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EUROPEAN SOCIAL CHARTER

18th National Report on the implementation of

the European Social Charter

submitted by

THE GOVERNMENT OF THE CZECH REPUBLIC

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CYCLE 2020

THE EIGHTEENTH REPORT

ON THE APPLICATION OF THE EUROPEAN SOCIAL CHARTER

SUBMITTED BY THE GOVERNMENT OF THE CZECH REPUBLIC

(reference period 2016 – 2019)

The report covers the situation and measures adopted as of 15 October 2020.

Due to the later development of the pandemic situation, some measures have been re-established.

Questions on Group 2 provisions

Health, social security and social protection

Part I-3. Right to safe and healthy working conditions

Article 3 Right to safe and healthy working conditions

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake:

1. to issue safety and health regulations;

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

On 29 October 2018, an amendment to Government Decree No 361/2007 Coll., which lays down the conditions for the protection of health at work, came into effect. Following the transposition of Commission Directive (EU) 2017/164 of 31 January 2017 establishing a fourth list of indicative occupational exposure limit values pursuant to Council Directive 98/24/EC, and amending Commission Directives 91/322/EEC, 2000/39/EC and 2009/161/EU, certain permissible exposure limits and maximum permitted concentrations of certain chemicals have been adjusted. Commission Directive (EU) 2017/164 introduces or regulates the existing limit values especially for manganese, nitroglycerin, carbon tetrachloride, amitrole, acetic acid,

hydrogen cyanide (as cyanide), potassium and sodium cyanide, calcium oxide, calcium hydroxide, butanedione, carbon monoxide, calcium oxide, sulphur dioxide and nitrous oxide, lithium hydroxide, methylene chloride, dichloromethane, vinylidene chloride, bisphenol A, 1,1 dichlorethylene in the Czech law. It also allows to use a transitional period for the effectiveness of limit values for nitric oxide, nitrogen dioxide and carbon monoxide for deep mining and tunnelling, which ends no later than 21 August 2023. A Member State may use the existing limit value for nitric oxide set out in the Annex to the Commission Directive of 29 May 1991 on establishing indicative limit values by implementing Council Directive 80/1107/EEC on the protection of workers from the risks related to exposure to chemical, physical and biological agents at work. For nitrogen dioxide and carbon monoxide, at the date of 21 August 2023, Member States can set up national limit values already in force on February 1, 2017.

Another legal act that has been modified in the area of occupational hygiene and occupational medicine is Act No 373/2011 Coll., Specific Health Services Act. The last amendments in the period made between 2016–2019 were made by Act No 202/2017 Coll., amending Act No 373/2011 Coll., Specific Health Services Act, as amended, and some other acts, with effect from 1 November 2017. Concerning occupational hygiene and occupational health services, the amendment newly regulates the areas concerning the rules for issuing medical opinion, examination of medical opinion by the relevant administrative body, terms and conditions applicable for extracts from medical opinion, definitions of occupational health service providers, occupational health service documentation, conditions for assessment and recognition of occupational diseases.

The area of occupational hygiene and occupational medicine does not focus on burnout syndrome, post-traumatic stress disorder, injuries in the sports entertainment sector, etc. Psychological strain as a risk factor of the work environment is defined in Section 31 of Government Decree No 361/2007 Coll., which determines that work with psychological strain means work associated with monotony, at an imposed work pace, in a three-shift or continuous pattern of work, and work performed only at night.

No new legislation was adopted during the reference period to ensure occupational safety and health (OSH) in connection with evolving or new situations, as mentioned above The impact of these and other new situations OSH is the subject of research activities supported by the Ministry of Labour and Social Affairs.

The issues of harassment at work, stress, prohibition and regulation of electronic monitoring of employees, etc. are already contained in Act No 262/2006 Coll., (the Labour Code), in Act No 198/2009 Coll., Act on equal treatment and legal means of protection against discrimination and on the amendment of certain acts (the Anti-Discrimination Act), follows from the constitutionally guaranteed right to protection of dignity under Article 10(1) and Article 28 of the Charter of Fundamental Rights and Freedoms establishing the right of the employee to satisfactory working conditions, from Article 31(1) of the EU Charter of Fundamental Rights, guaranteeing the right of every employee to working conditions respecting his or her health.

For example, by an action before the court an applicant can seek for health damage in the form of mental illness caused by the actions of a superior/other employee. As an intentional act contrary to accepted principles of morality pursuant to Section 265(1) of the Labour Code can be declared undesirable actions such as bullying or harassment of an employee at the workplace or such an exercise of a right that is clearly abused.

The employer is responsible for the damage to the employee's health pursuant to Section 265 of the Labour Code, including long-term stress caused by long-term negative effects of a superior/other employee:

Employer´s liability for damage
Section 265
(1) The employer shall be liable to his employee for damage (harm) sustained by the employee in performance of working tasks or in direct connection therewith by the employer´s breach of statutory duties (obligations) or intentional conduct against good morals (contra bonos mores).
(2) The employer is also obliged to compensate the employee for the damage (harm) caused to the employee by other employees who breached their statutory obligations in performance of working tasks in the name and on behalf of the employer.

A work accident is then considered to be a situation having the character of an accident, which was short-term, sudden and violent in nature and prerequisites to the employer's liability for damage caused to the employee by a work accident pursuant to Section 269 of the Labour Code are fulfilled.

Basic specified legal obligations of the employer regulated in the Labour Code aimed at protecting health at work can be found in provisions of Sections 101 to 108 of the Labour Code. devoted to safety and health at work. Pursuant to Section 101(1) of the Labour Code the employer is obliged to ensure the protection of occupational safety and health of employees with regard to the risks of possible danger to their lives and health, which relate to the performance of work. In this regard, according to the provisions of Section 102(1) of the Labour Code the employer is obliged to create a safe and non-hazardous working environment and working conditions by an appropriate organization of safety and health at work and by taking measures to prevent risks.

In connection with the adoption of the General Data Protection Regulation (GDPR) on 25 May 2018, the rules for monitoring employees by the employer were tightened. The accompanying obligation is to inform employees about the scope and purpose of processing the obtained personal data, about how the data will be processed, and who will have access to them and how. It is also recommended to inform employees which premises are monitored, at what times, whether the record is kept and for how long. The GDPR has also introduced penalties for breaches of the new, stricter rules and orders major data processors to appoint an independent DPO (Data Protection Officer). The DPO's job is to oversee the proper handling of personal data and to report possible data leaks or breaches of the law.

Burnout syndrome and other risks are prevented by strict adherence to working hours and workload and by prevention and control of State Labour Inspection Office.

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

Social-care facilities staff

Social workers are at the forefront even in an emergency epidemiological situation with regard to COVID-19. Specific measures are issued by the Government of the Czech Republic and state authorities and for employers of social workers, primarily by the Ministry of Labour and Social Affairs (MoLSA). In relation to social workers of regional authorities, municipal authorities of municipalities with extended powers and municipal authority with delegated powers, who were in the field and in daily contact with socially distressed citizens, it can be stated that these workers during the ongoing epidemic have been provided by their employers with personal protective equipment, i.e. disinfection, face masks / respirators, gloves and all authorities acted in accordance with the Labour Code, as amended. These authorities have developed “best practices” for the protection of their employees (see Annex).

The MoLSA monitored the entire situation of the development of the pandemic since the first confirmed case of the COVID-19 infection in the Czech Republic and prepared a number of measures, which it applied flexibly and within its scope of responsibility. The development of all these measures can be monitored on a special web page: https://www.mpsv.cz/web/cz/informace-ke-koronaviru.

At the beginning of the pandemic, the MoLSA immediately initiated communication with the Ministry of Health, the Ministry of the Interior, regions, employers, social partners and other partners with whom the MoLSA addressed problems faced by social service providers in ensuring appropriate conditions, especially with regard to ensuring preventive measures and protection of life and health of both clients and staff.

Due to the protection of clients and social workers, some social services were gradually closed according to the development of the situation in connection with the COVID-19 disease. For social services that had a shortage of staff, the Resolution of the Government of the Czech Republic provided an opportunity to use social field students who helped social service providers in this difficult situation. Regions could apply to the MoLSA for an extraordinary subsidy to reimburse costs intended as financial compensation for these students.

Health-care staff, including ambulance crews and auxiliary staff

Recommendations for safe work procedures to reduce exposure to COVID-19 were issued, such as wearing respiratory protective equipment (face masks, FFP2 and FFP3 respirators), recommendations for safe use of personal protective equipment, and the KS Covid algorithm of the Ministry of Health of the Czech Republic (Ministry of Health) was issued to select appropriate personal protective equipment and ensure its availability in health care facilities in case of an emergency epidemiological situation (e.g. COVID-19 epidemic or other epidemic) and others. Spaces have been set aside in health care facilities which are intended for the provision of health services to patients with suspected COVID-19 disease or proven COVID-19 disease.

