differences between parents and offspring. Differences between sexual and asexual reproduction in the development of variability. Individuals within one species differ from each other (variability). Causes of variability: inheritance and environmental influence on the development of each individual. The variability of organisms within a species is a prerequisite for evolution.

Teaching area: Origin and diversity of life

Traits of living beings (breathing, nutrition ...). Reproduction: asexual and sexual. Grow and develop. Life expectancy. The changes that man undergoes during development; puberty and full maturity.

Sixth grade

Teaching area: Man and health

Diseases caused or transmitted by bacteria and animals.

Bacteria and antibiotics.

Routes of transmission of infectious diseases.

Injuries and first aid: skin injuries, insect and other invertebrate stings, food poisoning, sunburn, heat stroke. Prevention and behaviour in accordance with climatic parameters.

Consequences of addiction - alcoholism.

Connection with other teaching areas:

Teaching area: Unity of material and function as the basis of life

The structure of living beings - external and internal. The structure of the human body: a hierarchical sequence from organism to cell.

Teaching area: Life in the ecosystem

Population, habitat, ecosystem, ecological niches, adaptations, life forms, trophic relations - food chains.

Seventh grade

Teaching area: Man and health

Examples of hereditary diseases.

Properties and structure of the virus. Diseases caused by viruses.

Immunity, vaccines.

Pulse and blood pressure.

First aid: blood vessel injuries (practical work).

Principles of a balanced diet and eating disorders.

The importance of proper storage, preparation and hygiene of food; food poisoning.

Changes in adolescence.

Healthy lifestyles (sleep, fitness, etc.).

Consequences of addiction - drug addiction.

Connection with other teaching areas:

Teaching area: Unity of material and function as the basis of life

Structure and role of tissues, organs, organ systems and importance for the functioning of the organism.

Comparative review of the structure of the main groups of plants, fungi and animals - similarities and differences in the performance of basic life processes.

Teaching area: Inheritance and evolution

Blood groups, transfusion and transplantation.

Gender inheritance.

Hereditary diseases. Significance and role of sexual reproduction.

Eighth grade

Teaching area: Man and health

Results of standard laboratory blood and urine tests.

Biological meaning of adolescence (gender and gender identity in the context of hormonal activity and individual genetic variability).

Protection against sexually transmitted diseases contraception.

Responsibility for one's own health.

Connection with other teaching areas:

Teaching area: Unity of material and function as the basis of life

Stem cells - cells programmed for different functions.

Endocrine system and humoral regulation. Regulatory role of plant and animal hormones.

Disorders of the endocrine system, nervous system and senses.

Teaching area: Inheritance and evolution

Human puberty and adolescence. Human evolution.

Teaching area: Life in the ecosystem

Limited resources (environmental capacity) and sustainable development.

Species extinction and endangerment factors (H.I.P.P.O. concept). Consequences of global change.

Within the program of teaching and learning the subject of biology in high school, different health aspects are studied through all teaching topics to different extents. Teaching topics that are dedicated to the study of this issue to the greatest extent are, for example. Physiological processes and homeostasis (3rd grade of socio-linguistic direction), Metabolism and regulation of life processes at the cellular level and Metabolism and regulation of life processes at the level of the organism (both in the 3rd grade of general and natural-mathematical direction), Ecology (4th grade) general and natural-mathematical direction; ecosystem services. biogeochemical cycles. anthropogenic disruption of biogeochemical cycles and atmospheric disturbance. soil loss. biodiversity degradation.) and Fundamentals of genetics (2nd grade all directions; genotype. phenotype - genetic causes of variability of traits. Qualitative and quantitative traits.).

In vocational education, biology is most often represented in one class, and within that program the structure and functioning of the human body, disorders in the work of organs, hereditary diseases, sexual and reproductive health and ecological culture (Arrangement of living and working space. Consumer culture. Use of GM food. Influence of modern lifestyle on human health.).

PHYSICAL AND HEALTH EDUCATION

- **Health education** is a part of the program of teaching and learning the subject **Physical and health education** in primary and secondary schools (grammar schools) within the teaching area Physical and health culture, within which the following recommended contents are realized:
 - physical activity and its importance for physical and mental health,
 - hygiene,
 - healthy diet,
 - the role of physical activity in the prevention of non-communicable diseases,
 - immunity and the importance of exercise for its improvement,
 - clean air and exercise - protecting the environment,
 - importance of physical exercise for reproductive health,
 - protection of reproductive organs during exercise,
 - physical exercise in the function of improving health, reproductive health and disease prevention,
 - insufficient physical activity as one of the risks in the development of the disease,
 - importance of regular medical examinations and physical activity,
 - consequences of inadequate diets and dietary products,
 - supplementation,
 - risks of consuming energy drinks, psychoactive substances and illicit substances.

In the grammar schools in the first and second year of study, there is an elective program Health and Sports within which the following topics are realized:

Health and psychoactive substances

Science in the service of health

Youth sexuality and reproductive health

CHEMISTRY

Elementary school, Eighth grade

Biologically important organic compounds

Within the topic, students learn about the composition, structure, properties and importance of fats and oils, carbohydrates, proteins and vitamins. Students are expected to describe and explain the properties of these compounds, and their mixtures, their use and the importance of proper nutrition in order to preserve health, as well as regarding the eating disorders.

Environmental protection and green chemistry

Within the topic, students learn that the development of products and processes of the chemical industry, in addition to contributing to improving the quality of life, can also have a detrimental effect on the environment and animal and human health. Based on their properties, substances should consider their impact on the environment and living beings, identify the main inorganic and organic pollutants of air, water and soil, and the ways in which they reach the environment. It is important that students understand the importance of handling substances and commercial products in accordance with the markings on the packaging, as well as the rules on how to store products and dispose of waste. Students should also look at the problem of waste accumulation and the importance of recycling.

Grammar school

Natural and synthetic biomolecules - representation, composition, properties, role and impact on health and the environment.

Classification of alkaloids, physiological action and abuse of alkaloids, as well as the fact that drug addiction is one of the biggest social and health problems of today.

The role and application of antibiotics.

Vitamins - the necessity of vitamins for the proper functioning of the organism, the importance of vitamins in biochemical reactions (they are part of coenzymes or prosthetic groups of enzymes), and the impossibility of vitamin synthesis in the human body.

Organic pollutants - when considering environmental pollution, students should consider the complexity of the problem, that it includes the cause, intensity, duration, health, environmental, economic, aesthetic and other effects. Students need to notice that substances that reach the environment, depending on their physical and chemical properties, can cause changes of greater or lesser intensity, as well as that the initial change can trigger a series of other changes.

SOCIOLOGY

Sociology is studied in the fourth grade of high school. Within this program, certain contents related to gender identity and gender-based violence are also studied. Within the topic Individual, culture and society, the following contents are studied: Biological, psychological and social factors of sociability; Identity; Gender, gender and sexuality, and as one of the outcomes of the program, it is stated that at the end of the class, the student will be able to respect individual, social and cultural differences. Within the topic Family, domestic violence is also studied.

CITIZEN'S EDUCATION

Insight into the new Civic Education programs adopted for primary school and high school, it can be seen that they are outcome-oriented and competence development, that they are built on a spiral model and have content related to gender identity and gender-based violence. This means that students, who continuously choose this elective program, are gradually introduced to this topic and deal with it several times during primary and secondary school, but each time from a different angle, expanded and deepened in accordance with age and experience.

The first cycle of primary education and upbringing

In the first grade of primary school, the foundations are given for work on this topic because it is planned to work with students on issues of identity, needs and rights, violations of rights. In the third grade, the first thematic unit in the program is dedicated to human rights from the perspective of "All different, and all equal". Difference is also observed from the point of view of gender. Special attention was paid to the issue of equality between men and women (boys and girls - similarities and differences, the same rights and opportunities). This is logically followed by content on discrimination, i.e. unequal treatment of a person or a group on the basis of some of their personal characteristics (gender, age, religion, nationality, education, disability), which results in violation of their rights and dignity. The expected outcomes of working on these contents, at the end of the first cycle of primary education, are that students be able to notice differences and similarities with other people, to behave in a way that does not jeopardize the needs, rights and feelings of others, to recognize examples respect and violation of the rights of the child in their environment, stories, movies and to recognize in their environment examples of unequal treatment of a person or group on the basis of some of their personal characteristics.

Second cycle of primary education and upbringing

In accordance with the characteristics and needs of the age of the students, the Civic Education program for the eighth grade dedicates a large space to this topic. The whole first thematic unit deals with issues of gender (in) equality.

The planned contents are:

Gender and gender

Biological differences (anatomical and physiological) as opposed to the differences that society creates (society's expectations of men and women). Transmission of gender patterns. Gender stereotypes and prejudices.

Gender perspective

Inclusion of a gender perspective when making decisions important for one community (education, health, family, employment, sports ...).

Gender equality

Gender equality and equal opportunities for all in order to develop society. Obstacles to gender equality. The responsibility of the state, civil society organizations and the individual to achieve gender equality. Temporary positive measures for achieving gender equality (university enrolment quotas, employment subsidies ...).

Gender-based violence

Gender differences as the basis of power imbalance. Abuse of power by bullies. Characteristics of a person who commits violence, who is exposed to or testifies to violence. Measures to protect against gender-based violence.

- The expected outcomes of working on these contents in the second cycle are that students will be able to:

- - distinguish between the concepts of gender and gender and recognize gender stereotypes;
- - notice in advertisements, films, books, sayings, comics and other cultural products how gender patterns are transmitted;
- - point to examples of gender equality and inequality in everyday life situations;
- - discuss the importance of respecting the gender perspective when making decisions important for one community;
- - list several temporary positive measures for achieving gender equality and arguments for their implementation;
- - recognize in the person's behaviour the characteristics of the perpetrator and the victim;
- - state possible ways of reacting in the situation of meeting the abuser.

Grammar school

- An overview of grammar school citizens' education programs shows that students who choose this elective program, within several thematic units and multiple grades can deal with issues of gender identity and accompanying content. This is possible because the programs are semi-structured in their form and students, in accordance with their interests, can choose within each given topic (two in each class), research and project, what they will specifically deal with. In the first grade, both topics are suitable, but the work on gender-based violence mostly belongs to the topic "Youth Safety", which is recognized in outcomes such as, the student will be able to recognize phenomena that threaten youth safety, connects endangering youth rights with endangering their safety, assess when he needs help because his safety is endangered and he knows who to turn to, he behaves in a way that does not endanger his own or other people's safety.
- In the program for the second grade, there is again the topic "All different, and all equal" because it is extremely important, especially for students who did not attend Civic Education in primary school. In addition to what has already been covered in primary school (personal and group identity, stereotypes, discrimination, gender-based violence), new contents have been added related to women's struggle for equality, tasks performed by the Commissioner for Equality, prejudice, stigmatization, segregation, as well as content related to persons of different sexual orientation and their rights.
- The expected outcomes of working on these contents are that students will be able to:
 - link personal characteristics as dimensions of diversity and discrimination;
 - argue about gender equality and gender-based violence in the world and in Serbia;
 - distinguish situations of inclusion versus exclusion in the social life of the community;
 - show tolerance for diversity in their behaviour;
 - argue the importance of opposing different types of stereotypes and prejudices;

- □ list several non-governmental organizations dealing with human rights issues and the goals of their activities;
- □ list the most important institutions and documents in Serbia and the European Union that deal with the protection of equality.

The second topic in the program for the second grade "Media for citizens, citizens for the media" is suitable for work on all issues in this area. It especially corresponds to the content about stereotypes in the media and the representation of vulnerable social groups in the media (LGBT population).

In the fourth grade, the program envisages that students address issues in the domain of economic and social rights. This is an area within which they inevitably have to deal with discrimination at work, which is often based on gender differences. This is recognized in the outcomes given in the program such as, the student will be able to identify examples of discrimination and exploitation in the field of work or to recognize examples of mobbing and indicate who to turn to for help.

Manuals for Civic/Citizens' Education Teachers

As an aid and support to teachers in the realization of new programs of Civic Education, the Institute for the Advancement of Education in cooperation with the OSCE, Mission Serbia, prepared 3 manuals, one for the first and second cycle of primary education and one for high school. They also contain materials that correspond to the topics of gender orientation, gender identity and gender-based violence. Below is a list of some of these materials that are not intended for students but for the teacher in order to better prepare them for working on the contents of the program.

The Manual for Cycle I explains the concepts of identity, gender, gender, equality of men and women, vulnerable social groups (example of a person of different sexual orientation), stereotypes and prejudices (example of a woman and a man), discrimination. A table with an unacceptable vocabulary (stronger and weaker sex) is given. The film *The Lion King* (the way lionesses are portrayed) is cited as an example of an incentive to talk to students. One of the scenarios for class activities also applies to favourite toys (men's and women's). The Manual contains an image with symbols for gender identity (male, female, transgender).

The Handbook for Cycle II explains the concepts of identity, gender, gender, gender equality, gender-based violence, gender roles, gender stereotypes, gender prejudices, gender-based discrimination, sexism, gender molding, sexual objectification, gender perspective, affirmative or positive measures for reduction of inequality, institutional mechanisms for achieving gender equality, gender equality index. In the part of the Handbook where the questions and answers are, there are also questions: Which regulations regulate the school's response in cases of discrimination and gender-based violence? How to counter gender stereotypes? How do the media shape gender stereotypes? Where does the violence take place and how to recognize the perpetrator? What types of digital gender-based violence exist and what to do if it happens? What should we know about the needs of victims of gender-based violence? The part where incentives are listed contains statistical data on men and women in

Serbia, as well as incentives on the position and fees of women and men in sports. Among the scenarios for class activities are those whose goal is to work on the topic of gender identity, gender equality, gender-based violence. These are: "Who should I turn to in a situation of violence", Who invented it? In addition, a list of ideas is given on how teachers can independently design activities on this topic. In the table showing the relationship between identity, belief and discrimination, one example refers to gender and gender roles, and the other to sexual orientation.

In the Grammar School Handbook, teachers can read texts about identity, diversity, gender equality, gender stereotypes, prejudice, discrimination, stigmatization and gender-based violence, sexual abuse, types of bullies on the Internet. Special attention is paid to the content that refers to people of different sexual orientation and their rights. The activities of the Organization for Lesbian Human Rights Labris are described as an example of a non-governmental organization that deals with the protection of the rights of such persons. The text on discrimination in the field of work specifically describes the position of women and harassment who suffer at work, as well as the phenomenon of glass ceilings, which means the inability of women to advance to higher and better paid jobs. Among the incentives, there are several that correspond to the work on this topic. These are: "They have something in common", "Who invented this?", "Belgrade Pride Parade", Will and Grace ".

In the part where there are questions and answers, there are also questions: What is the state of gender equality in Serbia, who collects and monitors the data?, What are all the forms / types of gender-based violence (there is a description of seven types in the answer).

The Law on Social Protection provides for the possibility that, depending on the needs of users, social protection services may be provided simultaneously and in combination with services provided by educational, health and other institutions (Article 58). The Ministry concluded a Protocol on cooperation in the implementation of established obligations according to the decision of the competent centre for social work on placement of persons in a psychiatric clinic, with psychiatric clinics in Belgrade, Vršac, Novi Kneževci, Kovin, in order to formally regulate cooperation in protection and the care of adults and the elderly with mental and intellectual disabilities who, in addition to accommodation, are in need of special needs, non-standard health services, which cannot be met in social care institutions.

Article 59 of the Law on Social Protection regulates in particular the issue of **health care in residential homes for beneficiaries** (residential care facilities) (including children's homes):

"When health services are provided in accommodation homes, they are realized under the conditions and with the application of standards determined in accordance with the law which regulates health care."

The fulfilment of the conditions for performing certain tasks in the field of health care in accommodation homes is determined by the ministry in charge of health in accordance with the law governing health care.

Funds for financing health workers and other health care costs in residential care homes founded by the Republic of Serbia, autonomous province or local self-government unit are

provided in the budget of the Republic of Serbia, autonomous province or local self-government unit, as well as with the Republic Health Insurance Institute. in accordance with the law and other regulations.

Inspection supervision over the performance of health activities in accommodation homes is performed by the health inspection. "

The Law on Social Protection also introduces the possibility of establishing **social and health institutions (Article 60):**

"For users who, due to their specific social and health status, need both social care and permanent health care or supervision, social health institutions can be established.

For users referred to in paragraph 1 of this Article, special social and health organizational units may be established within social protection institutions, i.e. within health institutions.

The ministers responsible for social protection and health prescribe standards for the provision of services in the institutions referred to in para. 1 and 2 of this Article. "

During 2020. a working group was formed to draft norms necessary for the work of socio-health institutions.

When it comes to **financial benefits** for persons with health difficulties, the ZSZ (Articles 92 and 94) provides for the right to an allowance for assistance and care of another person and the right to an increased allowance for assistance and care of another person. These two rights are granted to both adults and children who meet the conditions prescribed by law, as follows:

"The right to caregiver allowance has a person who, due to physical or sensory impairment, intellectual disabilities or changes in health, needs the help and care of another person to meet his basic living needs (Article 92)."

