

January 2010

European Social Charter

European Committee of Social Rights
Conclusions XIX-2 (2009)
(GREECE)
Articles 3,11,12, 13, 14 and Article 4 of the
Additional Protocol
of the 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 and the Revised Charter. In respect of national reports, it adopts "conclusions" and 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 Conclusions.¹

The European Social Charter was ratified by Greece on 6 June 1984 and the 1988 Additional Protocol on 18 June 1998. The time limit for submitting the 19th report (5th report on the Additional Protocol) on the application of this treaty to the Council of Europe was 31 October 2008 and Greece submitted it on 19 May 2009. On 25 May 2009, a letter was addressed to the Government requesting supplementary information regarding Article 13§4. The Government submitted its reply on 26 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 4 of the Additional Protocol).

Greece has accepted all of these articles.

The applicable reference periods were:

- 1 January 2003 31 December 2007 for Article 11, 14 and Article 4 of the Additional Protocol;
- 1 January 2005 31 December 2007 for Article 3, 12 and 13.

The present chapter on Greece concerns 17 situations and contains:

 6 conclusions of conformity: Articles 3§3, 12§2, 12§3, 13§2, 13§3 and 14§2; 7 conclusions of non-conformity: Articles 3§1, 3§2, 11§3, 12§1, 12§4, 13§1 and 13§4.

In respect of the 4 other situations concerning Articles11§1, 11§2, 14§1 and Article 4 of the Additional Protocol, the Committee needs further information. The Government is therefore invited to provide this information in the next report on the articles in question.

The next Greek 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 2 of the Additional Protocol),
- the right to take part in the determination and improvement of the working conditions and working environment (Article 3 of the Additional Protocol).

The deadline for the report was 31 October 2009.

Article 3 - The right to safe and healthy working conditions

Paragraph 1 - Issue of safety and health regulations

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

Content of the regulations on health and safety at work

In its last conclusion (Conclusions XVIII-2) the Committee noted from a study carried out by INE-GSEE/ADEDY¹ that while Greek health and safety legislation was generally considered as adequate, there was a lack of knowledge of the content of this legislation and confusion because of the coexistence of outdated provisions and new statutes. The study concluded, inter alia, that it was crucial to modernise, improve and codify the relevant legislation. The report states that codification of the legislation on health and safety at work is currently being undertaken. The Committee asks to be kept informed of this codification process.

During the reference period, a number of regulations were adopted, some of which transposed a number of relevant European Union (EU) Directives: minimum health and safety requirements regarding the exposure of workers to the risks arising from natural agents (Directive 2002/44/EC on vibration and Directive 2003/10/EC on noise), protection of workers from the risks related to exposure to asbestos at work (see below), protection of the health of workers from the risks related to exposure to certain chemical agents at work (Directive 2006/15/EC), organisation of the working time of persons performing mobile road transport activities (Directive 2002/15/EC). The Committee asks to be kept informed about the future harmonisation of domestic law with Directives 2004/40/EC, 2008/46/EC and 2006/25/EC regarding the risks arising from electromagnetic fields and artificial optional radiation.

Protection against dangerous agents and substances

Protection of workers against asbestos

Presidential Decree 212/2006 has harmonised domestic law with Directive 2003/18/EC² of the European Parliament and of the Council of 27 March 2003 which amends Council Directive 83/477/EEC³ on the protection of workers from the risks related to exposure to asbestos by introducing new limits on exposure as well as minimum health and safety measures. The Committee already noted that Commission Directive 1999/77/EC of 26 July 1999⁴, which bans the placing on the market and use of products containing asbestos as from 2005, had been transposed into domestic law.

The Committee asks whether the authorities have considered drawing up an inventory of all contaminated buildings and materials. Bearing

in mind the importance of this question in the light of the right to health of the population (Article 11), the Committee asks for the next report to provide specific information on steps taken to this effect.

Protection of workers against ionising radiation

The situation in Greece has already been found in conformity with Article 3§1 as Directive 96/29/Euratom⁵ laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation, which reflects the recommendations of the International Commission on Radiological Protection (ICRP), has been transposed into domestic law.

Protection of temporary workers

While noting in its previous conclusion (Conclusions XVIII-2) that legislation on health and safety at work applies to all workers, including those with temporary or fixed-term contracts, the Committee asked more information on whether temporary workers are informed and trained upon recruitment, in the event of change of job or the introduction of new equipment or technology. The report indicates that according to Presidential Decree 17/1996 (Article 12) employers must ensure for all workers a proper and sufficient training in the field of health and safety upon recruitment, in case of change of duties, or introduction of new work equipment or technology. Such training is repeated at regular intervals, if need be.

Insofar as the medical surveillance of temporary agency workers, the report specifies that the same level of protection is offered to all workers. The hiring company is responsible for agency workers' working conditions, and must specify, before recruitment, the requirements of the job and any special medical surveillance that goes with it. This information is communicated to the temporary worker by the agency.

Concerning the right of non-permanent workers to representation, the report indicates that non-permanent workers are entitled to this right in the same manner as all other workers.

Personal scope of the regulations

The Committee was satisfied in the last conclusion (Conclusions XVIII-2) that the health and safety of domestic workers was adequately protected through Presidential Decree 17/1996.

As regards the self-employed, the Committee previously found that they were insufficiently protected, in particular because occupational health and safety legislation does not apply to them, with some exceptions (e.g. temporary or mobile construction sites). In reply, the report specifies that a number of legal texts have been adopted during the reference period to improve the situation of

self-employed workers. A number of measures regarding the training of self-employed workers have been taken. According to the report, information material and training are also easily accessible to the self-employed. Regulations concerning the handling of asbestos apply to the self-employed as well. Health and safety requirements also apply to them in the music and entertainment sectors. It is foreseen that health and safety requirements in mobile road transport activities will also apply to self-employed drivers. As regards high-risk sectors (fishery and transport), there are special provisions which also apply to self-employed workers.

Despite some improvements during the reference period, the Committee notes that the self-employed remain only partly covered by occupational health and safety regulations and on an exceptional basis, leaving a number of gaps in their protection (for example, shipyards, agriculture, hotels and restaurants). The Committee recalls that for the purposes of Article 3§1, all workers, including non-employees, must be covered by health and safety regulations as they are exposed to the same risks. Therefore, and given the high proportion of self-employed workers in Greece (according to 2007 Eurostat data, the highest in Europe with 21% of the total workforce - more than twice the EU average)⁶, the Committee does not consider this category of workers as satisfactorily protected in light of Article 3§1 requirements.

Conclusion

The Committee concludes that the situation in Greece is not in conformity with Article 3§1 of the Charter on the ground that the self-employed are not sufficiently covered by occupational safety and health regulations.

http://www.eurofound.europa.eu/ewco/surveyreports/GR0611019D/GR0611019D.htm

Article 3 - The right to safe and healthy working conditions

Paragraph 2 - 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 Greece.