Dispatching for personal protective equipment were set up for the purpose of central registration of their stocks, planning of their needs and their allocation to medical facilities.

Application procedure have been issued for health transport service operators in connection with the COVID-19 epidemic.

The authorities issued recommendations in relation to the provision of health care in inpatient facilities during the COVID-19 epidemic, recommendations for home health care providers in

connection with the COVID-19 epidemic, recommendations for waiting rooms and offices of general practitioners for children and adolescents.
It has been established that COVID-19 can be recognized as an occupational disease if the clinical and hygiene criteria for recognizing the disease as an occupational disease are met.
It was made possible for health care workers to use a free telephone line for psychological support.

As part of the protection of workers at the workplace, the Ministry of Health has taken over the guidelines of the EU / European Agency for Safety and Health at Work. The guidelines provide examples of general measures that, depending on the specific work situation, can help employers to resume activities in a suitable safe and healthy work environment. The document provides links to relevant information from the European Union Agency for Safety and Health at Work and contains a list of sources from different providers, which eventually focus on different industries and occupations. The text of the guidelines in English is attached.

The Ministry of Health has issued guidelines for the preparation of the workplace for COVID-19, the aim of which is to help employers and employees to stay safe and healthy in the work environment. The guidelines provide examples of general measures that, depending on the specific work situation, can help employers to resume activities in a suitable safe and healthy work environment. We send the document in Czech attached.

The issue of health protection at work falls within the competence of public health protection authorities, i.e. the Ministry of Health and regional hygienic authorities. Conditions stipulates Act No 258/2000 Coll., Public Health Protection Act, and amending certain laws, as amended, and related legislation therefore form the legal basis. Furthermore, Government Regulation No 361/2007 Coll., laying down the conditions for health protection at work, as amended, issued to implement Section 7(7) of Act No 309/2006 Coll., on ensuring other conditions for occupational safety and health, as amended.

The most frequently used protection for frontline workers are respiratory protective equipment (respirators, face masks, mouthpieces), dispensers with antibacterial gel placed in common areas of workplaces or in used equipment, toilet equipment with antibacterial soap, more frequent cleaning work using disinfectants at workplaces and in the facilities used.

<u>Mortuary services and Funeral parlours workers</u>
The Ministry of Regional Development (MoRD) made every effort to protect workers in funeral parlours during the COVID-19 disease, making it possible to additionally identify persons working in this sector as frontline workers. Through this reassessment of the type professions for the allocation of respirators, face masks and other protective equipment, the staff of funeral parlours and crematoria were entitled to priority supplies of protective equipment.

The MoRD organized on 5 March 2020 (before the declaration of a state of emergency, which was declared in the Czech Republic on 12 March 2020) a videoconference for the representatives of interest groups in funeral/mortuary services, where they acquainted them with the results of the first meeting of the Central Epidemiological Commission. Other conferences took place during and after the emergency.

Immediately after detecting the occurrence of the SARS-CoV-2 virus, the MoRD requested the opinion of the Ministry of Health regarding the handling of the body of a deceased person with

COVID-19 or suspected disease. The methodology including the above-mentioned opinion was published by the MoRD on its website. On its website the MoRD also published opinions related to the protection of health during burials and during the repatriation of bodies who died with COVID-19, or with a suspicion of this disease.

Due to the fact that the distribution of protective work equipment was controlled by the regions, the MoRD called on the regional authorities to give priority to the supply of funeral/mortuary services and crematoria. The MoRD continuously informed about the specific steps taken on its website in the Funeral Services section and worked closely with the leadership of the Association of Regions of the Czech Republic.

The MoRD prepared a directive for the treatment of the body of a deceased person with a highly contagious disease, which was published in the Government Bulletin for Regional and Municipal Authorities on 13 July 2020 and prepared a brochure "*COVID-19: Collection of good practice from regions and cities*", which provides a selection of specific examples of assistance from the MoRD and regions to funeral/mortuary services and crematoria[1].

Prison and other custodial staff

Measures taken to protect the health of Prison Service employees (including custodian staff) were also taken to protect the health of prisoners, as with regard to the mutual contact of these two groups of persons, the implemented measures cannot be separated from each other. The measures were, and continue to be, adopted gradually, taking into account the evolving epidemiological situation and changed with the adopted crisis/emergency measures of the Government and the Ministry of Health.

First, the authorities mapped available resources of the Prison Service and mobilised the capacities for the production of protective aids for prisoners and staff of individual organizational units of the Prison Service. Due to the lack of face masks on the market, on 16 March 2020 the Prison Service began voluntarily sewing in the Světlá nad Sázavou Prison protective face masks made of nanomaterial and in the Pardubice Prison protective face masks made of cloth for employees and prisoners of all facilities, and their production was gradually expanded. To protect prisoners, officers and employees, authorities distributed to organizational units' equipment with virucidal effect, drapes and nanomaterial face masks, protective gloves, shoe sleevers, surgical garments, respirators, protective clothing, fitting glasses, face shields, etc. The personal protective measures received the Prison Service from the State equipment against the spread of infectious diseases for all employees and prisoners. Officers at the entrances to and exits from organizational units, reception facilities, officers providing escort activities, medical staff and other staff (i.e. all frontline workers) were equipped with P3 Nanologix respirators.

Continuous and focal disinfection with disinfectants has been among the standard practices of organisational units for environmental quality control. During the pandemic, the frequency of disinfection was increased, especially in areas used by a larger number of people, and increased care is given to surfaces that people touch more often or are otherwise often used. Disinfection is also carried out in a systematic manner in means of transport intended for escorting prisoners or for transporting suspected cases to medical facilities. Great emphasis

[1] https://www.mmr.cz/getmedia/72d322c1-9bf0-410f-a093-9de5b04d2d3d/sbornik-finalni.pdf.aspx?ext=.pdf.

is placed on increased hand hygiene and the possibility of applying suitable disinfectants for skin disinfection. Hand disinfectant dispensers are located at prison (custody) entrances, including notes on their use for all persons entering prisons without exception. There are also dispensers with soap and disinfectants in all areas of prisons (custodies), intended for personal hygiene.

Hand disinfectants and their dispensers are also located at the entrances to individual sections of prisons and are thus also available to prisoners (again, this is a measure also directly related to the protection of prison/custody staff).

With effect from 19 March 2020, persons who did not use respiratory protection, i.e. did not have a covered nose and mouth (face mask, respirator, scarf or other cloth that could help prevent the spread of droplets while breathing or speaking) were not allowed to enter the Prison Service/Custody organisational units, including jobseekers. The staff also had available screening measures to detect potential sources of infection, i.e. non-contact thermometry on entry to work, entry also involved disinfection, checks for other known COVID-19 symptoms, travel history with regard to staying in high-risk areas, etc. Where increased body temperature (37.5 °C and higher) was detected in the person entering, this person was not allowed to enter the organisational unit for preventive reasons. In case of any doubts, the risk of infection was assessed in cooperation with public health authorities.

Practically the same screening procedure was applied to the entry of persons into pre-trial detention (custody) or prison areas, to visitors of prisoners and prisoners working in outdoor workplaces. During the pandemic, visits to prisoners were completely banned for a transitional period and later reduced.

Heath-care staff and medical facilities of the Prison Service/Custody were subject to specific measures. In order to minimize the effects of close contact between nurses, a two-shift operation was introduced. Furthermore, accommodation capacities were set aside in all organisational units for the purpose of ensuring the isolation of patients with COVID-19 not requiring hospital care, as well as for the needs of ensuring quarantine measures for the isolation of their contacts. Each prison and pre-trial detention have a contingency plan in place which it will follow in the event of COVID-19 in the organisational unit.

To eliminate the risk of the introduction and subsequent spread of the disease in organisational units, home office was used as much as possible, of course, where possible, and in some cases the use of a company car was allowed for transport to work.

Finally, there was a ban on the organisation of activities involving the gathering of people without the possibility to maintain a safe distance between their participants and where necessary, they took place on-line (video conferencing, Skype and other platforms, etc.).

Military personnel

The following measures have been taken to protect frontline workers:
Deployed personnel were trained in the degree of risk and the need to use and adhere to protective aids.
All deployed workers were equipped with protective equipment according to the degree of risk involved in the work performed on the basis of the recommendations of the World Health Organization (WHO) and the Ministry of Health. Protective equipment was provided from the Ministry of Defense’s own reserves or from the reserves of the entity that requested military

assistance (Ministry of the Interior, Ministry of Health or social services facilities in cooperation with the State Material Reserves Administration).

