



January 2018

European Social Charter

European Committee of Social Rights

Conclusions 2017

RUSSIAN FEDERATION

This text may be subject to editorial revision.

The following chapter concerns the Russian Federation, which ratified the Charter on 14 September 2000. The deadline for submitting the 6th report was 31 October 2016 and the Russian Federation submitted it on 16 January 2017.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerns the following provisions of the thematic group "Health, social security and social protection":

- the right to 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).

The Russian Federation has accepted all provisions from the above-mentioned group except Articles 12§§2 to 4; Article 23 and Article 30.

The reference period was 1 January 2012 to 31 December 2015.

The conclusions relating to the Russian Federation concern 10 situations and are as follows:

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

In respect of the 2 other situations related to Articles 11§2 and 11§3 the Committee needs further information in order to examine the situation. The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by the Russian Federation under the Charter. The Committee requests the authorities to remedy this situation by providing the information in the next report.

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The next report will deal with the following provisions of the 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 report should also contain information requested by the Committee in Conclusions 2016 in respect of its conclusions of non-conformity due to a repeated lack of information:

- the right to work – vocational guidance, training and rehabilitation (Article 1§4),
- the right to vocational guidance (Article 9),
- the right of persons with disabilities to independence, social integration and participation in the life of the community – employment of persons with disabilities (Article 15§2).

The deadline for submitting that report was 31 October 2017.

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Conclusions and reports are available at www.coe.int/socialcharter as well as in the HUDOC database.

Article 3 - 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 Russian Federation.

General objective of the policy

The Committee previously noted the existence of a legislative framework and of a policy to promote health and safety at work (Conclusions 2013).

The Committee recalls that occupational health and safety policy is determined by the Address of the President to the Federal Assembly, the Demographic Policy until 2025 and the Action Plan for the Improvement of Occupational Safety in the Russian Federation for 2008-2010 (Action Plan). The Action Plan implements a major change from a compensation-based to a prevention-based approach to occupational health and safety, which involves workplace risk assessment and integrated risk management; quality risk assessment tools; improved insurance coverage and incentives for employers to implement new technologies and reduce harmful working conditions; use of new technologies in training; and a modern legal framework in line with international standards.

It previously requested the next report provide information on whether the Demographic Policy until 2025 and the Action Plan is regularly assessed or reviewed in the light of changing risks, and on any developments in the policy set out in the Action Plan during the phase scheduled for 2011-2015 (Conclusions 2013).

The report states that in accordance with the Demographic Policy 2025 a systematic review of regulations governing occupational safety to prevent accidents and to minimise risks was carried out.

In 2010-2014 the following state programmes were approved: Federal target program "Overcoming the consequences of radiation accidents for the period up to 2015", Federal Target Program "Fire safety in the Russian Federation for the period up to 2017", Model program for target inspection of physical protection of nuclear materials, nuclear plants and storage of nuclear materials, model program to improve working conditions and safety in the subject of the Russian Federation,

In 2016, the Ministry of Labour and Social Protection of the Russian Federation announced the beginning of the state program "Safe Work" for 2018-2025 under Demographic policy 2025 and in accordance the ILO's program "SafeWork".

In the period 2010-2014 the Russian Federation ratified a number of ILO Conventions including Prevention of Major Industrial Accidents Convention (№ 174) , Safety and Health in Mines Convention (№176) and Promotional Framework for Occupational Safety and Health Convention (№ 187).

The report states that evaluation of the impact of the Action Plan 2011-2015 is provided for in paragraph 88 of the Action Plan and includes population sampling surveys and the collection of statistical data.

At the level of the regions of the Russian Federation the implementation of the Action Plan for 2010-2015 was carried out by state programs to improve working conditions and occupational, by long-term regional target programs to improve working conditions and occupational safety and programs to improve working conditions and occupational safety at the municipal level.

The Committee points out that new technological, organisational constraints and psychological demands favour the development of psychosocial factors of risk, leading to work related stress, aggression, violence and harassment. It would also point out that, with regards to Article 31 of the Charter, it takes account of stress aggression, violence and

harassment at work when examining whether policies are regularly evaluated or reviewed in the light of emerging risks. States parties have a duty to carry out activities in terms of research, knowledge and communication relating to psychosocial risks (Statement of Interpretation on Article 3 1 of the Charter, Conclusions 2013).

The report does not provide any information on this point. The Committee accordingly reiterates its request.

Organisation of occupational risk prevention

The Committee previously noted (Conclusions 2013) that Federal Act No. 238-FZ introduces a system for occupational risk prevention at company level. It asked that the next report provide information on the implementation of that system in practice.

Pursuant to Article 209 of the Labour Code, an Order of the Ministry of Labour № 438n dd 08.19.2016 approved Regulations on the adoption of an occupational safety and health management system. According to these an employer must establish and maintain an occupational safety and health management system by complying with state occupational safety regulations taking into account the specifics of its activities in light of the latest developments and best practices, guidelines and recommendations of the ILO.

The Committee recalls that under Section 212 of the Labour Code, employers shall conduct workplace risk assessment every five years, in accordance with Ministry of Health and Social Development Decree No. 569 of 31 August 2007 on approval of the certification on working conditions and with the standard GOST 12.0.230-2007 on occupational health and safety management systems. As a result of the workplace risk assessment, working conditions shall be classified into optimal, allowable, dangerous and extreme, following the criteria for classification and working conditions of Manual P 2.2.2006-05 for the hygienic assessment of factors of working environment and working process.

The employer must inform workers about the results of the risk assessment at their workplaces no later than 30 calendar days after the date of approval of the report of the commission.

According to Article 212 of the Labour Code occupational safety rules and regulations for workers are developed by the employer taking into account the views of the elected body of primary trade union organization or other authorised body of workers.

In order to assure compliance with the requirements and exert control over their implementation the employer has a duty to create the occupational safety service or establish a post of the occupational safety expert with appropriate training or work experience in this field in every organisation performing production activities with more than 50 employees. The Committee asks in this respect what sectors are covered.

Improvement of occupational safety and health

All employees, as well as employers, are required to undergo occupational safety training and testing of knowledge of health and safety requirements. There are five types of training: introductory, primary, secondary, unscheduled and targeted.

The Committee previously noted that the public authorities are involved in a system designed to improve health and safety protection through research, development and training. It asked that the next report provide concrete examples of the involvement of public authorities in disseminating information and knowledge with through publications, information technology, seminars, good practices or advice. It also asked for information on the involvement of public authorities in the design of training schemes (how to work, how to minimise risks for oneself or others) (Conclusions 2013).

According to the report during the reference period the Federal Labour and Employment Service (Rostrud) on informational and consulting sessions with employers and workers on

issues of compliance with labour law and other legal regulatory acts containing labour law standards were adopted. The regulations define the responsibilities of Rostrud and its territorial bodies to inform and counsel employers and workers at the federal and, accordingly, at the regional levels. This information should be provided by Rostrud for free and take into account the needs of applicants. Information and reference materials (brochures, booklets) are placed in the office of Rostrud (territorial bodies of Rostrud) designed to inform and counsel applicants, and in other places of this public service, as well as posted in the facilities of other public authorities, public institutions (e.g. territorial bodies of federal executive authorities, territorial bodies of the Pension Fund, Social Insurance Fund of the Russian Federation, Federal Compulsory Medical Insurance Fund, Government agencies, Public employment service). Rostrud also maintains a comprehensive website.

The Federal Labour Inspectorate, inter alia, conducts information and consultation sessions with employers and workers on occupational health and safety issues, and provides information to the public.

Consultation with employers' and workers' organisations

The Committee previously noted that employers' and workers' organisations are involved in consultations at various levels and formats.