Occupational accidents and diseases

According to Eurostat data, the number of occupational accidents with more than 3 days' absence continued to decrease during the reference period with 29 742 accidents in 2005 and 27 477 in 2006. This trend translates into standardised

¹2005 study by the Labour Institute (INE) of the Greek General Confederation of Labour (GSEE) and the Confederation of Public Servants (ADEDY)

² Official Journal No. L 097 of 15/04/2003.

³ Official Journal No. L 263 of 24/09/1983.

⁴ Official Journal No. L 207 of 06/08/1999.

⁵ Official Journal No. L 159 of 19/06/1996.

⁶ http://www.eurofound.europa.eu/comparative/tn0801018s/tn0801018s 2.htm

rates of 1 626 per 100 000 workers in 2005 and 1 611 in 2006, compared to an EU average of 3 013 in 2006. However, the figures provided by the Labour Inspectorate (SEPE) for most serious accidents show an increase during the reference period from 6 044 to 6 561 such accidents. The Committee is struck by the different between the Eurostat and SEPE figures and enquires about the methods of reporting and data collecting of occupational accidents. It also asks about the estimated levels of under-reporting and the measures taken to combat this phenomenon.

The Committee notes from the results of a 2008 national survey on workplace accidents and health problems⁷ that the proportion of workplace accidents among workers of other nationalities is almost four times greater than the figure for Greek workers. This is explained by the fact that more immigrant workers than Greeks are employed in construction and industry, in precarious employment relationships and in the informal economy. The Committee asks whether this is taken into account by the authorities and what steps are taken to improve this situation.

Eurostat data show that the standardised rate of fatal accidents, excluding road traffic accidents on board any means of transport during work, went down from 2.5 per 100 000 workers in 2004 (with 41 accidents thus year), to 1.6 in 2005 (24 fatal accidents), and then rose significantly to 3.8 in 2006 (58 accidents), i.e. well above the EU15 average rate which reached 2.5 in 2006. The Committee expresses concern at such an upsurge.

No data is provided in the report on occupational diseases. The last report indicated important problems of under-reporting in this domain. The Committee asks for information on steps taken to remedy this situation.

Activities of the Labour Inspectorate

The SEPE (Labour Inspectorate) is the body responsible for enforcing health and safety legislation. Its main areas of competence are described in the last conclusion (Conclusions XVIII-2).

According to the report, the number of inspection visits rose during the reference period from 25 477 visits in 2005, to 27 857 in 2006 and 27 895 in 2007. However the Committee notes that meanwhile the number of workers rose from 2 799 500 in 2005 to 2 924 400 in 2007. The report indicates no up-to-date figures exist on the number of enterprises, and that data on the number of enterprises visited and the number of workers covered are not available as they are not routinely collected.

The Committee takes note of the explanations given in the report in reply to its concern regarding the number of inspection visits and the low number of inspectors. The report states that emphasis has been put on more thorough inspection visits and investigations in targeted sectors, rather than increasing their frequency. The report underlines the effectiveness of this strategy in referring to decrease in the number of accidents reported. However, the

Committee notes that, according to the SEPE's own figures, the number of the most serious accidents reported to the Labour Inspectorate have increased during the reference period (see above). Furthermore, the report does not give up-to-date figures on the number of inspectors, which was considered insufficient in the previous conclusion (Conclusions XVIII-2). Consequently, the Committee is not convinced by the explanations given concerning the effectiveness of the labour inspection services in the field of health and safety at work.

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Given that labour inspection services are the main safeguard of health and safety in the workplace, the Committee recalls the importance of allocating adequate resources to inspection services to ensure effective monitoring of the respect of health and safety regulations so that the risk of accidents be reduced to a minimum and that the largest possible number of workers benefit as soon as possible from the right enshrined in Article 3. The Committee has regarded this Article, as establishing a widely recognised principle, stemming directly from the right to personal integrity, one of the fundamental principals of human rights.

Conclusion

The Committee concludes that the situation is not in conformity with Article 3§2 of the Charter on the ground that it has not been established that the labour inspection services are effective.

Article 3 - The right to safe and healthy working conditions

Paragraph 3 - Consultation with employers' and workers' organisations on questions of safety and health

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

The Committee considered the machinery and procedures for consultation at national and enterprise level in previous conclusions (Conclusions XIV-2 and XVI-2), and concluded that they satisfied the requirements of Article 3§3 of the Charter. The report refers to descriptions given in previous reports. It states that extensive consultation with the Occupational Health and Safety Council (SYAE), the national consultative body examined in previous conclusions, took place insofar as legislative and regulatory work is concerned.

The Social Inspection Council of the Labour Inspectorate (SKEEE), which is composed of representatives of employers' and workers' organisations, has been established during the reference period. It can give opinions on how the Labour Inspectorate plans its work and recommendations about the enactment of legislation and regulations to improve the inspectorate's work. In addition, the Committee for the Licensing of External Protection and Prevention Services (EXYPP), in which representatives of social partners participate, gives opinions on the granting of licences to External Protection and Preventive Services. Social

¹ http://www.eurofound.europa.eu/ewco/2009/01/GR0901019I.htm

partners are also involved in awareness raising campaign, including the European Week for Safety and Health at Work.

Conclusion

The Committee concludes that the situation in Greece is in conformity with Article 3§3 of the Charter.

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 Greece.

State of health of the population - General indicators

Life expectancy and principal causes of death

Average life expectancy at birth in 2006 was 77.2 for men and 81.9 for women⁸ (the EU 27 average in 2004 was 75.2 for men and 81.5 for women⁹). The mortality rate in 2006 was 6.17 per 1,000 inhabitants¹⁰ (the EU 27 average in 2006 was 6.48 per 1,000 inhabitants¹¹).

The main causes of death were:

- cardiovascular diseases: 88.5 per 100,000 inhabitants which was lower then the EU 25 average, 95.5 per 100,000 inhabitants, but contrary to the trend of decline in the EU 25, in Greece the situation appears unchanged;
- cancers: 162 per 100,000 inhabitants which was lower then the EU 25 average, 180.4 per 100,000 inhabitants, but contrary to the trend of decline in the EU 25, in Greece the situation appears unchanged;
- accidents: 29.3 per 100,000 inhabitants which although has undergone a decrease during 1994-2004, still remains higher than the EU 25 average which was 27.2 for 2003;
- road accidents: 16.1 per 100,000 inhabitants in 2004 which is one of the highest compared to the EU 25 average 9.3;
- fatal occupational accidents: 81 per 100,000 workers in 2003;
- suicides: 2.8 per 100,000 inhabitants in 2004 which is low in comparison to 11.2 per 100,000 inhabitants of the EU 25 average;
- AIDS: there has been a decline of cases from 18.5 to 11.6 per 100,000 inhabitants in the period 1992-2000;
- drug dependency: drug-induced deaths gradually increased in the period 1996-2005, although no figures were indicated.