"The right to an increased caregiver allowance has a person referred to in Article 92, paragraph 1 of this Law, for whom, based on the regulations on pension and disability insurance, it is determined that he has a bodily injury of 100% organic permanent disorder of neurological and mental type and a person referred to in Article 92, paragraph 1 of this Law who has multiple impairments, provided that the level of impairment is 70% or more on at least two grounds (Article 94). "

The Ministry also passed a bylaw with the Law on Social Protection - Rulebook on Prohibited Actions of Employees in Social Protection ("Official Gazette of the RS", No. 8/2012 of 3 February 2012). This Rulebook stipulates that "in the institution of social protection, i.e. at the social protection service provider, the employee is prohibited from any form of violence against the user, physical, emotional and sexual abuse, exploitation of users, abuse of trust or power enjoyed by the user, neglect of users and other actions that violate the health, dignity and development of users, prescribed by the ordinance. " This document defines in detail the prohibition of physical, emotional and sexual violence, i.e. abuse, then the prohibition of exploitation, prohibition of neglect, and in each of the mentioned types of violence, special provisions specify how they relate to the child of service users, which especially emphasizes

the special position the child and the need for his protection in the process of using the services.

The obligation to report is specifically defined, as well as to check the safety of other users, if violence occurs in residential homes of users or other service providers.

b) Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.

According to the Law on Patients' Rights ("Official Gazette of RS" No. 45/2013 and 25/2019 - other law), the patient has the right to all kinds of information about the state of his health, health care and how he uses it, as well as all information available on the basis of scientific research and technological innovation.

The patient has the right to information about the rights from the health insurance and the procedures for exercising those rights.

The patient has the right to the information from para. 1 and 2 of this Article, shall be received in a timely manner and in a manner that is in its best interest.

The patient has the right to information about the name and surname and professional status of health workers, i.e. health associates who participate in taking medical measures and the procedure of his treatment in general.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

1. All countries should introduce measures to prevent activities that are harmful to health, such as smoking, alcohol and similar drugs. The report does not contain information on these information and education activities. The Committee therefore requests information on specific / specific activities, such as educational campaigns / programs, run by public health services, or other bodies, in order to promote health and prevent disease.

Health promotion and health education activities are carried out at all levels by partners from different sectors. Many of these activities are carried out by the Institute of Public Health of Serbia with a network of institutes / institutes of public health within programs of general interest supported and funded by the Ministry of Health. The contents and method of work vary depending on the needs and priorities. Part of these activities is also aimed at campaigns and marking important dates in the health calendar in which partners are mobilized at all levels from national to local.

The previous conclusion states that the adoption of the conclusion is postponed and answers to the following questions are sought:

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information and education activities. The Committee therefore requests information on specific / specific activities, such as educational campaigns / programs, run by public health services, or other bodies, in order to promote health and prevent disease.

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1. The Committee asks whether health education is part of the curriculum in Serbia and what subjects are included in it. The Committee specifically asks whether and how sexual and reproductive education takes place in schools in Serbia.

In the grammar school in the first and second year of study, there is an elective program Health and Sports within which the topics are realized: Health and psychoactive substances, Science in the service of health and Sexuality of young people and reproductive health. Health education (including sex and reproductive health education) is represented in biology, chemistry and physical and health education programs, and education on gender, gender identity and gender-based violence in biology, sociology and civic education - see previous answers.

3. The Committee requests that the following report contain information on specific measures taken to implement public health policy and the legal basis (such as programs, action plans or projects implemented on health education).

In 2016, the Republic of Serbia adopted the Law on Public Health ("Official Gazette of the RS" No. 15/2016). This law regulates the areas in the field of public health, competencies, planning, implementation of activities related to the preservation and improvement of public health, as well as the provision of the necessary funds. The goal of this law is to achieve the public interest, by creating conditions for preserving and improving public health through comprehensive community activities.

Also, in the past period, a number of bylaws, strategies and programs were adopted with accompanying action plans that are being implemented, as follows:

As a comprehensive strategic document that supports the fulfilment of social care for human health and encourages the responsibility of the state and society in ensuring well-being for all citizens by improving health, extending life expectancy, preserving a healthy living and working environment, the Government of Serbia adopted the Public Health Strategy ("Official Gazette of RS", No. 61/18). The strategy relies on the document "Health 2020: a European policy framework that supports the actions of all levels of government and society for health and well-being", adopted on the basis of resolution EUR / RC62 / Conf.Doc. / 8 of the WHO Regional Office for Europe. The common goals are: to significantly improve the health and

well-being of the population, reduce health inequalities, strengthen public health and provide "people-centred" health systems that are universal, equitable, sustainable and high quality, achieved through all forms of health partnerships and emphasizing the importance of comprehensive approach through interdisciplinarity and multisectoral cooperation.

Strategy for prevention and control of HIV infection and AIDS with the Action Plan for the period 2018-2021 ("Official Gazette of RS" No. 61/18). The Strategy for Prevention and Control of HIV Infection and AIDS in the Republic of Serbia has been prepared in accordance with defined national priorities and international recommendations.

- Law on Health Care (Official Gazette 25/2019).
- Decree of the National Palliative Care Program for Children in Serbia (Official Gazette of RS No. 22/2016).
- Decree on the National Program for Prevention, Treatment and Control of Asthma and Chronic Obstructive Pulmonary Disease in the Republic of Serbia (Official Gazette of RS No. 22/2016).
- Decree on the National Program for the Promotion of Early Childhood Development (Official Gazette of RS No. 22/2016).
- National Program for Prevention of Obesity in Children and Adults, ("Official Gazette of RS", No. 9/2018).
- National Program for Reducing the Harmful Effects of Alcohol and Alcohol-Induced Disorders in the Republic of Serbia, ("Official Gazette of RS", No. 115/17).
- National Program for Preservation and Improvement of Sexual and Reproductive Health of Citizens of the Republic of Serbia "Official Gazette of the RS", No. 120/2017.
- Program for rare diseases in the Republic of Serbia for the period 2020-2022. with the accompanying Action Plan for the implementation of the program (Official Gazette of RS No. 86/19).
- National Program for Preservation and Improvement of Sexual and Reproductive Health of the Citizens of the Republic of Serbia "Official Gazette of the RS", No. 120/2017.
- National Program for Support of Breastfeeding, Family and Developmental Care of Newborns "Official Gazette of RS", 53/2018.
- Decree on the National Program for Bacterial Resistance to Antibiotics ("Official Gazette of RS" No. 8/2019).
- Rulebook on detailed conditions for organizing, achieving and monitoring the nutrition of students in primary school (Official Gazette of RS, No. 68/2018).
- Strategy on the prevention of drug abuse for the period 2014-2021. years.
- Program for the improvement of cancer control in the Republic of Serbia with the Action Plan ("Official Gazette of RS" No. 105/2020).

4. The Committee requests that the next report contain information on the specific measures and activities implemented to implement the regulations, in particular the types of consultations or screenings that pregnant women can undergo and other medical examinations of children at school, their frequency and the proportion of children examined.

Other medical examinations of children at school, their frequency and the share of children examined by these examinations

According to the Professional and Methodological Instruction for the Implementation of the Decree on the National Health Care Program for Women, Children and Youth (SMU), systematic and control examinations are conducted to monitor growth, development, health status, adolescent behaviour, early detection of health disorders and risky behaviours, signs of neglect and abuse. The SMU recommends that systematic screenings include at least 95% of adolescents of the appropriate age.

The Rulebook on the content and scope of the right to health care from compulsory health insurance and on participation for the appropriate calendar year stipulates that *preventive-systematic (physical) examination* is performed once in the eighth, 10, 12, 14, 16, 18 years of age, i.e. in odd grades. primary and secondary schools.

Control examinations of school-age children are performed in pairs of primary and secondary schools, in the ninth, 11th, 13th, 15th, 17th, 19th years of life, in children with a disorder detected during preventive examinations.

Preventive ophthalmological examination at the age of fourteen

The Rulebook on the content and scope of the right to health care from compulsory health insurance and on participation for 2019 envisages one ophthalmological examination for children in the fourteenth year of life (VII grade of primary school).

The scope of these reviews in the period 2016 - 2019 is given in the tables below:

Table. Coverage of school-age children with preventive and control examinations, according to geographical areas in 2016

Population group	I, III, V and VII grade of primary school, i.e. 8, 10, 12, 14 years of age	I and III grade of high school, i.e. 16 and 18 years of age	II, IV, VI, VIII grade of primary school, i.e. 9, 11, 13, 15 years of age	II and IV grade of high school, i.e. 17 and 19 years of age	VII grade of primary school, i.e. 14 years of age
Services	Preventive examination	Preventive examination	Control examination	Control examination	Ophthalmological examination
Recommended coverage	100%	100%	If necessary	If necessary	100%
Vojvodina	66,4%	46,4%	31,6%	15,6%	19,8%
Belgrade	75,6%	61,1%	24,7%	17,2%	63,4%
Central Serbia	76,1%	63,3%	24,8%	17,9%	35,0%
Serbia total	73,5%	58,80%	26,7%	17,3%	30,9%

Data source: Planning and reporting tables of primary health care institutions in 2016

Table. Coverage of school-age children with preventive and control examinations, according to geographical areas in 2017

Population group	I, III, V and VII grade of primary school, i.e. 8, 10, 12, 14 years of age	I and III grade of high school, i.e. 16 and 18 years of age	II, IV, VI, VIII grade of primary school, i.e. 9, 11, 13, 15 years of age	II and IV grade of high school, i.e. 17 and 19 years of age	VII grade of primary school, i.e. 14 years of age
Services	Preventive examination	Preventive examination	Control examination	Control examination	Ophthalmological examination
Recommended coverage	100%	100%	If necessary	If necessary	100%
Vojvodina	70,3%	50,1%	26,5%	14,6%	16,9%
Belgrade	65,0%	60,4%	23,1%	22,4%	42,7%
Central Serbia	78,3%	77,8%	24,5%	20,5%	19,9%
Serbia total	73,1%	66,7%	24,7%	19,3%	24,1%

Data source: Planning and reporting tables of primary health care institutions in 2017

Table. Coverage of school-age children with preventive and control examinations, according to geographical areas in 2018

Population group	I, III, V and VII grade of primary school, i.e. 8, 10, 12, 14 years of age	I and III grade of high school, i.e. 16 and 18 years of age	II, IV, VI, VIII grade of primary school, i.e. 9, 11, 13, 15 years of age	II and IV grade of high school, i.e. 17 and 19 years of age	VII grade of primary school, i.e. 14 years of age
Services	Preventive examination	Preventive examination	Control examination	Control examination	Ophthalmological examination
Recommended coverage	100%	100%	If necessary	If necessary	100%
Vojvodina	64,4%	46,0%	23,2%	10,7%	17,0%
Belgrade	63,0%	55,7%	19,0%	14,2%	41,3%
Central Serbia	77,7%	68,2%	25,3%	20,2%	38,2%
Serbia total	70,7%	59,6%	23,3%	16,4%	33,2%

Source: Planning and reporting tables of primary health care institutions in 2018

Table. Coverage of school-age children with preventive and control examinations, according to geographical areas in 2019

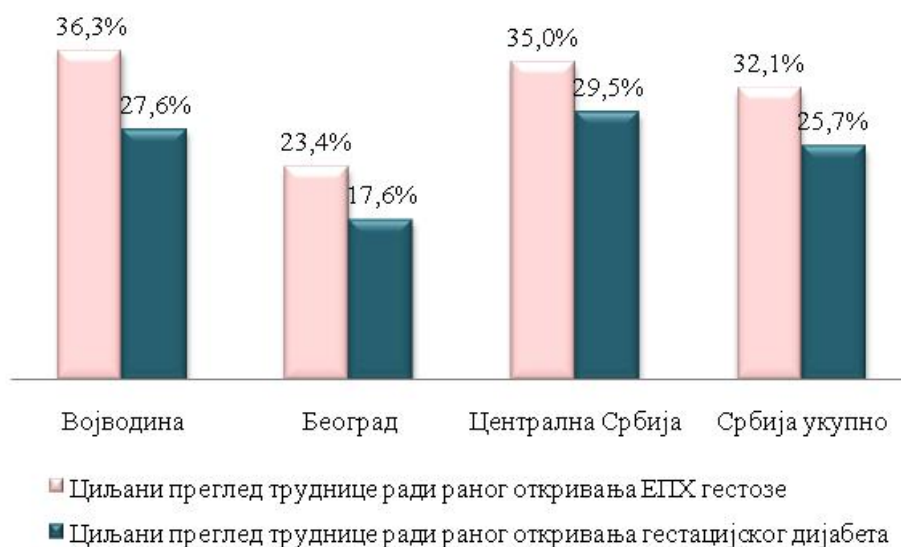
Population group	I, III, V and VII grade of primary school, i.e. 8, 10, 12, 14 years of age	I and III grade of high school, i.e. 16 and 18 years of age	II, IV, VI, VIII grade of primary school, i.e. 9, 11, 13, 15 years of age	II and IV grade of high school, i.e. 17 and 19 years of age	VII grade of primary school, i.e. 14 years of age
Services	Preventive examination	Preventive examination	Control examination	Control examination	Ophthalmological examination
Recommended coverage	100%	100%	If necessary	If necessary	100%
Vojvodina	68,0%	53,6%	19,9%	8,6%	22,8%
Belgrade	64,6%	43,4%	16,8%	12,4%	51,4%
Central Serbia	84,5%	75,8%	23,3%	18,0%	15,6%
Serbia total	75,3%	62,9%	20,8%	14,3%	25,4%

Source: Planning and reporting tables of primary health care institutions in 2019

Screening of pregnant women - detection of EPH gestosis and early detection of gestational diabetes

The coverage of pregnant women with a targeted examination for early detection of EPH gestosis and gestational diabetes has been analysed since 2019, and at this moment, data are only available for that year, which is shown in the chart below.

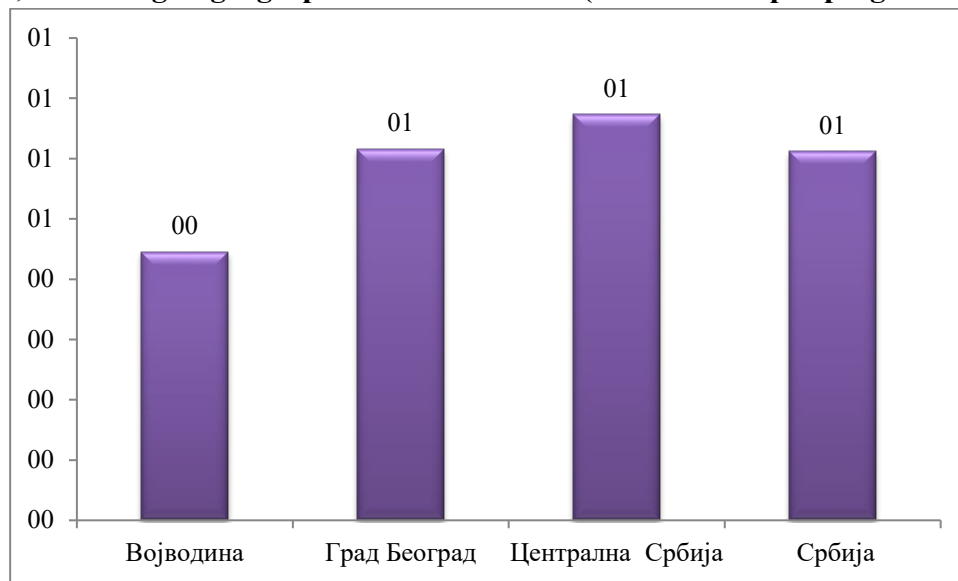
Chart Coverage of pregnant women in%, targeted examinations for early detection of EPH gestosis and gestational diabetes, by geographical areas in 2019



Source: Planning and reporting tables of primary health care institutions in 2019

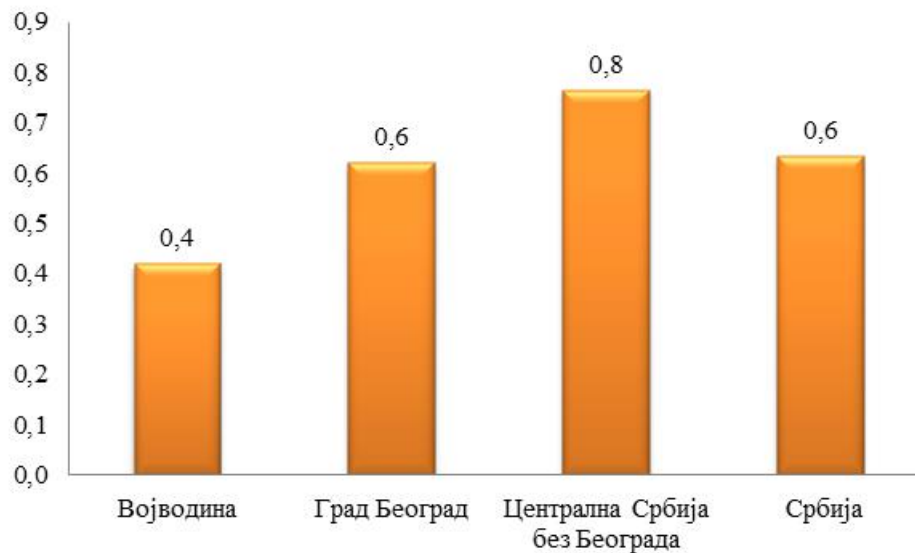
In the area of preventive health care for pregnant women, the coverage of pregnant women with the first preventive examination by years that are important for this report is shown in the graphs below.