The report states that an employer has a duty to take into account the opinion of elected trade union body or other employees authorized bodies when elaborating and adopting occupational safety instructions for the undertaking. It recalls that consultations at company level are held within the occupational safety service, established in accordance with Section 217 of the Labour Code in every undertaking with more than 50 employees, or with an occupational safety expert of appropriate training and experience. In undertakings with less than 50 employees, the choice between creating an occupational safety service, hiring an external occupational health service, entrusting an employee or carrying out the functions personally, rests with the employer. Moreover, occupational safety commissions, which include employers' and workers' representatives, may be set up in accordance with Section 218 of the Labour Code by initiative of the employer or the workers. These commissions shall organise joint actions by the employer and the workers towards meeting health and safety requirements, conduct inspections on the working conditions, inform the workers of the results of these inspections, and collect proposals regarding the occupational safety section of the collective agreement.

The report also refers to the Russian Tripartite Commission for the Regulation of Social and Labour Relations which drives collective bargaining at federal level and prepares the General Agreement; promotes social dialogue at federal level; holds consultations on draft bills and regulations at federal level; examines international best-practices, etc. This Commission is replicated in each of the 90 regions by a Committee of Labour and Social Development with similar powers at regional level.

Conclusion

Pending receipt of the information, the Committee concludes that the situation in Russian Federation is in conformity with Article 3§1 of the Charter.

Article 3 - Right to safe and healthy working conditions

Paragraph 2 - Safety and health regulations

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

Content of the regulations on health and safety at work

The Committee previously found that it was not in a position to examine whether the legislation and regulations in force satisfied the general obligation under Article 3§2 of the Charter, which requires that most of the risks listed in the general introduction to Conclusions XIV-2 (1998) be specifically covered by legislation and regulations, in line with the level set by international reference standards. It asked that the next report provide full and detailed information on the legislation and regulations, including any amendments thereto adopted during the reference period, which specifically govern the risks listed in the general introduction to Conclusions XIV-2.

According to the report Russia has during the reference period ratified ILO Convention № 187 Promotional Framework for Occupational Safety and Health 2006, ILO Convention № 174 Prevention of Major Industrial Accidents in 2012, ILO Maritime Labor Convention 2006, ILO Convention № 176 Safety and Health in Mines 1995 and is preparing for the ratification of the ILO Convention № 167 Safety and Health in Construction.

Ratification of ILO Convention No. 184 on Safety and Health in Agriculture (2001) is not being considered as the report states it would be difficult for Russia to implement it.

In addition during the reference period various standard-setting bodies of the Russian Federation adopted more than 500 regulations in the field of occupational health and safety.

The Committee previously pointed out that under the terms of Article 3§2 of the Charter, regulations concerning health and safety at work must cover work-related stress, aggression and violence specific to work, and especially for workers under atypical working relationships (Statement of Interpretation on Article 3§2 of the Charter, Conclusions 2013). It requested information on this issue.

The report does not provide any information on this point. The Committee accordingly reiterates its request.

Levels of prevention and protection

The Committee considers the levels of prevention and protection that the legislation specifies for certain risks.

Establishment, alteration and upkeep of workplaces

The Committee notes the report contains no new information on this point, it asks for updated information in the next report.

Protection against hazardous substances and agents

Protection of workers against asbestos

The Russian Federation has ratified the ILO Convention № 162 on Asbestos. Further it has adopted a policy aimed at eliminating asbestos diseases . However the report suggest that not all types of asbestos are to be banned, its states that the production and use of chrysotil asbestos will continue, although other forms of asbestos and asbestos containing products are banned. The Committee recalls that use in the workplace of asbestos in what are recognised as its most harmful forms (amphiboles) must be prohibited, it asks if this is the case. The Committee notes that exposure limit values exist. It asks whether measures to

incorporate the exposure limit of 0.1 fibres per cm³ are being considered. It also asks whether the authorities have considered drawing up an inventory of all contaminated buildings and materials.

Protection of workers against ionising radiation

The Committee notes that the Russian Federation has ratified ILO Convention No. 115 on Ionising Radiation, and has a range of legislation regulating exposure to ionising radiation. According to the report the recommendations established by International Commission on Radiological Protection 1990 are reflected in a number of standards and guidance documents. However the Committee seeks confirmation that workers are protected up to a level at least equivalent to that set in the Recommendations by the International Commission on Radiological Protection in 2007 (ICRP Publication No. 103, 2007).

Personal scope of the regulations

The Committee examines the scope of legislation and regulations with regard to workers in atypical employment.

Temporary workers and other types of workers

The report confirms that temporary workers, interim workers and workers on fixed term contracts are covered by occupational safety and health legislation and have access to occupational health services on an equal basis with other workers.

The Committee previously asked that the next report provide detailed information on whether occupational health and safety legislation and regulations also cover self-employed, home and domestic workers. According to the report legislation and regulations on occupational safety and health equally cover all workers regardless of nature of the contract between the parties (employment contract for workers or civil contract for so-called "independent workers", nature of work (domestic staff) or place of its execution (homeworkers). The Committee asks how the legislation and rules are monitored for these groups of workers.

Consultation with employers' and workers' organisations

The Committee previously noted that employers' and workers' organisations are involved in consultations at various levels and formats (Conclusions 2013).

The current report provides information on the Russian Tripartite Commission for the Regulation of Social and Labour Relations and refers to the information provided on health and safety bodies at the company level.

Conclusion

Pending receipt of the information, the Committee concludes that the situation in Russian Federation is in conformity with Article 3§2 of the Charter.

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Enforcement of safety and health regulations

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

Accidents at work and occupational diseases

The Committee previously concluded that the incidence rate of fatal accidents was too high for the right enshrined in Article 3§3 to be secured (Conclusions 2013).

The Committee recalls that data on fatal accidents is collected by ROSSTAT, the Federal Service for Labour and Employment and the Social Insurance Fund, which use different methods to collect data.

According to ROSSTAT the number of people injured in accidents at work resulting in one day or more absence from work was 44,000 in 2011 falling to 31,000 in 2014, an incidence rate of 2,1 and 1,4 per 1000 people employed respectively. These figures continue a previous downward trend. However (as noted previously) they are especially low in comparison to the average incidence rates in other States Parties, as illustrated by EUROSTAT data for the EU-28 (1,885,59 in 2008 and 1642,09 in 2010, per 100, 000 workers) and would suggest that underreporting of accidents is a problem. The Committee asks for the next report to comment on this.

The rate of fatal accidents for the same period was 1,824 and 1,456, respectively, with an incidence rate of 0,084 and 0,067 per 1000 workers. Although the downward trend continues this remains higher than in comparison to the average incidence rates in other States Parties, as illustrated by EUROSTAT data for the EU-28 (2,86 per 100, 000 workers in 2014). The Committee considers the incidence rate of fatal accidents is too high and therefore the measures taken to reduce the number of fatal accidents are inadequate.

According to the report the highest rate of fatal accidents is traditionally observed in organizations with such economic activities as construction, manufacturing, transport and communications, agriculture, hunting and forestry, mining.

The Committee notes the information on occupational diseases however it asks the next report to provide information on the concept of occupational diseases, mechanisms for recognizing, reviewing and revising of occupational diseases (or the list of occupational diseases , the incidence rate and the number of recognized and reported occupational diseases during the reference period, broken down by sector of activity and year), including cases of fatal occupational diseases and the measures taken and/or envisaged to counter insufficiency in the recognition and declaration of cases of occupational diseases, the most frequent occupational diseases during the reference period, as well as the preventative measures taken or envisaged.

