



January 2010

European Social Charter (revised)

European Committee of Social Rights

Conclusions 2009 (ANDORRA)

Articles 3, 11, 12, 13, 14, 23 and 30
of the Revised Charter

This text may be subject to editorial revision.

Introduction

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter, the 1998 Additional Protocol and the Revised Charter. In respect of national reports, it adopts "conclusions"; in respect of collective complaints, it adopts "decisions".

A presentation of this treaty as well as statements of interpretation formulated by the Committee appear in the General Introduction to the Conclusions¹.

The Revised European Social Charter was ratified by Andorra on 12 November 2004. The time limit for submitting the 2nd report on the application of this treaty to the Council of Europe was 31 October 2008 and Andorra submitted it on 20 February 2009. On 26 May 2009, a letter was addressed to the Government requesting supplementary information regarding Article 13§4. The Government submitted its reply on 29 June 2009.

This report concerned the accepted provisions of the following articles belonging to the thematic group "Health, social security and social protection":

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

Andorra has accepted all of these articles.

The applicable reference period was 1 January 2005 – 31 December 2007.

The present chapter on Andorra concerns 18 situations and contains:

- 6 conclusions of conformity: Articles 11§1, 12§3, 13§2, 13§3, 14§1 and 14§2 ;
- 1 conclusion of non-conformity: Article 13§1.

In respect of the other 11 situations concerning Articles 3§1, 3§2, 3§3, 3§4, 11§1, 11§3, 12§1, 12§2, 12§4, 13§4 and 23, the Committee needs further information in order to assess the situation. The Government is therefore invited to provide this information in the next report on the articles in question.

The next Andorran report deals with the accepted provisions of the following articles belonging to the third thematic group "Labour rights":

- the right to just conditions of work (Article 2),
- the right to a fair remuneration (Article 4),
- the right to organise (Article 5),

- the right to bargain collectively (Article 6),
- the right to information and consultation (Article 21),
- the right to take part in the determination and improvement of the working conditions and working environment (Article 22),
- the right to dignity at work (Article 26),
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28),
- the right to information and consultation in collective redundancy procedures (Article 29).

The deadline for the report was 31 October 2009.

¹ *The conclusions as well as state reports can be consulted on the Council of Europe's Internet site (www.coe.int/socialcharter).*

Article 3 - The right to safe and healthy working conditions

Paragraph 1 - Health and safety and the working environment

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

The report gives an overview of the Bill on Safety and Health at Work currently being prepared and its impact in terms of policy-making. However, this information is not adequate to allow the Committee to assess compliance of the situation in Andorra with Article 3§1 of the Revised Charter during the reference period.

The Committee recalls that in order to ensure that all persons working benefit from the right to health and safety at work, paragraph 1 of Article 3 of the Revised Charter requests states, in consultation with employers' and workers' organisations, to formulate, implement and periodically review a coherent national policy on occupational health and safety.

Under Article 3§1 such a policy must include strategies for making occupational risk prevention an integral aspect of the public authorities' activity at all levels. To comply with this provision the Committee considers that states must ensure:

- the assessment of work-related risks and introduction of a range of preventive measures taking account of the particular risks concerned, monitoring of the effectiveness of those measures and provision of information and training for employees, since, within individual firms, occupational risk prevention means more than simply applying regulations and remedying situations that have led to occupational injuries;
- the development of an appropriate public monitoring system - generally a responsibility for the labour inspectorate - to maintain standards and ensure they apply in the workplace, including through preventive activities (e.g. information, education);
- the establishment and further development of programmes in areas such as:
 - training (qualified staff);
 - information (statistical systems and dissemination of knowledge);
 - quality assurance (professional qualifications, certification systems for facilities and equipment);
 - where appropriate, research (scientific and technical expertise).

The Committee therefore asks that the next report provides adequate information on all these aspects.

Conclusion

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

Article 3 - The right to safe and healthy working conditions

Paragraph 2 - Issue of safety and health regulations

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

Content of the regulations on safety and health at work

The report indicates that a Bill on Safety and Health at Work which will constitute the legal framework in this field is currently under preparation. The report indicates that no developments or updates have taken place pending adoption and entry into force of the aforementioned legislative text. Until then Title XI of the Regulation on Work, adopted in 1978 apply, as well as subsidiarily all relevant ILO standards, such as the Convention concerning Safety in the Use of Asbestos (C162), the Convention concerning the Protection of Workers against Ionising Radiations (C115), the Convention concerning the Protection of Workers against Occupational Hazards in the Working Environment Due to Air Pollution, Noise and Vibration (C148), the Convention concerning Safety and Health in Construction (C167), the Convention concerning Safety and Health in Mines (C176), and the Convention concerning the Prevention of Major Industrial Accidents (C174). The legislative situation being in transition, the Committee asks that the next reports provides a description of the update resulting from the future adoption of the Bill on Safety and Health at Work which allows it to assess whether the general requirement under Article 3§1 that Parties should cover by regulation a large majority of the risks listed in the General Introduction to Conclusions XIV-2 has been met.

Protection against dangerous agents and substances

Protection of workers against asbestos

The report indicates that ILO standards as they appear in the above-mentioned Asbestos Convention C162 apply. The Committee asks that more information be given on exposure limits, on the ban on production and sale of asbestos and products containing it, and on the drawing-up of an inventory of all contaminated buildings and materials.

Protection of workers against ionising radiation

The Committee notes from the report that standards of ILO Convention concerning the Protection of Workers against Ionising Radiations C115 apply. The Committee enquires whether national standards also take into account the recommendations made by the International Commission on Radiological Protection (ICRP, publication No. 60), relating in particular to maximum doses of exposure in the workplace but also persons who, although not directly assigned to work in a radioactive environment, may be exposed occasionally, or whether Council Directive 96/29 Euratom¹ of 13 May 1996 laying down basic standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation has been reflected in national legislation.

Protection of temporary workers

The report indicates that applicable regulations cover all workers, regardless of the nature of their contracts. The Committee points out that for the situation to be in conformity with Article 3§2 of the Revised Charter, states must take the necessary measures to equip non-permanent workers (temporary agency workers and fixed-term workers) with information, training and medical surveillance adapted to their employment status, in order to avoid any discrimination in respect of health and safety in the workplace. The Committee indicates that these measures must ensure that such workers are afforded adequate protection, including against risks resulting from a succession of accumulated periods spent working for a variety of employers, exposed to dangerous substances, and, if necessary, must contain provisions prohibiting the use of vulnerable workers for some particularly dangerous tasks. Therefore, it asks that the next report provides relevant information on this matter.

Personal scope of the regulations

Applicable health and safety regulations are said to apply to all sectors of activity and all workers indiscriminately. The Committee asks confirmation that the applicable legislation covers equally the self-employed, home workers and domestic workers.