The Czech Army and the Fire Rescue Service also provided decontamination equipment for decontamination of people, equipment and spaces and examination for the presence of coronavirus SARS-CoV-2 using RT-PCR before and after activities with the highest risk of disease transmission (after bulk sampling by mobile sampling teams, when deployed in social services facilities). Quarantine measures or isolation in military facilities were also ensured to minimize the introduction of the disease into the families of soldiers.

Public transport workers

One of the protective measures of employees in public transport is to minimize the contact of employees with passengers. Most carriers allow the on-line sale of tickets. Passengers were asked to use these contactless means as much as possible and to use tickets in digital form (documents are read by a reader instead of handing over paper tickets). If it was necessary to purchase a ticket at the counter, passengers were advised to pay the price by a card, not in cash.

Czech Railways train crews did not sell travel documents on the train for part of March and April 2020 in an effort to minimize the contact of railway employees with passengers. At present, train crews are equipped with payment terminals to accept non-cash payments by credit card and to limit cash handling.

Protective measures for employees/drivers

In public transport, access through the front door was restricted and the first rows of seats behind the driver were not to be used by passengers. During May and June, these emergency measures were gradually lifted.

The key task was the distribution of protective equipment to protect employees. The distribution of face masks, respirators and disinfectants was organised by the Ministry of Transport. Regional authorities and individual cities provided protective equipment for drivers and other public transport employees.

Measures for passengers to reduce the transmission of the disease – from the beginning of the state of emergency due to pandemic (12 March 2020) passengers were obliged to wear face masks. The use of face masks in all means of public transport in the Czech Republic was mandatory until 30 June 2020. From 1 October 2020 it is mandatory in the Prague metro and in public transport in the most affected districts of the Czech Republic. In metro stations, the obligation to use face masks is announced in Czech and English at regular intervals. In other places this protection was recommended. Since 1 September 2020 the obligation of passengers to wear a face mask in all means of public transport throughout the Czech Republic was re-established.

During low transport demand passengers were asked to keep a distance of two meters between each other to reduce the risk of disease transmission. At present, when there is a large number of passengers, especially during peak times, it is not possible to comply with keeping this distance.

At train and metro stations, there are disinfection dispensers for passengers to disinfect their hands. This minimizes the transmission of disease through handrails, buttons and other areas in vehicles.

Passengers are regularly informed not to use public transport if they show signs of illness, to disinfect their hands and to use protective equipment.

Members of the Police of the Czech Republic, the Fire Rescue Service, employees of the Refugee Facilities Administration of the Ministry of the Interior and other cooperating units (Medical Facilities of the Ministry of the Interior, Department of Asylum and Migration Policy, etc.)

On the basis of an internal procedural act issued by the Police President, several principles aimed at protecting the life and health of police officers and civil servants were established as part of a legislative measure during an emergency, while maintaining the ability of the Czech Police to act. The performance of the service and activities that were not absolutely necessary at the workplace were provided by members and employees in the form of home office using secure remote access. Police officers and civil servants who worked in offices were divided into groups A and B. The use of electronic and remote communication and video conferencing was recommended as much as possible. Instructional methodological jobs, meetings, field meetings, trainings and other meetings were cancelled, except for the current service or work tasks which could not be postponed. Therapeutic stays in the form of physical rehabilitation activities and stays in spa facilities were also cancelled, service training (shooting training, physical activities) was cancelled, police gyms were closed, and basic training was interrupted.

Police officers were trained in the recommended hygienic procedures through methodological recommendations. The following types of protective equipment were provided to police officers whose duties required direct contact with the public:[2]

- FFP2 and FFP3 respirators,
- disposable protective clothing,
- fitting glasses, disposable gloves, face shields, shoe sleeves,
- disposable face masks, cotton face masks,
- disinfectants - gels, sprays, disinfectant soaps, disinfectant wipes, garbage bags,
- contactless thermometers.

Increased cleaning was ordered in the buildings of the Police of the Czech Republic and disinfectants were placed on the hands. Protective foils were installed in police and company vehicles in order to create a separate space for the driver and the remaining crew. If company vehicles were used, for example, to transport repatriated citizens, the vehicle was ionised after each transport. Finally, the operation of intra-departmental catering facilities was also adjusted so that the concentration of people was as small as possible.

Members of the Fire Rescue Service of the Czech Republic (FRS) were involved in extraordinary activities in addition to standard duties. For example, they ensured the transport of Czech citizens who were stranded at European airports due to quarantine measures. At

[2] The available personal protective equipment of the Police of the Czech Republic differed depending on the activities, the department / organizational unit and the time period.

selected border crossings with established control workplaces, together with police officers and members of the Customs Administration, they randomly checked the entry of persons into the Czech Republic, informed them about measures taken in the Czech Republic and performed contactless temperature measurements to detect people with temperatures above 38 °C. At the airport, they were responsible for unloading, removal, sorting and distribution of medical material. In carrying out these activities, increased demands were placed on the decontamination of large areas and enclosed spaces, decontamination of vehicles, sampling points, and special attention was paid to the use of personal protective equipment.
In an effort to prevent the spread of COVID-19, the General Directorate of the Fire Rescue Service of the Czech Republic, in cooperation with other units of the integrated rescue system, issued methodologies, recommendations, procedures and guidelines. An expert working group was set up to evaluate the possibility of using protective filters for emergencies involving suspected human and animal risk and high-risk B-agents that may cause contagious or highly contagious diseases. Ozone generators for efficient indoor air disinfection, disinfectants and mobile equipment for decontamination of large areas were purchased. A methodology for decontamination of premises was developed, including the interiors of buses used for the return of citizens back to the Czech Republic. Due to the lack of respirators in the spring months, a procedure for their decontamination was proposed to allow re-use. WPA NANOMASK protective half masks were tested, both by performing measurements and in terms of subjective ergonomic evaluation. At present, the Fire Rescue Service of the Czech Republic is sufficiently supplied with protective equipment.

With regard to the Refugee Facilities Administration (RFA), protective measures were introduced in connection with the COVID-19 pandemic, both in the form of internal management acts and emergency measure procedures issued by the public health protection authority (medical provision department of the Ministry of the Interior). Specific measures were adopted and revised with regard to the current pandemic situation, in order to protect the health of employees and clients/foreigners in the facilities managed by RFA.

The rules for the entry and movement of persons on the premises of detention facilities for foreigners, reception centres and asylum facilities have been adapted. The entry of persons showing symptoms of respiratory disease was prohibited, health questionnaires and preventive measurements of body temperature were introduced before entering the workplace. The obligation to cover the airways was introduced, containers for contaminated waste were set up, increased hygienic measures were introduced and complied with, spacings were observed, a clustering ban was issued, etc. Increased hygienic measures were introduced especially in catering establishments. The organisation of employees' work was adapted so that employees whose presence at the workplace was necessary were divided into teams A and B, where possible, home office was introduced. Procedures in case of health problems have been established.

RFA employees were equipped with personal protective equipment corresponding to the relevant protection in connection with a specific type of job (face masks, respirators, face shields, protective gloves, disinfectant gels, protective clothing, etc.). Hygienic recommendations, including clear pictograms and disinfectants were placed in accessible places of all RFA areas, and increased cleaning was also carried out.

The adjustment of the rules of movement also concerned foreigners/clients in detention facilities for foreigners and in asylum facilities – e.g. maintaining distance, determining the shortest possible transit routes, increased hygiene measures, foreigners/clients were equipped with protective equipment.

In the facilities for detention of foreigners in Bělá pod Bezdězem and Vyšní Lhoty quarantine facilities for foreigners/clients were built, under the professional responsibility of the Medical Facility of the Ministry of the Interior. Separation of incoming foreigners/clients is ensured by placing them in a quarantine area, and general testing of newly arrived persons by PCR COVID-19 test before entering the facility was introduced.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.
***The previous conclusion was not one of non-conformity**.*

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

a) Please provide statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

Pursuant to Act No 251/2005 Coll., Labour Inspection Act, as amended, the State Labour Inspection Office ensures the operation of the information system on occupational accidents. Based on the above, we can provide occupational accidents for comparison, in the period 2017–2019.