Activities of the Labour Inspectorate

According to the report the number of labour inspections has been falling from 665,700 in 2010 to 404,300 in 2013 for labour protection inspections.

The report states that the number of federal labour inspectors has declined (3,100 federal inspectors in 2014) and that the service is understaffed, and is unable to perform its supervision activities. It suggests that based on current staffing levels routine inspections of an enterprise will only be possible once every 26 years. The Committee concludes it cannot be considered that the labour Inspectorate is efficient.

As regards labour inspectors' enforcement power, they have the power issue orders or notices, the power to impose financial penalties they can require the temporary cessation (until the consideration of the case by the court) of activities in exceptional cases where it is necessary to prevent an imminent threat to life or health. The Labour Inspectorate also has

the power to send relevant information, to federal executive authorities, local governments, law enforcement agencies and courts in order to initiate administrative or criminal prosecutions.

Conclusion

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

- measures to reduce the excessive rate of fatal accidents are inadequate;
- the labour inspection is so understaffed it cannot be considered as efficient.

Article 3 - 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 Russian Federation.

The Committee recalls that, when accepting Article 3§4 of the Charter, states undertook to give all workers in all branches of the economy and all undertakings access to occupational health services. It previously noted that preliminary and periodical medical examinations are mandatory only for workers employed in strenuous work and work under harmful and/or dangerous conditions and requested the next report provide statistic figures on the total number of workers who must undergo preliminary and periodical medical examination; the rate of occupational physicians to the total labour force; the rate of undertakings which, either in-house or through external suppliers, provide access to medical care in practice. It also asks for information on access to medical care for workers who are not exposed to strenuous work and work under harmful and/or dangerous conditions; and on any policy to increase, in consultation with social partners, the provision by undertakings of access to medical care in practice.

According to the report preliminary medical examinations are performed for the following categories of persons:

- persons who have not reached the age of 18 years;
- workers employed in jobs with harmful and (or) dangerous working conditions as well as work related to traffic;
- persons engaged to work in the Far North and other localities;
- persons employed for work on a rotational basis/shift work;
- workers in the food industry, trade, water pipeline structures, treatment, and children's institutions, as well as certain other employers;
- workers ensuring the movement of trains;
- workers engaged in underground work;
- some other category of workers in accordance with federal laws.

Periodic medical examinations are performed for the following categories of workers:

- workers employed in harsh work and work with harmful and (or) dangerous working conditions (including in subterranean work), as well as in work involving the movement of transportation.
- workers of organisations in the food industry, trade, water pipeline structures, treatment, and children's institutions, as well as certain other workers.

The Committee takes note that the report does not provide statistics on the total number of workers who must undergo preliminary and periodical medical examination; the rate of occupational physicians to the total labour force; the rate of undertakings which, either in-house or through external suppliers, provide access to medical care in practice. However the report provides data on specific groups of workers that have the obligation to undergo preliminary and periodical medical examination. Thus, 39.7% of workers are employed in hazardous working conditions and must undergo mandatory preliminary and periodic medical examinations. It also gives the number of workers working in the food industry etc. who must also undergo such examinations. The report further states that in 2013 and 2014 more than 700, 000 workers underwent a periodic medical examination.

The report also indicates that workers who are not exposed to strenuous work and work under harmful and/or dangerous conditions, and who are not identified in the categories of workers that must undergo medical examinations, can use the sanitary and medical care services provided by employers.

The Committee notes this information but finds that it is not sufficient to enable the Committee to assess the situation, and therefore, it concludes that it has not been established that there is a strategy to progressively institute access to occupational health

services for all workers in all sectors of the economy. The Committee needs to be provided with information that demonstrates that occupational health services are being progressively provided to all workers.

The Committee asks for information in the next report on existing strategies to improve access to occupational health services for temporary workers, interim workers, self employed workers, home and domestic workers.

Conclusion

The Committee concludes that the situation in Russian Federation is not in conformity with Article 3§4 of the Charter on the ground that it has not been established that there is a strategy to progressively provide access to occupational health services for all workers in all sectors of the economy.

Article 11 - 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 the Russian Federation.

Measures to ensure the highest possible standard of health

The Committee notes from WHO that life expectancy at birth (average for both sexes) slightly increased from 69.03 in 2010 to 70.5 in 2015. Despite this upward trend, the life-expectancy rate is still low relative to other European countries (for example, the EU-28 average in 2015 was 80.6).

The Committee notes from the World Bank data that the death rate (deaths/1,000 population) was 13 in 2015, which is high compared to other European countries.

The Committee previously asked for information on specific measures taken to tackle the main causes of death such as cardiovascular diseases, cancer, tuberculosis and road accidents (Conclusions 2013). The Committee takes note from the report of the measures taken within the state program "Health Development" 2013 – 2020 aimed at reducing mortality caused by cardiovascular diseases, tuberculosis, cancer and road accidents. Data provided in the report show: a decrease by 3.4% of mortality caused by diseases of circulatory system in 2015 as compared to 2014; a reduction of mortality rate from 10.1 deaths per 100.000 people to 9.0 deaths per 100.000 in 2015; a decrease of 18.9% of the number of fatalities in road accidents. The Committee asks to be informed on the measures taken to prevent mortality caused by the above mentioned diseases and the outcomes of such measures on the mortality rates.

The Committee notes from the World Bank data that the infant mortality rate (deaths/1,000 live births) was 8 in 2015. It previously noted that the infant mortality decreased slightly from 8.42 per 1,000 live births in 2008 to 7.61 per 1,000 live births in 2010 (Conclusions 2013). The report indicates that in 2015, the infant mortality rate in the Russian Federation dropped to 6.5 per 1 000 live births compared with the same period in 2014 when it was 7.4 per 1 000 live births (thus a reduction of 12.2%). The Committee takes note of the measures taken during the reference period to reduce the infant mortality rate described in the report. However, the Committee considers that the rate is still high compared to the rate of other European countries (for example, the EU-28 rate in 2015 was 3.6 per 1,000 live births).

As regards the maternal mortality rate, the Committee noted that during the previous reference period the rate decreased (from 20.95 deaths per 100,000 live births in 2008 to 16.92 deaths per 100,000 live births in 2010). However, the Committee noted that these rates are also considerably above the average in other European countries (Conclusions 2013). As the current report does not provide specific figures, the Committee notes from the WHO data that the maternal mortality rate in 2015 stood at 25 deaths per 100,000 live births which shows even an increase comparing to the previous reference period.

In its previous conclusion, the Committee concluded that the situation was not in conformity with Article 11§1 of the Charter on the ground that insufficient efforts have been undertaken to reduce the high infant and maternal mortality rates (Conclusions 2013). The Committee takes note from the report of the measures taken in area of maternal and newborn health, including measures aimed at reducing maternal and infant mortality. It asks to be kept informed on the implementation of such measures, their effect on reducing the maternal and infant mortality rate as well as updated data regarding the trends of the mortality rates. However, it notes that the situation has not improved substantially since the previous reference period. In view of the increasing rate of maternal mortality, the prevailing high infant mortality rate, as well as the very low life expectancy rate, the Committee finds that insufficient efforts have been undertaken in this field, and therefore reiterates its previous finding of non-conformity on this point.

Access to health care

The Committee noted previously that the right to healthcare is provided for by the Constitution of the Russian Federation and a state guaranteed medical benefits package is defined in the mandatory health insurance (MHI) and provided at federal and municipal health care facilities free of charge (Conclusions 2013).