Infant and maternal mortality

The infant mortality rate amounted in 2007 to 3.8 deaths per 1,000 live births¹² (the EU 27 rate in 2006 was 4.7 per 1,000¹³) and decreased during the reference period (having been 4.1 for 1,000 in 2004).

As concerns the maternal mortality rate, the Committee notes that it amounted to 3 deaths per 100,000 live births in 2005¹⁴ which is one of the lowest rates in Europe.

Health care system

Access to health care

The report mentions the changes in certain areas that have been made to the legislation on the health care system and the practice has been adopted in this respect. The Committee asks that the next report contain a description of the health care system including the private sector and the arrangements made for people unable to pay their medical fees.

During the reference period several national action plans and programmes were adopted, among which the National Action Plan for the Promotion of Mental Health and Transformation of Psychiatric Care; The Mental Health Axis of the Operational Programme Health Welfare, Stigma Combating Program, the Reform Programme in the Mental Health Sector (National Strategic Reference Framework 2007-2013), National Action Plan for Depression.

With regard to access to health care for foreign nationals, during the reference period the following statutes were adopted: Presidential Decree 220/2007, articles 8, 12 and 14 provide for free of charge hospital and medical care to asylum seekers and financially weak refugees and the Joint Ministerial Decision P2a/139491/2006 which sets the requirements for the free of charge hospital and medical care to Greek and foreign citizens. According to the Joint Ministerial Decision the financially weak and uninsured persons can acquire a Booklet for Uninsured Persons for free of charge medical and hospital care. The categories that benefit from such a provision are: Greek expatriates, nationals of member states of the European Social Charter, spouses of Greek citizens, Greek expatriates or nationals of member states of the European Union and their children, recognized political refugees, aliens who have submitted an application for recognition of the refugee status, persons having a residence approval for humanitarian reasons, aliens who are victims of illicit trafficking for purposes of sexual and economic exploitation.

Roma, as Greek nationals, are entitled to the same rights and obligations as other Greek citizens. Furthermore, with the aim of social integration of the Greek Roma, 30 Medico-Social Centers have been set up in their organized settlements and Mobile Units visit temporary halting sites.

Concerning access to mental health services, 4 out of 52 prefectures do not have mental health community agencies, while it is foreseen that upon completion of the Operational Program Health Welfare, half of the prefectures shall have at least two agencies. The aim of the community agencies is the prompt observation and treatment of persons suffering from mental diseases close to their house, the post-hospital observation of those previously hospitalized and the promotion of mental health to the general population. With the aim of deinstitutionalisation of mental health patients, during the years 2002-2007 4 out of 9 psychiatric hospitals were abolished and 199 out of 410 psychological rehabilitation units were developed.

In its two last conclusions the Committee has asked for information regarding waiting lists to regulate access to health care but the reports have not submitted any information. The Committee reiterates its question on whether hospital waiting lists have been introduced and, if so, it requests information on how they are managed.

The State health care budget in 2006 represented 9.9% of GDP¹⁰, which is among the highest proportions in Europe.

Health care professionals and facilities

There were 4.7 hospital beds per 1,000 inhabitants in 2005 (the average number of hospital beds in Europe (EU 27) was 5,90 per 1,000 inhabitants in 2005¹⁵). There were 0.86 hospital beds per 1,000 inhabitants in 2005 for psychiatric patients (the average number of beds in psychiatric hospitals in Europe (EU 27) was 0.60 per 1,000 inhabitants in 2005¹⁶).

With regard to physicians, there were 56,310 physicians, equating to 50 physicians per 10,000 habitants.

In 2006, there were 15,130 dentists (equating to 13.4 per 10,000 inhabitants) and 9,500 pharmacists (equating to 8.4 per 10,000 inhabitants), as well as 21,148 nurses (equating to 18,7 per 10,000 inhabitants), 5,000 midwives (equating to 4.4 per 10,000 inhabitants), 5,000 physiotherapists (equating to 4.4 per 10,000 inhabitants). The report indicates that 61,000 licenses to practice the profession of assistant nurses have been issued, although it does not indicate the number of actively practicing assistant nurses. The density of health care professionals is comparable to that observed in other European countries.

The Committee notes that regarding the inaccessible rural areas, during the period 2003-2007, 12 mobile units were developed with the aim of providing prevention and nursing home services in areas presenting special problems of access to mental health services.

The Committee recalls that conditions of stay in hospital, including psychiatric hospitals and other places where health care is provided, must be satisfactory and compatible with human dignity (Conclusions XVII-2 and

2005, Statement of Interpretation of Article 11, §5; Conclusions 2005, Romania).

The Committee takes note of the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to some prisons, special facilities for irregular migrants and police holding facilities in Greece in 2007¹⁷ and of the measures announced in the Government's reply¹⁸.

Conclusion

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

¹EUROSTAT

²Ibidem

³Ibid.

⁴Ibid.

⁵lbid.

⁶Ibid.

WHO

⁸EUROSTAT

⁹lbid.

¹⁰CPT/Inf (2007)

¹¹Ibid.

Article 11 - The right to protection of health

Paragraph 2 - Advisory and educational facilities

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

The Committee notes that the National Nutrition Policy Committee was reconstituted in 2005 which task is to draft proposals for the implementation of the nutrition policy in accordance with World Health Organisation guidelines. The target of the nutrition policy is to promote health through a balanced nutrition, prevention of nutritional deficiencies and control of diseases transmitted by food.

Health education

Health education in schools

Health education must continue throughout school life and form part of school curricula. The Committee considers that, after the family, school is the most appropriate setting for health education because the general purpose of education is to impart the knowledge and skills necessary for life. It refers in particular to Committee of Ministers Recommendation No R(88)7 on school health education and the role and training of teachers. Health education in school shall cover the following subjects: prevention of smoking and alcohol abuse, sexual and reproductive education, in

particular with regard to prevention of sexually transmitted diseases and Aids, road safety and promotion of healthy eating habits (Conclusions XV-2, Belgium).

The report describes the existing legislative and institutional measures which provide for the students' personal health cards, the health rules and specifications of products sold by the canteens of public and private schools as well as the list of absolutely necessary medicines for the schools' first-aid kits.

The report does not indicate whether the pupils and students receive regular education on the above subjects as part of school curricula although pupils and students were among the target groups of the information campaigns described below. The Committee repeats the request to be provided with up-to-date information on health education in school, particularly regarding the problems referred to above.

In its last conclusion the Committee asked for information about the geographical coverage of the health education programmes (between urban and rural areas). The report informs on the activities of the Diseases Control and Prevention Centre especially those related to HIV/AIDS and sexually transmitted diseases in several prefectures throughout the country.

Public information and awareness-raising

The Committee refers to the report for detailed descriptions of various information campaigns on drugs, smoking, mental health, persons with disability, AIDS, contraception, family planning, thalassemia, first aid, voluntary blood donation, road accidents, protection against heat wave, health and social solidarity.

The activities of these campaigns were presented in the form of spots on national and local televisions and radios, a short film in videotape, presentations, booklets, leaflets, posters, stickers, etc.