Year	Fatal	Serious	Other	TOTAL
2017	96	1,138	43,882	45,116
2018	103	1,130	42,555	43,788
2019	95	1,006	42,416	43,517

To explain the data used in the table below, we provide an explanation of the following occupational accidents (hereinafter “OA”):

- Fatal OA – such damage to health which resulted in the death of the employee affected by the accident within 1 year;
- Serious OA – such damage to health if the hospitalization of the affected employee lasts more than 5 days;
- Other OA – such damage to health which resulted in the affected employee’s temporary incapacity for work of more than 3 calendar days.

More detailed data on the number of accidents at work broken down by their sources are contained in the annual reports “Occupational accidents in the Czech Republic in 201x” published under Annual reports on the SLIO website at http://www.suip.cz/rocni-zpravy/. Statistics on occupational accidents are compatible with the European statistics ESAW.

b) Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections as well as on the number of breaches to health and safety regulations and the nature and type of sanctions.

Act No 251/2005 Coll., Labour Inspection Act, as amended, establishes the State Labour Inspection Office (SLIO) and eight regional labour inspectorates.

As of 31 July 2020, were performed and at the same time completed 3,838 occupational safety inspections, which resulted in a total of 374 fines. The current occurrence of the COVID-19 viral disease in the Czech Republic also had an impact on the number of performed and completed occupational safety inspections. In the same period of the previous calendar year, i.e. on 31 July 2019, there were 5,540 occupational safety inspections. Of course, it is still necessary to consider the subsequent development of this disease in the course of the next calendar months in 2020, in terms of measures taken by Labour Inspection authorities and the inspected persons themselves (employers in general).
More detailed statistics of all performed inspections and imposed sanctions are available at www.suip.cz.

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

The SLIO carries out inspections of legal and natural persons´ business activities in accordance with the Labour Inspection Act. These inspections must also be in accordance with Section 7 of Act No 255/2012 Coll.,, the Control Rules, as amended, which provides for a certain restriction for inspectors based on the right to the inviolability of the dwelling (Charter of Fundamental Rights and Freedoms): “In connection with the inspection, the inspector is entitled to access buildings, means of transport, land parcels and other premises, with the exception of dwellings which are owned or used by the inspected person or otherwise directly related to the performance and subject matter of the inspection, if necessary for the inspection. The inspector is entitled to enter the dwelling only if the dwelling is used for business or other economic activity or if the inspection is to remove doubts as to whether the dwelling is used for these purposes and if the purpose of the inspection cannot be achieved otherwise. Owners or users of such premises shall allow the inspector the entrance.”

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

***The previous conclusion was not one of non-conformity**.*

3. in consultation with employers' and workers' organisations, if any, discuss measures to improve occupational safety and health:

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

The previous conclusion was not one of non-conformity.

Part I-11. Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

Article 11 – The right to protection of health

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

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

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

HIV/AIDS

The incidence of HIV/AIDS in the Czech Republic has been monitored by the National Institute of Public Health (NIPH) since 1985. The number of newly detected cases grew until 2016 (286), after which there was a decrease to 208 cases in 2018. The share of HIV transmission through injecting drug use has long been low in the Czech Republic. In 2018, seven (3.4%) new cases (all of which were men) were diagnosed, in which HIV infection was most likely transmitted through injecting drug use. Another six newly diagnosed HIV-positive people had a history of injecting drug use. The dominant route of HIV transmission in the Czech Republic is sexual intercourse between men (MSM) with 138 new cases in 2018 (66.3%), of which four people had a history of injecting drug use; however, sexual infection appears to be more likely. The number of cases of infections transmitted through sexual intercourse between heterosexuals has been growing slightly in the last four years, reaching 54 cases (26.0%) in 2018.

Viral hepatitis

Number of newly reported cases of acute viral hepatitis B (VHB, dg. B16) in total, among injecting drug users (IDUs), has been declining since 2000, mainly due to compulsory vaccination since 2001. In 2018, 54 new cases of HBV were reported, of which five were among IDUs (9.3%). In viral hepatitis C (VHC, dg. B17.1 and B18.2) IDUs have long accounted for more than half of all cases. In 2018, a total of 1,050 new cases of HCV were reported, of

which 533 were among IDUs (50.8 %). The average age of infected IDUs has been increasing for a long time in newly reported cases of HBV and HCV, and since 2014 it has exceeded 30 years in both categories.
In 2018, a total of 211 new cases of VHA were reported in the Czech Republic, of which five were in IDUs (2.4%). Occurrence of viral hepatitis A (VHA, dg. B15) has a fluctuating character (in 2008 there was an epidemic with outbreaks mainly in Prague and Central Bohemia, in 2014–2016 there were epidemics in the Karlovy Vary, Liberec and South Moravian regions). In 2018, a significant decrease in new cases was recorded.

Testing of infectious diseases in low-threshold programs

Since 2004, the National Monitoring Centre for Drugs and Addictions has been conducting an annual survey of low-threshold programs for drug users in order to map the availability of tests, the number and results of tests performed and the basic characteristics of tested clients. Data for 2018 were obtained in an on-line questionnaire survey in July 2019. A total of 52 questionnaires covering a total of 64 low-threshold programs from all over the Czech Republic were completed (response rate 74%). Of these low-threshold programs, 46 reported HIV testing results, 51 for HCV, 30 for HBV, and 31 for syphilis. The results of all types of tests (rapid immunochromatographic and laboratory immunoenzymatic, ELISA-type tests) are determined.
As in previous years, the results for 2018 indicate a relatively low incidence of infections among clients of low-threshold facilities. However, it is necessary to take into account that not all testing programs are involved in the survey; in addition, it is a diagnostic screening, which is probably used to a greater extent by clients with negative test results. Therefore, the sample of participating programs and the set of tested clients cannot be considered representative. These results rather underestimate the incidence of these infections among clients of low-threshold facilities.
The results of the survey show regional differences in HCV prevalence with the above limitations. In most regions, the prevalence of HCV among the tested IDUs was less than 15%. The highest prevalence was found in Prague (46.8%), the Ústí nad Labem Region (35.8%) and the Karlovy Vary Region (28.0%). Differences between regions may reflect a difference in the risk of HCV infection, but they may also be the result of the above factors.

Testing patients in the National Registry of Treated Drug Users (NRTDU) for infectious diseases

The results of IDU testing reported to the NRTDU in injecting drug users showed HCV seroprevalence of 45.6% with a chronicity transition rate of 54.2%.

Testing of imprisoned drug users

The Prison Service records the numbers of imprisoned injecting drug users tested for selected blood-borne infections. The results of the survey indicate a decrease in the incidence of HCV among prisoners, especially in terms of the share of positive persons (seroprevalence) among those tested (from 61.8% in 2015 to 41.9% in 2018). The absolute number of prisoners with a positive test result has not decreased so significantly, the decrease in seroprevalence during the imprisonment can theoretically be attributed to intensive screening in recent years. However, it should be borne in mind that this is a diagnostic screening of prisoners, and the group of test subjects is therefore not representative. Repeated examinations of the same (positive) person cannot be ruled out. Therefore, caution is required in interpreting and generalizing results and trends.

Risky behaviour of drug users

Injecting drug users predominate among the clients of low-threshold programs. In estimates of the prevalence of problem drug use, based on the clients of low-threshold programs, IDUs account for 90% of all estimated problem users of methamphetamine and opioids. Among those seeking treatment, injecting drug use has also been very high for a long time and is the most common route of administration of methamphetamine, heroin and buprenorphine. In 2018, 71% of heroin users, 62% of meth users and 51% of buprenorphine users seeking treatment reported injecting, the lowest values since 2002.

Treatment of HIV/AIDS and viral hepatitis C

Diagnosis, prophylaxis and treatment of HIV/AIDS in the Czech Republic are governed by the Methodical Guidelines of the Ministry of Health of the Czech Republic of December 2016 and the Recommended Procedure for Care of HIV-Infected Adults issued by the Society of Infectious Medicine of the Czech Medical Association JEP of June 2019. Care for HIV/AIDS patients is provided in eight regional centres and is fully covered by health insurance companies. Treatment is started in the Czech Republic immediately after the diagnosis of HIV infection (*test and treat* approach) and is available to all insured HIV positive people.

In April 2018, the Society of Infectious Medicine published a Procedure for the Provision of Preexposure Prophylaxis (PrEP) recommending the preventive administration of antiretroviral drugs to individuals at high risk of contracting HIV infection. Gradually, there are more and more centres that perform PrEP. There has been a significant drop in the price of the medicinal product for PrEP, which, however, is not covered by health insurance and is therefore difficult to afford for patients.