Consultation with employers' and workers' organisations

The Committee asks that the next report provide information on how employers' and workers' organisation are consulted when drawing up of regulations on health and safety at work.

Conclusion

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

¹ Official journal No. L 159 of 19/06/1996.

Article 3 - The right to safe and healthy working conditions

Paragraph 3 - Provision for the enforcement of safety and health regulations by measures of supervision

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

Occupational accidents and diseases

According to the report, the number of occupational accidents reached 5 267 in 2005, rising to 5 395 in 2006 before decreasing to 4 980 in 2007. The incidence rate of accidents at work per 100 000 workers was approximately 10 400 in 2005 and 2006 and went down to 9 637 in 2007. The same trend can be observed in

the number of accidents having resulted in sick leave (2 470 accidents in 2005, 2 587 in 2006 and 2 333 in 2007) and the incidence rate of such accidents per 100 000 workers (4 893 in 2005, 5 013 in 2006 and 4 515 in 2007). The report shows that the sectors with the highest incidence rate of accidents is the construction sector. The report indicates that there were 2 fatal accidents in 2005, 3 in 2006 and 2 in 2007. The Committee asks the next report to provide data on occupational diseases.

Activities of the labour inspectorate

The Labour inspectorate (*Service d'inspection du travail*) is governed by an Act of 24 July 1984, which created it and defines its functioning and competence, and Act 8/2003 of 12 June 2003 concerning labour contracts, which aims at strengthening the efficiency of its control. The Labour inspectorate carries out visits *ex officio* or at the request of a party. It inspects workplaces and relevant documents, and draws up a report at the end of each visit. When the Labour inspectorate finds a minor breach of relevant regulations which does not cause a direct damage on workers, it serves on the employer or employee a request asking them to redress the situation. The following instances will constitute very serious breaches: the refusal to let the Labour inspectorate visit a workplace, the falsification of relevant documents, or other comparable acts. In exceptional cases, the Labour inspectorate will be able to order the immediate suspension of work when there is a serious and imminent risk for workers of bodily harm. The Criminal Code provides for a number of offences related to health and security at work, notably concerning the breach of security measures resulting in a risk on workers' life, health and safety. Inspection visits take place after each occupational accident and, if need be, inspectors present the results of their visit before the courts. Labour inspectors are also responsible for following up sanction procedures launched as a result of a breach of the work legislation.

The report indicates that, in order to improve the efficiency of the Labour inspectorate, inspection visits are targeted to those sectors with the highest rate of serious accidents (i.e. construction sector) as well as those enterprises with the highest reported number of accidents.

According to the report, the total number of inspection visits varied from 398 in 2005, down to 274 in 2006 and up again to 300 in 2007 - this includes both preventive visits (initial visits and control visits aiming to ensure that necessary security measures indicated during the initial visit have been taken) and visits carried out after accidents have occurred. The number of enterprises visited fluctuated between 243 in 2005 and 177 in 2007. The report states that almost all inspection visits have been undertaken in the construction sector. The Committee asks what is undertaken in respect of other sectors than the construction sector. It also would like the next report provides the number of employees covered by inspection.

As regards enforcement measures, the report indicates that the current reference is the Labour Regulation (Title XI) adopted on 12 July 1978 and last modified in 1980. A bill on safety and health at work which will also cover enforcement

procedures is currently being devised. Article 132 of the Labour Regulation provides for an array of penalties depending on how serious the breach is. In order to decide on the seriousness of the breach, a number of elements are taken into account such as the dangerousness of the activity, the potential result for not taking preventive measures, the number of workers affected, and the conduct of the employer as regards the observance of applicable standards. The number of files of administrative sanctions opened following a breach of health and safety working conditions dropped from 60 in 2005 to 44 in 2007 and the number of breaches varied from 166 in 2005 to 121 in 2007. Given the outdated legislation currently in force, the Committee asks to be kept informed of the new overarching legislation on health and safety at work to be adopted and its impact of the Labour inspectorate's activities, especially its enforcement powers.

Conclusion

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

Article 3 - The right to safe and healthy working conditions

Paragraph 4 - Occupational health services

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

The report indicates that the current legislation does not foresee occupational health services. The Committee recalls that under Article 3§4 all workers in all branches of economic activity and all companies must have access to occupational health services, which may be run jointly by several companies. If occupational health services are not established by every undertaking the authorities must develop a strategy, in consultation with employers' and employees' organisations, for that purpose. The Committee will then assess whether sufficient progress has been made. The report indicates however that the Bill on Health and Safety at Work currently under preparation foresees a duty on enterprises to ensure regular medical supervision by competent services of all employees. The Committee asks to be kept informed of developments in this respect.

Conclusion

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

Article 11 - The right to protection of health

Paragraph 1 - Removal of the causes of ill-health

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

State of health of the population – General indicators

Under Article 11§1 of the Charter, national health systems must respond appropriately to avoidable health risks (i.e. risks that can be controlled by human action) and must guarantee the best possible results in line with current knowledge (Conclusions XV-2, Denmark).

For the situation to be in conformity with Article 11§1, the main indicators of the state of health of the country concerned each have to show an improvement and not be too far behind the European average (Conclusions 2005, Lithuania); nor should there be any significant disparity between town and country or between different regions.

Life expectancy and principal causes of death

Average life expectancy at birth in 2006 was 78.2 for men and 84.8 for women¹ (the EU 27 average in 2004 was 75.2 for men and 81.5 for women²). The mortality rate in 2007 was 6.63 per 1 000 inhabitants³ (the EU 27 average was 6.48 per 1 000 inhabitants in 2006⁴).

In the absence of any information on this point, the Committee asks for information in the next report on the principal causes of death.

Infant and maternal mortality

Infant and maternal mortality are avoidable risks that states must control to comply with Article 11§1 of the Charter (Conclusions 2005, Moldova). They must be as close as possible to zero (Conclusions 2005, Lithuania), especially if the health care system is a highly developed one (Conclusions 2003, France).

The infant mortality rate in 2006 was 3 deaths per 1 000 live births⁵ (the EU 27 average was 4.7 per 1 000 in 2006⁶). In the absence of any information on this point, the Committee asks for information in the next report on the maternal mortality rate.

Monitoring of pregnant women and newborn children is carried out by the Andorran Health Monitoring Service (SAAS) through a specific mother and infant programme. The medical tests that pregnant women are required to undergo are entirely free of charge. Particular attention is paid to help with breastfeeding.