Chart. Coverage of pregnant women with the first preventive examination in the first trimester, according to geographical areas in 2016 (examination per pregnant woman)



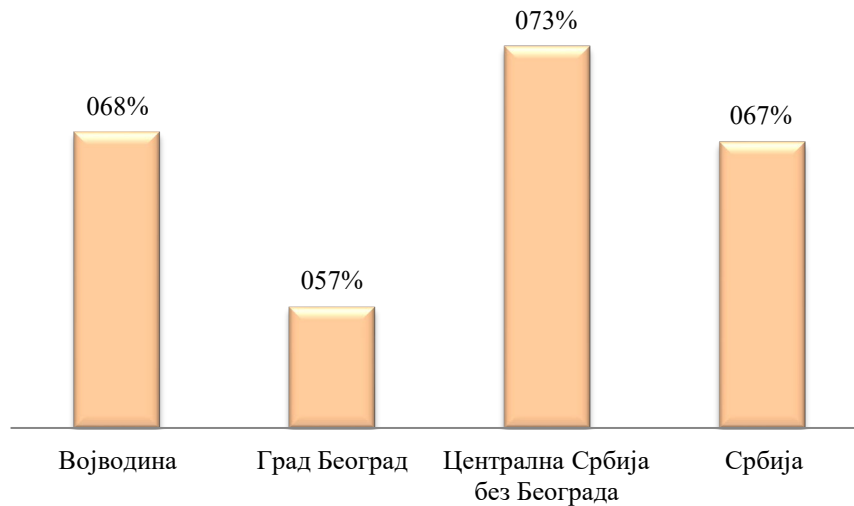
Data source: Planning and reporting tables of primary health care institutions in 2016

Chart: Coverage of pregnant women with the first preventive examination in the first trimester, according to geographical areas in 2017 (examination per pregnant woman).



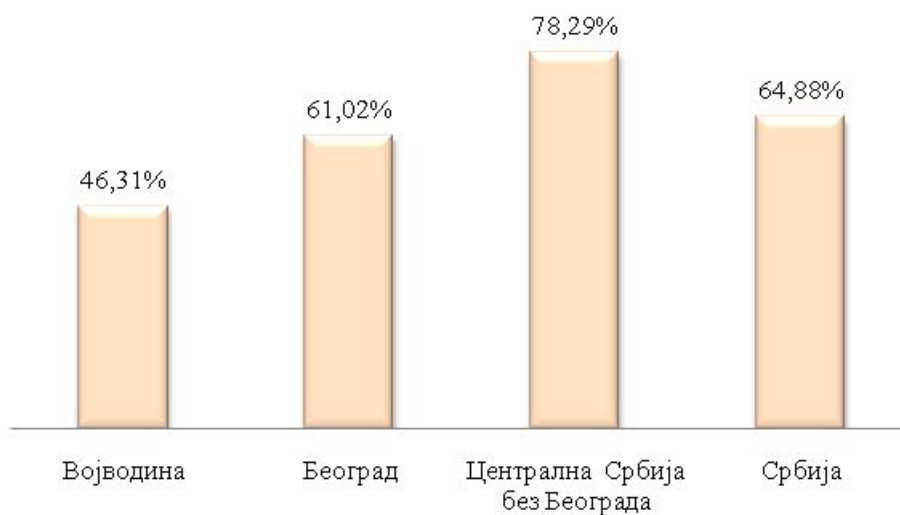
Data source: Planning and reporting tables of primary health care institutions in 2017

Chart: Coverage of pregnant women with the first preventive examination in the first trimester, according to geographical areas in 2018 (coverage by examination per 100 pregnant women).



Source: Planning and reporting tables of primary health care institutions in 2018

Chart: Coverage of pregnant women with the first preventive examination in the first trimester, according to geographical areas in 2019 (coverage by examination per 100 pregnant women)



Source: Planning and reporting tables of primary health care institutions in 2019

5. The Committee takes note of the information available on the website of the National Cancer Screening Office according to which Serbia has started the gradual introduction of organised

screening for cervical, colorectal and breast cancer since 2012. The National Cancer Screening Office, at the Institute of Public Health of Serbia “Dr Milan Jovanović Batut”, coordinates, organises, monitors and evaluates the implementation of screening programmes and provides training and technical assistance to other participants in organised screening.

The Committee asks that the next report contain information on the implementation and the impact in practice of the screening programme (whether it has had an impact on reducing the mortality rate). It also asks information on available screening programmes/initiatives for other diseases which constitute principal causes of death (besides cancer).

Organized cervical cancer screening is conducted in the territory of 17 health care centres in the Republic of Serbia.

Organized breast cancer screening in the territory of the Republic of Serbia is conducted in the territory of 36 health care centres, 35 hospitals, the Institute for Oncology and Radiology of Serbia, the Oncology Institute of Vojvodina and Clinical Centre Niš, by the work of employees in the clinical centre and the organization of mobile mammography extraterritorially.

Organized screening of colorectal cancer in the territory of the Republic of Serbia is conducted by a total of 31 health care centres, 13 general hospitals and 7 clinical hospital institutions. Measures and activities taken in the area of increasing administrative capacity in this area include increasing the number of health care institutions, which are involved in the implementation of organized cancer screening. In the program of organized cervical cancer screening, the number of institutions remained unchanged. The increase in the number of institutions represents at the same time an increase in the number of municipalities involved in the programs, i.e. an increase in the planned coverage of the target population. A larger number of health care institutions implies prior provision of staff (number and training) for performing screening examinations. Institutions included in the programs provide equipment maintenance and procurement of consumables for planning, implementation and monitoring of program realization, inspections, quality control in programs and reporting. The entire process at the republic level is monitored and reported by the Cancer Screening Office of the Ministry of Health.

As part of monitoring the implementation of three organized cancer screening programs (breast, cervical and colorectal), reporting forms for screening programs with selected indicators of processes and outcomes are used, which are common to all three programs, including the specifics of each. The indicators are in line with internationally adopted indicators for monitoring the implementation of organized cancer screening programs.

Organized breast cancer screening in the territory of the municipalities where it was conducted from 2013 to 2016 shows an increase in the number of examinations performed from year to year. With the increase of the target population of the covered municipalities, the indicators of the coverage of the target population did not increase compared to the previous period (15%).

In the program of organized cervical cancer screening, the coverage of the target population was 36.4%, and the response of women was around 62% (2016).

In the same period, in the program of organized screening for colorectal cancer, the number of screening examinations of men and women had been increasing. The response of the target population was high (about 62%), while the examination coverage of the target population was about 12%.

For all three programs in the period from 2013 to 2016, a special additional staff training was conducted in order to improve the capacity to implement the program.

In the organized screening of cervical cancer in 2016, a new occupation was included in the Occupation Catalogue - cytoscreener, which is important for improving the implementation of the program.

The need for all three organized cancer screening programs in the coming period implies IT support, i.e. development of screening registers for each program individually. The plan is to strengthen the capacity of public sector institutions to transfer digital mammography forms between institutions in order to improve the interpretation of mammography and for more efficient use of human resources in the said prevention program.

Based on data from the cancer registry, in Central Serbia in the period 2013-2018, an increase in morbidity and mortality from breast and colorectal cancer was observed, while a decrease in both morbidity and mortality was recorded in cervical cancer. The largest increase in the incidence of these most common localizations of malignant diseases in women was recorded in breast cancer, and amounted to 34.2%, while the increase in the incidence and death from colorectal cancer was 6%. In contrast to breast and colorectal cancer, the incidence of cervical cancer in the observed period decreased by 9.1% and mortality by 5.5%.

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

a) *Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.*

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

All institutions within the Directorate for the Execution of Criminal Sanctions have permanently employed or contract medical doctors. Every person deprived of liberty upon arrival at the institution is examined by a doctor.

The report on daily work is submitted to the manager and the director of the Directorate for Execution of Criminal Sanctions, and professional supervision over their work is performed by the Ministry of Health through the inspection services of the Ministry of Health.

Anyone who needs a specialist examination is taken to local hospitals or to the Special Prison Hospital, which is the umbrella health care institution of the Directorate for the Execution of Criminal Sanctions.

All persons are tested for transmissible diseases upon arrival in the prison system. Each institution within the Directorate for the Execution of Criminal Sanctions has its own

psychiatrist or, if not, it hires a psychiatrist from a health care institution under an employment contract.

- c) *Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison health-care services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.*

Bearing in mind that the Mental Health Protection Program in the Republic of Serbia for the period 2019-2026 with the accompanying Action Plan for the implementation of the Program adopted before the end of 2019 ("Official Gazette of RS", No. 84/19 of 29.11.2019), as well as that the current pandemic COVID-19 affected the territory of the Republic of Serbia in early March 2020, the implementation of these criteria was difficult, but their implementation is expected in the period of the next year.

Establishment of a functional system of deinstitutionalization in accordance with the Mental Health Protection Program in the Republic of Serbia for the period 2019-2026 with the accompanying Action Plan for the implementation of the Program

In accordance with the above criterion, 5 (five) mental health centres have been opened in the territory of the Republic of Serbia so far, covering the cities in which they were established (two in Belgrade, Niš, Vršac and Novi Kneževac), which are an integral part of large psychiatric health care institutions. Having in mind that within every health care centre in the territory of the Republic of Serbia there are mental health services, as well as the existence of mental health centres in the above mentioned cities, it is concluded that the population of the Republic of Serbia has satisfactory mental health coverage.

In order to meet this criterion in full, in the coming period, it is necessary to open another 15 mental health centres, or three annually, with previously trained staff and obtained consent for the work of the centres, in terms of meeting legal requirements.

Mandatory application of developed models of individual treatment plans in accordance with the recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

Models of individual treatment plans are actively and appropriately implemented in all psychiatric health care institutions, in accordance with Article 15 of the Law on Protection of Persons with Mental Disorders ("Official Gazette of RS", No. 45/2013). In this regard, it is necessary to form an Expert Commission in the coming period to consider proposals for

amendments to the Law on Protection of Persons with Mental Disorders, and whose work would include the Ministry of Justice, with its proposals.

In the middle of 2020, in accordance with the Action Plan for the implementation of the Mental Health Protection Program in the Republic of Serbia for the period from 2019-2026, an initiative was launched to open the Department of Forensic Psychiatry within the Clinic for Psychiatric Diseases "Dr Laza Lazarevic", and whose active work is expected in the coming period, in accordance with the epidemiological situation of COVID-19 in the Republic of Serbia. We note that the Department is defined through the Rulebook on the organization and systematization of work, the norms in terms of personnel are defined and the equipment of the building in the sector Padinska Skela of the Clinic, which is intended for that purpose, has been completed. We are waiting to go out to the field and the written approval of the Health Inspection of the Ministry of Health of the Republic of Serbia, after which the Department will start working.

Regardless of the current epidemiological situation, in the period from 2019 until today, a total of 3 (three) psychiatric health institutions in the city of Belgrade have been accredited (Clinic for Psychiatric Diseases "Dr Laza Lazarevic", Institute for Mental Health, and Special Hospital for Addiction Diseases) by the Agency for Accreditation of Health Institutions of RS. Namely, the fulfilment of all general medical and special psychiatric accreditation standards by the Agency for Accreditation of Health Institutions of RS provided verification of the achieved quality of treatment, patient safety, living conditions, as well as working conditions for employees in psychiatric health care.

In this regard, in the coming period, an initiative will be launched for the accreditation of all large psychiatric institutions in the territory of the Republic of Serbia, in order to improve defined standards that will provide supervision over the living conditions of patients in these health care institutions.

In the previous and this year, there was an improvement in living conditions in psychiatric hospitals, through investments of the Ministry of Health in the renovation of sanitary facilities and other construction works, replacement of hospital beds and furniture significantly improved living conditions and treatment of patients in psychiatric hospitals.

The national policy of the Republic of Serbia in the field of social protection is indisputably aimed at deinstitutionalization and reduction of the capacity of large residential institutions for accommodation of beneficiaries, which on the other hand implies the establishment of more community-based services to prevent further accommodation in institutions. This process is especially important for people with disabilities, whether their disabilities are physical or mental.

The Republic of Serbia has 14 institutions for accommodation of persons with intellectual and mental disabilities. The Law on Social Protection prescribes that services are provided primarily in the immediate and least restrictive environment, with priority given to services that allow the beneficiaries to stay in the community. The following groups of services are distinguished: 1) assessment and planning services; 2) daily community-based services; 3) support services for independent living; 4) counselling-therapeutic and social-educational services; 5) accommodation services.

Daily community-based services include activities that support beneficiaries' remaining in the family and immediate environment and consist of: day care; home help; drop-in centre and other services.

Support services for independent living are provided to an individual in order to equalize his/her possibilities for meeting own basic needs with such possibilities of other members of society, to improve his/her quality of life and to be able to lead an active and independent life in society.

Counselling-therapeutic and social-educational services are provided as a form of assistance to individuals and families in crisis, in order to improve family relations, overcome crisis situations and acquire skills for independent and productive life in society.

From the point of view of the deinstitutionalization process, family accommodation for children and youth is also important, which includes preparation for return to parents, other permanent living arrangements and preparation for independent living, and for adults and the elderly, maintaining or improving quality of life.

The Law on Professional Rehabilitation and Employment of Persons with Disabilities is an affirmative law that should raise the level of employment of persons with disabilities and thus ensure their social inclusion and increase their quality of life.

The Law on Prevention of Discrimination against Persons with Disabilities¹ prescribes the prohibition of discrimination on the grounds of disability, the procedure for the protection of persons exposed to the discrimination, as well as measures taken to promote equality and social inclusion of persons with disabilities.

By the Law on Ratification of the Convention on the Rights of Persons with Disabilities², the Republic of Serbia has undertaken all obligations arising from it and which relate, *inter alia*, to the right of persons with disabilities to live in the community, "access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community."³

In the period from 1.1.2016 to 31.12.2019, the Ministry of Labour, Employment, Veteran and Social Affairs, Department for Inspection Supervision issued 175 licenses for providing services intended for persons with disabilities. Divided by individual services, the following were

¹ "Official Gazette of RS", No. 33 of 17 April 2006 and 13 of 19 February 2016.

² "Official Gazette of RS – International Treaties", No. 42/2009

³ Article 19, paragraph 2 of the Law on Ratification of the Convention on the Rights of Persons with Disabilities.

issued:

1. For home help service – 83 licenses;
2. For personal companion to a child – 22 licenses;
3. For personal assistant service – 12 licenses;
4. For supported housing – 7 licenses;
5. For day care service for children and youth with developmental difficulties – 50;
6. For respite service – 1 license.

The Strategy for Improvement of the Position of Persons with Disabilities in the Republic of Serbia in one part refers to the paradigm shift "from patient to citizen" and contains a map of the process from the medical to the social model of disability. This map recognizes the change from assessing the disability of a person with a disability to assessing their abilities. The focus is on involving people in the community, not isolating them.

In the normative acts and strategic documents of the Republic of Serbia, most of the guiding principles of the deinstitutionalization process (non-discrimination, active involvement of beneficiaries in the decision-making process, services in accordance with needs, service planning, etc.) have been incorporated.

The number of community-based services is constantly increasing from year to year, as shown by the database of all licensed service providers, which is publicly available on the MoLEVSA website. It should also be said that the development of these services was strongly encouraged by the adoption of the Regulation on earmarked transfers in 2016, which enabled the transfer of funds from the national to local budgets of those local self-governments that are below the national level of development. Every year, the state allocates a budget of around 700 million dinars (around 6 million euros) for these purposes.

The Ministry is currently preparing a Strategy for Deinstitutionalization and Development of Community-Based Services which will define further directions of development in this area, goals, measures and activities to be undertaken in order to improve the whole process and prevent further pressure on accommodation in social protection institutions.

- d) *Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. Provide an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the "available, accessible, acceptable and sufficient quality" criteria (WHO's 3AQ) are respected, subject always to the exigency of informed consent, which rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory*

treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

The Monitoring Centre for Drugs - The Ministry of Health, as the national contact point submits, on an annual basis (or upon request), a report on drug-related deaths to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which it did this time as well. The data are based on data contained in the Special Mortality Register and which is in line with EMCDDA protocols as well as the General Register. The data are submitted in the form of ST tables prescribed by the EMCDDA, and Serbia had its representatives at the regular annual meeting during which it responded to the requests of the EU body, and did so with the best result in the region.

In the population of injecting drug users, a declining trend of newly diagnosed HIV-positive persons is registered (1% of all cases registered in 2018 in relation to 7% in 2011, and 70% in 1991). The incidence of newly diagnosed cases of acute and chronic HCV infection shows a downward trend in the period 2009-2018. In the largest number of patients with the chronic form of HCV (Hepatitis vir. Chronica C) in 2018, the presumed mode of transmission remained undetermined - unknown, and drug injection as a mode of transmission was reported for 98 people, i.e. 29% of patients, which is more than in 2017. The number of new registered cases of acute HBV infection continues to decline (90 cases in 2018 compared to 429 cases in 2001), which is attributed to the routine vaccination that was introduced in 2006. The most common recorded risk for acute hepatitis B in 2018 is undetermined - unknown, and the use of non-sterile drug injection devices was reported as the presumed mode of transmission in only 2.2%. In the period from 2015 to 2019, in Serbia, there is an increase in the number of different persons on methadone and/or buprenorphine substitution therapy, and according to data submitted to the Institute of Public Health of Serbia by the Republic Health Insurance Fund, in 2020 methadone and/or buprenorphine substitution therapy in Serbia was provided to 5,917 different people.