Since 2011, direct-acting antivirals (DAAs), which have been available in the Czech Republic since 2014, have been used worldwide in the treatment of HCV. DAAs are administered orally in tablets, have minimal side effects, treatment lasts 2-3 months and has a high success rate (95-100%). Despite the high cost of these modern drugs, their administration is economically advantageous because they save the cost of treating later complications. From an epidemiological point of view, treatment prevents the transmission of HCV to other people (treatment as prevention approach).

Treatment of HCV with DAA preparations is available in the Czech Republic in 20 “guaranteed” centres, which have a special contract with health insurance companies. The procedure and choice of preparations is determined by the current Standard Diagnostic and Therapeutic Procedure for Chronic HCV Virus Infection issued by the Czech Society of Hepatology and the Society of Infectious Medicine in January 2019. Drug users are indicated for treatment with any type of drug, provided that the treatment regimen is followed. Some centres may face low funding for treatment. The favourable trend is that the budgets of the centres are gradually increasing and the price of DAA preparations is falling. In 2018, 2,541 people were treated for HCV. In 2018, 1,033 convicted and 32 charged persons began treatment of HCV. In recent years, the number of HCV cases has been growing significantly: 2010 (69), 2011 (239), 2012 (272), 2013 (246), 2014 (325), 2015 (594), 2016 (617), 2017 (666).

The Czech Republic does not keep comprehensive and disaggregated statistical data according to required criteria (average life expectancy, in cities, in the countryside, by ethnicity and minority; homeless or unemployed persons, by profession, workplace, etc.).

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

The Commission for Reproductive Medicine has been established at the Ministry of Health.
The issue of assisted reproduction is regulated by Act No 373/2011 Coll., Specific Health Services Act. The issue of reproductive cell donation is regulated by Act No 296/2008 Coll., regulating ensuring the quality and safety of human tissues and cells intended for use in humans and amending related acts (Human Tissues and Cells Act). Criteria for the assessment of medical fitness and for the selection of donors of reproductive cells and requirements for laboratory examination of samples from these donors are regulated by Implementing Decree No 422/2008 Coll., setting more detailed requirements for quality and safety of human tissues and cells intended for human use.

The conditions under which artificial insemination can be performed are set out in the Specific Health Services Act. Artificial insemination can be performed on a woman of childbearing age if she is not older than 49 years, at the written request of a woman and a man who intend to undergo this medical service together (hereinafter “infertile couple”). The application of an infertile couple applying for artificial insemination must not be older than six months and is part of the medical records kept about the woman.

Pursuant to Act No 48/1997 Coll., Public Health Insurance Act, health insurance covers health services provided on the basis of a recommendation from a registering provider in the field of gynaecology and obstetrics in connection with artificial insemination in the case of in vitro fertilization, women with bilateral fallopian tube obstruction between the age of 18 and the day on which she turns 39 and other women between the age of 22 and the day on which she turns 39, no more than three times in her life, or four times in her life if in the first two cases a maximum of 1 human embryo resulting from the fertilization of an ova by sperm outside the woman’s body was transferred to a woman’s sexual organs.

At present, artificial insemination (in vitro fertilization) is paid in the Czech Republic until the day of reaching the age of 39, in practice this means 38 years + 364 days.
Regarding data sources on reproductive health, IHIS manages the National Register of Reproductive Health, which is part of the NHIS (National Health Information System). The National Register of Reproductive Health consists of the following registers:

National Register of Mothers (http://www.uzis.cz/registry-nzis/nrrod)
National Register of Newborns (http://www.uzis.cz/registry-nzis/nrnar)
National Register of Abortions (http://www.uzis.cz/registry-nzis/nrpot)
National Register of Congenital Defects (http://www.uzis.cz/registry-nzis/nrvv)
National Register of Assisted Reproduction (http://www.uzis.cz/registry-nzis/nrar).

In addition to the registers, within the Statistical Survey Program the IHIS collects the Annual Report on the Activities of Health Service Providers, the field of gynaecology and obstetrics,

general practitioners for children and adolescents and children's homes for children under 3 years of age.

Artificial termination of pregnancy

The issue of abortion is regulated by Act No 66/1986 Coll., on abortion, and the Implementing Decree No 75/1986 Coll., which implements Act of the Czech National Council No 66/1986 Coll., on abortion.

In the Czech Republic, a woman's pregnancy is artificially terminated (aborted) if she so requests in writing, if the pregnancy does not exceed twelve weeks and if her health condition so allows. A woman's pregnancy may be aborted for medical reasons with her consent or on her initiative if her life or health or the healthy development of the foetus is endangered or if the foetus's development is genetically defective.

Early motherhood

The Ministry of Health announces a subsidy program "Promoting health, increasing the efficiency and quality of health care", in which the priority "Increasing health literacy" is announced for 2020, which includes the activity "Education aimed at raising awareness of young adults about reproductive health with a focus on early parenthood". This activity is also considered for the year 2021.

Perinatology, neonatal and maternal mortality

In the Czech Republic, the share of newborns with a birth weight below 2,500 grams has been decreasing in the last six years, e.g. in 2019 there were 111,807 newborns out of 110,341 births, of which 7.04% were premature births, i.e. 7,857 newborns.

The Czech Republic has one of the lowest perinatal mortality rates in Europe. E.g. in 2019, the total perinatal mortality in the Czech Republic was 4.55 ‰. (Perinatal mortality without congenital malformations, hereinafter "CM", was 3.72 ‰).

The total stillbirth rate in 2019 was 3.65 ‰ (the total stillbirth rate without CM was 3.02 ‰), the early neonatal mortality rate in 2019 was 0.91 ‰ (early neonatal mortality rate without CM was 0.70 ‰).

Although the average age of women at the birth of their first child is increasing in the Czech Republic, similarly to the whole of Europe, this average age of women is lower than the EU average, i.e. about 28 years.

The number of caesarean sections remains low below the median of Europe. In 2019, there were 24.2% of such births. The share of rescue operations at the end of childbirth (so-called vaginal extraction operations) has also been consistently low, i.e. about 3% of all births, which is significantly lower than in most European countries. The share of multiple births is also declining, which is an important parameter that illustrates the burden of the perinatological care system. While in 2010 this share was the highest in the whole of Europe (2.13%), it has been declining significantly over the last decade and in 2019 it reached 1.33%.

The Czech Gynaecological and Obstetrical Society of the Czech Medical Association JEP, which is also an important partner of the Ministry of Health in the field of perinatal care, undoubtedly played a key role in this progress. This cooperation manifested itself especially in the establishment of centres of highly specialized intensive care in perinatology. By 31 December 2024, there will be twelve centres of highly specialized intensive care in perinatology. The centralization of intensive health care in perinatology into highly specialized

care centres ensures the availability, quality and efficiency of health care and creates conditions for acquiring and maintaining the expertise of healthcare professionals.
At present, the Ministry of Health is preparing a document entitled “Methodological guideline of the Ministry of Health of the Czech Republic for health care providers in the field of gynaecology and obstetrics and neonatology for efficient organization of maternity hospitals and for maximum use of midwives in the management of childbirth within the existing network of maternity hospitals – the Midwifery Centre Concept” (hereinafter the “Methodological Recommendation”).
The Ministry of Health strives to provide in hospitals a respectful approach to pregnant and parturient women without the presence of risks and pathologies, i.e. to satisfy her ideas about health care, at the same time to ensure that this approach is maximally safe and professional. In the segment of care for low-risk pregnant and parturient women, there is a significant social demand for expanding the choice of care during pregnancy, childbirth and the puerperium, with an emphasis on the possibility of caring for non-medical professions in a friendly environment. The concept of the Midwifery Centre (hereinafter the “Centre”) creates conditions in the spirit of social demand and provides low-risk pregnant and parturient women and newborns with the opportunity to address unpredictable complications and critical conditions, as it represents an optimized system of mother and newborn care for which it is priority issue of maternal and neonatal safety in connection with childbirth.
The Centre does not mean a building or space, but the concept of care provided. The concept of the Centre is based on the principle of cooperation of the gynaecological – obstetric and neonatological parts of the workplace of the health service provider. The activities and competencies of these specialisations are irreplaceable.
The aim of the Centre’s concept is to cultivate the system of gynaecological – obstetric and neonatological care in the Czech Republic and to set up a system for the optimal use of the professional potential of midwives and the fulfilment of their competencies as an independent profession.

The issue of maternal deaths is dealt with by the IHIS, which collects maternal deaths from several data sources. The primary source of data is the Certificate of Examination of the Deceased. Other data sources are the National Register of Mothers, the National Register of Abortions and the National Register of Hospitalized Patients. All named sources look for possible deaths and further analysis of individual deaths will lead to the final number.
The numbers of maternal deaths are transmitted to the WHO, the HFA database and the OECD.