Counselling and screening

Rest of the population

In the absence of data, despite the request in the previous conclusion (Conclusions XVII-2), the Committee asks for detailed information in the next report on consultations and screening, and on how regular and accessible they are, focusing in particular on the diseases responsible for high levels of early death. It points out that if the next report does not provide the necessary information, there will be nothing to show that the situation is compatible with Article 11§2 of the Charter.

Pregnant women, children and adolescents

The report contains no information on consultations and screening for pregnant women, children and young persons. The Committee therefore asks for detailed information in the next report and points out that if the next report does not provide the necessary information, there will be nothing to show that the situation is compatible with Article 11§2 of the Charter.

Conclusion

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

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 Greece.

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

Air - The report provides updated information on the legislative developments during the reference period, notably the transposition of the relevant EU Directives into Greek law.

As regards monitoring in 2008 the National Network for the monitoring of Air Pollution comprised 36 automated stations located around the country all are connected with the relevant regional stations and central offices of the system.

Since 2006 a population warning and information system has been in operation for the Athens area thereby covering 40% of the population and the areas where the most significant air pollution occurs.

There are a number of Programmes in place to reduce environmental pollution in certain cities.

Greece has ratified the Kyoto Protocol and is currently obliged to limit 6 specified gases by more than 25% in the period 2008-2112 which according to the report is feasible. The Committee asks to be kept informed of all achievements in reducing air pollution.

Water - Legislation has been adopted on water contamination, monitoring of surface and ground water quality, on the quality of water intended for human consumption etc (adopted during previous reference periods).

The quality of drinking water is monitored by the water suppliers and the results transmitted to the Ministry of Health. The Committee asks whether there has been improvement in the quality of drinking water.

Noise - The Ministry for the Environment, Physical Planning and Public Works is responsible for combating environmental noise. Recent developments include

preparing the measures required under Directive 2002/49/EC primarily concerning the methodology for the collecting of data relating to noise. Information is provided on the monitoring of noise and measures taken to limit noise from machinery and vehicles. However the Committee wishes to receive further information on noise mapping.

Ionizing radiation - There is continuous monitoring of radiation in the environment . new legislation entered into force during the reference period on machinery producing ionizing radiation in medical procedures.

Asbestos - The Committee notes the information in the report however it wishes the next report to provide further information on the rules concerning the removal of asbestos from buildings including domestic dwellings.

Food safety

The Committee previously found that the situation was in conformity with the Charter in this respect, it asks the next report to provide updated information.

Measures to combat smoking, alcoholism and drug addiction

Smoking - In Conclusions XV-2, the Committee considered the situation not to be in conformity with the Charter on the grounds that the measures taken to reduce tobacco consumption were inadequate. In the previous Conclusions XVII-2, it noted that a series of measures had been taken and that smoking was now banned in public places.

Greek legislation has now been harmonized with the requirements of EU law as regards the manufacture, presentation and sale of tobacco products as well as on the advertising and sponsorship of tobacco products. Further Greece has now ratified the WHO Framework Convention on Tobacco Control.

In order to assess the adequacy of these measures the Committee requested information on the trends in tobacco consumption meanwhile it deferred the conclusion. The Committee found no information on trends in the report. From outside sources (WHO) the Committee notes that tobacco consumption remains very high and therefore it concludes that it has not been demonstrated that the measures taken are adequate and the situation cannot be considered as being in conformity with the Charter on this point.

Drugs - The Committee notes the information on trends in drug abuse and measures available to assist addicts. It asks to be kept informed of all significant developments in this area.

Alcohol - The Committee asks for updated information to be provided in the next report on the measures taken in order to reduce alcohol consumption, it asks the next report to provide information on the rules regarding the sale and distribution of alcohol as well as updated information on trends in alcohol consumption.

Prophylactic measures Epidemiological monitoring

The Disease and Control Prevention centre (KEELPNO) was reorganized in 2005. The report provides details of the activities of the centre.

Accidents

States must take steps to prevent accidents. The main sorts of accident covered are road accidents, domestic accidents, accidents at school, accidents during leisure time, including those caused by animals and accidents at work. The Committee asks to receive information on trends in road accidents domestic accidents, accidents at school etc, as well as information on any information campaigns taken to prevent certain types of accidents.

Immunisation

The Committee asks the next report to provide information on the immunization programme as well as up to date information on vaccine coverage rates.

Follow up to Marangopoulus Foundation v. Greece complaint 30/2005

In the complaint Marangopuolos Foundation v. Greece No 30/2005 decision on the merits of 6 December 2006 the Committee found that Greece was not in conformity, inter alia, with Article 11 §3 on the grounds that Greece had not managed to strike a reasonable balance between the interests of persons living in the lignite mining areas and the general interest: The Committee recalls that Greece has uses its natural resource of lignite as its main form of fuel for energy production (para 197)... particles, sulphur dioxide (SO2) and nitrogen oxide (NOx) derive directly in part from lignite combustion, and that the latter is a significant source of carbon dioxide (CO2) emissions and contribute significantly to pollutant emissions (para 199). The Committee noted inter alia, that in this case in several lignite mining regions the particle emissions rate exceeded limit values laid down by the EU and domestic law, which resulted in a health risk for the local population. The Committee found the measures taken by the authorities to improve the situation were insufficient.

The report states that as regards local air pollution all internationally accepted air quality targets and threshold values have been respected and kept under control. As regards global warming, emission control conforms to the obligations entered into by the Rio Convention on Climate Change, followed by the Kyoto Conference. According to the report all lignite power plants operate according to the approved Environmental Permits. As a result of the detailed environmental impact assessment that has been carried out at each power plant and as a part of the process of conforming with the Best Available Techniques (BAT), a number of technical projects and programmes to reduce particulate, SO2 and NOx emissions have been adopted at lignite fired power plants such as programmes for the reduction of carbon dioxide (CO2) emissions, installation of pollution abatement equipment in order to reduce dust emissions and the

installation of flue gas desulphurization (FGD) plants in order to reduce SO2 emissions, wherever necessary.

The Committee takes note of the information. It notes that this information is very similar to that provided by the Government in its submissions in the case It asks whether practical emissions at lignite mining plants (such as at Klitos, Kozani and Aghios Dimitrios) have been reduced and by how much? Whether the number of staff employed by the environmental inspectorate has increased, whether the sanctions provide for those who exceed limits have been increased etc.

Pending the receipt of this information, the situation is still not in conformity with Article 11 on the ground that it has not been demonstrated that sufficient measures have been adopted during the reference period to improve the right to a healthy environment of persons living in liquite mining areas.

Conclusion

The Committee concludes that the situation is not in conformity with Article 11§3 of the Charter on the grounds that

- it has not been demonstrated that the measures taken to reduce the high level of tobacco consumption are adequate
- it has not been demonstrated that sufficient measures have been adopted during the reference period to improve the right to a healthy environment for persons living in lignite mining areas (follow up to Marangopoulus Foundation v. Greece complaint 30/2005, decision on the merits of 6 December 2006).