According to the data of the Statistical Office of the Republic of Serbia, 41 drug-related deaths were recorded in 2015, which shows the decreasing trend of drug-related deaths in Serbia since 2009 (2009, 119 deaths; 2010, 75; 2011, 39; 2012, 50; 2013, 65; 2014, 52). In 2015, 18 deaths were related to opioids. Almost half of the deaths were in the 25-34 age group. On average, the age of death was 33.2 for men and 32.5 for women. Most of the deceased were male. Preventive activities in Serbia are implemented by the Ministry of Health, the Institute of Public Health of Serbia with a network of 24 institutes of public health, the Ministry of Interior, the Ministry of Youth and Sports, the Ministry of Education, Science and Technological Development, institutions for drug addiction treatment, local self-governments and non-governmental organizations, including the Serbian Red Cross. In Serbia, most of the implemented preventive activities belong to the domain of universal prevention and are implemented in the school environment, in the family and in the community. Drug prevention is included in the primary school curriculum and is implemented within biology and chemistry classes.

Comprehensive harm reduction services for injecting drug users include opioid substitution therapy (OST), needle and syringe exchange programs, and voluntary counselling and testing (DST) for drug-related infectious diseases. The drug addiction treatment system is under the jurisdiction of the Ministry of Health of the Republic of Serbia. The Ministry has established a coordination and advisory body in the field of drugs, the Republic Expert Commission for Prevention and Control of Drug Use. In Serbia, prison treatment units provide treatment to persons deprived of their liberty in cooperation with regional health institutions. The Law on Psychoactive Controlled Substances, the Law on Health Protection, the Law on Protection of Persons with Mental Disorders, the Law on Patients' Rights and the Law on Medicines and Medical Devices regulate the treatment of drug addiction.

Response of the Directorate for Execution of Criminal Sanctions

In penal conditions, drug-related deaths and communicable diseases are sporadic. All medicines available to all health care institutions are available in the system for the execution of criminal sanctions.

Any treatment and interventions are done only with the consent of the person, and if there is no consent to treatment, that does not entail any disciplinary or criminal liability.

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

In order to manage air quality, the Government of the Republic of Serbia has adopted the Law on Air Protection ("Official Gazette of RS", No. 36/09, 10/13 and 26/21 - other law). Air quality requirements comprise numerical values of limit values of air pollutant levels, lower and upper limits of air quality assessment, critical levels, tolerance limits and tolerance values, target values and (national) long-term targets of air pollutants, concentrations dangerous to human health and concentrations reported to the public.

The act referred to in paragraph 1 of this Article shall also prescribe the deadlines for achieving the limit and/or target values, in cases when they are exceeded.

Limit and/or target values of air pollutant levels, prescribed in accordance with Article 18 of this Law, may not be exceeded once they are reached.

If, in a certain zone or agglomeration, compliance with the limit values of certain pollutants cannot be achieved within the deadlines specified in the act referred to in Article 18,

paragraph 1 of this Law, the Government may, at the proposal of the Ministry, extend the deadlines for achieving these values to a maximum of five years, and only for this specific zone or agglomeration, provided that an Air Quality Plan had been adopted for that zone or agglomeration.

In the case referred to in paragraph 1 of this Article, the tolerance values prescribed by the act referred to in Article 18, paragraph 1 of this Law may not be exceeded.

According to the level of pollution, starting from the prescribed limit and tolerance values, and based on the measurement results, the following categories of air quality are determined:

- 1) first category - clean or slightly polluted air where the limit values for any pollutants have not been exceeded;
- 2) second category - moderately polluted air where the limit values for one or more pollutants have been exceeded, but the tolerance values of any pollutants have not been exceeded;
- 3) third category - excessively polluted air where the tolerance values for one or more pollutants are exceeded.

If a tolerance limit is not prescribed for a pollutant, its limit value will be taken as the tolerance value.

Air quality categories are determined once a year for the previous calendar year.

The list of air quality categories by zones and agglomerations in the territory of the Republic of Serbia is adopted by the Government and published in the "Official Gazette of the Republic of Serbia", electronic media, as well as on the website of the Government and the ministry responsible for environmental protection.

In the zone and/or agglomeration in which it is determined that the air quality is of the first category, preventive measures are carried out, in order to prevent air pollution above the limit values.

In the zone and/or agglomeration in which the air quality is determined to be of the second category, measures are carried out to reduce air pollution, in order to reach the limit values, as well as to reduce it below the limit values.

In the zone and/or agglomeration in which the air quality is determined to be of the third category, measures are taken to reduce air pollution, in order to achieve tolerance values in the short term and to ensure limit values in the long term.

When the concentration which is to be reported to the public as determined by the act referred to in Article 18, paragraph 1 of this Law or the concentration of certain pollutants dangerous to human health is exceeded, the Ministry, the competent authority of the autonomous

province and the competent authority of the local self-government unit shall inform the public by radio, television, daily newspapers, the Internet and/or in any other convenient way.

f) In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.

The national legislation which regulates the process of fighting against the pandemic in the Republic of Serbia, and it is in the portfolio of the Ministry of Health, is the following:

- **Law on Health Protection** (“Official Gazette of RS”, No. 25/2019),
- **Law on Protection of Population against Infectious Diseases** (“Official Gazette of RS”, No. 15/2016 and 68/2020) and bylaws which define this area more closely,
- **Emergency Protection and Rescue Programme - Health Sector Response** - as a planning strategic and operational document for the needs of managing the health sector response in case of crisis, imminent danger of emergency and emergency, and prepared in accordance with Article 27 of the Law on Disaster Risk Reduction and Emergency Management (“Official Gazette of RS”, No. 87/18),
- **Regulation on measures for prevention and combating the infectious disease COVID-19:** (“Official Gazette of RS”, No. 66/2020, 93/2020, 94/2020, 100/2020),
- **Regulation on the supplement to the basic salary of employees in health care institutions and certain employees who perform tasks in the field of health, protection of the health of the population of the Republic of Serbia, and treatment and prevention of the spread of COVID-19 disease caused by SARS-CoV-2 virus:** (“Official Gazette of RS”, No. 48/2020, 81/2020),
- **Decision on the formation of the Working Group for coordination of activities and determination of the needs of microbiological laboratories in public ownership that perform laboratory tests for the presence of SARS-CoV-2 virus** (“Official Gazette of RS”, No. 104/2020),
 - **Decision on the opening of a temporary facility for the accommodation and treatment of persons suffering from the infectious disease COVID-19 caused by the SARS-CoV-2 virus** (“Official Gazette of RS”, No. 50/2020),
 - **Decision declaring COVID-19 disease caused by the SARS-CoV-2 virus a contagious disease** (“Official Gazette of RS”, No. 23/2020, 24/2020, 27/2020, 28/2020, 30/2020, 32/2020, 35/2020, 37/2020, 38/2020-, 39/2020, 43/2020, 45/20203, 48/2020-4, 49/2020, 59/2020, 60/2020, 66/2020, 67/2020, 72/2020,

73/2020, 75/2020, 76/2020, 84/2020, 98/2020, 100/2020, 106/2020, 107/2020, 108/2020, 116/2020),

- **Government Conclusion on establishing a single and centralized software solution – Information System COVID-19 (IS COVID-19)** (“Official Gazette of RS”, No. 50/2020, 57/2020),
- **Government Conclusion on determining facilities for implementation of quarantine measures for prevention of incidence, spread and for combating the infectious disease COVID-19)** (“Official Gazette of RS”, No. 33/2020),
- **Order on prohibition of assemblies in the Republic of Serbia in indoor and outdoor public spaces** (“Official Gazette of RS”, No. 100/2020)
- **Order declaring the epidemic of the infectious disease COVID-19** (“Official Gazette of RS”, No. 37/2020),
- **Order for organizing and implementation of quarantine measures** (“Official Gazette of RS”, No. 33/2020).

In response to the situation and the increasing number of patients, the Minister of Health issued an Order declaring an epidemic of the infectious disease COVID-19, and numerous non-pharmaceutical interventions were carried out throughout the country, aimed at combating the virus in communities, and the Government launched a public communication strategy and a national coordination strategy from the highest levels.

The first case of COVID19 confirmed in laboratory in the territory of the Republic of Serbia was registered on 6 March 2020.

In the Republic of Serbia, measures are being implemented in accordance with the Law on Protection of the Population from Infectious Diseases and the International Health Regulations, which include surveillance of passengers coming from hotspots of the new coronavirus and, if necessary, isolation of patients and health surveillance of contacts.

Given that the cases of COVID 19 have been confirmed in the Republic of Serbia, the risk for local transmission of the virus can be assessed as high.

The Ministry of Health and the Institute of Public Health of Serbia "Dr Milan Jovanović Batut", in cooperation with competent health care institutions, monitor the epidemiological situation of the disease caused by the new coronavirus in the Republic of Serbia and the world, and in accordance with new knowledge and recommendations of the World Health Organization, issue decisions and notifications for the public, and instructions on actions to be taken by health care institutions and other competent bodies and institutions.

- g) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

The Rulebook on the treatment of waste containing asbestos ("Official Gazette of RS" No. 75/10) prescribes the manner of packaging, criteria, conditions and manner of final disposal of waste containing asbestos and other measures to prevent the spread of asbestos fibres and dust in the environment.

The provisions of this Rulebook refer to raw waste asbestos and waste containing asbestos.

The list of waste containing asbestos is given in the appendix that is printed with this rulebook and is its integral part.

Terms used in this Rulebook have the following meanings:

1) asbestos includes the following fibrous silicates:

- crocidolite (blue asbestos),
- actinolite,
- anthophyllite,
- chrysotile (white asbestos),
- amosite (brown asbestos),
- tremolite;

2) waste containing asbestos (hereinafter: asbestos waste) is raw waste asbestos, and any substance or object containing asbestos and asbestos fibres, as well as asbestos dust generated by the emission of asbestos into the air during the processing of asbestos or substances, materials and products containing asbestos, which the owner discards, intends to or must discard;

3) surface hardening is the process of binding asbestos fibres on the surface of a material with a binder layer that binds asbestos fibres in tightly bound asbestos waste, or a binder that prevents the release of asbestos fibres into the environment of weakly bound asbestos waste;

4) work with products containing asbestos includes activities in which the release of asbestos into the environment is possible, except for the activities of the use of asbestos referred to in item 3) of this Article;

5) raw asbestos is a product obtained by primary crushing of asbestos ore;

6) weakly bound asbestos waste is asbestos waste of specific mass less than 1,000 kg/m³;

7) solidification of asbestos waste is a process in which asbestos dust, waste raw asbestos or weakly bound asbestos waste is homogeneously mixed with cement or other hydraulic binder and bonded with it so as to achieve a compressive strength of at least 10 N/mm² and prevent the release of asbestos fibres into the environment;

8) the use of asbestos includes activities that include the handling of raw asbestos in quantities exceeding 100 kg per year and relating to:

(1) production of crude asbestos ore, other than processes directly related to ore mining, and/or

(2) manufacture of products containing asbestos, as follows:

- asbestos cement or asbestos cement products,
- asbestos friction products,
- asbestos filters,
- asbestos textiles,
- asbestos paper and cardboard,
- asbestos sealants,
- asbestos packaging materials,

- asbestos reinforcement material,
- asbestos floor coverings,
- asbestos fillers;

9) destruction of asbestos fibres is a procedure of chemical, thermal or mechanical treatment of asbestos waste as a result of which other compounds or minerals are formed from asbestos or asbestos loses its fibrous structure;

10) tightly bound asbestos waste is asbestos waste with a specific mass of more than 1,000 kg/m³.

A product containing asbestos is subject to regular measurement of emissions into the air, and discharge of liquids from the plant in accordance with the law.

Measures and limit values determined by a special regulation on limit values of emissions into the air, and discharges into water, shall be applied to plants that use asbestos in production, with the application of the best available techniques, determined by the permit in accordance with the law.

In the production of products containing asbestos, the treatment of all waste liquids that occur as a result of the production process up to the level of asbestos content in a concentration lower than the prescribed limit values for discharge into the recipient is provided.

If the waste liquids generated during the cleaning and maintenance of the plant contain asbestos in a concentration lower than the prescribed limit values, their discharge into the recipient is allowed in accordance with a special regulation.

When performing activities with products containing asbestos, all necessary measures shall be taken to prevent pollution of the environment with asbestos fibres or dust caused by the performance of these activities.

The manufacture of asbestos-containing products and the treatment of asbestos-containing products shall be carried out in accordance with a plan for the removal of asbestos or asbestos-containing materials from buildings, structures or devices, containing in particular:

- 1) activities that ensure, as far as possible, the removal of asbestos or asbestos-containing materials before the removal of buildings, structures or devices;
- 2) measures for the protection of the health and safety of employees, as well as the obligation to use special protective equipment in accordance with the regulations on safety at work.

Measures to prevent the spread of asbestos fibres and dust into the environment are taken during the collection, transport, storage, treatment and disposal of asbestos waste.

Collection, transport, storage, treatment and final disposal of asbestos waste is carried out in accordance with the law governing waste management.

The movement of asbestos waste is accompanied by a document on the movement of hazardous waste, in accordance with a special regulation.

Asbestos waste is packaged before transport so as to prevent the spread of asbestos fibres and dust into the environment.

Asbestos waste is treated before disposal by surface hardening or solidification or destruction of asbestos fibres, so as to prevent the spread of asbestos fibres and dust into the environment.

Transport of asbestos waste to the disposal site is done without reloading.

Containers or packaging for packing asbestos waste must be visibly marked, in accordance with the regulations governing the transport of hazardous materials.

Weakly bound asbestos waste is packed in appropriate impermeable packaging.

The storage of asbestos waste is carried out in a way that prevents the spread of asbestos fibres and dust into the environment.

Asbestos waste is packaged and covered before disposal in such a way as to avoid the spread of asbestos fibres and dust into the air or the spillage of liquids containing asbestos fibres.

The final disposal of waste containing asbestos is done under controlled conditions (underground storage in mines, landfills, etc.), in accordance with a special regulation.

Asbestos waste is disposed of in a landfill under the conditions and in such a way that:

- 1) it be disposed of in special cassettes, visibly marked and intended for disposal of asbestos waste, separately from other waste at the landfill;
- 2) daily covering shall be performed in such a way as to prevent the release of asbestos fibres into the environment during the covering;
- 3) after closing the cassette where the asbestos waste is disposed of, any additional activities (opening the cassette, digging, drilling, etc.) will be prohibited in order to prevent the release of asbestos fibres and dust into the environment.

Asbestos waste is disposed of in a landfill, without prior analysis of the eluate in accordance with the law governing waste management and a special regulation, if:

- 1) it does not contain other dangerous substances, except tightly bound asbestos;
- 2) it includes construction waste containing tightly bound asbestos and other tightly bound asbestos waste.

If the landfill does not have a special cassette for the disposal of asbestos waste, asbestos waste is stored, until final disposal, in the working space of the landfill to prevent the spread of asbestos fibres into the environment.

LIST OF WASTE CONTAINING ASBESTOS

1. Tightly bound asbestos waste - construction waste containing asbestos and mostly inorganic substances:

- 1) Asbestos-cement products:
 - a) flat or corrugated plates of large format,
 - b) small format façade and roof panels,
 - v) asbestos-cement accessories (plant containers, etc.),
 - g) pipes for high-rise and low-rise building,
 - d) irrigation and drainage pipes;
- 2) Asbestos-cement dust and asbestos-cement sludge - dust and sludge from asbestos-cement processing;

3) Brake linings and pads containing asbestos and other solid inorganic waste containing asbestos:

- a) brake linings and pads for vehicles and industrial use,
- b) assembly linings;
- 4) Waste containing asbestos treated by curing methods:
 - a) asbestos applied by injection and/or coating, hardened with an inorganic binder,
 - b) processed light construction panels, refractory panels and fire protection panels,
 - c) processed asbestos papers and cardboards,
 - d) other treated and weakly bound waste containing asbestos such as asbestos strips and fabrics.

2. Tightly bound asbestos waste - construction waste containing predominantly organic matter generated in asbestos processing processes:

1) Materials contaminated with asbestos fibres:

a) construction elements and devices used in the removal of materials containing weakly bound asbestos,

- b) floor coverings, textiles, curtains,
- c) foils,
- d) insulating materials,
- e) work protective clothing;

2) Chemical construction products containing asbestos:

- a) joint putties, surface putties,
- b) fillers and casting,
- c) sealants,
- d) plastics and adhesives,
- e) colours;

3) Other wastes containing asbestos with predominantly organic substances:

- a) floor coverings,
- b) acid-resistant containers,
- 4) Waste asbestos hardened with inorganic binders;

3. Weakly bound asbestos waste - insulating materials containing asbestos:

1) Waste containing asbestos generated during the reconstruction or maintenance of parts of buildings or devices;

2) Dust containing asbestos, asbestos dust and asbestos sludge:

- a) dust particles from filter devices,
- b) raw asbestos produced during asbestos processing,
- c) weakly bound materials containing asbestos from devices and building elements,
- d) asbestos sludge generated during wastewater treatment or demolition of buildings and devices containing weakly bound asbestos;

3) Lightweight slabs containing asbestos:

- a) light construction panels,
- b) refractory plates,
- c) fire protection panels;

4) Textiles and filter materials containing asbestos:

- a) tapes, flexible pipes, fabrics, clothing for protection against high temperatures,

- b) asbestos plates and seals,
- c) asbestos paper and cardboard.