The Committee takes note from the report of the main regulations adopted during the reference period related to the organisation and supervision of the health care sector. It notes in particular the measures taken through the state programme “Health Care Development 2013-2020” which is aimed at improving access and efficiency of health services. The Committee asks to be kept informed on the implementation of this programme and its impact on the main indicators of health (especially the rates of avoidable mortality).

The Committee notes from the OECD data that the total health spending accounted for 6.3% of GDP in the Russian Federation in 2012, significantly below the OECD average of 9.3%. The same source indicates that in the Russian Federation, 61% of health spending was funded by public sources in 2012, much lower than the average of 72% in OECD countries.

The report indicates that in 2013, the per capita quota of funding per 1 inhabitant amounted to 9032.5 rubles; in 2014 it rose to 10 294.4 rubles and in 2015 – 11 599.1 rubles. A single-channel financing mechanism was launched during the reference period which means that funding comes only from the compulsory health insurance. As for the federal budget, its spending on health care is decreasing gradually. The report adds that the sector of dental services, as a rule, more often involves paid services, since most of them are not included in the list of free services of MHI. The Committee asks that the next report on Article 11§1 contain information on dental care services and treatments (such as who is entitled to free dental treatment, the costs for the main treatments and the proportion of out-of-pocket paid by the patients).

The Committee recalls that the cost of health care must not represent an excessively heavy burden for the individual. Out-of-pockets payments should not be the main source of funding of the health system (Conclusions 2013, Georgia). Steps must be taken to reduce the financial burden on patients from the most disadvantaged sections of the community (Conclusions XVII-2 (2005), Portugal). The report does not provide information on out-of-pocket payments. The Committee asks for statistical data on the out-of-pockets payments paid by the population to access different health services and treatments, including on payments for outpatient prescription pharmaceuticals.

The Committee asked previously comments on the reported generalised informal payments (Conclusions 2013). The report indicates that there are no official statistics on informal payments but surveys performed in this area indicate a slight decrease in this practice. The Committee reiterates its request that the next report provide information on the share of out-of-pocket expenses attributable to informal payments, the frequency of informal payments and whether the informal payments represent a common practice in the Russian Federation.

The Committee noted previously that (i) accessibility of medical assistance for rural populations is much lower than it is for the urban populations, and wealthier people consume medical services more frequently than the poorer sections of the population even though the poorer people have worse health, and (ii) public opinion surveys generally show a lack of client satisfaction with the Russian health system. It invited the Government to comment on these matters (Conclusions 2013). The report indicates that surveys show that population with greater economic and social resources (inhabitants of large cities with high income, younger and more educated) provide in most cases a more favourable assessment of the situation.

The report further provides information on initiatives taken by the Ministry of Health to improve the organisation of primary care and its accessibility and quality, including for rural population. In order to provide primary medical care to residents of sparsely populated and

remote areas with less than 100 inhabitants, it is offered to use field forms of work including mobile medical complexes using cross-country transport and in some cases water and railway transport. The analysis of the health infrastructure of the Russian Federation aimed at determining the settlements with population of more than 100 people without medical institutions or their structural units is being performed as well as analysis of settlements with population of less than 100 people outside the service areas of medical institutions. The models of medical care to the inhabitants of these settlements are being under development. The statistical data presented by the report show a slight increase of the number of doctors in rural areas and medical doctors' availability.

The Committee notes from Health Systems in Transition Report Russian Federation 2011 that input data show that the Russian health system significantly favours inpatient care at the expense of primary care services. Resource usage indicators also point to reduced allocative efficiency; for example, the hospitalisation rate is much higher than the similar rate in other countries of the WHO European Region. The Committee asks whether the recent reforms and measures taken have strengthened primary care services or otherwise which is their impact on the primary health care, in particular in rural areas.

With regard to waiting times, the Committee asked information on the rules that apply to the management of waiting lists and the statistics on average waiting times in health care (Conclusions 2013). The report provides the required waiting times for different interventions which range between immediate appointment (in the case of emergency), to seven days for the routine medical care services of general practitioners, pediatricians, general practitioners (family doctors); fourteen days for planned specialist consultations and diagnostic tests in hospitals; one month for planned consultations in consulting and diagnostic centers; three months for medical care in day patient facility (including medical rehabilitation); four months – the duration of the magnetic resonance and positron emission tomography; six months for planned inpatient care (except for high-tech type of medical care and rehabilitation treatment). The report indicates that in 2015 the waiting period for surgical treatment of patients with hormone-active tumors of the hypothalamic-pituitary region was reduced from 6.4 months to 3.6 months due to the development of medical care and integration of high-tech neurosurgical care.

The report indicates that measures to reduce waiting times were taken during the reference period such as the e-record which is used by people mostly in metropolitan areas to make a doctor's appointment, a regional portal of public services, unified regional contact center, mobile applications, interactive kiosks, as well as a telemedicine subsystem of the unified state information system in the health sector through which it is planned to build a system of remote service delivery at all levels from medical and obstetric centers to medical institutions at the federal level. The Committee takes note of the required waiting times described in the report as well as the measures taken to monitor and reduce waiting times. It asks the next report to provide statistical data on the actual average waiting times for inpatient and outpatient care, including surgeries. It also asks whether the measures taken have had any impact on reducing the waiting times for primary and specialist care. Meanwhile, it reserves its position on this point.

In reply to a previous question addressed by the Committee, the report provides information on the treatment and rehabilitation facilities for drug addicts, as well as on the measures taken during the reference period to open new rehabilitation centers, to improve the material conditions and to train the professionals working in the drug treatment facilities.

The Committee notes from WHO statistics (Infographic – Depression in the Russian Federation), that according to recent data 5.5% of the population in the Russian Federation suffers from depression (5% being the regional average). The Committee asks that the next report contain information on the availability of mental health care and treatment services, including information on the prevention of mental disorders and recovery measures.

As regards the right to protection of health of transgender persons, the Committee previously received submissions from the International Lesbian and Gay Association (European Region) (ILGA) stating that "in the Russian Federation the practice requires transgender people to undergo medical treatment (sterilisation) as a condition of legal gender recognition". Moreover, ILGA claimed that "the authorities fail to provide adequate medical facilities for gender reassignment treatment (or the alternative of such treatment abroad), and to ensure that medical insurance covers, or contributes to the coverage of such medically necessary treatment, on a non-discriminatory basis". In this respect, the Committee asked whether in the Russian Federation legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other invasive medical treatment which could impair their health or physical integrity (Conclusions 2013). The Committee takes note of the comments submitted by Transgender Europe and ILGA-Europe on the implementation of Article 11 of the Charter in the current cycle stating that the Russian Federation is one of the states that requires sterilisation as a condition for legal gender recognition.

The report indicates that medical services for gender reassignment are not included in the program of state guarantees of free medical care financed by compulsory medical insurance funds and, in most cases, almost all costs associated with the gender reassignment are paid by transgender persons independently. The report adds that medical sterilisation can only be performed upon a written request from a person over the age of thirty-five or a person with at least two children, and in case of medical indications and informed consent of the person regardless of age and children. Transgender persons are not mentioned in the list of medical indications for medical sterilisation. The Committee reiterates its question whether legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilization or any other invasive medical treatment which could impair their health or physical integrity.

Conclusion

The Committee concludes that the situation in the Russian Federation is not in conformity with Article 11§1 of the Charter on the ground that the measures taken to reduce infant and maternal mortality have been insufficient.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

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

Education and awareness raising

The report describes the measures envisaged to promote a healthy lifestyle for children and adolescents through the “School of Health” for all, a healthy nutrition, information and communication strategy for alcohol and tobacco control, TV campaigns and multimedia internet portal as well as a telephone reference service line “Healthy Russia” providing free advice on centers of health, healthy nutrition, physical activities, alcohol, tobacco and drugs users.