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 Greece.

The report informs that during the reference period regulations concerning salaried workers and self-employed persons were adopted. In particular:

- Law 3518/2006 on "Reorganization of the Engineers and Public Constructions Pension Fund and regulation of other issues under the competence of ministry of Employment and Social Protection", which expands the categories of beneficiaries of retirement benefits and aims at ensuring the retirement possibility for the insured;
- Law 3371/2005 on "Restructuring of the Supplementary Insurance Funds of the Personnel of Credit Institutions" aimed at including such personnel in the general regulations on the reform of the social insurance system of the country.

Risks covered, financing of benefits and personal coverage

The Committee refers to its previous conclusion for the description of the social security system (Conclusion XVIII-1) and notes that it continues to cover an adequate number of branches of social security corresponding to all traditional risks: medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors. It also continues to rest on collective funding as it is funded by contributions (employers, employees) and by the State budget.

To assess whether a significant proportion of the total and/or active population in Greece is guaranteed an effective right to social security with respect to the benefits provided under each branch, the Committee asked for figures in percentage indicating the personal coverage of each branch of social security.

In reply, the report highlights that in 2007 beneficiaries for pensions/ benefits were as follows:

- main pension (IKA ETAM): 2.093.000 persons;
- supplementary pension (ETEAM): 1.638.000 persons;
- Illness provisions in kind: 2.006.000 persons;
- Illness provisions in cash: 2.035.000 persons;
- Maternity: 859.584 persons;

- Unemployment: 1.806.000 persons;
- Occupational Hazard: 1.041.000 persons.

On the basis of the above, the Committee notes that the personal coverage of the social security system is satisfactory and requests that the next report continue to provide the relevant up-to-date figures.

Adequacy of benefits

The Committee refers to its previous conclusion (Conclusions XVIII-1) for a description of the various social security schemes. As to schemes related to oldage, it refers to its conclusion under Article 23.

As under Article 23, the Committee notes that during the reference period the earnings related old-age pension in Greece did not raise a problem under the Charter as it was above 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). Moreover, in the case of low-income pensioners it could be supplemented by the Social Solidarity Allowance.

From the report, the Committee also notes that during the reference period the minimum level of invalidity and survivor's pensions was above such poverty threshold and was thus in compliance with Article 12§1.

The Committee has noted that the legislative arrangement concerning the granting of a periodic benefit (pension) for victims of employment injury with incapacity less than 50% is still pending. It requests the next report to indicate any developments on the issue.

In its previous conclusion (Conclusions XVIII-1), the Committee asked for further information to determine the adequacy of the minimum level of the unemployment benefit with respect to single workers. In reply, the report indicates that in 2005-2006, the minimum unemployment benefit was € 311,25 per month. The report also informs that as of 1 January 2007, the basis for the calculation of the minimum unemployment benefit was linked to the unskilled worker's minimum wage, irrespective of whether the unemployed person was remunerated by salary or by wage. The Committee has noted that since this change was introduced the minimum unemployment benefit for beneficiaries without dependants (€ 174,75) stood far below the poverty threshold even when defined as 40% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold, which was € 340 in Greece in 2007. The Committee recalls that it considers that when the amount of a benefit is below such poverty threshold, its aggregation with means-tested kinds of benefits, including social assistance, does not bring the situation into conformity with Article 12§1 (Conclusions 2006, Estonia).

In its previous conclusion (Conclusions XVIII-1), the Committee recalled that the adequacy of unemployment benefits is established *inter alia* also by considering

whether there is a reasonable initial period during which an unemployed person may refuse a job offer or a training not matching his/her previous skills without losing his/her unemployment benefits.

In this regard, the report highlights that according to Article 15 of Legislative Decree 2961/54, read in conjunction with paragraph 1 of Article 3 of Law 1545/85, one of the basic eligibility criteria for the unemployment benefit is the unemployed person's availability to work and the fact that he/she is unable to find employment against his/her will. The report specifies that there is no initial period during which the unemployed can reject a job offer which is "appropriate". A job is deemed appropriate when it is offered by the competent Manpower Employment Organisation (OAED) Services and corresponds to the physical and intellectual capabilities as well as to the previous employment of the unemployed. If the unemployed looking for a job considers the job offer unsuitable, he/she may lodge an appeal to the competent collective bodies of OAED, in order to decide whether the unemployment benefit should be suspended or not.

The Committee asks the next report to indicate how often a job offer is declined and unemployment benefits are suspended. It also asks for how long the unemployment benefits are suspended. The report should also contain information on any relevant case law. Meanwhile, the Committee reserves its position as to the actual guarantee of the unemployment risk for which every worker has contributed during his working activity.

Conclusion

The Committee concludes that the situation is not in conformity with Article 12§1 of the Charter on the ground that the minimum unemployment benefit for beneficiaries without dependants is manifestly inadequate.

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 Greece.

Greece has ratified ILO Convention No. 102 on 16 June 1955 and has accepted its parts II-VI and VIII-X.

The Committee notes from Resolution CM/ResCSS(2008)8 of the Committee of Ministers on the application of the European Code of Social Security by Greece (period from 1 July 2006 to 30 June 2007) that the law and practice in Greece continue to give full effect to the parts of the Code which have been accepted, subject to further information on the application of several parts of the Code (regarding employment injury benefit and standards to be complied with by periodical payments). In so doing, Greece maintains a social security system that meets the requirements of ILO Convention No. 102.

Conclusion

Pending receipt of the requested information, the Committee concludes that the situation in Greece is in conformity with Article 12§2 of the Charter.

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 Greece.

It notes that during the reference period the amount of minimum benefits and pensions was increased by 4% to safeguard the real income of pensioners. During the same period, also the amount of the social solidarity pension (EKAM) was increased. Depending on the pensioner's income, the increase ranged between 6% in 2005 and 21,85% in 2007.

As to legislative changes aimed at broadening the protection of the social security system, the Committee notes from the report that:

- Law 3385/2005 containing amendments concerning entitlement to social insurance benefits establishes that (i) surviving spouses are entitled to pension without interruption regardless of their age at the time of death of the spouse, provided that the other conditions for the granting of survivor's pension are fulfilled (time of insurance, valid marriage, etc.); (ii) persons older than age 65 and persons assessed with a disability of no less than 67 % are entitled to buy contributions of up to 150 days and 50 days, respectively, in order to build up an entitlement to a pension.
- Law 3518/2006 on the reorganization of the Engineers and Public Constructions Pension Fund and regulation of other issues under the competence of Ministry of Employment and Social Protection, provides for more favourable: (i) manner of calculation of the full disability allowance granted to beneficiary pensioners of IKA-ETAM (main pension), so that the allowance amount granted be equal to 50% of the payable amount of pension; (ii) age requirements for the determination of the pension right of children, siblings, grandchildren, step children suffering from mental diseases or the right to a surcharge on the pension for them; (iii) terms of granting the non-institutionalized allowance to upper or lower extremity amputees; (iv) an extension of the categories of beneficiaries of the non-institutionalized allowance; (v) requirements of retirement of mothers of disabled children, etc.