Policies – premature deaths, preventable blood-borne diseases
The area is governed by a number of strategic documents, in particular: Family Policy Concept, Government Resolution No 654 of 18 September 2017; Action Plan for Sexual and Reproductive Health Towards Achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (2016). The Reproductive Health Agenda follows on from the Government Strategy for Gender Equality in the Czech Republic for 2014–2020. A government strategy for gender equality is currently being prepared for the coming decade.

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

***The previous conclusion was not one of non-conformity**.*

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

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

Prevention and strategy projects

Family Policy Concept

Action Plan for Sexual and Reproductive Health (see above)

Drug use in the population

The most frequently used illegal drug in the Czech Republic are cannabis, which has been tried sometime in life by about a quarter to a third and in the last twelve months by about a tenth of the adult population. Looking at long-term trends, there is a slight decrease in the prevalence of cannabis use in the general population aged 15–64 and among young adults aged 15–34.

The available results of population-based studies show that approximately 30–40% of respondents in the 15–64 age group have used an illicit drug at some point in their lives. The most common were cannabis (26–38%), ecstasy (5–6%), hallucinogenic mushrooms (4–5%), methamphetamine (2%) and cocaine (1–3%). Other illicit drugs, including psychedelics, were used by 1% of the population or less. Approximately 1% of respondents had experience with new psychoactive substances (synthetic or herbal). A total of 3% of respondents reported experience with anabolic steroids.

In the last 12 months and the last 30 days, the incidence of illicit drug use in the general population is very low. Exceptions are cannabis, the use of which is reported by 8-10% and 2-4% of respondents, respectively. The prevalence of cannabis use in the last twelve months and the last 30 days is significantly higher in young adults aged 15–34 years (17–18% and 5–6%, respectively).

Medicines with a sedative and hypnotic effect or medicines containing opioids used for pain obtained without a prescription or used contrary to the recommendation of a doctor or pharmacist were used at some point in their lives by 20–24% and in the last twelve months by 10–13% of respondents.

In all cases, men report their experience with illegal drugs more often, while women report more often experience with psychoactive drugs. The prevalence of illicit drug use is highest among young adults under the age of 35, while psychoactive drugs are highest in the age group over 35.

Current results of school studies in the Czech Republic confirm the decline in the prevalence of tobacco smoking, alcohol and illicit drug use among children and young people.

The 2018 HBSC study (Health Behaviour in School-aged Children) shows that among 15-year-olds, the experience with cigarettes fell from 70% to 37% in boys and from 75% to 40% in girls between 2010 and 2018. 11% of boys and girls smoke regularly. Despite this decline, 8% of boys and 7% of girls reported daily smoking in 2018. A total of 20.0% of boys and 17.0% of girls reported experience with cannabis at some point in their lives, a further decrease since 2014, when 22.8% of boys and 23.3% of girls reported experience with cannabis. In the last 30 days, a total of 8.0% of boys and 7.0% of girls used cannabis (same as in 2014).
The prospective follow-up of the ESPAD validation study set in 2016–2018 shows that there is a further increase in young people's experience with addictive substances between the ages of 16 and 18.
The 2018 school study of the Department of Psychology, Faculty of Arts, Palacký University in Olomouc, which covers the age spectrum of 11–19 years, confirmed that a significant milestone in terms of exposure to addictive substances is the transition from primary to secondary school. Some stabilization of the use of addictive substances and its more intensive forms occurs around the age of 18.
Some population groups use addictive substances to a greater extent than the general population. The so-called young adults in the environment of night entertainment, prisoners or residents of socially excluded localities show several times higher rates of drug use.
The attitudes of the population of the Czech Republic towards the use of addictive substances have been stable for a long time, but currently the acceptability of tobacco smoking and alcohol consumption and especially their regular use is slightly decreasing. In 2018, a total of 69.5% of adult citizens of the Czech Republic were satisfied with the introduction of a smoking ban in restaurants (61.4% in 2017).

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

Informed consent
The health laws in the Czech Republic stipulate equal access to the provision of health services for all persons without distinction. In the same way, health services can be provided only on the basis of the free and informed consent of the patient (cases of providing health services without consent are stipulated by law).
Details are set out in Act No 372/2011 Coll., Health Services Act and conditions for their provision in Sections 28, 31, 33, 34, 35, 36 and 38.

Discrimination based on sex, race, colour, language, religion or belief, political or other opinion, national or social origin, nationality or ethnic minority, property, gender, disability, age and sexual orientation, or any other status in access to health services is prohibited by law in the Czech Republic.

Even the moneyless and homeless have access to health services. The Ministry of Health has supported and is implementing (since 2019) the project "*Increasing access to and creating health care options for the homeless*" (short name *Doctor's office for homeless people*"), which is intended for people who live in the streets, who are at risk of losing their shelter, or living in socially excluded communities. The project is focused on providing health care to target groups who do not seek health care (including social services), do not participate in preventive

examinations and prevention programs. In these offices (in Prague, Olomouc, Ostrava and Pardubice) foreigners without documents, permanent residence, are also treated, often while drunk.

During the so-called “hard measures” in the COVID-19 crisis, individual councils of large cities approached the issue of homeless people (including foreigners without a residence permit in the Czech Republic) and their protection against infection according to knowledge of local conditions. For example, the City of Prague has set aside accommodation capacity for selected hotels for people living in the streets (for a period of three months), so as to reduce the risk of transmitting COVID-19.

As of 3 September 2020, according to available sources, two homeless people were infected with the SARS-CoV-2 virus, and they were provided with the necessary medical care and subsequent health and social services.

Measures against pseudoscience
Pursuant to Health Services Act and the conditions for their provision, the provision of health services is possible only on the basis of the granted authorization for the provision of health services. Given that the provision of health services is subject to very strict conditions that must be met by the provider, it is not realistic that a situation with authorized health care will be provided on other bases than stated in Section 11 of Health Services Act.

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

The previous conclusion was not one of non-conformity.

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

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

The Czech Republic has previous experience in the development of vaccines and is aware of the indisputable economic benefits of vaccination, which is one of the most accepted and most cost-effective procedures in the field of public health. Effective vaccination programs reduce overall health care spending, improve population health, increase productivity, competitiveness and overall economic prosperity.

GSK is a company that develops and manufactures a number of vaccines and drugs for acute and chronic diseases, paediatric vaccines and vaccines for adults against a number of infectious diseases. GSK currently has more than 30 different vaccines registered and another 20 new vaccines in clinical development. GSK is the only company to work in the last decade on clinical development in three WHO priority areas for the prevention of infectious diseases – HIV/AIDS, tuberculosis and malaria.

In May of this year, the Czech Republic began the preparation and first phase of development of a vaccine against COVID-19. The State Institute of Public Health, the Institute of

Haematology and IKEM (Institute of Clinical and Experimental Medicine) also participate in the development of the vaccine together with the Ministry of Health. National experts work with colleagues from other countries.

All vaccination events are approved by the Ministry of Health. Further detailed information (vaccination by age, vaccination abroad, etc.) is available at www.vakciny.cz.

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

In accordance with the international obligations of the Czech Republic, and in accordance with the ethical requirements imposed on contemporary European penitentiary, Section 2(1) of Act No 555/1992 Coll., regulating the Prison Service and Judicial Guard of the Czech Republic, as amended, imposes on the Prison Service of the Czech Republic (hereinafter the "Prison Service") the obligation to provide health services in its medical facilities to persons performing pre-trial detention, persons in security detention and persons serving a custodial sentence.

The ethical imperative is the provision of health care for prisoners to the extent of care commonly provided by the State to non-prisoner population (equivalence of the care provided). At the same time, health care is also provided to members and civilian employees of the Prison Service. In accordance with the above-cited provision, the Prison Service provides health services to the extent provided by a valid authorization granted to the Prison Service, as the competent authority, in 2013 by the Ministry of Justice of the Czech Republic. Health services beyond the scope of those specified in the authorization are provided, if necessary, by non-prison health service providers. The focus of the activities of the medical service of the Prison Service is the provision of primary outpatient medical-preventive health care.

The provision of medical services by the Prison Service is carried out primarily by medical centres established in all prisons and detention facilities/prisons and through two inpatient medical facilities. In each medical centre, primary care is provided through a general practitioner, and dental care is provided by a dentist in most prisons. Gynaecological care is also provided in women's prisons. Other professional health services are provided in medical centres and hospitals in accordance with the needs of patients, the possibilities of the Prison Service to personally and materially provide specialised medical care to the extent required by applicable health legislation and taking into account the availability of non-prison health service providers.