Health care system

Access to health care

The health care system must be accessible to everyone (Conclusions 2007, Albania). Restrictions on the application of Article 11 may not be interpreted in such a way as to prevent disadvantaged groups from exercising their right to health. This interpretation is the logical consequence of the non-discrimination

provision in Article E of the revised Charter taken in conjunction with the substantive rights of the Charter (Conclusions XVII-2 and 2005, Statement of Interpretation of Article 11, §5). The Committee has stated that this approach calls for a strict interpretation of the personal scope of Article 11 of the Charter on the right to protection of health, particularly paragraph 1 on access to health care (Conclusions 2007, Albania).

The main legislation on which the organisation of the health system is based is the General Health Act of 1989. The main aims of the health system are as follows:

- to promote and improve the health of the entire population;
- to prevent disease;
- to promote food safety, health in the workplace and environmental health;
- to provide individual and collective health education designed to promote healthy lifestyles;
- to provide quality medical assistance through the co-ordination of public and private primary and specialised treatment and physical and mental rehabilitation services.

The Andorran health service is a mixed system combining public and private bodies performing tasks connected with hygiene, public health and individual and collective medical assistance. Whereas the Government is responsible for the development and planning of all health-related activities and the actual performance of hygiene and public health-related tasks, the Andorran Social Security Fund (CASS) is charged with the collection of contributions from insured parties and the funding of the services received by the system's beneficiaries and provided by Andorran service providers or providers in neighbouring regions including private physicians who have negotiated agreements with the CASS. The Andorran Health Monitoring Service (SAAS) is responsible for the management of public health services (hospitals, primary care centres, medical transport, mental health facilities). The system also allows foreign service providers to take part, particularly those that provide specialist services that cannot be found in Andorra.

Public health services are universal in nature and intended for everyone. According to the report, access to assistance services is guaranteed by the existence of health services that are sufficiently abundant to meet the people's needs. Patients may choose their health care provider or medical practitioner freely. The funding system follows the social security model. Contributions to the CASS are deducted from wages (partly from employees and partly from employers). The CASS collects these contributions and uses them to fund 75% of outpatient services including medicines and 90% of hospital services. Non-salaried persons may make voluntary contributions and are entitled to the same health benefits (except in the case of maternity leave). People who make no contribution must cover health costs themselves unless they have private

insurance. A large number of salaried persons also have private supplementary insurance. There is also a system of patient cost sharing.

The CASS may cover the entire cost of services in specific instances assessed on a case-by-case basis (long-term illnesses, special high-cost treatment and special personal situations). The health costs of people without sufficient insurance cover or financial means to pay are covered directly or indirectly by the Government.

According to the report, the Andorran system has the merit that the public are aware of the cost of services and do not overuse them. However, in recent years, owing to the increase in the cost of many health services, particularly in the diagnostic and pharmacological spheres, the cost of patient contributions sometimes causes difficulties of access for the most disadvantaged persons.

The Committee asks whether access to health care is guaranteed equally to Andorran citizens and to foreign nationals residing and working lawfully in Andorra. It also asks for details of the regulations governing hospitals.

A Strategic Health Plan was launched in 2006 with a view to pinpointing and carrying out the reforms needed to ensure that the health system will meet the population's current and future needs, bearing in mind, in particular, the ageing of the population, epidemiological developments including an increase in chronic diseases and increasing medical costs. One of the measures proposed is to consolidate the Ministry of Health to help it to carry through the necessary reforms, which are linked in particular to setting public health priorities, making the system more equitable by proposing alternative funding methods (100% coverage, benefits in kind, etc.) and establishing a system of quality control of health provision using systems of certification and evaluation of professional practices. The Committee asks for information in the next report on the outcome of the reform.

The right of access to health care requires that the cost of health services be borne, in whole or in part, by collective bodies (Conclusions I, Statement of interpretation of Article 11; Conclusions XV-2, Cyprus). This also implies that the cost of care should not be too great for individuals. For this purpose, measures must be taken to reduce patients' financial contributions, particularly for disadvantaged persons (Conclusions XVII-2, Portugal). The Committee would point out that it examines the conformity of the situation in the light of Recommendation 1626 (2003) of the Parliamentary Assembly of the Council of Europe on "the reform of health care systems in Europe: reconciling equity, quality and efficiency". This Recommendation urges states to use, as the main criterion for judging the success of health system reforms, effective access to health care for all without discrimination, as a basic human right (Conclusions XVII-2 and 2005, statement of interpretation of Article 11, §5). Accordingly the Committee also asks what measures are planned to alleviate the effects of the increasing cost of services and the increase in the amount of patient contributions on disadvantaged sections of the population. It also asks for

information on the charging system and the list of services provided free of charge.

Priority is given to primary care. In this connection, a distinction is made between public health services (promotion, prevention and medical supervision) and assistance services (primary, specialist, hospital or emergency assistance). Assistance services are supplemented by specific hospital and outpatient rehabilitation facilities and medical and emergency transport. According to the report, following a reform in 2006 of the health and welfare transport service, a single co-ordinating centre was to be established to co-ordinate and dispatch all internal and external medical transport services. The Committee asks for the next report to describe the outcome of this reform.

Particular attention is also paid to vulnerable groups such as pregnant women, children, people with mental disabilities and the elderly. Some of the medical staff whom they can consult are from the private sector, particularly psychiatrists.

Right of access to care means that arrangements for such access must not lead to unnecessary delays in its provision. The management of such matters is considered in the light of Committee of Ministers Recommendation (99) 21 “on criteria for the management of waiting lists and waiting times in health care” (Conclusions 2007, Albania). The Committee asks for information on this subject.

The health care budget was 6.3% of GDP in 2007⁷, which is one of the lowest figures in Europe⁸. This figure has remained the same since 2000. The Committee asks if it planned to devote a larger share of Andorra’s GDP to health care spending.

Health care professionals and facilities

The right of access to health care requires that there are sufficient numbers of health professionals and health facilities (Conclusions 2007, Albania).

There were 2.6 hospital beds per 1 000 inhabitants in 2007⁹ (the EU 27 average in 2005 was 5.9 beds per 1 000 inhabitants¹⁰). There was also a total of 12 psychiatric hospital beds in the country. The Committee notes that the situation in Andorra falls significantly behind that of other European countries with regard to the number of hospital beds per inhabitant.

In 2007¹¹, there was a total of 244 doctors in Andorra, or 36 doctors per 10 000 inhabitants, and a total of 46 dentists, or 7 dentists per 10 000 inhabitants. There were also 259 nurses and midwives, or 39 per 10 000 inhabitants¹². There were also 72 pharmacists¹³, or 11 per 10 000 inhabitants. These figures are similar to those in most other European countries¹⁴, except for those relating to nurses and midwives, which are considerably lower.

The Committee asks what measures are planned to increase the number of hospital beds, nurses and midwives.