Moreover, the Committee notes from information available from the International Social Security Association (ISSA)¹⁹ that outside the reference period, on 20 March 2008 the Greek parliament adopted, by a very small majority, an old-age pension reform to which the trade unions were opposed as the conditions for granting early retirement will become stricter under the new law, with an increase

to the retirement age for women from 60 to 65, and an increase by two years to the contribution period required for entitlement to a pension for those working in dangerous conditions. In addition, mothers with children who are minors will no longer be able to retire before the age of 55 (50 at present), and the early retirement pension will come with digressive tax relief from 2009. According to ISSA, the other main disputed change made by the reform was the pooling of over 130 pension funds into just 13, in order to reduce administrative costs and social security system debt. Opponents of this change fear that the best managed pension funds will lose out. The reform will also affect complementary pensions, which will be reduced to 20 % of the main pension. Entitlement to medical benefits will also be subject to a longer contribution period, affecting in particular several hundred thousand part-time workers.

The Committee 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 asks that the next reports provide information on the above mentioned reform of the social security system as well as of any other 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 Greece is in conformity with Article 12§3 of the Charter.

ISSA, Country profile on GREECE at http://www.issa.int/aiss/Observatory/Country-Profiles/Regions/Europe/Greece

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 Greece.

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

Right to equal treatment

The Committee recalls that relations with the other Member States of the enlarged European Union in matters of social security are governed by Regulation (EEC) 1408/71 and Regulation (EEC) 574/72. Council Regulation (EC) 859/2003 extends Regulation 1408/71 to third country nationals and their family to members, provided that they are legally resident in a Member State and in situations not confined in all respects within a single Member State (Article 1). These regulations are also applicable to nationals of states belonging to the European Economic Area (EEA), viz. Norway, Iceland and Liechtenstein. The European Union (EU) states are required to secure, at least to the nationals of other States Parties not members of the EU, equal treatment with respect to social security rights where legally resident in their territory (Conclusions XVIII-1). The Committee asks again that the next report provide information on the extension, in practice, of the principle of equal treatment to nationals of third states.

During the reference period, Greece did not conclude any bilateral agreements embodying the equal treatment principle with States Parties that are not members of the EU or parties to the EEA, but it does encourage the conclusion of such agreements with non-EU States Parties. The Committee points out that States Parties can comply with their obligations not only through bilateral or multilateral agreements, but also through unilateral measures. According to the report, negotiations are under way with Moldova. It asks what the situation is regarding the other States Parties, namely Albania, Andorra, Armenia, Azerbaijan, Croatia, Georgia, the former Yugoslav Republic of Macedonia, Ukraine and Turkey.

In respect of the payment of 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 asked whether such agreements existed with the following countries: Albania, Armenia, Georgia and Turkey, or whether they were planned and on what timescale. In the absence of any such information in the report, it asks for information in the next report on any agreements that are being planned with the countries referred to above and the anticipated timescales. It also asks whether the conclusion of such agreements is foreseen with States which have ratified the Charter outside the reference period, i.e. Serbia and the Russian Federation.

In its previous conclusion (Conclusion XVIII-1), the Committee noted that, in the absence of any agreement, nationals of other States Parties on "permanent stay" enjoy similar social security treatment as Greek nationals. It asked for how long non-EU/EEA nationals of States Parties must be resident in Greece to obtain "permanent stay" and thereby equality of treatment with respect to social security benefits. According to the report, "legal" rather than "permanent" residence is required to be eligible for equal treatment. Under section 71§1 of the Immigration Act, no. 3386/205, nationals of other countries legally resident in Greece enjoy the same rights and the same entitlements to social security benefits for which they are insured as Greek employees.

Right to retain accrued benefits

The Committee noted previously that exportability of pensions for nationals of other Parties who are not covered by Community regulation or any agreement is possible. It found that the situation was in conformity with the Charter on this point. The Committee asks again whether exportability is allowed also for the other social security benefits

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

The Committee recalls that in its two previous conclusions (Conclusion XVII-1 and XVIII-1) it considered that accumulation of insurance periods acquired under the legislation of a State Party which is not covered by Community regulations or not bound by an agreement with Greece is not guaranteed and that the situation was not in conformity with the Charter. No bilateral agreements exist with States Parties which are not members of the EU or the EEA (namely Albania, Andorra, Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, Georgia, "the former Yugoslav Republic of Macedonia", Moldova, Turkey and Ukraine). Therefore, the situation is not in conformity with the Charter.

Conclusion

The Committee concludes that the situation in Greece is not in conformity with Article 12§4 of the Charter on the ground that accumulation of insurance periods acquired under the legislation of a State Party which is not covered by

Community regulations or not bound by an agreement with Greece is not guaranteed.

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 Greece.

Types of benefits and eligibility criteria

In its previous conclusion (Conclusions XVIII-1) the Committee held that the situation in Greece was not in conformity with Article 13§1 of the Charter as there was no general social assistance scheme in the country that would ensure that all persons without resources have a legally enforceable right to assistance for which the sole criterion is need. The Committee notes from the Governmental Committee meeting report (T-SG (2007) 10, §254-260) that under the Decree 57/1973 and the Ministerial Decision of 2001 all persons in need are entitled to financial allowance of € 250 and free medical assistance. According to the report, the legislative Decree 57/73 stipulates the possibility of payment of a one-off allowance of € 234,5 provided that the person concerned is unable to cover his/her basic living costs from any other source of income. The Committee has already examined this legal framework (Conclusions XIV-1, XV-1, XVI-1) and concluded that even if it applies to persons in need who do not necessarily come within specific categories such as the elderly, the disabled, single-parent families, it allows too broad discretion on the part of social assistance authorities, thereby undermining the effectiveness of judicial review in such matters. The Committee considers that in the absence of a precise legal threshold below which a person is considered in need or of a common core of criteria underlying the granting of benefits, a one-off allowance cannot be deemed to be a sufficient income guarantee for persons without resources. The Committee holds that the right to social assistance is not guaranteed as a statutory right. It reiterates its previous conclusion on this ground.

The Committee observes from the report the reforms have been launched to improve the social assistance system. The National Social Cohesion Fund was established in 2008 (Law 3631/2008) with the aim to support the most vulnerable groups at risk of poverty through targeted income support. According to the report, within the framework of these reforms, eligibility to benefits will be made subject to a means-test whereby the income threshold will be set at a lower than 60% of the 'median equivalent total available income', which is now officially defined as the poverty line. The Committee wishes to be kept informed about these developments.