Tobacco, alcohol and drugs

The Republic of Serbia ratified the Framework Convention on Tobacco Control of the World Health Organization in February 2006, which it is implementing through the process of harmonization and improvement of the legal and institutional framework for tobacco control. In accordance with the strategic framework, having in mind the Strategy on Tobacco Control in the Republic of Serbia for the period from 2007 to 2015, which was a strategic framework for the implementation of tobacco control in the period immediately after ratification of the Framework Convention and in accordance with that Convention, it contributed to, among other things, the development of a legal framework that efficiently eliminates illicit trade, prohibits advertising, prohibits the sale of tobacco products to minors, and protects from exposure to tobacco smoke.

Regarding the prevention of illicit trade, on 4 May 2017, the Republic of Serbia adopted the Law on Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products ("Official Gazette of the RS - International Agreements", No. 2/17). In that context, the process of regulating the authority of inspection and other competent bodies for the prevention of illicit trade in tobacco products is underway, primarily by amending the Law on Tobacco. In parallel, the competent inspection bodies and other law enforcement agencies, through joint projects that have been launched and are being developed and prepared for implementation in the next strategic period, are working to strengthen the capacity to implement the innovated tobacco legal framework, which will, with further compliance with the said Protocol, improve the provisions on licensing in the tobacco sector, as one of the more efficient mechanisms for the elimination of illicit trade in tobacco products.

The Law on Advertising ("Official Gazette of RS", No. 6/16 and 52/19-other law) comprehensively prohibits the advertising of tobacco products and sponsorship of tobacco manufacturers, in accordance with Directive 2003/33/EC on the approximation of laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products. The application of the advertising ban, which is prescribed by the said law for tobacco and tobacco products, also applies to electronic cigarettes.

In order to provide special protection for minors, the Law on Consumer Protection ("Official Gazette of RS", No. 62/14, 6/16-other law and 44/18-other law) prohibits the sale, provision and gifting of tobacco products to persons under 18 years of age, with the right of the sales person to request a valid ID card, passport or driver's license to verify the age of the person buying the tobacco product.

The Law on Protection of the Population from Exposure to Tobacco Smoke ("Official Gazette of RS" 30/10) introduced broad powers to control the implementation of this ban within the competence of the Health Inspectorate, Sanitary Inspection, Labour Inspection, Traffic Inspection, Tourist Inspection, Market Inspection. From the aspect of the work of the market inspection that controls the protection of the population from exposure to tobacco smoke in

commercial buildings, a very high level of application of this ban has been achieved.

Article 49 of the Law on Health Insurance ("Official Gazette of RS", No. 25/19) stipulates that the rights included in the compulsory health insurance are the right to health care and the right to financial compensation.

Article 71 of the Law on Health Insurance stipulates that the right to cash benefits includes the right to salary compensation, salary compensation during temporary incapacity for work of the insured persons, and the right to compensation of transportation costs related to the use of health care.

Article 72 of the Law on Health Insurance prescribes that the right to compensation of salary from the funds of the compulsory health insurance is held by the insured persons referred to in Article 11, paragraph 1, item 1) –7) (employees), insured persons referred to in Article 11, paragraph 1, item 18) (entrepreneurs), insured persons referred to in Article 11, paragraph 1, item 20) (priests and religious officials) and insured persons referred to in Article 11, paragraph 1, item 23) (notary public and public executor).

Having in mind the prescribed request of the European Committee of Social Rights to submit detailed information on the number of insured persons who are entitled to salary compensation in case of temporary incapacity for work, we inform you that according to the data of the registry on 31.12.2020, the Republic Health Insurance Fund recorded 6,810,045 insured persons and that of the total number of insured persons, the right to salary compensation during temporary incapacity for work in accordance with Article 72 of the Law on Health Insurance was exercised by 1,974,975 insured persons.

The Traffic Safety Agency first submits data on traffic accidents **for the period 2016-2019**, and then the measures taken to reduce the number of traffic accidents.

In the period 2016 - 2019, a total of 144,035 traffic accidents occurred, of which 2,061 were traffic accidents with fatalities and 55,629 traffic accidents with injuries. If we look at the annual distribution of traffic accidents:

- In 2017, there was a **decrease** in traffic accidents with fatalities by 5%, but also an **increase** in traffic accidents with injured persons by 3% compared to the previous 2016. The total number of traffic accidents increased by 1% compared to 2016.
- In 2018, there was a **decrease** in traffic accidents with fatalities by 7%, a **decrease** in traffic accidents with injured persons by 4% and a **decrease** in the total number of traffic accidents by 2%, compared to the previous 2017.
- In 2019, there was an **increase** in the number of traffic accidents with fatalities by 1% (3 more people died), while the total number of traffic accidents and accidents with injured persons remained **approximately the same**, compared to the previous 2018.

Table 1. Number of traffic accidents divided by consequences in the territory of the Republic of Serbia

YEAR	Traffic accidents w/ fatalities	Traffic accidents w/ injured	Total traffic accidents	Decrease/increase of acc. w/ fatalities v. previous year	Decrease/increase of acc. w/ injuries v. previous year	Decrease/increase of total No. acc. v. previous year
2016	551	13,864	35,972			
2017	525	14,286	36,475	-5%	3%	1%
2018	491	13,744	35,818	-7%	-4%	-2%
2019	494	13,735	35,770	1%	0%	0%
TOTAL	2,061	55,629	144,035			

Accordingly, for the period 2016-2019, a **trend of reducing traffic accidents** was established, and especially a **trend of reducing traffic accidents with fatalities and injuries**.

For years, the Traffic Safety Agency has been conducting actions and campaigns aimed at raising the level of traffic safety in the Republic of Serbia. Campaigns and actions range from simple visual identities that can be found online, to campaigns that are visible on billboards, bus stops, social networks, through media such as television and radio stations, as well as through promotional materials. Each campaign aims to prevent traffic accidents, improve participant behaviour and point out potential risks.

Education is one of the basic preconditions for achieving a higher level of traffic culture and greater safety of all traffic participants. It is the most efficient way of prevention and talks about the role in traffic, about safe movement and compliance with regulations, but above all about the need to be careful. Accordingly, the Traffic Safety Agency regularly implements projects intended for various traffic participants, all with the aim of familiarizing people with, for them to gain knowledge and adopt proper behaviour and attitudes, and thus become promoters of safe behaviour in traffic.

In addition to the above, research, analysis and monitoring of traffic safety, identification of key issues in traffic safety and proposing measures to improve traffic safety carried out within the Traffic Safety Agency, as well as cooperation with domestic and international institutions, scientific and professional organizations, especially in the field of data exchange, monitoring, harmonization and development of professional procedures,

methodologies and measures applied in the field of traffic safety, aim to reduce the number and consequences of traffic accidents on the roads of the Republic of Serbia and raise awareness about traffic safety of all citizens and participants in traffic.

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;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Article 6 of the Law on Social Protection stipulates that the beneficiaries of social protection are citizens of the Republic of Serbia. Furthermore, **beneficiaries of social protection can be foreign citizens and stateless persons**, in accordance with the law and international agreements.

Pursuant to Article 53, paragraph 2 and Article 67, paragraph 2 of the Law on Asylum and Temporary Protection (“Official Gazette of the RS”, No. 24/18), the **Rulebook on social assistance for asylum seekers and persons granted asylum** was adopted in the field of social protection. This Rulebook regulates in more detail the social assistance for persons seeking asylum and those who have been granted asylum in Serbia. Monthly financial assistance can be obtained by a person seeking or to whom asylum has been granted, provided that:

1) the person is not accommodated in the accommodation facilities of the Commissariat, social protection institutions, with another accommodation service provider or in another family;

2) **the person and members of his family do not have income or that income is below the basis for determining the amount of cash social assistance, prescribed by law.** The request for exercising the right to monthly cash assistance is decided by the centre for social work in the municipality where the person seeking asylum or person who has been granted asylum resides.

According to the Law on Financial Support to Families with Children, which has been in force since 1 July 2018, the **parental allowance** is realized by the mother for the first, second, third and fourth child, provided that she is a citizen of the Republic of Serbia and has a permanent residence in the Republic of Serbia. However, this right can also be exercised by a mother who is a foreign citizen and has the status of a permanent resident foreigner, provided that the child was born in the territory of the Republic of Serbia (Article 22). The right to parental allowance can also be exercised by the child's father, if the child's mother is a foreign citizen.

The right to **wage compensation** during maternity leave, leave from work for child care and special child care is exercised under the conditions prescribed by the Law on Financial Support to Families with Children, for mother, father, guardian, foster parent and adoptive parent who are employed in accordance with the Labour Law, while other benefits on the basis of birth and care and special care of the child are realized by persons who are self-employed, are engaged on the basis of prescribed contracts or are farmers who have insurance.

The right to **child allowance** is exercised by one of the parents, or the guardian, who are citizens of RS or foreign citizens who have the status of a permanent resident foreigner in the territory of RS. The right to child allowance can also be exercised in accordance with the concluded agreements on social insurance between the RS and a certain state.

Wage compensation during maternity leave (from the day the maternity leave begins to three months of the child's life) and leave for child care (from three months of the child's life to 365 days for the first and second child, or two years for the third and each subsequent child, from the day of the beginning of maternity leave) is determined and paid in the amount of the average base on which contributions to the income have been paid and which are recorded in the central register of compulsory social insurance, during 18 months preceding the first month of starting the leave due to complications in maintaining the pregnancy or due to maternity leave if the previous leave has not been used. Wage compensation during special care of a child (which can last up to the fifth year of a child's life for a sick child) is determined in the same way, but the bases are observed in the period before exercising the right.

The wage compensation cannot be higher than three average monthly wages in the Republic of Serbia, according to the last published data of the republic body in charge of statistics on the day of submitting the request.

We would like to inform you that according to the data of the registry on 31.12.2020, a total of 6,810,045 insured persons were registered in the Republic Health Insurance Fund, and that out of the total number of insured persons, 1,974,975 insured persons had the right to wage compensation during temporary incapacity to work in accordance with Article 72 of the Law on Health Insurance.

The provision of Article 9 of the Law on Contributions for Compulsory Social Insurance ("Official Gazette of RS" No. 84/2004 and 5/2020) stipulates that the following categories of insured persons are obliged to pay contributions for unemployment insurance:

- 1) employees;
- 2) elected or appointed persons who have added wage/salary;
- 3) persons performing temporary and occasional jobs per contract;
- 4) persons entitled to wage compensation in accordance with the law governing financial support to families with children;
- 5) persons entitled to wage compensation in accordance with the law governing compulsory health insurance;
- 6) entrepreneurs;
- 7) founders and members of a business entity;

8) other insured persons, in accordance with the law governing the system of compulsory unemployment insurance.

Based on the data of 22.12.2020, a total of 2,278,736 persons were insured against unemployment, of which 2,029,723 persons from the category of insured employees (employees in companies or entrepreneurs, professionals and civilians in the army, engaged in temporary and occasional jobs, citizens of the Republic of Serbia sent to work abroad and foreign citizens employed by domestic or foreign business entities, elected and appointed persons, employed in temporary employment agencies), and 249,013 persons from the category of self-employed insured persons (entrepreneurs, founders of companies, farmers with the status of entrepreneurs).

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 endeavour to raise progressively the system of social security to a higher level;

a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).

The Law on Pension and Disability Insurance covers three categories of insured persons:

- Insured employees;
- Insured self-employed;
- Insured farmers.

Persons who are employed without formally concluding a contract - by accepting the terms of business, i.e. registration (work on domestic and foreign platforms) are considered as the insured self-employed in the pension and disability insurance system (if they are not insured on another grounds). Their status is regulated by Article 12, paragraph 1, item 3 of the Law on Pension and Disability Insurance. This also applies to all other types of contracts (non-appointed, appointed, fixed-term, without a deadline, access contracts, formal, informal, etc.) in which compensation/income is made for the work performed.

Persons working in the territory of the Republic of Serbia for a foreign employer, who does not have a registered representative office in the Republic of Serbia, where they receive compensation for the work performed, are also considered self-employed in the pension and disability insurance system (if they are not insured on other grounds). Their status is regulated by Article 12, paragraph 1, item 3a of the Law on Pension and Disability Insurance.

Insured person in the pension and disability insurance system can be entitled to:

- age pension;
- early age pension;
- disability pension;

- family/survivor's pension;
- cash compensation for bodily impairment;
- cash compensation for assistance and care of another person;

The rights from the pension and disability insurance are realized on the basis of the payment of contributions and fulfilment of the appropriate conditions.

If the persons performing the above-mentioned jobs are already insured (e.g. they are employed by a domestic employer), there is an obligation to pay contributions based on the income generated by performing all the above-mentioned jobs. Namely, the contribution is paid for each income that is realized on the basis of work, up to the limit determined by the Law on Contributions for Compulsory Social Insurance. Thus, if a person is employed, and at the same time, is the founder of a company, earns income from a domestic or foreign entity on the basis of an author's contract, service contract or any other contract, or also works on a platform, he or she is obliged to pay contributions for each income earned on the above bases.

The amount of the pension is proportional to the time period spent in insurance (length of insurance period) and the amount of bases on which the contribution was paid during the insurance. Accordingly, a higher amount of income from work, and thus a higher base on which the contribution is paid, result in a higher amount of pension in the future.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Bilateral intergovernmental agreements on social insurance, in the part related to unemployment benefits, as a rule, prescribe the manner of aggregating the length of insurance completed in the Republic of Serbia with the length of insurance completed in other contracting states, if this affects the exercise of rights in the contracting state to which a request for the benefit was submitted.

The right is exercised in the state in which the insurance has ceased, in accordance with its regulations.

With Bosnia and Herzegovina, the possibility is provided that the benefit realized in the state in which the insurance ceased is paid to persons who have a residence in the other contracting state. The benefit is paid to the person directly to the account in commercial banks, and a certificate of active status in the unemployment register is required.

c) Please provide information on any impact of the COVID-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact.

Following the outbreak of the COVID-19 epidemic and the introduction of a state of emergency in the country, Serbia automatically extended social benefits to beneficiaries whose

rights expired during the first wave of the crisis (including those for child protection).

All adult citizens were awarded a universal aid of 100 euros. Pensioners and beneficiaries of cash social assistance were automatically granted this assistance, while other citizens had to apply and thus express their desire to receive this type of assistance.

Some local self-governments distributed aid packages, and with the help of UNICEF, humanitarian aid was provided to a number of Roma settlements. Several local self-government units approved the delayed payment of utility bills and gave up initiating forced collection during the state of emergency, and the Electric Power Industry of Serbia announced that it would not charge interest to those who are late with the payment of electricity bills.

Immediately at the beginning of the pandemic, during March and April 2020, the Institute for Social Insurance, through activity and contacts with pension insurance providers of the contracting states, with which the Republic of Serbia has concluded agreements on social insurance (20 states), reached an agreement that foreign pension beneficiaries whose pensions are paid in the territory of the Republic of Serbia do not have the payment of their pensions suspended due to failure to submit life certificates, bearing in mind that persons aged 65 and over were temporarily prohibited from moving, and therefore were not able to verify the certificate, and also, the admission of parties by institutions where it is possible to verify the life certificate was temporarily suspended. The agreements were reached to relax the regular deadlines and obligations that pension beneficiaries have towards their payers and the regularity of pension payments and the normal existence of pensioners during the pandemic was thus ensured.

According to available statistical data, there are a total of 241,435 pensioners who reside in the Republic of Serbia and receive pensions from abroad.

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.

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

The Law on Social Protection prescribes that the right to cash social assistance belongs to an individual or a family, who by their work, income from property or other sources generate income less than the amount of cash social assistance determined by this Law. The request is submitted to the competent centre for social work, on the prescribed form. The centre for social work will conduct the procedure and decide on the submitted request for cash social assistance.

The right to child allowance can also be exercised in accordance with the concluded agreements on social insurance between the Republic of Serbia and a certain state. The prescribed forms are regularly exchanged in the procedure of exercising this right. Foreign nationals rarely show up with a request to exercise the right to child allowance because the census applied is low and the income they earn is higher than that.

In the conditions of the Covid-19 pandemic, and in accordance with the legislation of the Republic of Serbia, the Law on Health Care and the Law on Protection of the Population from Infectious Diseases, equal access to health care is provided to all persons residing in the territory of the Republic of Serbia, as well as to citizens of the Republic of Serbia and insured persons of the Republic Health Insurance Fund and the Social Insurance Fund of military insured persons. The Ministry of Health of the Republic of Serbia supervises the implementation of the aforementioned laws as well as other regulations.

Article 13 – The right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. 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 any reforms to the general legal framework. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.*

The Law on Social Protection stipulates that the base for determining cash social assistance is harmonized with the consumer price index in the previous six months, based on statistical data, twice a year, on April 1 and October 1. Nominal amounts of cash social assistance, rounded in dinars, are determined by the minister in charge of social protection, by a decision which is published in the "Official Gazette of the Republic of Serbia".

The nominal amount of cash social assistance, determined by law and prescribed by the decision of the Minister of Labour, Employment, Veteran and Social Affairs, number: 401-00-00200/9/2020-09 of 13.10.2020 was determined for an individual or beneficiary in the family in the amount of 1 of the base or 8,626.00 dinars; for each next adult in the family in the amount of 0.5 of the base or 4,313.00 dinars; for a child up to 18 years of age in the amount of 0.3 of the base or 2,588.00 dinars.

- b) *Please indicate any specific measures taken to ensure social and medical assistance for persons without resources in the context of a pandemic such as the COVID-19 crisis. Please also provide information on the extent and modalities in which social and medical assistance was provided to people without a residence or other status allowing them to reside lawfully in your country's territory.*

Answered under previous questions.