The Committee reiterates that living conditions in hospitals, including psychiatric institutions and other care centres, must be adequate and preserve human dignity (Conclusions XVII-2 and 2005, statement of interpretation of Article 11,

§5; Conclusions 2005, Romania). It asks for the next report to describe patients' living conditions in hospitals, including psychiatric institutions and other care centres

Conclusion

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

-
- ¹ WHO
² Eurostat
³ WHO
⁴ Eurostat
⁵ WHO
⁶ Eurostat
⁷ WHO
⁸ *Ibid*
⁹ *Ibid*
¹⁰ Eurostat
¹¹ WHO
¹² *Ibid*
¹³ *Ibid*
¹⁴ *Ibid*

Article 11 - The right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information in the Andorran report.

Education to health

Public information and awareness-raising

Information campaigns are run as part of targeted action plans with the aim of informing the public about various subjects such as AIDS prevention, activities that are damaging to health (smoking, alcohol and drugs) and the benefits of healthy eating and regular physical activity.

Consulta Jove is a free, anonymous, personalised service for young people which provides inter alia advice and information on sexual matters. The Ministry of Health, Welfare, Family Affairs and Housing covers the cost of visits by medical professionals when *Consulta Jove* has referred a case to them.

In the environment sphere, the Andorran Sustainable Development Centre (CAS) organises cinema festivals, conferences and photography workshops in order to educate young person about the environment.

Health education in schools

Health education is provided throughout the period of schooling and included in school curricula. Subjects raised include eating habits, hygiene, oral hygiene,

activities that are damaging to health (smoking, alcohol and drugs) and the environment. In addition nurses deal with sex education.

Counselling and screening

Population at large

Breast cancer screening has been organised by the Andorran Health Monitoring Service (SAAS) since 2007. The breast cancer early detection programme offers all women between the ages of 50 and 69 registered in the Principality of Andorra a free mammography every two years. It also provides for cases in which problems have been detected to be followed up.

According to the report, a hospital register of cancer cases is currently being prepared. The ultimate aim is to add this to another register that has already been set up on other causes of mortality. The Committee refers in this connection to its conclusion under Article 11§1 on the principal causes of death. It also asks if other types of screening are planned.

Pregnant women, children and adolescents

Special consultations are held for pregnant women and newborn children as part of the mother and infant programme organised by the SAAS. During pregnancy women undergo tests that are entirely free of charge.

Free medical checkups are provided in schools at various ages (4, 6 and 11) A check on their vaccination status is also made, both for schoolchildren and for children attending day care centres. This means that some 2 000 pupils undergo medical checkups and checks on their vaccination status every year. Children who are found to have a medical problem are referred to their paediatrician or family doctor.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Andorra is in conformity with Article 11§2 of the Revised Charter.

Article 11 - The right to protection of health

Paragraph 3 - Prevention of diseases

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

The Committee requests that all relevant information be provided the next time a report is submitted on Article 11§3 otherwise there will be nothing to demonstrate that Andorra is in conformity with Article 11§3.

Policies on the prevention of avoidable risks-Reduction of environmental risks

A Department of the Environment has been created tasked with planning and implementing programmes on improving the environment. It is also responsible for monitoring activities likely to have an environmental impact. Legislation requires all work/ activities which would modify property must be subjected to an environmental impact assessment.

Water - A plan to ensure that all drinking water is fit for human consumption and of the highest quality has been adopted, this is based on legislation adopted in 1985 and 1989. The Plan has two main action lines inspection and improvement of the water supply system and inspection of drinking water

Air - The report provides very general information on measures taken to reduce and prevent such pollution. The report refers to Regulations adopted in 2002 which are according to the report in accordance with the relevant EU Directives. A strategy on monitoring, communication and protection of the environment of Andorra for the period 2006-2010 is in force. It has, *inter alia*, developed a network for monitoring air quality.

The Committee asks what standards have been adopted in order to reduce pollutants in ambient air; what pollutants are covered and what threshold values are set. It also seeks information on standards set for pollutant emissions.

The Committee notes the detailed information provided in the report on the rules relating to waste.

Noise - Very general information was provided on this topic, the Committee asks for further information on measures taken to reduce, prevent and monitor noise pollution.

Food safety

The National Food Surveillance System has been in place since 2000, it has as its objectives to evaluate the risks and occurrences of food borne diseases, promote and guarantee food inspection systems, ensure that meat obtained from the National Abattoir is fit for human consumption, provide the public with information on food labelling.

Measures to combat smoking, alcoholism and drug addiction

The Committee asks the next report to provide information on the rules relating to the distribution pricing and advertising of tobacco. It asks whether the advertising of tobacco products is prohibited, whether the sale of tobacco to young persons is prohibited and whether smoking is banned in public places.

Alcohol – The Committee asks for details of the regulations on the sale and distribution of alcohol.

Drugs – The Committee ask for information on measures taken to combat drug abuse.

The Committee asks for information on the trends in smoking and of alcohol and drug abuse.

It refers to article 11§2 regarding awareness campaigns on the dangers of smoking alcohol abuse and drug abuse.

Accidents

Under Article 11§3 states must take steps to prevent and reduce accidents such as road accidents, domestic accidents, accidents at school, accidents during leisure time etc. The Committee asks the next report to provide information on measures taken to reduce injury and death by accidents as well as trends in the number of accidents.

Epidemiological monitoring-Prophylactic measures

The Department of Health is responsible for monitoring the incidence of transmissible diseases, doctors are required by law to notify the department of cases of certain transmissible diseases. Surveillance of infectious diseases is carried out in cooperation with the National Centre for Epidemiology of the Institute of Health Carlos III in Spain.

Immunisation

In 2007 the Government revised the vaccination programme previously in place, in order to improve the provision of vaccines, to better identify their origin and to improve the cold chain in order to ensure their efficacy, the new legislation also created the post of Advisor on Vaccinations. The Committee notes from the statistics provided that between 2005 and 2006 for all compulsory vaccines there has been a decline in the coverage rate, the Committee asks for information on this.

Conclusion

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

Article 12 - The right to social security

Paragraph 1 - Existence of a social security system

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

It notes that the social security system was set up in December 1967 when the Andorran Social Security Fund (the CASS) was founded. An Act on the management and administrative organisation of the CASS was adopted in December 1997.

The Committee notes that in 2006 and 2008 new laws on the social security system were adopted, particularly Act 17/2008, which provides for the establishment of a family benefits scheme. The Committee refers to its conclusion under Article 12§3 for its assessment of these changes.

Risks covered, financing of benefits and personal coverage

Under Article 12 of the Revised Charter, the right to social security encompasses the right to access and maintain benefits without discrimination in order to secure:

- affordable health care;
- benefits in case of loss of earnings caused by sickness, unemployment, old age, employment injury, disability, and maternity;
- family support, particularly for children and adult dependents.