As regards medical assistance to persons in need, the Committee takes note of the legislative developments during the reference period, such as the Joint Ministerial Decision P2a/139491/16-11-2006 (Official Gazette 1747/Part B/30-11-2006) on 'Requirement for the free of charge nursing and medical care to Greeks and aliens'. This decision covers, among others, Greek nationals as well as

permanently resident foreigners in need, who are not covered in general healthcare schemes, by providing free of charge medical services. In order to facilitate access to health care services for this group of persons the prefectural administration issues Social Protection Certificates. In 2007 € 155,4 million were spent on such care both for Greek nationals as well as aliens and refugees. The Committee asks what is the nature and extent of care provided in such cases and whether all persons without resources are entitled to medical assistance in case of need. In the meantime it reserves its position on whether the right to medical assistance is effectively guaranteed.

The Committee also takes note of economic and tax measures taken to support households living in disadvantaged areas as well as to provide assistance to certain vulnerable groups. According to the report Special Emergency Fund was set up in 2007 in support of people stricken by natural disasters.

Level of assistance

The Committee notes from Eurostat that 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 was estimated at € 425 in 2007. The Committee recalls that under Article 13§1 the total social assistance provided, including the basic benefit as well as supplements, must be compatible with the poverty threshold value. Since Greece does not have a general scheme which would entitle all persons without resources to a legally established amount of benefit and since the one-off allowance cannot be considered to meet this requirement, the Committee holds that Greece fails to meet the requirements of this provision as regards the level of assistance.

Right of appeal and legal aid

According to the report, the decisions of refusal to grant social assistance, can be contested with the national ombudsperson. The Social Protection Department which is represented by the Health and Social Solidarity Ombudsperson examines reports relating to the protection of social rights. According to the report the decisions of the national ombudsperson are binding on the authorities.

The Committee requests that the next report provide information on whether under the Law establishing the National Social Cohesion Fund all unfavourable decisions concerning the granting and maintenance of assistance are subject to appeal, including decisions to suspend or reduce assistance benefits. The Committee wishes to be informed whether the review body is independent of the executive and of the parties and whether it has the power to judge the case on its merits, not merely on points of law. The Committee also asks whether legal aid is provided in case of need.

Personal scope

The Committee asks whether foreign nationals, legally resident in Greece are eligible for the benefits under legislative Decree 57/73 without being subject to any prior length-of-residence or permanent residence requirement.

Conclusion

The Committee concludes that the situation in Greece is not in conformity with Article 13§1 on the ground that there is no legally established general assistance scheme that would ensure that everyone in need has an enforceable right to 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 Greece.

The report explains that the legislation governing the access to social and health services by citizens 'who are in a state of need', applicable both to Greek citizens and aliens, does not include any provision that stipulates discrimination against those receiving medical and social assistance in respect of the exercise of their civil, social and political rights.

The Committee notes that in its last conclusions it found the situation to be in conformity with Article 13§2.

Conclusion

The Committee concludes that the situation in Greece is in conformity with Article 13§2 of the 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 Greece.

The Committee notes from the report on Article 14 that the national programme 'social cohesion and solidarity 2007-2013' aims at preventing and combating social exclusion through implementing targeted policies for combating poverty, which include measures for income reinforcement of households and persons in need. It notes in particular 'prevention of social exclusion', the measure which aims at the development of a comprehensive policy for the prevention of social exclusion of persons who either face objective or subjective difficulties in their access to and utilisation of social benefits and services to which they are entitled, or are unable to manage state of emergency at an individual or family level due to complex social or economic reasons. The Committee wishes to be kept informed about the implementation of this measure and asks whether services

and institutions will be provided with sufficient means to give appropriate assistance as necessary.

Conclusion

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

In its previous conclusion the Committee noted that the situation in Greece as regards the provision of emergency medical and social assistance to lawfully present foreigners was in conformity with the Charter. It asked whether emergency medical and emergency social assistance (food, shelter, clothing) was provided to unlawfully present foreigners.

It notes from the report that within the framework of the Law 3386/2005 (Official Gazette 212/Part A/23-08-2005) on entry, residence and social integration of third-country nationals in the Hellenic Territory, the necessary health services in case of emergency are provided to immigrants who are not legally in Greece, until their health stabilises.

Regarding entitlement to emergency social assistance for unlawfully present foreigners, the Committee notes from the supplementary information provided by the Greek Government that the need for such assistance is assessed and examined on a case by case basis, except for under-aged children, who receive emergency social assistance on all occasions where such assistance is required.

However, the Committee observes that the report and the supplementary information provided by the Government do not establish that all persons whether or not legally present in Greece have a right to the satisfaction of basic human material need (food, clothing, shelter) in situations of emergency. In particular, it has not been established whether a clear legal basis exists for the provision of emergency social assistance to all persons in need.

Conclusion

The Committee concludes that the situation in Greece is not in conformity with Article 13§4 of the Charter as it has not been established that all unlawfully present persons in need receive emergency social assistance.

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 Greek report. It refers to its last conclusion (Conclusions XVII-2) for a description of the system, in particular following various recent reforms.

Organisation of the social services

Under Act 3402 of 2005, the national emergency social assistance centre (EKAKV) has changed its name and become the national social solidarity centre. It co-ordinates social welfare services, in particular information and advice services with regard to social assistance within the meaning of Article 13§3 of the Charter, psychological support and temporary accommodation for individuals, families and groups of the population in crisis. Particular attention is given to the victims of human trafficking, for whom a twenty-four hour emergency telephone line has been established. The ministry of justice also launched a national action plan on this subject in 2004.

In 2006 and 2007, the ministry of health and social solidarity, in conjunction with the European Union, set up several projects to offer day care and temporary accommodation, psychological support, counselling and assistance with repatriation to refugees. A number of bodies have been involved in these projects, in particular the Greek refugee council (ESP), the medical rehabilitation centre for torture victims (IKATHV) and the Greek Red Cross (EES). Similar services are provided for the homeless and unaccompanied minors.

The report describes the services provided by specialist residential establishments for unaccompanied minors, who are also eligible for social assistance from the national social solidarity centre.

Effective and equal access

The Committee again asks whether there are eligibility conditions for access to social services other than information and advice services with regard to social assistance within the meaning of Article 13§3 of the Charter. It also asks once more whether there are services for which charges are made.

According to the report, specialist rehabilitation services and long term care in specialist institutions and residential establishments are still insufficiently developed in rural and semi-rural areas. Steps have been taken to remedy this situation, aimed particularly at improving access to care for young persons and the elderly, under the 2007-2013 national social cohesion and solidarity programme.

To enforce their right to social services, users may refer their cases to the national ombudsman. Apart from services provided under the auspices of the

national emergency social assistance centre (EKAKV), the Committee again asks what other remedies are available for users to appeal against refusals to provide social services. It again asks whether nationals of other States Parties have access to social services on an equal footing with Greek nationals.

Quality of services

The ministry of health and social solidarity sets standards for the quality of services and co-ordinates the monitoring of these standards for social welfare services provided by public and private agencies. It is assisted by the inspectorate of health and welfare agencies, established by Act 2920/2001 of 22 June 2001, which may carry out inspections.

In the absence of a reply, the Committee asks again for the next report to provide up-to-date staffing figures for all the social welfare services. It also asks again how much is spent on social services in total.