- c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

If the family does not meet the conditions for exercising the right to cash social assistance, due to the above, the right to cash social assistance is recognized only to its member who is unable to work, under the conditions determined by the Law on Social Protection.

The Law on Social Protection provides for a one-time cash assistance that is provided to a person who suddenly or currently finds themselves in a state of social need. The local self-government unit takes care of providing one-time cash assistance and assistance in kind. The procedure for obtaining and payment of one-time cash assistance is carried out by the centre for social work. More detailed conditions and the manner of realization and the amount of one-time assistance are prescribed by the local self-government unit.

In order to reduce poverty and the number of beneficiaries of cash social assistance who are able to work, as well as for responsible access to, and provision of the necessary conditions for social inclusion of beneficiaries, pursuant to Article 80, paragraph 4 of the *Law on Social Protection* ("Official Gazette of RS", No. 24/11), the Government issued a Regulation on measures of social inclusion of beneficiaries of cash social assistance ("Official Gazette of RS", No. 112/14), which entered into force on 24.10.2014.

Article 80, paragraph 3 of the said Law stipulates that the centre for social work may conclude an agreement with the beneficiary of material support on active overcoming of his/her unfavourable situation, which contains activities and obligations of the beneficiary, as well as the possibility of reducing and terminating the right to material support in case of unjustified non-fulfilment of obligations and activities from the agreement on the individual activation plan.

Pursuant to Article 80, paragraph 5 of the Law on Social Protection, the Minister in charge of social protection adopted the *Rulebook on the appearance and content of the individual activation plan* ("Official Gazette of RS", No. 118/14).

The individual activation plan is also affirmative in terms of consequences due to the fact that, unlike Article 83, paragraph 2 of the Law on Social Protection, it does not provide for

immediate termination of rights for all beneficiaries who are able to work in one family, if they refuse the offered employment, temporary employment, seasonal jobs, vocational training, retraining, additional training or basic education, in a way that would leave only beneficiaries who are unable to work with the right to cash social assistance. Instead, the agreement envisages consequences only in case of unjustified non-fulfilment of voluntarily assumed obligations, i.e. agreed activities from the individual activation plan, by reducing the monthly amount of determined cash social assistance to the beneficiary who is able to work and who concluded the agreement, and if it is a case of an individual right holder or beneficiary of the corresponding part of the assistance, then, if he/she is a member of the family, the benefit is reduced by 50%, and only if even after the reduction he/she continues to unjustifiably fail to perform the undertaken obligations/agreed activities, his/her right ceases.

An agreement on an individual activation plan is concluded with the beneficiary who is able to work, as well as with each family member who is able to work and **agrees to be activated**.

Unjustified non-performance of **voluntarily assumed obligations** from the agreement by the beneficiary who is able to work or family member who is able to work does not result in reduction of rights for other beneficiary family members who are able to work and have duly performed their obligations from the agreement or did not perform them for justified reasons, nor does it result in reduction for incapacitated family members.

If a person who is able to work submits a request for recognition of the right to cash social assistance and if he/she meets all legal conditions, the centre for social work will issue a decision on recognition of the right to cash social assistance, which will be limited in time.

These provisions apply to an individual who is able to work, or a family in which the majority of members are able to work. The main goal of this provision is an efficient system of social benefits and meeting the basic needs of citizens, which is in the function of protecting human rights and which can eliminate or mitigate the basic risks to which citizens are exposed, and the aim is also not to have a system that will turn a beneficiary of cash social assistance who is able to work into a passive beneficiary, which leads to extending the duration of the right to cash social assistance and other benefits, while achieving the desired effects is delayed and beneficiaries lose motivation, become long-term unemployed and increasingly excluded from various social flows.

These provisions encourage the beneficiary who is able to work to take an active role in overcoming their difficult socio-economic situation and make efforts that include activities aimed at ensuring the most successful inclusion in social flows.

The interested person may renew the said right if he/she meets the criteria for exercising the said right.

Improving the adequacy of social benefits for the population below the poverty line and the redistribution of funds between existing programs is a challenge and is limited by the amount of allocated funds for social protection in the budget of the Republic of Serbia. In order to solve this problem, the introduction of an integrated system of social cards as a documented way of measuring the socio-economic power of social protection beneficiaries is underway. A large number of different institutions are connected (Tax Administration, Ministry of Interior, Real Estate Cadastre, NES, etc.), and linking their databases will significantly simplify procedures for beneficiaries and improve the availability of services. Progress has been made in the development of social cards for the optimal distribution of social assistance: the development of a software solution is underway (a technical specification for the second phase of application development has been prepared), and a Draft Law on Social Cards has been prepared.

Decisions are made in accordance with Articles 170 and 171 of the Law on General Administrative Procedure, and Articles 232 and 233 are from the old Law on General Administrative Procedure.

The second-instance body can decide on its own on an appeal, but this rarely happens, because often the shortcomings of the first-instance procedure will be eliminated faster and more economically by the first-instance body.

Article 6 of the Law on Social Protection stipulates that beneficiaries of social protection are citizens of the Republic of Serbia, and that beneficiaries of social protection may be foreign citizens and stateless persons, in accordance with the law and international agreements.

2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

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;

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

The lack of funds for the provision of counselling services has been partially resolved through the mechanism of earmarked transfers, which was introduced in 2016 on the basis of the Law on Social Protection by adopting the Regulation on earmarked transfers, which enables funds

for daily services in the community to be transferred from the national budget to those local self-government units that are below the national level of development in order to establish social protection services or further develop already established services.

Services within the competence of local self-governments that are financed by funds from earmarked transfers include daily community-based services, support services for independent living as well as counselling and therapeutic services.

A number of local self-governments have established the so-called counselling centres for marriage and family, and in municipalities where there are no such counselling centres, the provision of advice and assistance in the field of social protection is provided free of charge in the centres for social work. The network of centres for social work covers the entire territory of the Republic of Serbia.

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.

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised

Foreign citizens, as well as our citizens who live and work abroad, during their temporary stay in Serbia, have the right to emergency medical care.

Insured persons of countries with which an international agreement on health insurance has been concluded, exercise the right to emergency medical care in Serbia on the basis of a certificate of their health insurance. They are entitled to emergency medical care on the basis of certain forms (if they are prescribed), the European Health Insurance Card (EHIC) or on the basis of a document proving that they are insured in their country.

Based on the prescribed form, the right to emergency medical care is exercised by insured persons of the following countries: **Belgium** (certificate: BE/SRB 111), **the Netherlands** (certificate: N/Y 111), **Italy** (certificate: IT 7), **France** (certificates: SE-21-03A and SE-21-04A), **Montenegro** (certificate: MNE/SRB 111), **Bosnia and Herzegovina** (certificate: BIH/SRB 111), **Macedonia** (certificate: RM/SRB 111), **Romania** (certificate: Y/R 11), and **Turkey** (TR/SRB 111).

Based on the European Health Insurance Card (EHIC), emergency medical care is provided for insured persons from the following countries: **Austria, Bulgaria, Croatia, Hungary, Germany, Luxembourg, Slovakia, Slovenia and the Czech Republic.**

Citizens of **Poland** and **Great Britain** receive emergency health care on the basis of a document proving that they have health insurance in their country.

If the insured persons of the mentioned countries do not have the necessary certificate with them, there is an option to provide them with emergency assistance, and request the certificate at a later date from their insurance company.

Foreign citizens, who are chronic or acute patients (on dialysis, insulin, ...), need special certificates in order to be provided with such health services in Serbia without payment.

Insured persons of countries with which Serbia has not signed an agreement on health insurance, pay for emergency health care provided during a temporary stay in Serbia. Upon returning to their state, they can be refunded by their insurance company.

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 operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.

The Republic of Serbia and AP Vojvodina are the founders of 74 social protection institutions with a capacity for 14,512 beneficiaries:

- 57 institutions for adults and the elderly: 9 home wards at centres for social work, 23 gerontology centres, 8 homes for adults and the elderly, 3 institutions for accommodation of persons with disabilities and 14 institutions for accommodation of persons with mental and intellectual disabilities;

- 17 homes for children and youth: 10 homes for children and youth without parental care, 3 institutions for education of children and youth and 4 institutions for children and youth with disabilities).

The number of employees in social protection institutions for accommodation of beneficiaries whose founder is the Republic of Serbia and AP Vojvodina and social protection organizations for providing home accommodation services for adults and the elderly is 8,875. The total number of private providers of home accommodation for adults and the elderly in the territory of the Republic of Serbia is 229 with a capacity for 8,617 beneficiaries and about 3,000 employees.

Since the pandemic's outbreak, representatives of the Ministry of Labour, Employment, Veteran and Social Affairs have visited all accommodation facilities/homes, and on several occasions those where the existence of the virus had been reported. In that way, meetings were organized with the employees and the management in order to examine the current situation and needs in those institutions.

In accordance with the *Regulation on the organization of work in social protection*

institutions for accommodation of beneficiaries and social protection organizations for the provision of home accommodation services for adults and the elderly ("Official Gazette of RS", No. 54/2020), a two-week shift work in isolation was introduced within the institution/home.

The Ministry has ensured that social protection institutions in the territory of the Republic of Serbia are additionally strengthened through the work engagement of medical and non-medical staff in order to prevent and mitigate the consequences caused by the virus in social protection institutions.

Since the beginning of the state of emergency, the Ministry has regularly supplied all social protection institutions for accommodation of beneficiaries with the necessary protective equipment in order to protect beneficiaries and employees in the institution/home, as well as employees in the Ministry, Republic Fund for Pension and Disability Insurance and NES.

Cooperation has been established with all local self-government units, in order to prevent the spread of the epidemic, by providing continuous support to home care providers in their local communities, in the form of disinfection of space inside and around accommodation facilities, as well as by establishing cooperation between them and local health care centres.

A register of reports and records on potentially infected beneficiaries and employees in social protection institutions was kept on a daily basis;

The conduct of private homes for the elderly in relation to the admission of new beneficiaries was checked against the Instruction of the Ministry and the health recommendations issued in order to prevent the spread of COVID-19 disease;

The actions of social protection institutions for accommodation of beneficiaries and social protection organizations for the provision of home accommodation services in terms of application of protection measures and instructions on actions for protection of beneficiaries in emergency situations were controlled, and reports on actions, protection plans in emergency situations, reports of local self-government units on measures taken for prevention and support to providers of accommodation services at the local level were analysed, and measures and the manner of organization to supervised entities in the circumstances of the state of emergency were proposed;

Records were kept on the occurrence of Covid-19 symptoms in beneficiaries of social protection services, as well as employees, as well as those infected with the virus; The situation in the social protection system regarding the presence of an epidemic was regularly reported on;

Cooperation and mediation with other bodies functioned in order to take measures for the prevention of the spread of the epidemic;

The Ministry's website contains information about important telephone numbers of competent institutions, how to do a self-check for the coronavirus, a contact form has been established for citizens who need food, medicine or medical assistance, and a contact form has been set up for applying for volunteering.

The RS government has also established a single telephone contact centre for the elderly at 19920.

On the website of the Ministry, there are also instructions related to the manner of submitting

requests for exercising the rights prescribed by the *Law on Financial Support to Families with Children* during emergencies, as well as the manner of submitting requests for medical exams of children, for exercising the right to leave from work due to child care.

Advisory telephone support services for children, women and parents have been continuously in operation, as national counselling services. In most cases, the conversations focused on issues that upset children and adults with the outbreak of the COVID-19 pandemic. In this regard, 350 calls were received on the National SOS hotline for women who have experienced violence, of which 124 were categorized as counselling talks on violence, 635 counselling calls were conducted on the National Children's Line and 105 calls were received on the Parental Hotline.

Companies, business entities and institutions have shown interest in helping people with coronavirus, who have been placed in temporary hospitals, and the list of all donors and donations is posted on the website of the Ministry of Labour, Employment, Veteran and Social Affairs.

It was agreed with the Office of the World Health Organization in Serbia that it will provide the necessary amount of printed health-educational and communication material, in the form of posters, leaflets and flyers, which will be distributed to social protection institutions, the list of which will be submitted by the Ministry. The WHO Office in Serbia, in cooperation with the WHO Regional Office for Europe, the Ministry of Health, the Ministry of Labour, Employment, Veteran and Social Affairs, the Institute for Public Health of Serbia "Dr Milan Jovanović Batut" and the network of institutes for public health, will organize and conduct trainings on safe behaviour and the application of measures to prevent and control COVID-19 infection in social protection institutions that provide accommodation and care for various vulnerable categories (including the elderly) - for two target groups: employees and beneficiaries/residents. As part of this activity, video materials will be developed and distributed, the content of which, as well as the content of the planned trainings, will be extremely practical and adapted to the needs.

Of particular importance for the social protection system were the measures taken to mitigate the consequences of COVID-19 which were aimed at strengthening human resources.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Social protection institutions have mandatory prescribed procedures for filing beneficiary complaints, have defined mandatory procedures for the application of restrictive procedures and measures against beneficiaries, have formed an internal team of employees in charge of dealing with cases of violence against beneficiaries.

According to the Law on Social Protection, a beneficiary who is not satisfied with the provided service, procedure or behaviour of the service provider may file a complaint to the competent authority (Article 39).

A complaint due to discrimination may be submitted to the Commissioner for the Protection of Equality by:

- any natural or legal person or group of persons who considers that they have suffered discrimination,
- organizations dealing with the protection of human rights and any other person, on behalf of and with the consent of the person who considers that he/she has suffered discrimination,
- In the case of discrimination against a group of persons, the human rights organization may lodge a complaint on its own behalf, without the consent of the person considered to have suffered discrimination.

Beneficiaries of social protection can be both foreign citizens and stateless persons, in accordance with the law and international agreements.

The Law on Personal Data Protection ("Official Gazette of RS" No. 87/18) was adopted in 2018.

This Law regulates the right to protection of natural persons in connection to the processing of their personal data, and the free flow of such data, the principles of processing, the rights of data subjects, obligations of data controllers and processors, code of conduct, transfer of personal data to others states and international organizations, supervision over the implementation of this Law, legal remedies, liability and penalties in case of violation of the rights of natural persons in connection to the processing of their personal data, as well as special cases of processing.

This Law also regulates the right to protection of natural persons in connection to the processing of their personal data by the competent authorities for the purposes of prevention, investigation and detection of criminal offenses, prosecution of perpetrators or execution of criminal sanctions, including prevention and protection from threats to public and national security, as well as the free flow of such data.

2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

a) *Please provide information on user involvement in social services (“co-production”), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realisation of services. Co-production is here understood as social services working together with persons who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.*

The answer is in tables submitted by the Tax Administration – attached to the report.

b) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised*

Cooperation in the provision of social protection services is defined by the Law on Social Protection (Article 7), which states that "institutions and other forms of organization determined by law that perform social protection activities and provide social protection services cooperate with preschool, primary, secondary and higher education institutions, health care institutions, police, judicial and other state bodies, bodies of territorial autonomy, and bodies of local self-government units, **associations** and other legal entities and natural persons".

Cooperation in the provision of social protection services is realized primarily within the framework and in the manner determined by the cooperation agreements.

Cooperation with CSOs that actively work to improve social protection is daily and takes place at various levels, whether it is the inclusion of CSOs in working groups for the adoption of strategic documents and legislation, invitations to important meetings and gatherings to discuss issues relevant to the field of social protection, and the financing of CSO projects whose focus is on priorities in the field of social and family protection. A large number of civil society organizations are also financed through the mechanism of earmarked transfers through which the state helps the development of services in areas that are below the national level of development.

During the reporting period, the Office for Cooperation with Civil Society, as a government service in charge of improving cooperation between the two sectors, actively worked on establishing cooperation with civil society organizations, including organizations active in the field of social protection services. The civil sector, especially in the field of social protection, is characterized by exceptional practical experience, expertise and great activism, and the introduction of civil society organizations as providers of social services has been

recognized as contributing to increased services, higher quality and reduced costs.

Since its establishment, the Office for Cooperation with Civil Society has strived to promote transparent and open administration and sought to point out all the advantages and encourage state bodies to enable the widest possible participation of the public, and especially of civil society organizations (CSOs), in decision-making processes. Moreover, from the earliest stage of preparation of regulations and public policy documents concerning the activities and development of civil society, we insisted on consultative processes and participation of CSOs, even before the adoption of the legislative framework in the form of the Law on Planning System and accompanying bylaws that formally introduced this obligation.

Even when the normative framework for greater involvement of CSOs was significantly improved, regular activities for improvement the transparency of the decision-making process continued, and the Government adopted a Guideline for the inclusion of civil society organizations in working groups with the aim of directing and encouraging administrative bodies to include civil society in working groups and other working and advisory bodies from the earliest stage of preparation of regulations and policy documents.

It is in this regard that the Office has regularly published calls on its website and social networks for the involvement of CSOs in the consultation process for a large number of regulations concerning social protection. Moreover, in order to provide support in improving and strengthening the capacity of organizations, the Office regularly informed about all competitions that could support the activities of organizations in this area, both about competitions announced by public administration bodies and international donors.

In addition, during the preparation of regular annual surveys on the cooperation of state administration bodies, provincial administration and independent bodies with civil society organizations, the Office devoted a significant part to the importance of civil society in socio-economic development. These studies indicate that although there are some unfavourable circumstances for CSOs as service providers, the number of CSOs and the number of services for which CSOs are licensed service providers is growing from year to year. Also, the number of local self-government units in which CSOs are providers of local social protection services is increasing.