The Committee notes that the Constitution of the Principality of Andorra of 1993 establishes the right to health protection and social services for other needs and that, for this purpose, it requires the state to run a social security system (Article 30).

According to the report, the social security system that has been running since 1967 is divided into two branches – sickness and old age – which cover, respectively:

- health care services, compensation for sick leave, maternity benefits, invalidity benefits and death grants;
- old age pensions and survivor's pensions.

The report also states that from the end of 2009 onwards (outside the reference period), there will be a new branch of the social security system providing family benefits. In this respect the Committee refers to its conclusion under Article 12§3.

The Committee recalls that under Article 12§1 the social security system should protect a significant proportion of the population in the following branches: health care, sickness, unemployment, old age, employment injury, family, and maternity (Conclusions 2006, Bulgaria). It observes that the two branches of the social security system which existed during the reference period (health care and old age) covered neither unemployment nor family benefits.

- As to protection in the event of lost income as the result of unemployment, the Committee notes from another source¹ that the government provides assistance in this field where necessary. The Committee asks for the next report to provide information on this subject. Pending receipt of this information, it reserves its position as to whether there is protection against this traditional risk.
- As to the lack of family benefits, according to the same source, the government provides families with assistance when they need it. Furthermore, as mentioned above, from 2009 onwards, these benefits will be covered by a third branch of social security. The Committee will therefore decide whether family benefits are adequate when next examining the situation under Article 12, bearing in mind that Andorra has not ratified Article 16.

In order to assess to what extent persons in Andorra are guaranteed an effective right to social security with respect to the benefits provided under each branch, the Committee has to regularly be provided with percentage figures concerning the coverage of the population for all social security branches. The Committee thus requests the next report to contain such data. Meanwhile, it reserves its position in this regard.

According to the report, the social security system is financed by employees' and employers' contributions. The Committee asks if there is also funding for the system from the state budget. The Committee recalls that the principle of collective funding is a fundamental feature of a social security system as foreseen by Article 12 as it ensures that the burden of risks are spread among the members of the community, including employers, in an equitable and economically appropriate manner and contributes to avoiding discrimination of vulnerable categories of workers (Conclusions 2006, the Netherlands).

Adequacy of the benefits

A social security system must guarantee an effective right to social security with respect to the benefits provided under each branch (Conclusions XIII-4, General Introduction on Article 12). The Committee recalls that Article 12§1 of the Revised Charter requires that social security benefits are adequate, which means that, when they are income-replacement benefits, their level should be fixed such as to stand in reasonable proportion to the previous income and it should never fall below the poverty threshold defined as 50 % of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value (Conclusions 2006, Bulgaria). It is therefore essential that information on all social security benefits be systematically provided in future reports so that their adequacy may be assessed. Such information should include in particular the minimum level of benefits and the duration of their payment. Pending receipt of such information, the Committee reserves its position as to the adequacy of the benefits.

Regarding the adequacy of family benefits in particular, the Committee recalls that:

- it considers that child allowance is an adequate income supplement when it represents a sufficient percentage of the monthly median equivalised net income;
- it asks for information on economic measures taken in favour of single-parent families;
- it asks whether housing benefits specifically targeted at families (e.g. grants or subsidies for the purchase or construction of family home, tax relief on mortgage repayments, subsidised loans for acquiring the first home, subsidised rent for families, housing allowances, etc.) are available and under what condition.

Pending receipt of all the above information, the Committee reserves its position as to the adequacy of the benefits.

Conclusion

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

¹*International Social Security Association (ISSA), Country profiles, Andorra:*
<http://www.issa.int/aiss/Observatoire/Profils-des-pays/Regions/Europe/Andorre>

Article 12 - The right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that required for ratification of the International Labour Convention No. 102

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

The Committee notes that Andorra has not ratified the European Code of Social Security.

The Committee recalls that Article 12§2 obliges states to establish and maintain a social security system which is at least equal to that required for ratification of the European Code of Social Security. The European Code of Social Security requires acceptance of a higher number of parts than ILO Convention No. 102 relating to social security; six of the nine contingencies must be accepted although certain branches count for more than one part (old-age counting per three for example).

The report states that during the reference period, the legal system of the Andorran social security provided for the benefits in accordance with Article 12§2. The Committee recalls that in order to assess whether the social security system stands at a level at least equal to that necessary for the ratification of the Code, it has to be provided with a thorough information regarding the branches covered, the personal scope and the level of benefits offered.

The Committee requests that the next report provides the necessary information, which will allow that the situation in Andorra be assessed.

Conclusion

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

Article 12 - The right to social security

Paragraph 3 - Development of the social security system

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

According to the report, the following laws were adopted during the reference period and afterwards to improve the social security system:

- Act 4/2006 of 7 April on urgent and ad hoc measures for the reform of the social security system and Act 9/2006, amending it;
- Social Security Act 17/2008 of 3 October, which will enter into force on 1 November 2009.

According to the report, Act 4/2006 resulted in the following advances:

- an increase in the coverage time for beneficiaries' entitlement according to the length of their affiliation to the system;
- an increase in maternity benefit to 100% of the beneficiary's regular wage;
- the addition of a non-contributory supplement to pensions lower than 50% of the minimum wage set by the government.

The Act includes provision for all orphans to receive an allowance of 10% of the deceased parent's income and for minimum orphans' pensions to be no lower than 30% of the minimum wage set by the government. It also introduces a non-contributory supplement to pensions lower than 50% of the minimum wage set by the government. The Committee asks for the next report to state what the minimum wage is so that it can assess whether the benefits are adequate under the terms of Article 12§1.

As to Act 17/2008, the report states that this provides for the establishment of a new branch of the social security system providing family benefits including paternity benefit.

It has also introduced benefits for occupational diseases which were not previously covered by employment injury insurance.

Taking into account the above developments, the Committee considers that Andorra has endeavoured to raise progressively the social security system to a higher level.

The Committee asks for more details in the next report on the new benefits introduced and the results of the changes made, complete with statistics.

The Committee also recalls that the criteria it takes into account to assess the conformity of restrictions on the right to social security as a result of economic and demographic factors are listed in the General Introduction to Conclusions XIV-1. They are:

- the nature of the changes (field of application, conditions for granting allowances, amounts of allowance, lengths, etc.);
- the reasons given for the changes and the framework of social and economic policy in which they arise;
- the extent of the changes introduced (categories and numbers of people concerned, levels of allowances before and after alteration);
- the necessity of the reform, and its adequacy in the situation which gave rise to these changes (the aims pursued);
- the existence of measures of social assistance for those who find themselves in a situation of need as a result of the changes made (this information can be submitted under Article 13);
- the results obtained by such changes.