As part of health services, the Prison Service also provides protective anti-drug and alcohol treatment and treatment for pathological gambling on the basis of the provisions of Section 83(2) of Act No 373/2011 on specific health services.
As of 31 July 2020, a total of 804 medical staff were working in the Prison Service, of which 361 were physicians.

The Prison Service of the Czech Republic is currently paying special attention to the prevention of the introduction and spread of the new coronavirus SARS-CoV-2 in the prison environment. All extraordinary measures of the Ministry of Health and regulations of the Government of the Czech Republic are being implemented. All repressive anti-epidemic measures are carried out on the basis of decisions of public health protection authorities, with which the Prison Service works closely.

The Medical Service of the Prison Service has long paid attention to the issue of prevention and treatment of blood-borne diseases. The area of prevention, detection and treatment of HIV/AIDS in the Prison Service is governed by the Regulation of the Director General of the Prison Service of the Czech Republic No 36/2005, which is based on the Methodological Sheet of the Ministry of Health No 5 on addressing HIV/AIDS in the Czech Republic of 2003, adjusted to the conditions of custody and imprisonment.

In the course of 2019, medical staff of the Prison Service provided counselling to a total of 891 prisoners (of which 687 men and 204 women) as part of HIV/AIDS prevention. Serological examination was provided for 2,321 persons (of which 2,097 men and 224 women).

Unfortunately, we can see a continuing decline in the interest of prisoners in consulting on HIV/AIDS issues with health professionals. The counselling services were used by 3,558 prisoners in 2015, 2,924 persons in 2016, 2,511 in 2017 and 1,550 in 2018. Interest in the consultations is so low that in 2019 they were requested by the above-mentioned 891 people. However, the real behaviour of convicted persons is in contrast to the interest in professional consultations, as the number of persons undergoing serological examinations has increased in recent years. In 2019, there were 2,321 persons, as mentioned above (1,712 tests in 2018, 1,106 tests in 2017).

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

The issue of community services is addressed at the level of all 14 regions in the Czech Republic, where steering groups have been established, the aim of which is to achieve a process of joint planning and management of the mental health care system in regional territorial administrative units. Psychiatric hospitals (large-capacity institutions), which are the main subject of change, are also systematically included in the change planning process. In the individual regions, measures for the development of a community network of services are planned for the next three years, which the individual regions gradually support financially and politically.

Priority is given to the development of Mental Health Centres, which are created from the already existing community teams of social rehabilitation, of which there are 86 in the Czech Republic, and which become Mental Health Centres by absorbing healthcare workers in 30 places in the Czech Republic. In the system of care for the long-term mentally ill, Mental Health Centres play a key role, gradually connecting to acute psychiatric care and cooperating to reduce the length of hospitalization in patients.

In psychiatric hospitals (large-capacity institutions), so-called transformation plans are being developed, where there are plans to reduce beds in favour of community care. The reduction itself takes place on the one hand by the abolition (reduction) of after-care beds, but to a greater extent by "straightening" the system of care actually provided, i.e. by introducing standardized acute care beds and profiling specialized care.

Communication and information measures are implemented at the state level primarily through two implementation projects of mental health care reform – Destigmatization and Early Intervention in Serious Mental Illnesses (VIZDOM).

The Destigmatization project started in 2017 and throughout its duration its activities involved a total of 2,414 people, of which 385 were people with mental illness, 216 family members of people with mental illness, 60 social service providers, 241 health workers, 275 public administration employees and 1 237 members of the general adult population. Hundreds to thousands more people have gone through the destigmatization and communication activities of non-profit organizations, but for these there are no accurate statistics and the numbers cannot be supported by accurate data.

Regarding the activity of early detection within the VIZDOM project (data for the period from 1 April 2019 to 3 August 2020), detection meaning the method of informing about the service and targeted contacting of relevant actors who come into contact with the potential target group of the project (schools, general practitioners, outpatient psychiatrists, authorities, other care providers, etc.), there were a total of 785 contacts for 450 clients.

We also focused in this regard on assessing the risk of social exclusion for economic reasons in people with psychotic illness (see http://www.cspsychiatr.cz/dwnld/CSP_2018_4_151_158.pdf), which helped us to formulate adequate measures under the National Action Plan for Mental Health 2030.

The process of mental health care reform is currently underway and part of this process is the issue of quality of care, both in psychiatric hospitals and other mental health services, which focuses, among other things, on strengthening the role of people with mental illness in connection with the provision of health and social services. The quality of care is addressed both at the level of the functioning of services and the actual care of patients and the fulfilment of the Convention on the Rights of Persons with Disabilities.
The Ministry of Health works closely with the World Health Organization, the Europe for Mental Health program, in the implementation of the reform of psychiatric care within the project Deinstitutionalisation of Services for the Mentally Ill, funded by the European Social Fund. The main focus of this cooperation is to increase the quality of services in the field of support for

the rights of people with mental illness, minimizing the use of restraints and the deinstitutionalisation of mental health care.

Following the Czech Republic's efforts in taking steps to implement the Convention on the Rights of Persons with Disabilities, the Ministry of Health accepted the offer of the World Health Organization to participate in the Quality Rights initiative. Cooperation in this area began in 2017, when the WHO surveyed the situation in selected European institutions providing long-term care for people with mental illness and a pilot evaluation was carried out in 2 selected psychiatric hospitals.

In 2018, other selected experts (doctors, researchers, lawyers, social workers and people with experience with mental illness) were trained to use the WHO Quality Rights Toolkit, which is directly linked to the Convention on the Rights of Persons with Disabilities. Subsequently, in the years 2018-2019, these experts mapped the quality of care in a total of seventeen psychiatric hospitals.

All psychiatric hospitals were subsequently asked to remove any findings, and as part of the Deinstitutionalisation of Services for the Mentally Ill project, they were provided with methodological support through so-called quality managers. Quality managers are experts trained by the World Health Organization in the field of human rights and now work systematically with psychiatric hospitals through comprehensive strategies, changes in best practices, systemic changes and staff training to address deficiencies, improve quality and support the rights of people with disabilities, including the involvement of patients in strengthening and shaping the quality of care in services.

In connection with the above activities, the Ministry of Health published a Summary Report – Restraining Aids in Psychiatry in 2019 as part of the process of psychiatric reform, created on the basis of a survey conducted in 14 psychiatric hospitals.

In cooperation with the World Health Organization to support psychiatric hospitals in the field of education, attention was also paid to the issue of prevention of the use of restraints and the use of alternative approaches to de-escalation of crisis situations and education in the field. In cooperation with the WHO, we have prepared the WHO E-learning educational program "Transformation of Services, Enforcement of Rights" (Quality Rights), intended for all health care professionals in the field of mental health care, social workers and students of health and social sciences, as well as people with experience with mental illness.

As part of reforming psychiatric care, the peer profession is now being laid down in applicable legislation.

The Czech Republic does not currently have more detailed information available with regard to the outbreak of the second wave of the CIVID-19 pandemic, the activities taken to protect the health and lives of citizens, as well as for capacity reasons. If necessary, the Czech Republic will document the required statistics after overcoming the current crisis situation.

d) *Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. Provide an overview of the national policy designed to respond to*

substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the "available, accessible, acceptable and sufficient quality" criteria (WHO's 3AQ) are respected, subject always to the exigency of informed consent, which rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

Death statistics

In 2018, 88 direct drug-related deaths were detected (92 in 2017), i.e. fatal overdoses of illegal drugs, volatile substances and psychoactive drugs, both suicidal and accidental overdoses or without any intended intent. Of these, 39 were fatal overdoses of illegal drugs and volatile substances (42 in 2017). Psychoactive drugs were the cause of overdose in 49 cases (50 cases in 2017). A total of 20 cases of fatal opioid overdoses were identified (27 in 2017). In 13 cases, the cause in 2018 was the opioid itself, namely fentanyl (4), morphine (3), dihydrocodeine (3) and oxycodone (2). In seven cases, it was a combination of opioids with benzodiazepines or other psychoactive drugs.

Methamphetamine was the cause of fatal overdose in twelve cases (10 in 2017), of which in seven cases it was found alone or in combination with amphetamine (which is a metabolite of methamphetamine). In addition, there was one fatal MDMA and one cocaine overdose. Fatal overdoses with volatile substances were recorded in two cases (three in 2017), both of which involved toluene. In addition, there was one fatal overdose with synthetic cannabinoid 102 and one GHB overdose. In one case, the substance that caused the overdose could not be identified.