Furthermore, the Office had several initiatives towards the competent ministry when it comes to improving cooperation between the two sectors, and it is especially important to note that during the state of emergency declared in order to prevent the spread of COVID-19 virus, an initiative was sent to provide financial support and working conditions which would enable the regular functioning and sustainability of these associations in the future, as well as of important services and support that they provide to their beneficiaries, especially during a state of emergency. Also, in that period, the Office was part of a group of actors initiated by the Team for Social Inclusion and Poverty Reduction of the Government of the Republic of Serbia (SIPRU). In this way, representatives of state bodies and representatives of civil society organizations cooperated in mapping and monitoring the needs of the social protection system,

then mapping and monitoring of the needs of civil society in relation to vulnerable groups, as well as mapping and monitoring of potential providers.

In the reporting period, the Office for Cooperation with Civil Society in cooperation with the Ministry of Labour, Employment, Veteran and Social Affairs conducted the second procedure for the selection of candidates from civil society for membership in the Joint Consultative Committee composed of representatives of the European Economic and Social Committee and representatives of social partners and civil society organizations in the Republic of Serbia. One of the three areas for which CSO representatives were elected, in a transparent and inclusive manner, was socio-economic development, and they actively participated in all meetings of this committee in the reporting period.

One of the basic principles in social protection is the principle of non-discrimination.

Article 25 of the Law on Social Protection stipulates that discrimination against beneficiaries of social protection on the grounds of race, sex, age, nationality, social origin, sexual orientation, religion, political, trade union or other affiliation, property status, culture, language, disability, the nature of social exclusion, or other personal characteristics is prohibited.

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 lifestyle 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.

According to the Law on Social Protection, an adult from 26 to 65 years of age, and an adult over 65 years of age is a beneficiary of social protection rights and services when his/her well-being, safety and productive life in society is endangered by risks due to age, disability, illness, family and other life circumstances.

In accordance with the Law on Social Protection, each beneficiary has the right to freely

choose services and providers of social protection, as well as to participate in the assessment of their own condition and needs, and in deciding whether to accept the service, as well as to receive all the information he/she needs for that. Without the consent of the beneficiary or his/her legal representative, no service may be provided, except exceptionally, in cases determined by law. The Law on Social Protection also introduced pluralism of service providers - service providers can be all legal entities and natural persons from the public, private and civil sector if they meet the conditions and standards prescribed by the Law on Social Protection for providing social protection services, and obtain a required decision on that from the competent authority.

The system of licensing, and checking the fulfilment of conditions, takes place on two levels: licensing of professional workers and licensing of social protection organizations, i.e. service providers. Licensing of social protection organizations is the responsibility of the ministry in charge of social issues, and this process is currently carried out by the organizational unit of this ministry - the Department for Inspection Supervision (revocation and suspension of licenses in circumstances of deviation from prescribed conditions and standards is also under the jurisdiction of this department). About 600 licenses have been issued to service providers so far.

Licensing of professional workers is within the competence of the Chamber of Social Protection as an independent association of professional workers in social protection.

An important segment within the process of licensing professional workers and social protection organizations is the attendance of accredited training programs, which provide continuous education of employees in social protection.

These are the first levels of the quality control system of social protection services prescribed by the Law on Social Protection (standardization of services and licensing and accreditation system). Further control system, in accordance with the law, is based on inspection services - the social protection inspection, whose services are organized at 3 organizational levels - national, provincial, and at the level of the city of Belgrade. Their task is to, in accordance with the Law on Social Protection and the application of the provisions of the Law on Inspection Oversight, control the legality of the actions of social protection organizations, as well as control the quality of services, through regular, extraordinary and other types of inspections. Social protection inspectors, as stated, also conduct the licensing process of social protection organizations.

According to the Law on Social Protection, a beneficiary who is dissatisfied with the provided service, procedure or behaviour of the service provider may file a **complaint**. In case of non-compliance with the procedure for dealing with complaints and appeals, the competence of the social protection inspector occurs.

Therefore, quality control of services is carried out through the process of licensing and renewal of licenses, inspections (regular, extraordinary, repeated) and the beneficiary's right to complain and appeal if he/she is not satisfied with the service provided. Since the entry into force of the *Law on Inspection Oversight*, the Social Protection Inspectorate has introduced the practice of ordering service providers to perform self-assessment of the quality of services according to checklists. The analysis of the submitted self-assessment reports according to the

checklists is the basis for the adoption of the *Annual Plan of Inspections of the Social Protection Inspection*.

Institutions for social protection (national and provincial) monitor the quality of professional work and services in the social protection system, provide professional support (supervisory support) to improve professional work and social protection services, develop the quality system in social protection, coordinate the development of service standards and propose to the Ministry to improve existing and introduce new standards, develop and implement models of supervisory support in social protection institutions and social protection service providers (Article 164 of LSP).

In the earlier period (until 2013), social protection inspectors carried out an average of about 80 inspections per year (in that period, 5 social protection inspectors were hired). With the increase in the number of executors and better organization of work, this number has increased significantly in recent years, and thus in 2014 it was 172, in 2015 - 192, in 2016 - 255, in 2017 - 249, in 2018 - 230 inspections and as of 31.12.2019 - 198.

The Ministry is currently preparing amendments to the Law on Social Protection, which should, among other things, contribute to greater social inclusion of the elderly in society, reduce their poverty and improve access to social protection services.

When it comes to social protection services, according to the Law, they are provided in the community in which the family lives, and the local self-government is responsible for the establishment and sustainability of these services. It is noticeable that local self-governments have recognized the need to support the elderly, especially in those municipalities that are exposed to marked population aging. However, the coverage of older people with social protection services is still low compared to developed countries, and there is a need to increase it. One of the most widespread services in general in local self-governments is the home help service for the elderly.

- a) *Please provide information on specific measures taken to protect the health and well-being of the elderly, both in their home and in institutional settings, in the context of a pandemic crisis such as the COVID-19 crisis.*

During the state of emergency, in April 2020, the Republic Institute for Social Protection, following the development of the epidemiological situation and recognizing the complexity of the circumstances in which residential institutions for adults and the elderly operate, noticed the importance of gaining insight into adaptation strategies, needs and key difficulties in the conditions of a pandemic, with which home care providers for the elderly are faced. Respecting the specific circumstances, a telephone survey was chosen as the fastest, and given the conditions, the most efficient way of collecting data, and for gaining a quick insight into the situation in the field.

The survey was conducted in the period from 22 to 27 April 2020 with 61 institutions for the accommodation of the elderly, of which 5 in the public sector and 56 in the private sector, with accommodation capacities ranging from 20 to 340 beneficiaries.

With the aim of making a quick overview of the situation in homes for the elderly, through a telephone survey, 8 questions were defined, grouped around three particularly important segments of work in the current situation:

1) health-epidemiological status (presence in the institution of infected beneficiaries/employees or those suspected to be infected) and funds required for epidemiological protection,

2) the manner of organizing work in the institution, from the aspect of organization of work of employees and from the aspect of organization of space, and

3) reception of new beneficiaries, manner of establishing contacts with relatives and manner of informing about the condition of beneficiaries.

A report was made on the conducted telephone survey and the information obtained from the field.

Since 10 March 2020, when the epidemic was declared in the Republic of Serbia, the Ministry has been distributing protective equipment to state and private accommodation institutions, providing tests, and vaccines against the virus. It also provided technical means for video calls in state institutions for the accommodation of adults and the elderly, so that the beneficiaries could be in contact with their families until the end of the epidemic and the relaxation of measures regarding visits to the homes for the elderly.

- b) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised*

With regard to assisted decision-making for the elderly, the Committee previously asked whether such a procedure exists and, in particular, whether there are safeguards to prevent the arbitrary deprivation of autonomous decision-making. The Committee notes that the report does not provide any information on this subject, but merely states that, regarding social security, the beneficiary has the right to free and informed consent and to its corollary, the right to information, as well as the right to respect for their private life. The Committee reiterates its question.

The reasons for deprivation of legal capacity are stated in the ***Family Law*** ("Official Gazette of RS", No. 18/2005, 72/2011 - other law and 6/2015). An adult who, due to illness or disorders in psycho-physical development, is not capable of normal reasoning and therefore is not able to take care of himself/herself and protect his/her rights and interests, may be completely deprived of legal capacity. The legal capacity of a person who is completely deprived of legal capacity is equal to the legal capacity of a younger minor (a child aged 14 to 16). An adult who, due to illness or disorders in psycho-physical development, directly endangers his/her own rights and interests or the rights and interests of other persons may be partially deprived of legal capacity. The legal capacity of a person who is partially deprived of legal capacity is equal to the legal capacity of an older minor (a child from 16 to 18 years of age). The court decision on partial deprivation of legal capacity will determine the legal transactions that a person partially deprived of legal capacity may or may not undertake independently. The procedure for deprivation of legal capacity is regulated by the Law on Extra-Judicial Proceedings. In any court proceedings for deprivation of legal capacity, the participation of two neuropsychiatric experts who assess the ability to reason of persons for whom a proposal for deprivation of legal capacity has been submitted, is necessary. Regardless of who is the proposer for deprivation of legal capacity, it is obligatory for the centre for social work to participate in the professional procedure and give an opinion in accordance with its capabilities and those of the person whose deprivation of legal capacity is proposed. The centre for social work, through the appointment of a temporary guardian, and its other legal powers of the guardianship authority, protects the person, rights and interests of the person whose deprivation of legal capacity is proposed, which includes opposition to deprivation of legal capacity if it is not justified in a specific case. When it comes to the protection of persons deprived of legal capacity and under guardianship, the centre for social work, in any case when the protégé is able to do so, obtains the opinion of the protégé in the procedure before making any formal decision on matters important for his/her life. In addition, through the monitoring of guardianship, the guardianship authority in cooperation with other entities, plans and provides support and empowers the protégé to act as independently as possible and make decisions that are in his/her interest, all in accordance with the capabilities of the protégé. Considering that the concept of deprivation of legal capacity is set differently in the Convention on the Protection of Persons with Disabilities, amendments to the Family Law are planned in order to change the legal solution that allows complete

deprivation of legal capacity and thus harmonize this law with the said convention.

In its previous conclusion, the Committee asked for more information on the programmes and health care services for the elderly. It also asked for information on any new measures taken to improve the accessibility and quality of the geriatric and long-term care or the co-ordination of the social and healthcare services in respect of the elderly. The report states that a new facility was opened for the placement of the elderly in palliative care in the Gerontological Centre in Subotica outside the reference period.

The Committee notes from the UNFPA report that large numbers of elderly persons do not have access to primary health care. The capacity for long term health care is limited and often badly organised. The Committee wishes to know what are the measures envisaged/planned to remedy this situation.

In 2017, there were an average of 6,393 people accommodated in state homes for adults and the elderly, and in 2018, an average of 6,330 people was accommodated. **As of 31.12.2019, 7,883 people** were accommodated in state homes for adults and the elderly. After the public procurement in 2018 for the services of home accommodation provided to adults and the elderly in private homes, which accepted to provide the service under the same conditions as state homes, accommodation was realized for 18 beneficiaries.

In order to reduce the number of persons on the waiting list for accommodation in social protection institutions, a new public procurement was conducted in 2019 for home accommodation services provided to adults and the elderly in private homes, which agreed to provide services under the same conditions as state homes. Framework agreement for the provision of home accommodation services was concluded on 25 April 2019 with 25 private homes that offered their capacity to accommodate beneficiaries under the same conditions as in state homes. On 31.12.2019, accommodation for 23 beneficiaries was realized.

As of 31.12.2019, a total of 185 private homes for the elderly were licensed, while according to the Regulation on the network of social protection institutions founded by the RS Government and AP Vojvodina, 74 state institutions are operational, of which 39 for accommodation of adults and the elderly. During 2019 and 2020, public procurements of vacancies for accommodation in the private sector were realized by the Ministry.

The Committee considers that the level of social assistance is manifestly inadequate, given in particular the large number of elderly persons who must rely on it. It therefore concludes that adequate resources are not guaranteed

In order to review the adequacy of existing cash benefits for the poor and improve them, it is planned to first link all existing different databases that determine the socio-economic status of individuals and families in order to obtain accurate and reliable data on all persons who they live below the poverty line, especially those who may not be covered by any of the state aid measures for the poor. With this linking, the Social Card Registry would be established in Serbia, and the precondition for that is the adoption of the *Law on Social Cards*.

The *Law on Social Cards* will enable not only information linking of various sectors (child, social, veteran protection, National Employment Service, registry office, Republic Geodetic Authority, Pension and Disability Insurance Fund, MoI database, etc.) but also of centres for social work and all social protection institutions, all with the aim of improving social protection. It should also be a contribution to a fairer exercise of social rights, better targeting of beneficiaries of cash social assistance, as well as to faster and easier realization of citizens' rights and prevention of possible abuses of rights.

Therefore, as the increase of social transfers and expansion of the scope of social protection beneficiaries by these transfers directly depends on the available budget possibilities and the determined budget for social protection, it is necessary to determine the scope and distribution of rights and services defined by law in advance, in order to consider all existing social transfers exercised by individuals and families, taking into account their cumulative effect on their social status. The right to cash social assistance is often a kind of a "passport" for exercising other rights (e.g. the right to benefits in the payment of utilities, transportation costs, the right to free textbooks, the right to scholarships for students, the right to reimbursement of preschool costs, the right to a free meal in the soup kitchen, the right to a one-time financial assistance, etc. depending on the local self-government). Therefore, it is necessary to introduce an integrated system of social cards as a documented way of measuring the socio-economic power of social protection beneficiaries.

Ultimately, this should lead to a fairer distribution of funds intended for social protection, because the linking of several different databases will provide insight into the number of those who really need help, considering the total benefits paid from both the national budget and the local government budget (cash social assistance, allowance for assistance and care of another person, child allowance, parental allowance, benefits for utility bills, free meals in the soup kitchen, one-time cash benefits, the right to use free community-based services, etc.).

In its previous conclusion (Conclusion 2013), the Committee asked *inter alia* what the public authorities were doing, firstly, to evaluate the extent of the problem in Serbia and, secondly, to raise awareness on the need to eradicate elder abuse and neglect. The report states that social services take due account of cases of violence against the elderly by, on the one hand, recording all cases of violence against elderly persons and, on the other hand, providing assistance to victims. In particular, they removed 66 older people from their families, instituted 68 court proceedings, offered financial and legal assistance or counselling to 1 193 victims of violence, and placed 275 elderly victims in other suitable institutions.

The Committee notes that the National Strategy envisaged introducing measures to prevent neglect, discrimination and violence against the elderly and to protect them from abuse of this kind. **The Committee wishes to be informed of the measures and projects implemented in this connection, as well as of their results.**

With the financial support of the GIZ Office in Serbia, during 2019, the Information System for Data Collection, Processing and Analysis "Aurora" in the Social Protection System was established, which enabled the improvement of the system for collecting data on domestic violence and violence against women in relationships, and for monitoring indicators on victims

of violence and measures taken to intervene by centres for social work, including monitoring the occurrences of violence against the elderly.

The Ministry and the institutes for social protection (republic and provincial) continuously provide professional support in the form of consultative meetings in individual cases of domestic violence and through case conferences at the request of the centres for social work.

In institutions for accommodation of adults and elderly beneficiaries during 2019, a total of 80 reports/complaints of violence against beneficiaries were recorded. In half of the cases, it was emotional violence and in the other half, it was physical violence (42 and 38). In 75 cases, the perpetrator was another beneficiary in the institution, in 3 cases, an employee, and in 2 cases, a person from outside the institution. A total of 9 criminal charges were filed against the perpetrators of violence.

In terms of education on abuse and neglect of the elderly, education of employed professionals in social protection institutions (centres for social work and accommodation institutions) is carried out through accredited training programs in accordance with the Law on Social Protection. So far, several training programs have been accredited, which focus on respect for human rights, anti-discrimination as well as on abuse and neglect of the elderly, and through which professionals are trained to recognize and react in such situations. Among the accredited programs are: "Prevention of violence against the elderly", "Application of anti-discrimination practices in working with the elderly", "Human rights and quality of life of the elderly in institutions", "Violence against the elderly: specifics, identification and prevention strategies ", etc.

The Committee asks the next report to provide further information on the number of licences delivered, the status of social care inspectors, the number of their inspections as well as the measures they are entitled to take in cases of established breaches or abuse. It also wishes to find in the next report information on the organisation of the monitoring mechanisms at the national and municipal level, and particularly, the powers of each of them in this regard.

The Department for Inspection Supervision performed, in the period from 1.1.2016 to 31.12.2019, a total of 932 supervisions and issued 430 licenses to social protection service providers.

Pursuant to Article 168 of the Law on Social Protection, inspection supervision over the work of social protection institutions and providers of social protection services is performed by the ministry in charge of social protection, through the social protection inspectors.

Inspection supervision over the work of social protection institutions and providers of social protection services in the territory of the Autonomous Province is performed by the competent body of the Autonomous Province, as entrusted work (social protection inspectors of the Provincial Secretariat for Social Protection).

Inspection supervision over the work of the centres for social work and social protection institutions, i.e. the provider of social protection services that provides accommodation

services in a shelter (except accommodation for victims of human trafficking) or reception station and daily services in the community in Belgrade is conducted by the Belgrade City Administration - as entrusted tasks (inspectors of the Secretariat for Social Protection of the City of Belgrade).

The Committee asked if some of these services were subject to fees and if so, how the fees were calculated. The report does not provide any information on this subject, so the Committee reiterates its question.

Pursuant to the Law on Republic Administrative Fees, a fee is charged in procedures for issuing and renewing licenses for the provision of social protection services - 20,740.00 dinars.