The Committee therefore asks that the next reports provide information on any development of the social security system which will occur in the reference period in the light of the above criteria.

Conclusion

Pending receipt of the requested information, the Committee concludes that the situation in Andorra is in conformity with Article 12§3 of the Revised Charter.

Article 12 - The right to social security

Paragraph 4 - Social security of persons moving between states

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

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

Right to equal treatment

Andorra has signed bilateral social security agreements guaranteeing equal treatment with its neighbouring countries, namely Spain, France and Portugal. These international agreements apply to workers who are, or have been, covered by social security legislation in one or both of the contracting parties, and their family members and survivors. The Committee asks what it is planned to do with the other states that have ratified the Charter. It reiterates that States Parties can comply with their obligations not only through bilateral or multilateral agreements,

but also through unilateral measures. The Committee asks if and how equal treatment is guaranteed for non-nationals legally residing or working in Andorra, who are not covered by bilateral agreements.

The Committee notes from another source¹ that there is no family benefits system in Andorra. However, it does appear from the report in relation to Article 12§3 of the Revised Charter that Social Security Act No. 17/2008 of 3 October 2008 came into force on 1 November 2009 and includes provisions on family benefits. The Committee previously considered that, under Article 12§4, any child resident in a country is entitled to these benefits on the same basis as the citizens of the country concerned. Whoever the beneficiary may be under the social security scheme – the worker or the child – the States Parties are obliged to guarantee, through unilateral measures, effective payment of family benefits to all children resident on their territory. In other words, the requirement for the child concerned to reside on the territory of the state concerned is compatible with Article 12§4 and with its Appendix. However, as not all the countries apply such a system, the states which impose a child residence requirement are under an obligation, in order to secure equal treatment within the meaning of Article 12§4, to conclude within a reasonable period of time bilateral or multilateral agreements with those states which apply a different entitlement principle. The Committee asks for the next report to state whether agreements have been negotiated with the States Parties to the Charter on entitlement to family benefits. The Committee asks for the next report to state whether agreements have been negotiated with the States Parties to the Charter on entitlement to family benefits.

Right to retain accrued benefits

The agreements with Spain, France and Portugal allow the retention of rights accrued in another State Party. The Committee asks if and how the retention of accrued rights is guaranteed for non-nationals legally residing or working in Andorra, who are not covered by bilateral agreements.

Right to maintenance of accruing rights (Article 12§4b)

The Committee points out that the fact of having changed country of employment without having completed the period of employment or insurance necessary under that state's legislation to qualify for certain benefits and for determining the amount thereof should not be prejudicial. Implementation of the principle presupposes that, if necessary, the technique of accumulating the periods of employment or insurance spent abroad and, in respect of long-term benefits, the pro rata technique, be used for the opening, calculation and payment of benefits. States have the choice of means: multilateral convention, bilateral agreement or any other method, such as unilateral, legislative or administrative measures

The agreements with Spain, France and Portugal allow periods of insurance completed in another State Party and contributions paid in accordance with the legislation of another State Party to be accumulated provided that they do not overlap. Under the agreements with Spain and France, entitlement to benefits is subject to a one-year contribution period. The Committee asks if and how the

right to accumulate insurance and employment periods is guaranteed for nationals of States Parties not covered by a bilateral agreement with Andorra.

Conclusion

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

Article 13 - The right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

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

Types of benefits and eligibility criteria

Article 30 of the Constitution of the Principality of Andorra guarantees the right of all persons to protection of health and assistance to meet personal needs. The persons who fall out of the social security system and who are not in a position to acquire resources by their own efforts are protected by the State which ensures social and medical assistance. To this end the General Law on Healthcare of 20 March 1989 provides that the Government will assume the costs of such assistance for Andorran nationals as well as foreigners legally and effectively resident who prove that they do not possess enough resources or other means of social protection. The costs are covered by the Healthcare Service. In case of long term medical care, the person concerned will benefit from social pension to be allocated by the Ministry of Health, Well-being, Family and Housing. Social pension is designed to ensure that its beneficiary receives medical care through social security system, as well as social assistance to meet everyday needs. The Committee notes from the report that in 2007 social assistance services identified 34 persons as lacking health coverage, whereas 21 persons received social pension in 2007.

Level of assistance

To assess the situation during the reference period the Committee takes into account the information on basic social assistance benefits, supplementary benefits, if any, as well as the poverty threshold in the country. In the absence of such information the Committee requests that the next report provide the following information and holds that if such information is not provided, there will be nothing to establish that the situation is in conformity with the Charter:

- the level of basic assistance paid to a single person without resources, types and amounts of supplementary benefits, if any, such as for housing and heating;
- the poverty threshold, i.e. the monetary cost of the household basket containing the minimum quantity of food and non-food items which is necessary for an individual to maintain a decent living standard and be in good health. The Committee also asks under what sort of circumstances someone would qualify for social assistance. **Error! Hyperlink reference not valid.**

In the meantime the Committee reserves its position on this point.

Right of appeal and legal aid

The Committee recalls that Article 13 of the Charter places an obligation on States to guarantee the right to social and medical assistance in law and in practice, which they may be called on in court to honour. Social and medical assistance should be granted to persons in need as of individual right. The Committee focuses on the judicial role of the review body which is to rule on

cases within its jurisdiction and hand down binding decisions based on the law. The body may therefore be an ordinary court or an administrative body. It must be a body independent of the executive and of the parties.

The Committee asks whether unfavourable decisions concerning the granting and maintenance of assistance as well as suspension or reduction of benefits, for example in the event of refusal by the person concerned to accept an offer of employment or training, are subject to appeal. It holds that if such information is not provided in the next report, there will be nothing to establish that the situation is in conformity with the Charter.

Personal scope

The Committee notes from the report that foreign nationals, legally and effectively resident in Andorra are entitled to social assistance. However, to become eligible, they are required to have resided in the country for three years. Exceptions to this condition can be made in particular cases, where there is an urgent necessity. The Committee recalls that under Article 13§1 equality of treatment of foreign nationals legally resident in the state concerned should be guaranteed in the matters such as access to assistance. This implies that entitlement to assistance benefits, including income guarantees, is not confined in law to nationals or to certain categories of foreigners and that additional conditions such as length of residence, or conditions which are harder for foreigners to meet may not be imposed on them. The Committee observes that the situation in Andorra amounts to the length of prior residence requirement imposed on foreign nationals and therefore constitutes a breach of the Charter.

The Committee asks whether foreigners lawfully resident can be repatriated on the sole ground that they are in need of assistance.