The Committee previously asked information on health education at school (Conclusions 2013). The report indicates that the school curriculum for primary and secondary education includes subjects such as physical culture and health and safety. It further provides the content of such curriculum and information on conferences and competitions among schools promoting health and a healthy lifestyle which took place during the reference period.

The Committee recalls that 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. The Committee held that States Parties must ensure that sexual and reproductive health education forms part of the ordinary school curriculum; that the education provided is adequate in quantitative terms; that the form and substance of the education, including curricula and teaching methods, are relevant, culturally appropriate and of sufficient quality, in particular that it is objective, based on contemporary scientific evidence and does not involve censoring, withholding or intentionally misrepresenting information, for example as regards contraception and different means of maintaining sexual and reproductive health; and that a procedure is in place for monitoring and evaluating the education with a view to effectively meeting the above requirements (International Centre for the Legal Protection of Human Rights (INTERIGHTS) v. Croatia, Complaint No. 45/2007, Decision on the merits of 30 March 2009, §§46 – 47). The Committee asks for information in the next report on whether and how sexual and reproductive education is provided in schools in the Russian Federation.

Counselling and screening

In its previous conclusion, the Committee asked to be kept informed on the progress of the on-going projects in the area of maternal and newborn health (Conclusions 2013). The report describes the medical health services which are provided free of charge to pregnant women. It adds that integrated prenatal (antenatal) diagnosis of disorders of child development is aimed at early detection of hereditary and congenital diseases (developmental disability) before birth and that neonatal screening for 5 hereditary and congenital diseases was performed in all subjects of the Russian Federation in 2014. All children with congenital hereditary diseases registered and receive the necessary treatment. Modern medical equipment for intensive care unit for newborns and departments of pathology of newborn of the federal state budgetary institution allows the introduction of innovative technologies of nursing and rehabilitation for premature babies born with low and extremely low birth weight thereby reducing perinatal and infant morbidity and mortality including infants born with extremely low birth weight. The activities for the development of neonatal surgery equipping some of the federal state budget institutions were performed in 2014 in order to improve access to medical care of newborns with developmental disabilities and to improve medical care quality for children.

In 2014, the Russian Federation developed the regional programs for healthcare modernisation programs in terms of design, construction and commissioning of 32 perinatal centers in 30 subjects of the Russian Federation. Through these programs, training/retraining is provided to medical personnel who have started to work in perinatal centers.

As regards free medical checks for children, which under Article 11§2 must be carried out through the period of schooling, the Committee noted previously that regular preventive medical examinations are conducted annually for children. It asked who is responsible for undertaking these medical examinations, and the proportion of pupils covered by them (Conclusions 2013). The report indicates that from 2015 all children and adolescents have to attend an annual mandatory free medical examination, and adults have to attend once in three years. The report does not address the Committee's previous question. The Committee reiterates its question.

The Committee noted previously that preventive medical examinations for certain categories of the population using screening methods to detect socially significant diseases are available. The Committee recalled that pursuant to this provision there should be screening, preferably systematic, for diseases such as cancer, cardiovascular diseases or other major causes of mortality. Preventive screening must play an effective role in improving the population's state of health. It therefore asked which population groups are entitled to the above-mentioned preventive check-ups, the type of diseases which are screened and the frequency of such examinations (Conclusions 2013).

The report indicates that medical examinations primarily contribute to the identification of diseases among the population through preventive medical examination for early detection of pathological conditions, diseases and risk factors for their development. The Committee notes from the report that measures were taken to improve the early detection of cardiovascular diseases by clinical examination and preventive counseling, as well as the early detection of tuberculosis cases by improving the material and technical equipment of laboratories of medical institutions with TB profile. With regard to cancer, the action plan to reduce cancer mortality of the state programme "Health development in the Russian Federation" includes measures aimed at improving the efficiency of health care organisations for the early detection of cancer, including use of screening methods and forms of field work; replication of effective methods of diagnosis of malignant tumors (radiation diagnosis, immunophenotyping, molecular, cytogenetic studies, etc.), including on the basis of clinical guidelines (treatment protocols); implementation of high-radiological, chemotherapeutic and combined surgical methods of treatment using clinical protocols.

The Committee asks information on the implementation of all the preventive measures in practice and data on the frequency and number of screenings/preventive examinations in practice. It also asks whether these preventive examinations are geographically distributed throughout the entire territory of the Russian Federation.

Conclusion

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

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

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

Healthy environment

The Committee took note previously of the different pieces of legislation and regulations adopted by the Russian Federation for the reduction of environmental risks, in particular in the field of air quality, water safety, environmental noise, protection of the population against the risks from ionising radiation and asbestos, and measures in the area of food safety (Conclusions 2013). The Committee asked for information on the institutional structures for the proper implementation of the above-mentioned legislation. It also wished to receive updated information on the levels of air pollution, contamination of drinking water and food intoxication during the reference period, namely whether trends in such levels increased or decreased (Conclusions 2013).

The report does not provide any information on this important aspect of Article 11§3. The Committee repeats its questions and points out that if such information is not provided, there will be nothing to establish that the situation is in conformity with the Charter on this point.

Tobacco, alcohol and drugs

The Committee noted previously that report that the WHO Framework Convention on Tobacco Control was transposed by a Federal Law on 24 April 2008. A state policy to reduce tobacco consumption for the period 2010-2015 was subsequently adopted, and a draft law to protect persons from passive smoking, to prevent tobacco sale to and by minors and other measures was under preparation. The Committee asked to be kept informed on the implementation of these measures, including the state of laws on smoke-free environments in public places, health warnings on tobacco packages, and tobacco advertising, promotion and sponsorship (Conclusions 2013). The report only indicates that an important step towards the prevention of non-communicable diseases in the Russian Federation was the adoption of the Federal Law № 15-FZ dd February 23, 2013 "On protection of health of citizens from exposure of tobacco smoke and consequences of tobacco use." The Committee asks for information on the implementation and impact of this Law on the tobacco consumption and prevention.

As regards to alcohol consumption, the report indicates that within the period 2008 – 2014 it has been noted a gradual decline of average consumption of alcoholic beverages per capita in terms of absolute alcohol (in 2008, 16.2 liters per capita per year, 2013 – 11.87 liters/year, 2014 – 11.5 liters/year according to preliminary data).

The report indicates that the Ministry of Health of the Russian Federation approved the "information and communication strategy for alcohol and tobacco control, prevention and control of non-medical use of narcotic drugs and psychotropic substances till 2020". Other measures to prevent consumption of alcohol, tobacco and drugs are mentioned in the report such as the telephone service line "Healthy Russia".

The Committee asks for updated information in the next report on the levels and trends with regard to tobacco, alcohol and drugs consumption, as well as the measures taken to reduce and prevent the consumption.

Immunisation and epidemiological monitoring

The Committee noted previously that under the Federal Law "On immunoprophylaxis of communicable diseases", in order to prevent, limit and eliminate the spread of infectious diseases, preventive vaccination measures are taken for the population against 11 diseases including hemophilic infection vaccination (Conclusions 2013).

The report indicates that in Russia there is a high level of immunisation coverage included in the National calendar of immunisation and timely coverage of children by vaccination against diphtheria, pertussis, tetanus, polio, measles and mumps in decreed periods: 97-98% and revaccination is 96-97%. The report adds that in 2015 has been noted a decrease of infections incidence controlled by means of specific immunisation by 2.8 times for rubella, by 5.7 times for measles and by 25.4% for mumps compared to 2014.

The Committee asks for updated figures on the coverage rates for the main vaccines in the next report.