The Committee asked for information on any possible services or facilities which families caring for elderly persons, in particular highly dependent persons, could request, as well as on any particular services for those suffering from dementia or Alzheimer's disease. The report states that a number of local authorities provide benefits in cash or in kind and home assistance. Some local authorities also provide psychological support to the families of elderly persons. **The Committee asks the next report to provide for more information on this subject, and in particular whether these services are provided across the entire country.**

This category of beneficiaries can also exercise the right to a home help service - with 84 licensed service providers, as well as a day care service for adults and the elderly - with 2 licensed service providers.

The Committee enquired about the cultural, leisure and educational facilities available to elderly persons. The report indicates that the elderly are very active in citizens' associations, charities and other non-governmental organisations working on the issue of the active ageing of the population.

With regard to measures to inform people about the existence of services and facilities, the report states that the Strategy has made it possible to set up a number of portals, such as the "Penzin" portal, aimed at informing elderly persons of their rights and the services available at national and local level. The Gerontological Centre in Belgrade also runs an information centre. The Committee further notes from the UNFPA report that elderly persons can turn to the social protection centres which are particularly active in providing them with information. **The Committee notes, however, that elderly persons living in rural areas are less well informed of their rights than others, and asks in this regard, if any measures have been taken or are envisaged to remedy this situation.**

Informing about the rights in the field of social protection is done through the centres for social work where beneficiaries and potential beneficiaries can get all the necessary information and assistance in exercising the rights that belong to them by law. The network of centres for social work covers the entire territory of the Republic of Serbia.

The Committee asked whether sheltered or supported housing was provided, and whether the supply of such housing was sufficient. The report indicates that under the Law on Social Welfare, local authorities have been given an opportunity to finance the provision of social housing in protected conditions. **The Committee asks the next report to provide for more information on this subject, and in particular on the number of buildings constructed, the housing services offered to the elderly and whether there is financial assistance to adapt/renovate elderly persons' private dwellings.**

Supported housing or other forms of sheltered housing for certain categories of the population, and above all beneficiaries of social protection, is under the jurisdiction of the Ministry of Labour, Employment, Veteran and Social Affairs (hereinafter: Ministry of Social Affairs) and local self-government units for the realization of support.

During the drafting of the Law on Housing and Building Maintenance, the representative of the Ministry of Social Affairs explicitly demanded that the issue of this type of support be treated as a social protection service, not a housing service, and therefore the issue is not covered by housing regulations, but by social protection regulations. This is primarily the Law on Social Protection ("Official Gazette of RS ", No. 24/2011) and the Rulebook on detailed conditions and standards for the provision of social protection services ("Official Gazette of RS", No. 42/2013), which regulates certain spatial norms, as well as the conditions for exercising the right to accommodation in social protection institutions.

The same approach was applied in the case of Social Housing in Sheltered Conditions, as a program financially supported by the European Union and other international donors. Under this program, donors funded the construction of housing for this type of support, and the activities of construction and selection of beneficiaries were carried out by international organizations (SDC, HELP, UNHCR, UNOPS), NGOs (Housing Center, Intersos, Group 484), in cooperation with local self-government units, the Ministry of Social Affairs, and the Commissariat for Refugees and Migration. Data on the number of constructed facilities are available at the Housing Center website:

https://www.housingcenter.org.rs/download/SSZU_kapaciteti_u_Srbiji_realizovani_jan_2003-avg_2019.pdf

Data related to the number of elderly people in various forms of supported housing or sheltered housing should be requested from local self-government units, and centres for social work.

There are no forms of housing in small communities and in case they do not live in a family community with descendants (which is a tradition and the most common case in Serbia), the elderly live in their own apartments (purchased in the early 1990s through almost free privatization) or are accommodated in homes - once exclusively public institutions, and in the last 20-30 years in private homes, which operate exclusively commercially.

Subsidies for the payment of utility costs are regulated exclusively at the level of local self-government units.

Regarding subsidies for rent, as housing costs, the possibility of their realization in terms of meeting the criteria for qualification for this type of housing support is regulated by the Law on Housing and Building Maintenance, but the decision on the amount and manner of allocation is made by local self-government units, in accordance with its capabilities.

The Committee also asked which authority or body was responsible for the inspection of homes and residential facilities (both public and private). The report states that quality control of services, including placement in institutions, is carried out by social welfare inspectors. It further states that the Social Care Inspectorate issued some 37 operating bans on retirement homes in the second half of 2014 and in 2015 (33 were illegal and four did not have the requisite permits). **The Committee asks that the next report provide more information on this subject, in particular on whether these inspectors are part of an independent body.**

The Ministry of Labour, Employment, Veteran and Social Affairs keeps a Register of licensed social protection service providers, and an excerpt from the Register with data on service providers is published on the Ministry's website.

Pursuant to Article 168 of the Law on Social Protection, inspection supervision over the work of social protection institutions and providers of social protection services is performed by the ministry in charge of social protection, through the social protection inspectors.

In the territory of the autonomous province, the inspection is performed by the competent body of the AP, as an entrusted task, and in the territory of the City of Belgrade, the supervision is performed by the City Administration of the City of Belgrade, as an entrusted task.

Article 170 of the Law on Social Protection prescribes the powers of social security inspectors.

In performing supervision, the social protection inspector is authorized to determine the legality of work and compliance with standards in accordance with this law:

1) to review general and individual acts of the social protection institution and the social protection service provider;

2) to inspect the documentation of the social protection institution and the social protection service provider on the basis of which the social protection services are provided;

3) to perform a direct inspection of the services, warn of observed irregularities and determine measures and deadlines for their elimination, which may not be shorter than 15 days or longer than six months, and, in urgent cases, order the elimination of identified irregularities and deficiencies immediately;

4) to request reports and data on the work of the social protection institution and the social protection service provider;

5) to check the fulfilment of conditions for performing social protection activities prescribed by this Law;

6) to hear and take statements of the responsible person, or professional worker and professional associate, as well as other employees and other persons;

7) to initiate the procedure for determining responsibility;

8) to perform direct insight into the implementation of orders issued in the procedure of inspection supervision in accordance with this Law;

9) to consider petitions of legal entities and natural persons related to the work of the institution/provider and provision of social protection services;

10) to perform other tasks, in accordance with the law.

Article 30 – The right to protection against poverty and social exclusion

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;

b. to review these measures with a view to their adaptation if necessary.

- a) *Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no person drops under the poverty threshold, and provide also information on the impact of the measures taken. Please indicate how many people in your country are at risk of poverty, how many in a situation of poverty, and how many in extreme poverty, including specific data for children.*

In Serbia, poverty is monitored and reported on the basis of two basic methodological concepts of measuring poverty (the concept of absolute and the concept of relative poverty). Absolute poverty is the inability to meet basic, minimum needs, while relative poverty means the inability to achieve a standard of living that is appropriate to the society in which the individual lives.

Although assessments of the financial position and living standard of the population are made by using different methodological concepts, with constant improvement of the methodology and the indicators themselves, it is interesting to note that there are no significant differences in the profile of the poor according to the concepts of absolute and relative poverty.

The data show that the most vulnerable populations include:

- children up to 14 years of age,
- young people (15-24 years),
- multi-member households,
- residents of suburban areas,
- persons living in households where household heads have a low level of education,
- persons living in households where the head is unemployed or outside the labour market.

The most important poverty risk factors are:

- education (completed or incomplete primary school),
- employment status (unemployed/inactive),
- number of household members (five-member and larger households),
- location of residence (suburban area, region of Eastern/South-Eastern Serbia), and
- age (children and youth).

Special attention is paid to these categories of the population when designing social policy measures.

The legislative framework in the field of social protection consists of the **Law on Social Protection** ("Official Gazette of RS", No. 24/11) and the **Law on Social Cards** ("Official Gazette of RS", No. 14/21).

The constitutional basis for the enactment of the Law on Social Protection is found in Article 69 of the **Constitution of the Republic of Serbia** ("Official Gazette of the RS", No. 98/06). According to Article 69, paragraph 1 of the Constitution, citizens and families who need social assistance in order to overcome social and life difficulties and create conditions for meeting basic living needs, have the right to social protection, the provision of which is based on the principles of social justice, humanism and respect for human dignity.

In line with the adopted strategic objectives, the Law on Social Protection ("Official Gazette of RS", No. 24/11) provides mechanisms for expanding assistance to the poor through higher transfers and a social protection network that includes the most vulnerable groups who have had difficulty using social protection. The Law also implements strategic goals related to the reform of social services, and regulates rights, types of services, institutions and service providers, beneficiary groups, quality control mechanisms, competencies in the establishment and financing. The reform of social services aims to ensure deinstitutionalization, development of new services and alternative forms of social protection in the community and inclusion of various actors in the sphere of service provision.

During the drafting of the Law on Social Protection, the following international documents were consulted: Charter of Fundamental Rights of the EU, the International Covenant of Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racism and Racial Discrimination, Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child.

The law establishes a system based on pluralism and licensing of service providers and professional; the quality of professional work is improved, through continuous training, licensing and introduction of the Chamber of Social Protection; control and regulatory mechanisms (inspection and supervision) are being redefined; groups of services in social protection are defined, and the way is opened for the development of new services and the definition of minimum standards of services; the focus is shifting towards community-based services; cash social assistance is being reformed, instead of multiple minimum levels of social security, a base of a nominal amount is being introduced, which is multiplied by appropriate coefficients (equivalence scale) depending on the age structure and composition of the household; rights and services are financed from the budgets of the Republic, the autonomous province and local self-government, with the possibility of earmarked transfers from the central to the local level, in cases provided by law.

In addition to the Law on Social Protection, numerous bylaws have been adopted in recent years. Rulebooks on licensing of service providers, on licensing of professional workers, minimum standards for the provision of social protection services, and others have

been adopted. In March 2016, the Government adopted the *Regulation on earmarked transfers in social protection*, which determines the amount of transfers, criteria for its distribution, as well as criteria for the participation of local self-government units. Earmarked transfers provide additional funds from the national budget for financing social protection services under the jurisdiction of local self-government units. The Regulation specifies that the funds are intended for social protection services in less developed local self-government units in municipalities where institutions are in the process of transformation, as well as for financing innovative services and social protection services of special importance for the Republic of Serbia. The Regulation states that the latter group includes services that provide support for the preservation of the natural family and children remaining in their families, as well as support for the elderly over 65 in rural areas and sparsely populated areas. In addition, the *Regulation on measures of social inclusion of cash social assistance beneficiaries* was adopted, which defines the types of activation of beneficiaries of cash social assistance, such as inclusion in the process of formal and non-formal education, employment, medical treatment and community service. According to this Regulation, the centre for social work concludes an agreement with the beneficiary, which contains the activities and obligations of the beneficiaries, as well as the possibility of reducing and terminating the right to cash social assistance in case of unjustified non-fulfilment of obligations. A number of civil society organizations have submitted an initiative to assess the constitutionality of this regulation.

Law on Social Cards

The Law on Social Cards regulates the establishment of a single Social Card Register, which contains data on the socio-economic status of individuals and related persons, determined through a centralized software solution in the field of social protection, i.e. content, access, processing and storage of data within the Social Card Register. This Law also regulates the formation and transmission of notifications to other software solutions in the Ministry, i.e. the manner of processing and analysis of data and preparation of reports necessary for the performance of tasks within the competence of the Ministry.

The aim of establishing the Social Cards is the existence of a single and centralized record that contains accurate and up-to-date data on the socio-economic status of individuals and persons related to them in electronic form and that allows data users to perform data processing to determine the facts necessary to exercise rights and services in the field of social protection, especially for more efficient realization of rights and services of social protection, fairer distribution of social assistance, improvement of efficiency and proactivity of work of bodies in the field of social protection, providing support in defining and shaping social policy and monitoring the overall effects of social protection measures, as well as up-to-date user data in case of an emergency.

Socio-economic status of an individual and persons related to him/her, includes data on their family, educational, psycho-physical, labour-legal, property and health status, which have influence on the exercise of social protection rights.

The budget funds allocated for social protection are large, but they are still limited and insufficient given the large number of beneficiaries. In a situation where resources are limited and insufficient, *social protection priorities* must be taken into account. In order to define priorities in social protection and management of social protection, a *necessary condition is to*

have data on socio-economic status (SES), i.e. data on social cards in one place.

Data on SES can be found in the internal systems of the Ministry and in the sources of public administration bodies (external systems). Data enters the internal systems of the Ministry upon submission of a request, possibly through ex officio proceedings. The intention of the Ministry is to use the mechanism of ex officio action as much as possible in order to show proactivity towards citizens. Proactivity for ex officio action is limited by law to certain socially vulnerable groups, which is decided by the Government, in which case the data will be processed in order to improve the social position of individuals in compliance with the law.

The existing problems that need to be solved by this Law concern several aspects. Internal systems in the field of social sector of the Ministry (social protection, child and family protection and veteran and disabled veteran protection) are separated from each other, technically they do not communicate with each other, and there is no possibility to know which rights and services the beneficiary has collectively, and there is no way to know when the relevant data has changed that would impact the rights of the beneficiary. There is no IT connection with other systems in the Republic of Serbia for the purpose of data exchange in order to ensure the accuracy of the data and the up-to-datedness of the changes of user data. In dozens of rights exercised by existing beneficiaries, there is no possibility of data crossover and no efficient mechanism to find a beneficiary who has different data, i.e. there are no conditions to effectively reduce unjustified costs by reducing the "error of social inclusion". On the other hand, regarding the candidates who submitted applications and were rejected due to non-fulfilment of the conditions, there are no data for ex officio action when the data changed to fulfil that condition, in order to reduce the "error of social exclusion". Based on such a situation, there are no reliable aggregate data needed to conduct social policy, as there are hundreds of thousands of people in the social protection system.

The Law on Financial Support to Families with Children ("Official Gazette of RS" No. 113/17 and 50/1 /) was adopted at the end of 2017, and its amendments in June 2018. The application of the Law began on 1 July 2018. This Law established additional protection for children from particularly vulnerable groups (children with mental and physical disabilities, children without parental care and children receiving cash social assistance).

This Law also introduced a new right to other benefits based on birth and child care and special child care, which enabled a large number of women to exercise the right to other benefits for the first time in the period after the birth of their child. These are women who are not employed, but are self-employed, own a farm, or are employed on the basis of temporary and occasional jobs, service contracts, copyright agreements, or are unemployed at the time of the child's birth but have not exercised the right to cash benefits, unemployment benefits, and they worked in a period that affects the exercise of rights. In addition, this right can be exercised by women who are agricultural insurants. In this way, special protection is provided to women who are employed on the basis of flexible forms of work and who now do not have to interrupt their activities, or decide for themselves whether and in what form they will reduce them, and the state provides them with compensation based on their previous contributions for compulsory social insurance, pension and disability insurance. Special support is also provided to parents on the basis of the birth of the first child, bearing in mind the increased costs that are necessary

in the first days after the birth of the child. The amounts of parental allowance have been increased, and for the third and fourth child, the duration of the payments. The new legal solutions enable the reduction of the necessary documentation, direct payment of rights, as well as better protection of the employed mother whose regular income during the period of using the leave is no longer conditional upon the will and current financial condition of the employer. It is especially important to point out that during the period of using the wage compensation during maternity leave, leave from work for child care and leave from work for special child care, the ministry in charge of social issues takes over the role of the employer by calculating and paying the benefits directly to the beneficiary.

The Law defines the following rights to financial support for families with children:

- 1) wage compensation during maternity leave, leave from work for child care and leave from work for special child care;
- 2) other benefits based on the birth and care of the child and special child care;
- 3) parental allowance;
- 4) child allowance;
- 5) reimbursement of the costs of staying in a preschool institution for children without parental care;
- 6) reimbursement of the costs of staying in a preschool institution for children with disabilities and developmental difficulties;
- 7) reimbursement of the costs of the stay in the preschool institution of the children of the beneficiary of cash social assistance
- 8) reimbursement of the costs of staying in the preschool institution of children from materially deprived families.

The census and child allowance amounts have been increased for certain categories of beneficiaries and some categories of beneficiaries are eligible to this right under more favourable conditions (beneficiaries of cash social assistance and allowance for assistance and care of another person).

b) Please provide information on measures taken to assist persons affected by poverty, social exclusion and homelessness during the COVID-19 crisis, or after the crisis to mitigate its effects.

After the outbreak of the Covid-19 epidemic, and the introduction of a state of emergency in the country, Serbia automatically extended social benefits to beneficiaries whose rights expired during the first wave of the crisis (including those under child protection).

All adult citizens were awarded a universal aid of 100 euros. Pensioners and beneficiaries of financial social assistance were automatically granted this assistance, while other citizens had to apply and thus express their desire to receive this type of assistance.

Some local self-governments distributed aid packages, and with the help of UNICEF, humanitarian aid was provided to a number of Roma settlements. Several local self-

governments approved the deferred payment of utility bills and gave up initiating forced collection during the state of emergency, and the Electric Power Industry of Serbia announced that it would not charge interest to those who are late with the payment of electricity bills.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

**BENEFICIARIES OF CASH SOCIAL ASSISTANCE IN PERIOD 2016-2019
(December)**

Year (Dec)	Number of families	Number of children	Total amount (RSD)
2016	106,439	268,010	1,144,138,202.24
2017	104,276	260,759	1,177,225,121.66
2018	98,754	244,160	1,134,834,738.02
2019	92,673	226,897	1,106,863,368.83