Conclusion

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

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 Greek report.

By way of example, voluntary organisations work in co-operation with the ministry of health and social solidarity and the social solidarity centre (EKAKV) in the provision of day facilities, temporary accommodation and information and advice services with regard to social assistance within the meaning of Article 13§3 of the Charter for refugees and victims of human trafficking. During the reference period, 102 voluntary organisations had been certified to provide long-term care.

A new organisation, the "society of volunteers", has been set up to encourage the development of the voluntary sector and improve co-operation between voluntary organisations and the public sector. The Committee asks for further information on this body and the results of its activities in the next report.

The Committee again asks how voluntary organisations are involved in developing policies on social welfare services.

Certification of voluntary organisations for the provision of services is the responsibility of the national social solidarity centre. Since the same arrangements apply to the monitoring of public and non-public service providers, the Committee refers on this point to its conclusion on Article 14§1.

Conclusion

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

Article 4 of the Additional Protocol - The right of elderly persons to social protection

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

Legislative framework

The Committee recalls that the focus of Article 4 of the Additional Protocol 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 4 of the Additional Protocol 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 Committee notes from the report and another source²⁰ that Law 3304/2005 was adopted to transpose the EC Race and Equality Directives. The law now punishes various forms of discrimination based on racial or ethnic origin, religious or other beliefs, disability, age or sexual orientation. The principle of equal treatment applies to all persons in respect of employment and vocational guidance. However, the prohibition of discrimination in the areas of education, social protection, social advantages and access to public goods and services, in housing and healthcare only applies in relation to ethnic or racial origin. The Committee asks whether the authorities plan to extend anti-discrimination legislation (or an equivalent legal framework) with a view to protecting elderly persons outside the field of employment.

Concerning assisted decision making for elderly persons, the Committee reiterates its request for details on the procedures which exist in this area and if there are safeguards to prevent the arbitrary deprivation of autonomous decision-making by elderly persons.

Adequate resources

The Committee notes from MISSOC²¹ that eligibility for an old-age pension starts at age 65 (men) age 60 (women). The minimum period of contribution is 15 years

of insurance or 4,500 working days for which contributions were paid. The minimum pension for a single person was € 463.18 per month in 2007.

As regards the Social Solidarity Allowance, a benefit which is available for pensioners whose income falls below a certain level, the Committee notes from $ISSA^{22}$ that those aged 60 years or older and residing in Greece are eligible. The overall net annual income from salaries and pensions (including the old-age pension) must not exceed \in 6,824.45. The amount of the benefit is \in 195.15 per month.

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 was estimated at € 425 per month in 2007.

On the basis of the above information, the Committee considers that the amount of the minimum earnings related old-age pension in Greece does not raise a problem under the Charter as it is above the poverty threshold, and can be supplemented in the case of low-income pensioners by the Social Solidarity Allowance. However, noting that there is no special non-contributory scheme for old-age persons, the Committee asks what income guarantees are available for older people who do not receive a work related pension. Pending receipt of this information, the Committee reserves its position on whether the situation is in conformity with the Charter 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

Pursuant to Laws 3106/03 and 3402/2005 the Social Solidarity National Centre (EKKA) was created, a body which provides assistance, support and information to vulnerable groups, including the elderly.

With respect to Day Care Centres for the elderly (KIFI), in reply to the Committee's question, the report indicates that services provided to the elderly at KIFI are provided free of charge. As to Centres of Open Protection of the Elderly (KAPI), whose primary objective is the socialisation of elderly persons living in the community, and Home Help programmes, the Committee refers to its last conclusion under Article 4 of the Additional Protocol.

The Committee asks if any measures are envisaged to promote the development/variety of home help services or other services at the local level, and whether NGOs are playing a role in the provision and/or modernisation of social services for the elderly.

The Committee also wishes to find information in the next report on whether the supply of services to the elderly matches the demand for them, how their quality is monitored and if there is a procedure for complaining about the standards of services.

Housing

The Committee recalls that the Workers' Housing Organisation (OEK) is the major institution providing social housing support in Greece. The OEK grants rent allowances to persons meeting the conditions established under its various programmes. One of the benefits available is for uninsured, lonely and poor persons above 65 years. In 2007, the amount paid was € 287 (2 070 elderly beneficiaries). The general rent allowance for low-income persons granted by OEK in 2007 was € 115, for all categories of beneficiaries, including the elderly (93 784 beneficiaries, of which a large part were elderly).

The Committee notes that the OEK provides loans for the improvement, repair or completion of an existing house, and that elderly persons participate on equal terms with other persons in such a programmed (6 996 loan contracts signed in 2007). The Committee asks if such a programmed is the sole public policy aimed at providing financial assistance for the adaptation of housing and to enable elderly persons to stay in their own home, and whether it is deemed sufficient for such a purpose.

The Committee asks to be kept informed of any future initiatives undertaken to promote adapted and quality housing for elderly persons.

Health care

The Committee recalls that health care for the elderly in Greece is part of the primary health care rendered to the population in general. Persons are entitled to free health care by virtue of membership to the social insurance funds or under the National Health System (Conclusions XVII-2, Article 4 of the Additional Protocol). Ministerial Decision no. 139491 of 2006 establishes the conditions for free nursing and medical-pharmaceutical care of Greek and alien citizens.

Ministerial decision no. 1624 of 1999 regulates the Preventive Medicine Services, which aims at the timely diagnosis and the prevention of sickness. The cost of services is borne by insurance organisations and the State.

Pursuant to the National Vaccination Programme, all persons above 60 years are recommended to have an annual vaccination against influenza and pneumococcus. The Committee asks if such vaccination is provided free-of-charge.

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

Institutional care

The Committee refers to its last conclusion for an overview of the institutional facilities available for the elderly and the admission procedures (Conclusions XVII-2, Article 4 of the Additional Protocol). The report states there are approximately 360 institutions (all types) hosting 21 000 persons. It also mentions that the regulations on the establishment and operation of Care Units for the Elderly were updated to ensure sound, safe and decent living conditions (Ministerial Decision no. 81551 of 2007). The Committee asks to be kept informed on the implementation of these new regulations, and in particular on how standards of care that nursing homes must respect are defined therein.

As regards the inspection of institutions, the report states that the Health and Welfare Services Inspection Body (established by law in 2001) is responsible for monitoring the quality of facilities, services, etc., *inter alia*, in both public and private Care Units for the Elderly. The Committee asks how this body is composed, and 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. It also reiterates its request for further information on the filing of complaints against institutions with the Ombudsman or the courts.

Conclusion

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

¹Migrant indexation policy index, at http://www.integrationindex.eu/integrationindex/2398.html ²MISSOC database, Comparative Tables on Social Protection,

http://ec.europa.eu/employment_social/missoc/db/public/compareTables.do?lang=en ³International Social Security Association, http://www.issa.int/aiss/Observatory/Country-Profiles/Regions/Europe/Greece