Accidents

In its previous conclusion, the Committee asked information on any measures or initiatives taken to prevent accidents, as well as on trends in accidents (Conclusions 2013). The report indicates that since 2013, a system of injury care centers has been developed not only along the federal highways, but also along public roads of regional and inter-municipal nature. The system allows medical treatment of road accidents victims by qualified personnel at the place of the accident, during transport and in medical institutions. The number of injury care centers increased from 783 in 2013 to 1251 in 2014 and 1501 in 2015. The Regulations on the procedure of obtaining the driving license have been modified in 2015 and introduced more strict requirements in order to prevent road accidents.

The Committee recalls that States must take steps to prevent accidents. The main sorts of accident covered are road accidents, domestic accidents, accidents at school and accidents during leisure time (Conclusions 2005, Republic of Moldova). The Committee asks for updated information in the next report on the measures taken to prevent road accidents, domestic accidents, accidents at school and accidents during leisure time, as well as on the trends in the number of such accidents.

Conclusion

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

Article 12 - 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 the Russian Federation.

In the case of **family** and **maternity benefits**, the Committee refers to its conclusions on, respectively, articles 16 and 8§1 (Conclusions 2015).

Risks covered, financing of benefits and personal coverage

The Committee refers to its previous conclusions for a description of the Russian social security system, and notes that it continues to cover all the traditional risks (medical care, sickness, unemployment, old age, work accidents/occupational diseases, family, maternity, invalidity and survivors). The system also continues to rest on collective funding: it is funded by contributions (employers, employees) and by the State budget.

In its previous conclusion (Conclusions 2013), the Committee requested information on the percentage of persons insured for medical care, out of the total population. It furthermore requested information on the percentage of persons insured, out of the total active population, in respect of pensions, sickness, maternity and unemployment benefits and indicated that if this information would not be provided, there would be nothing to establish that the situation regarding the coverage of social security risks is in conformity with the Charter.

According to Missceo, all citizens of the Russian Federation, foreign citizens having permanent or temporary residence in the Russian Federation, as well as stateless persons are entitled to **healthcare**. In this respect, the report provides details of the type of medical care provided and confirms, in response to the Committee's question (Conclusions 2013), that the compulsory medical insurance covers not only employees, but also self-employed people, agriculture workers, unemployed people, students etc. and states that as of April 1, 2015, the number of persons insured under the compulsory medical insurance amounted to 146.5 million, including 61.5 million employed and 85 million unemployed people. The Committee considers that the situation is in conformity with the Charter on this point.

Under the Federal Law No 167-FZ dd 15 December 2001 "On Compulsory Pension Insurance in the Russian Federation", the persons covered by the compulsory pension insurance (**old age, disability, survivors**) are all residents, including foreigners and stateless persons. Up to 2015, the old age pension scheme consisted of two components, a compulsory social insurance covering all insured, and a contributory scheme applying to persons born in 1967 or after. The Committee notes however from the report, from Cleiss (*French Liaison Centre for European and International Social Security*) and from ISSA (International Social Security Association) that certain reforms took place during the reference period and affected in particular the pension system (Laws 243-FZ of 3 December 2012, 351-FZ of 4 December 2013, 400-FZ of 28 December 2013, 424-FZ of 28 December 2013). In particular, according to the report, the entire amounts of contributions was transferred in 2014 to the insurance component of the pension system and, from 2015, the contributions based component was transformed into an independent pension scheme. The amount of contributions paid by the insured did not change, but it is henceforth transferred to insurance pension in full or distributed between the insurance and the contributions-based pension (16% and 6% respectively). It asks the next report to provide further information on the new system applying as from 2015 to old-age, disability and survivors' pensions, in particular as regards any impact on the personal coverage for each of these branches. In the light of the information provided in the report on the categories of people covered by the pension scheme, the Committee considers that, in principle, an adequate percentage of the active population should be covered by the compulsory social insurance. It asks nevertheless the next report to provide information on the percentage of insured out of the total active population.

As regards **unemployment**, the report reiterates that only (earnings-related and flat-rate) non-contributory benefits, financed by the Federal budget, are granted to persons registered as unemployed and satisfying the qualifying conditions. The Committee asks the next report to clarify whether only Russian citizens are entitled to unemployment benefits or also foreign residents. It notes in this respect that, when the system is financed by taxation, its coverage in terms of persons protected should rest on the principle of non-discrimination, without prejudice to the conditions for entitlement (Statement of interpretation on Article 12, Conclusions 2002). As the report does not provide any information on the personal coverage, the Committee considers that it has not been established that the existing unemployment scheme covers an adequate percentage of the active population.

The report lists the categories of persons covered by the compulsory social insurance in case of temporary incapacity (**sickness**) and maternity, in accordance with the Federal Law No 255-FZ dd December 29, 2006 "On Compulsory Social Insurance in case of temporary disability and maternity". The Committee notes from the report that all employees are covered, including those working in the public sector, as well as some self-employed workers (lawyers, individual entrepreneurs, notaries, farmers...), the clergy and the working prisoners. According to the report, in 2016 (out of the reference period), on average there were 51 897 076 persons insured against temporary incapacity and maternity, out of an active population of 76 588 000 (ages from 15 to 72), i.e. almost 68%.

According to the report, compulsory social insurance against **industrial accidents and occupational diseases** (under the Federal Law No 125-FZ dd July 24, 1998) covers employees (including persons sentenced to imprisonment and involved in paid work) and in 2016 (out of the reference period) there were on average 51 627 551 persons insured out of an active population (aged 15 to 72 years) of 76 588 000, i.e. 67%.

Adequacy of the benefits

In the absence of the Eurostat median equivalised income indicator, the Committee notes from official statistics that, at the end of the reference period the minimum subsistence level was set at RUB 9452 (€118) per month. The minimum wage was RUB 5965 (€75).

The Committee previously noted (Conclusions 2013) that **sickness** benefits are paid by the employer for the first three days, and from the compulsory social insurance afterwards. In response to the Committee's question concerning the minimum level of sickness benefits, the report indicates that the amount of the benefit is calculated on the basis of the average earnings of the insured person during the two previous calendar years and taking into account the length of coverage (60% of the salary if the person has been insured for less than 5 years, 80% for an insurance period between 5 and 8 years, up to 100% for an insurance period of at least 8 years or if the person has three dependent children). If the insured person had no earnings during the previous two years or the average monthly salary is below the minimum wage, the average salary used as a basis to calculate the amount of benefit is the minimum wage. For a person whose qualifying period is less than 6 months, the temporary disability benefit is paid at a monthly rate not exceeding the minimum wage. The Committee notes that the minimum wage was set at a level lower than the minimum subsistence level and that only those with at least 8 years of insurance would get, as minimum benefit, an amount corresponding to 100% of the minimum wage. An even lower amount would be paid to workers with less than 8 years insurance. As the minimum level of benefit is therefore lower than the subsistence level, the Committee considers that it is manifestly inadequate.

According to the report, the same calculation of average earnings, and therefore of minimum level of benefits for people with an insurance period of less than 6 months, is also used in the calculation of **maternity** benefits and benefits granted in case of **industrial accidents and occupational diseases**. However, as regards maternity benefits, the report indicates that additional benefits are also granted, as well as means tested social assistance benefits.

The Committee asks that comprehensive and updated information on the maternity benefits scheme and the relevant additional benefits be provided in the next report concerning Article 8§1 of the Charter. As regards the benefits granted in cases of industrial accidents and occupational diseases, the Committee notes that they are paid for the whole period of temporary incapacity to work, in the amount of 100% of the average earnings. As the minimum earnings correspond to the minimum wage, and this is lower than the subsistence level, the Committee considers that the minimum level of the benefits is manifestly inadequate.