Conclusion

The Committee concludes that the situation in Andorra is not in conformity with Article 13§1 of the Charter on the ground that foreign nationals legally resident in Andorra are subject to an excessive length of residence requirement to be eligible for social assistance.

Article 13 - The right to social and medical assistance

Paragraph 2 - Non-discrimination in the exercise of social and political rights

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

The report explains that the Constitution of the Principality of Andorra, the General Law on Health and the National Plan of Social Services guarantee the rights of vulnerable people to an equal treatment and protection against social exclusion and marginalization. Furthermore the report describes how a team of 12 professionals under the Ministry of Health, Well-being, Family and Housing

oversee the situation in Andorra and ensure that the rights of the people with social needs are protected.

The Committee interprets the report as indicating that persons receiving social and medical assistance come within this group of vulnerable persons and that national law protects such persons against any diminution of their political and social rights. The Committee asks that the next report clarify whether this interpretation is correct, and if not, to explain the status of persons receiving social and medical assistance with regard to their social and political rights.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Andorra is in conformity with Article 13§2 of the Revised Charter.

Article 13 - The right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

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

The Committee notes from the report that the National Social Services Plan, adopted on 26 April 1995 which is based on the principles of co-responsibility, solidarity, subsidiarity, participation, prevention, autonomy, optimisation of resources etc, provides for the creation of social services as a network of care providers, programmes and assistance aimed at helping persons and families in the situations of need. The main areas of activity are, among others, social exclusion and social emergency. The social services network is run by the Ministry of Health, Well-being, Family and Housing and provides social services, advice and personal aid, with a view to preventing, elimination or alleviating emergency. According to the report 716 persons received assistance in 2007.

The Committee recalls that Article 13§3 requires the States to guarantee that persons without resources are offered advice and assistance to make them fully aware of their rights to social and medical assistance and of the ways to exercise these rights. The Committee asks whether services and institutions concerned are provided with sufficient means to give such assistance as necessary.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Andorra is in conformity with Article 13§3 of the Revised Charter.

Article 13 - The right to social and medical assistance

Paragraph 4 - Specific emergency assistance for non-residents

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

The Committee recalls that Article 13§4 grants foreign nationals entitlement to emergency social and medical assistance. States are required to provide appropriate short-term assistance to persons in situations of immediate and urgent need (such assistance may involve the provision of accommodation, food, emergency medical care and clothing). The beneficiaries of this right to emergency social and medical assistance include foreign nationals who are lawfully present in a particular country but do not have resident status, as well as foreign nationals who are unlawfully present in that country.

From the supplementary information provided by the Government, the Committee notes that Article 8 of the General Law on Health of March 1989 stipulates that all Andorran nationals and legally resident foreigners will receive assistance from the State in case of need. As regards foreign nationals who are not resident and those who are unlawfully present, the new Law modifying the General Law on Health of 23 January 2009 states in Article 8(c) that free emergency medical assistance will be granted to non-residents who do not have medical coverage.

As regards emergency social assistance, the Rules on Social Assistance Benefits of 1996 in paragraph B stipulate that in a situation of extreme necessity, the competent ministry may grant assistance to a person who does not meet the qualifying requirements of legal residence. The report states that as a consequence, in situations of urgent social need, the usual qualifying requirements relating to legal residence and the length of residence do not apply. In addition, the report cites provisions of the 1996 Rules which establish that the emergency assistance provided to individuals in such situations can include aid to satisfy housing and nutritional needs, as well as assistance to return to the country of origin.

As a result, the Committee understands that all foreigners, both lawfully and unlawfully present, who are in a situation of extreme need, whether medical or material, are entitled to receive emergency social and medical assistance when in situations of 'extreme necessity'. The Committee asks what constitutes a situation of 'extreme necessity' and also asks what is the nature and extent of the aid which is provided in such situations to unlawfully present foreigners.

Conclusion

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

Article 14 - The right to benefit from social welfare services

Paragraph 1 - Provision or promotion of social welfare services

The Committee notes the information in the Andorran report.

Organisation of the social services

The existing social welfare services are based on the government's 1995 national social services plan, which established certain basic principles and an organised system of activities concerned with prevention, treatment and the social integration of all citizens, with a particular emphasis on vulnerable individuals, families and groups in difficult circumstances. The national plan divides the social welfare services into "primary" or basic social services and specialist services and centres offering individuals, families and groups with specific needs advice and assistance aimed at prevention, diagnosis, treatment and rehabilitation.

With the support of the ministry of health, well-being, families and housing, local authorities have also established their own networks of social services within the seven *parishes* that make up the principality. Specific legislation governs the provision of social services at local level. The report offers a detailed description of the services available. The main target groups are children (day care, support in school and domiciliary assistance), young persons (grants for renting accommodation and sporting and cultural activities), elderly and disabled persons (home help, physical care and assistance with administrative tasks) and vulnerable groups (financial assistance and psychological support).

Effective and equal access

The main eligibility criterion for access to social services is need. Where appropriate, resources and residence conditions may be applied. Normally, applications for social services are received and processed by the parish social department. The Committee asks for a more detailed explanation in the next report on how decisions on granting social services are taken and what judicial remedies are available for persons wishing to appeal against unfavourable decisions on requests for such services. It also asks for confirmation that nationals of other states party are guaranteed equal treatment as regards access to social services.

Charges may be made for other services, particular domiciliary assistance/home help and children's day care. Persons in difficulty may be charged at a reduced rate or even exempted from payment. For example, in 2006 elderly persons were charged €5 for organised meals while the cost of home help that year ranged from €2.20 to €18.40 per hour, depending on the clients' financial means.

Quality of services

The local authorities may contract with other bodies, including public and private agencies, to provide services and respond to any specific needs. The Committee asks what conditions such agencies and providers must meet to be able to offer their services. It also asks for information in the next report on steps taken to

ensure that social welfare services provided by the different agencies concerned are of a sufficient standard.

According to the report, during the reference period the number of cases dealt with in Andorra rose from 690 in 2005 to 716 in 2007. In the same period, a total of twelve persons were employed by the primary care networks.

Apart from the local authorities' own budgets detailed in the report, total public expenditure on social services rose from more than €128 000 in 2005 to about €159 300 in 2007.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Andorra is in conformity with Article 14§1 of the Revised Charter.

Article 14 - The right to benefit from social welfare services

Paragraph 2 - Public participation in the establishment and maintenance of social welfare services

The Committee notes the information in the Andorran report.

Encouraging voluntary activity is one of the main priorities of the government's 1995 national social services plan.

The services provided by voluntary organisations such as the Andorran Caritas and Red Cross organisations are mainly aimed at elderly persons, the sick and young persons, either in residential or specialist institutions, or in the home. There are also activities in the social and cultural domain and preventive and advisory services, particularly for drug users.