Unemployment benefits are paid to persons registered as unemployed. The Committee previously noted that those who have worked for at least 26 weeks in the previous 12 months are entitled to 75% of their average wage for 12 months, then to 60% of it for the following 4 months and to 45% in the following 5 months. Persons who do not qualify for these earnings-related employment benefits are entitled to a flat rate minimum amount for a period which, according to Missceo, cannot exceed 12 months in total, payable over a period of 18 calendar months. In response to the Committee's question, the report states that unemployment benefits may be suspended for up to three months *inter alia* if the claimant refuses two suitable work offers. The notion of "suitable" job offer includes interim work corresponding to the qualifications of the worker, his/her previous contract, state of health and transport accessibility of the workplace. On the other hand, a job can not be considered suitable if it implies a change of residence without the consent of the person; if the working conditions do not comply with the rules and regulations on labor protection or if the proposed salary is lower than the average wage the person had in the previous workplace, during his/her last three months of work. The Committee asks the next report to clarify what remedies are available to contest decisions to suspend or withdraw unemployment benefits. It reserves in the meantime its position on this issue. The Committee previously found (Conclusions 2013) that the minimum level of unemployment benefits was manifestly inadequate. The report does not provide any information on the level of benefits during the reference period. The Committee notes from other sources (Cleiss, Issa) that the minimum level of flat-rate benefits did not change and, at the end of 2015, was still set at RUB 850 (€11 at the end of 2015), largely below the minimum subsistence level. Accordingly, the Committee maintains its finding of non-conformity on this point.

The report indicates that **old-age pensions** depend on the insurance contributions to the Pension Fund paid by the employer for the worker after 2002, and the value of the pension rights acquired by that time. In particular, the report explains that, as a result of the reforms which entered into force during the reference period, as from January 2015, the amount of the contributions-based component of the pension is calculated on the basis of an individual pension coefficient (IPC) and the length of service. The insurance pension also includes a fixed component, indexed annually, the amount of which is set by law and depends on the type of pension, but not on the length of service or the level of earnings. The amount of this fixed component was RUB 4383.59 in 2015. Article 12.1 of the Federal Law No 178-FZ dd 17 July 1999, "On government social assistance" provides that the level of pensions may not be less than the minimum subsistence level. If the amount is lower, the person is entitled to federal and regional supplements, in order to reach the subsistence level. According to Missceo, as of April 2015, the minimum amount of the state old-age pension, paid to persons not entitled to a labour pension, was RUB 9538.18 (€119). As this amount corresponds to the minimum subsistence level, the Committee considers that the situation is in conformity on this point.

The Committee notes that the same scheme applying to old-age pensions also concerns **disability** pensions. According to the information available from Issa, Cleiss and Missceo, the pension is the sum of the insured's pension points multiplied by the value of a pension point in the year the pension is claimed, plus a basic flat-rate benefit. For a single pensioner with 100% disability (categories I and II) without dependants, the minimum basic monthly flat-rate amount was RUB 4559 (€57) under the Disability insurance pension (social

insurance) and of RUB 4769 (€60) under the state social disability pension (social assistance). According to Missceo, as of April 2015, the minimum amount of social disability retirement pension was RUB 4054 (€51). It notes that all these amounts are lower than the minimum subsistence level. It accordingly asks the next report to clarify whether disability pensions are also eligible to federal and regional supplements that would bring them to the level of the subsistence minimum. It reserves in the meantime its position on this point.

Conclusion

The Committee concludes that the situation in the Russian Federation is not in conformity with Article 12§1 of the Charter on the grounds that:

- it has not been established that the existing unemployment scheme covers an adequate percentage of the active population;
- the minimum level of sickness benefits is inadequate;
- the minimum level of industrial accidents and occupational diseases benefits is inadequate;
- the minimum level of unemployment benefits is inadequate.

Article 14 - Right to benefit from social services

Paragraph 1 - Promotion or provision of social services

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

Organisation of the social services

In its previous conclusion (Conclusions 2013) the Committee asked that the next report confirmed that a bill "On the Basic Principles of Social Service of the Population in the Russian Federation" had been adopted and to provide details on its implementation.

The report indicates that the Federal Law № 442-FZ dd December 28, 2013 On the fundamentals of social services in the Russian Federation (the Federal Law № 442) came into force on January 1, 2015 aiming to develop and increase quality and efficiency of social services in the country.

The Federal law № 442 defines the basic principles of social services, clarifies the meaning of some basic concepts used in the sphere of social services, determines the forms of social services, types of social services and terms and principles of financial provision for social service institutions. The report indicates that social services are available to all categories of the population who are likely to need them and specify terms and conditions that apply to receive social services assistance and to provide care also on a voluntary basis. In this respect the Committee asks that the next report provide information on the impact of the reform on social services that came into force in January 2015.

The report indicates that the provision of social services to people with disabilities is also regulated by the Federal Law № 181-FZ dd November 24, 1995 "On social protection of disabled persons in the Russian Federation". This law defines the state policy in the sphere of social protection of disabled persons in the Russian Federation. Its purpose is to provide people with disabilities with equal possibilities to exercise their rights and freedoms. It establishes measures of social protection of disabled persons including in the sphere of social services which are still guaranteed and funded at the federal level.

The report also indicates other Federal Laws which establish specific provisions, social services, for families with children, orphans and children left without parental care including children in child care centres and veterans.

Effective and equal access

The report indicates that the Federal Law № 442 guarantees equal and free access of citizens to social services regardless of their sex, race, age, nationality, language, origin, place of residence, attitude to religion, convictions and membership in public associations. Moreover, the report underlines that social services are provided for free, for a fee or for partial fee. Every citizen can receive various services by entering into one or another social relation paying a certain cost. The difference between social services lies in the fact that they are provided to a certain category of people to meet their specific needs free of charge or with partial payment at the expense of the institution. Free social services in the public system of social services are provided to minor children, and persons who have suffered in emergency situations, armed ethnic (ethnic) conflict. Other categories of citizens can apply for free social services, if their per capita income is less than or equal to a certain threshold established by law. The threshold may not be less than three-quarter of the subsistence minimum established.

The report also indicates that the Federal Law № 442 provides the possibility of involvement of non-governmental sector in the provision of social services including the possibility of a state financial support for those organizations.

In its previous conclusion (Conclusions 2013) the Committee asked what criteria are used for those in need to access social services .

The report indicates that Article 15 of the Federal Law № 442 provides 8 specific circumstances that impair or may impair the citizens living condition: 1) total or partial loss of the ability or possibility of self-service, to move independently, to provide basic necessities of life due to illness, injury, age or disability; 2) presence of a person or persons with disabilities in the family including child or children with disabilities in need of permanent home care; 3) presence of a child or children (including under guardianship) with difficulties in social adaptation; 4) impossibility to provide care (including temporary) for a disabled person, child, children, and lack of care for them; 5) presence of intra-conflict including drug or alcohol addiction, persons with addiction to gambling, persons suffering from mental disorders, presence of domestic violence; 6) lack of defined residence including a person under the age of 23 and completed stay in the institutions for orphans and children left without parental care; 7) lack of job and livelihoods; 8) presence of other circumstances recognized as deteriorative or capable to deteriorate citizens' living conditions by the regulatory legal acts of the subjects of the Russian Federation. The law also regulates conditions under which a person is entitled to receive assistance for free or on a paid basis.

In its previous conclusion (Conclusions 2013), the Committee asked to specify the level of subsistence minimum, in order to have an opinion about the effectiveness of access to social services.

The report replies giving a table indicating the amount per capita and by categories of people and specifying that the amount may not be less than the amount set at the federal level.

In its previous conclusion (Conclusions 2013) the Committee asked whether the term "permanent citizens" means nationals of other States Parties to the Charter lawfully resident or regularly working in the State, and if not what restrictions are applied.

The report states that The Federal Law № 442 covers Russian citizens, foreign citizens, stateless persons permanently residing in the territory of the Russian Federation and refugees. A foreign citizen permanently residing in the Russian Federation is a person who received a residence permit (Article 4 of the Federal Law No 115-FZ dd July 25, 2002 "On the legal status of foreign citizens in the Russian Federation"). At the same time the law does not make social services dependent on gender, race, nationality, language, origin, attitude to religion, convictions, membership in public associations or other circumstances. The Committee asks the next report to provide information on conditions under which a permanent residence permit is issued (especially as regards the length requirement) and whether those who are temporary residents and/or regularly working in the State may use social welfare services as well and whether there are any restrictions.

In its previous conclusion (Conclusions 2013) the Committee asked what kind of remedies are available in terms of complaints and a right to appeal to an independent body in cases of discrimination and violation of human dignity.

The report indicates that in case of discrimination the applicant has the right to complain and to appeal to the court (part 3 of article 15 of the Federal Law № 442. The report lists a number of other authorities to which a case may be reported.

Quality of services

In its previous conclusion (Conclusions 2013) the Committee recalled that social services must have resources matching their responsibilities and changing needs of users. This implies that:

- staff shall be qualified and in sufficient numbers;
- decision-making shall be as close to users as possible;
- there must be mechanisms for supervising the adequacy of services, public as well as private.

The Committee asked for details on each of those elements.

The report indicates that the new Federal law ensures, as one of the fundamental principles, the access to social services for all citizens. Article 4 of the Federal Law No 442 provides: equal and free access to social services; proximity of social services providers to the place of residence of recipients of social services; adequate number of social services providers for citizens in need of social services; adequate amount of financial, material, technical, human and information resources from social service providers. Social services at home are directly related to the number of social workers providing these services. With regard to the availability of social services in remote areas and in rural areas it is necessary to note a positive trend for an annual increase in the number of mobile teams providing such accessibility. According to the statistical data, 1074 mobile teams were organized to work in the countryside in 2011, about 10.000 in 2013 and 14.000 teams in 2014. In this respect the Committee notes the substantial increase during the reference period and asks the next report to give confirmation about this positive trend. The most common form of social services provided is homecare. Every year, this type of social services is received by about 1.2 mln people. In this respect the Committee asks to know in the next report more detailed and updated figures on the numbers of social workers and the geographical distribution in different areas of social services.

In its previous conclusion (Conclusions 2013), the Committee asked for a detailed description of the measures to implement projects to promote or provide social services agencies in the next report.

In reply to the question, the report provides the total budgets for the years 2014-2015 devoted to the provision of social services in Russian Federation. The total amount shows a decrease of financial support in 2015 due to a number of reasons: the reduction of tax and non-tax revenue; changes in funding established by the state programs; reduction in the cost of procurement of goods, works and services; reduction in the number of workers of social services institutions. The report indicates also that in the beginning of 2015, when the new law entered into force, social services were provided in the stationary form to 269.000 people, in semi-stationary form to more than 2.2 million people and at home to 1.2 million people. The Committee asks that the next report provides information on the impact of budgetary changes on the quality of social services.

In its previous conclusion (Conclusions 2013), the Committee asked whether there is any legislation on personal data protection.

The report indicates that protection of personal data of recipients, the paragraph 5 of Part 1 of Article 12 of the Federal Law No 442 imposes an obligation on social services providers to use information about the recipients in accordance with the requirements of protection of personal data stipulated by the Federal law No 152-FZ dd July 27, 2006 "On personal data". The federal law regulates the relations connected with the processing of personal data carried out by federal authorities, state authorities of the Russian Federation, other state bodies, local self-government, other municipal bodies, legal entities and individuals with the use of automation, in order to protect the rights and freedoms of man and citizen in the processing of personal data including protection of the rights to privacy, personal and family privacy

Conclusion

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

Article 14 - Right to benefit from social services

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

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

In its previous conclusion (Conclusions 2013), the Committee requested information on control mechanisms to monitor the quality of services provided by individuals and voluntary organisations and to guarantee the rights of users.

The report indicates that legal framework for an independent quality assessment of service delivery by organizations of the social sphere was formed in 2014-2015. It determines the procedure for an independent evaluation, duties of the executive authorities, functions of public councils, general criteria for quality assessment and performance indicators. Moreover, the report indicates that the Federal Law No 442-FZ dd December 28, 2013 "On the fundamentals of social services in the Russian Federation" (further cited as: the Federal Law No 442) contains rules for implementation of the control (supervision) in the sphere of social services. According to the report the supervision activity allows to prevent violations in the provision of social service as well as remove them in case of violation of rights of recipients. The provisions of the Federal Law N 294-FZ dd December 26, 2008 "On protection of rights of legal entities and individual entrepreneurs in the implementation of state control (supervision) and municipal control" apply to the relations arising from the implementation of state control (supervision) in the sphere of social services, organization and inspections of social service providers. Also, there is a regional state control in the sphere of social services performed by an authorized body according to the procedures established by the public authorities of the Russian Federation. The law also established public control in the sphere of social services performed by citizens, public and other institutions in accordance with the legislation of the Russian Federation on consumer protection. The state authorities provide assistance to citizens, public and other institutions in the implementation of public control in the sphere of social services. In this respect the Committee asks that the next report provides information on the impact of this reform on the quality of social services in the private sector.

In its previous conclusion (Conclusions 2013), the Committee requested information and statistical data on forms of support provided by the central government and local authorities to voluntary organizations which provide social services.

The report underlines that the Federal Law No 442, for the first time in the sphere of social services, introduced a framework for public financial support for socially oriented non-profit organizations. The legal mechanisms established by this Law enhanced the possibility of involving non-state sector in providing social services and created conditions allowing NGOs to operate in the market of social services: legal entities, irrespective of their legal form of organization and individual entrepreneurs may become social service providers and have a right to be included in the register of social services providers of the Russian Federation (registration is voluntary); there is a mechanism of financial support for provision of social services to non-governmental institutions and individual entrepreneurs operating in sphere of social services. The above-mentioned federal law includes a favourable tax regime for institutions engaged in social services by analogy with medical and educational institutions. The law provides the possibility of applying a zero percent tax rate for income tax of institutions engaged in social services for citizens.

The Committee recalls that examines all forms of support and care mentioned under Article 14§1 as well as financial assistance or tax incentives for the same purpose. States Parties must ensure that private services are accessible on an equal footing to all and are effective, in conformity with the criteria mentioned in Article 14§1. Specifically, States Parties must ensure that public and private services are properly coordinated, and that efficiency does not suffer because of the number of providers involved. In order to control the quality of services and ensure the rights of the users as well as the respect of human dignity and basic

freedoms, effective preventive and reparative supervisory system is required. Article 14§2 also requires States Parties to encourage individuals and organisations to play a part in maintaining services, for example by taking action to strengthen the dialogue with civil society in areas of welfare policy which affect the social welfare services. This includes action to promote representation of specific user-groups in bodies where the public authorities are also represented, and action to promote consultation of users on questions concerning organisation of the various social services and the aid they provide (Conclusions 2005, Bulgaria).

The Committee notes that the information provided lack statistical data or are outside the reference period. Therefore, the Committee asks that the next report provides relevant updated statistical data on voluntary organizations operating in the field of social services.

Conclusion

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