Voluntary organisations like the Red Cross co-operate with local authorities in providing elderly persons with telephone assistance services in the home that enable all those concerned to activate an alarm if they have an accident or are in difficulty. This means that they are offered round the clock assistance where needed.

Certain local authorities such as the parish of Comù de Sant Julià de Loria provide voluntary associations with financial and other material support. The central authorities also grant aid the training of volunteers and the operating costs of social services provided by voluntary organisations.

The Committee asks what procedures are in place and what conditions are imposed in connection with NGOs and other non-public providers wishing to offer services, and how their activities are monitored.

It also asks about information on initiatives taken to encourage users to participate to the creation and the maintenance of social services.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Andorra is in conformity with Article 14§2 of the Revised Charter.

Article 23 - The right of elderly persons to social protection

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

Legislative framework

The Committee recalls that the focus of Article 23 is on social protection of elderly persons outside the employment field. Questions of age discrimination in employment are primarily examined by the Committee under Articles 1§2 (non-discrimination in employment) and 24 (right to protection in cases of termination of employment) of the Revised Charter.

As regards the protection of elderly persons from discrimination outside employment, the Committee recalls that Article 23 requires States Parties to combat age discrimination in a range of areas beyond employment, namely in access to goods, facilities and services. The European Older People's Platform and other sources point to the existence of pervasive age discrimination in many areas of society throughout Europe (health care, education, services such as insurance and banking products, participation in policy making/civil dialogue, allocation of resources and facilities) which leads the Committee to consider that an adequate legal framework is a fundamental measure to combat age discrimination in these areas. The report provides no information on this matter, the Committee therefore asks if anti-discrimination legislation (or an equivalent legal framework) to protect elderly persons outside the field of employment exists, or whether the authorities plan to legislate in this area.

The Committee asks for information on the legal framework related to assisted decision making for the elderly, and, in particular, whether there are safeguards to prevent the arbitrary deprivation of autonomous decision making by elderly persons.

The Committee notes that the Ministry of Health, Well-being, Family and Housing is currently implementing a Programme on Elderly Persons and Social Participation, whose main beneficiaries are persons aged over 65 (nationals or residing in the country), as well as professionals working with elderly persons. Some of the actions undertaken within the framework of this Programme are mentioned below.

Adequate resources

The Committee notes from both the report and another source¹ that old-age pensions are paid at age 65 (men and women). The amount of the pension is linked to the number of months in which contributions were made. Each monthly contribution is converted into pension points. On retirement, an annual pension is calculated by multiplying the insured's total lifetime points by a reference value for pension calculation purposes. The benefit is paid monthly. A non-contributory supplement is available for persons whose pension is below 50% of the minimum wage fixed by the Government.

With a view to assessing whether pension levels are adequate, the Committee asks whether the minimum earnings-related pension - for someone with less than

84 months of contributions - together with the non-contributory supplement will ensure a level of income that is above the poverty threshold in the country. It also asks if there is any type of monetary benefit for elderly persons who do not receive a work-related pension, and in the affirmative, what is the amount of such a benefit. Pending receipt of such information, the Committee reserves its position as to whether the situation is in conformity on this point.

Prevention of elder abuse

The Committee recalls that elder abuse is defined in the Toronto Declaration on the Global Prevention of Elder Abuse (2002) as 'a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'. It can take various forms: physical, psychological or emotional, sexual, financial or simply reflect intentional or unintentional neglect. The World Health Organization (WHO) and the International Network of the Prevention of Elder abuse (INPEA) have recognised the abuse of older people as a significant global problem. Hundred thousands of older people in Europe encounter a form of elder abuse each year. They are pressed to change their will, their bank account is plundered, they are pinched or beaten, called names, threatened and insulted and sometimes they are raped or sexually abused otherwise.

The Committee wishes to know what the Government is doing to evaluate the extent of the problem, to raise awareness on the need to eradicate elder abuse and neglect, and if any legislative or other measures have been taken or are envisaged in this area.

Services and facilities

Persons over 65 years holders of a card (*Tarja Magna*) benefit from discounts when purchasing goods and services, as well as from free public transport (there are currently around 4 562 beneficiaries). A programme of subsidised holidays for the elderly was established in 2006, and 621 persons made use of it. There are also a number of sports, leisure, cultural, etc. services and activities offered by different municipalities. The report mentions that home help services were provided to 20 persons in the period 2005-2007 (out of 21 requests).

The Committee asks if any measures are envisaged to promote a variety of home care services or other services for the elderly, and if NGOs are involved to any extent in the provision or modernisation of social services for the elderly. It also asks how the quality of services is monitored and if there is a procedure for complaining about the standard of services. It finally asks to receive details of the charges for home help or other services available to the elderly.

Housing

Financial aid for elderly persons to cover their rent costs and thus enable them to stay in their homes is available from the Ministry of Health, Well-being, Family and Housing (212 beneficiaries in 2007).

The Committee recalls that comfortable housing conditions are very important for an old person's well-being and that the improvement of housing conditions of

senior citizens requires considerable public funding as the average elderly person usually cannot afford the costs of modernisation of his apartment or purchasing a new apartment of higher standard. The Committee therefore asks whether there are any public financing mechanisms (loans, grants, etc) available to elderly persons for home renovation works.

General progress or improvements on the housing situation of elderly persons should be provided in future reports, for example, as regards access to social housing or how safety, adequate living conditions and basic amenities are ensured for dwellings occupied by elderly persons.

Health care

The Committee notes that public health care services are universal and available to all the population without any distinction. It asks the next report to provide information on specific questions of health care related to elderly persons, namely as regards primary health care services aimed at the elderly, guidelines on health care for elderly persons, mental health programmes available for psychological problems in respect of the elderly, palliative care services and special training for individuals caring for elderly persons.

The Committee also asks to be kept informed of any measures aimed at improving the accessibility and quality of geriatric and long-term care, or to improve the coordination of social and healthcare services in respect of the elderly.

Institutional care

The report indicates there are 2 homes for the elderly: 1 public, 1 private (52 public beds for the elderly, 50 beds in the social-health sector). The Committee asks if this capacity is sufficient to meet the needs of the elderly and whether the number of applications for institutional care is on the increase or not. Financial assistance from the Ministry of Health, Well-being, Family and Housing is available to help covering the costs of residential care (22 beneficiaries in 2007).

The Committee asks which is the competent authority or body responsible for the inspection of homes (both public and private). It recalls the importance of ensuring that any inspection system regarding the standards of care and services provided in institutions and residential facilities should be entirely independent of the body managing the facility.

Conclusion

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

¹International Social Security Association, <http://www.issa.int/aiss/Observatory/Country-Profiles/Regions/Europe/Andorra>