More than half of fatal overdoses of psychoactive drugs were suicide. A total of 49 cases of fatal overdoses with psychoactive drugs were detected in 2018 (50 in 2017), of which 14 cases involved benzodiazepines, ten cases involved zolpidem alone or in combination with other drugs, and 23 cases involved tramadol alone, in one case a combination of tramadol and zolpidem and in one case barbiturates.
In 2018, the number of fatal overdoses with illegal drugs and volatile substances remained low. Compared to 2017, there was a decrease in the number of opioid overdoses. The number of methamphetamine overdoses has increased slightly. Overdoses of other illicit drugs are still very sporadic. The number of benzodiazepine overdoses decreased slightly compared to the previous period.

Drug-related infections

For HIV and viral hepatitis, see above.
In 2018, a total of 787 new cases of syphilis were reported, of which 29 in IDUs and 12 in problem alcohol users. The situation has been relatively stable in the last 7 years.
In 2018, a total of 1,429 new cases of gonorrhoea were reported, of which 17 in IDUs and five in problem alcohol users. The number of cases among drug or alcohol users has been low for a long time.

In 2018, a total of 444 new cases of tuberculosis were reported, of which eight among illegal drug users and 56 among problem alcohol users. The incidence of tuberculosis has been

declining for a long time, the number of reported cases among illegal drug users has been consistently very low.

In May 2019, the Czech Government approved a new National Strategy for the Prevention and Reduction of Damage Associated with Addictive Behaviour 2019–2027 (National Strategy 2019–2027), which fully integrates the issues of legal and illegal addictive substances and non-substance addictions. The main strategic goal of the National Strategy 2019–2027 is to prevent and reduce health, social and economic damage resulting from substance use, gambling and other addictive behaviour and from the existence of legal and illegal markets for addictive substances, gambling and other products with addictive potential.

The National Strategy 2019–2027 focuses primarily on the following topics: strengthening prevention and raising awareness of the negative effects of substance abuse and addictive behaviour, ensuring a quality and accessible network of addictology services, effective regulation of markets for addictive substances and addictive products, strengthening governance, coordination and effective funding for drug policy. Special topics are the overuse of psychoactive medicines, the overuse of modern technologies and the issue of cannabis and cannabinoids.

The objectives, activities and tools of the National Strategy 2019–2027 are elaborated in more detail in the Action Plan for the Implementation of the National Strategy for the Prevention and Reduction of Harm-Related Behaviour 2019–2027, which is common to all areas (alcohol, tobacco, illicit drugs and psychoactive drugs, gambling and non-substance addictions).

The government's coordinating and advisory body on drug policy issues is the Government Council for Drug Policy Coordination; the Government is also establishing a national coordinator for drug policy.

At the local level, drug policy is enshrined in regional (and possibly municipal) drug policy strategies and action plans and coordinated through regional or local drug coordinators and drug policy advisory bodies.
At the municipal level, anti-drug policy is coordinated by local anti-drug coordinators. The position of local anti-drug coordinator was established in 2017 in all 22 city districts of the City of Prague and in 191 out of 205 municipalities with extended powers (191 in 2017).

The Resolution of the Government of the Czech Republic of 16 December 2019 approved the Action Plan for the Implementation of the National Strategy for the Prevention and Reduction of Damage Associated with Addictive Behaviour 2019–2021. The basic premise of a successful addiction policy is that the measures proposed in the Action Plan are based on scientific evidence, have realistic goals and are economically achievable. The action plan defines the objectives of the changes, the tasks related to them, with the quantification of the financial resources necessary for their successful implementation. The action plan further defines indicators of policy success that will measure changes in a given area. With this structure, it works as an implementation tool of the strategy, a control tool for the implementation of the strategy, a guiding document for the implementation of the addiction policy by various entities focusing on this area.

The Office of the Government, Department of Drug Policy, prepared the document Recommendations for the Provision of Addictology Services in Connection with COVID-19. The document is currently in the comment procedure. This document would be used in the case of significant occurrence and spread of the so-called new coronavirus (SARS-CoV-2), which causes COVID-19. It deals with the issue of providing addictological services during strict anti-epidemic measures, as well as individual anti-epidemic measures implemented in the context of providing addictological services. Its purpose is to prepare and methodically guide the activities of addictology services so that they are provided safely and effectively even during the COVID-19 epidemic.

The Czech Republic does not currently have more detailed information available with regard to the outbreak of the second wave of the COVID-19 pandemic, with regard to the activities taken to protect the health and lives of citizens, as well as for capacity reasons. If necessary, the Czech Republic will document the required statistics after overcoming the current crisis situation.

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

The Ministry of the Environment of the Czech Republic (MoE) is addressing the issue of environmental pollution on an ongoing basis and the COVID-19 pandemic in this general sense did not and does not affect the standard activities of the MoE concerning protection against environmental pollution.

In this regard the Czech Republic follows relevant legal regulations adopted for individual areas of environmental protection in the Czech Republic and the European Union. In terms of the longer-term development of environmental protection, the MoE also bases its decision-making on a set of strategic documents (e.g. the National Emission Reduction Program of the Czech Republic, the Strategy of Drought Protection for the Czech Republic, Strategy for the Protection of Biological Diversity in the Czech Republic, Climate Protection Policy, Waste Management Plan, etc.).

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

The Czech Republic does not have a study evaluating the adequacy of the measures taken to limit the spread of the virus in the population and other measures in connection with the

COVID-19 crisis with regard to the ongoing second wave of the crisis; the manifestations of the disease, age and number of affected persons differ. The emergency measures taken are described above. All measures taken (testing, tracing through the application E-mask, restriction of physical contact, home isolation of risk groups, disinfectants, face masks/ respirators / shields, creation of special wards / possibly increasing the number of beds for patients with COVID-19, strengthening frontline staff, sufficient number of lung ventilators, sufficient number of antivirals (including experimental ones), etc. prove to be justified, effective and adequate. All available measures have been taken to mitigate the effects of this unprecedented disease. However, the Czech Republic will carry out evaluation only after the crisis is over.

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

The previous conclusion was not one of non-conformity.

Part I-12. All workers and their dependants have the right to social security

Article 12 - The right to social security:

1. to establish or maintain a system of social security;

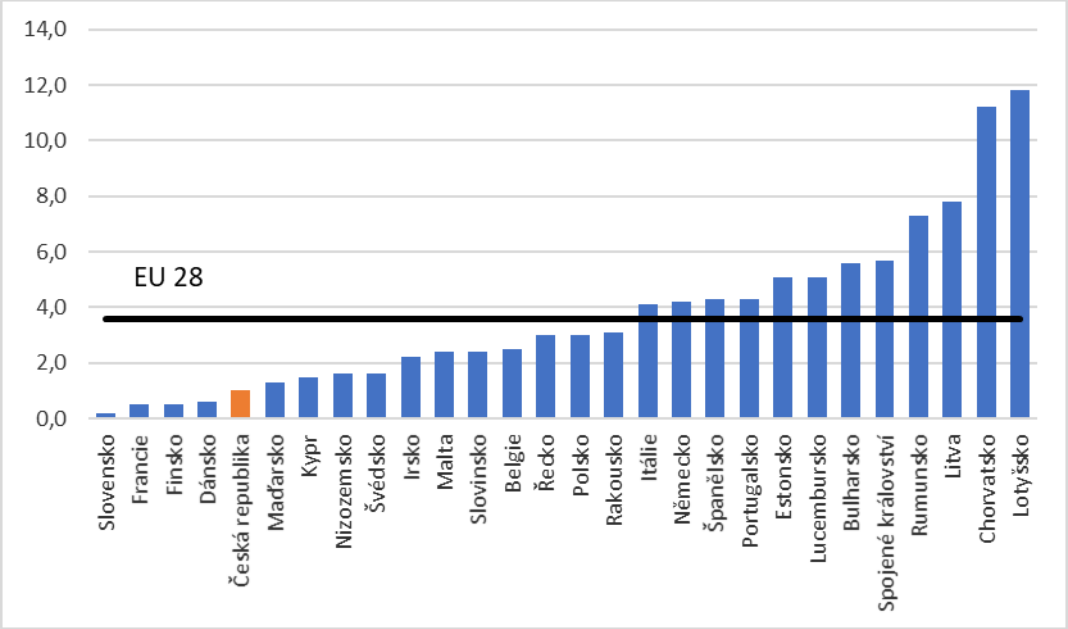
a) The Committee maintains that the Czech Republic does not comply with Article 12(1) of the ESC, as the minimum level of old-age pension is less than 40% of Eurostat's median equivalent income.

Minimum old-age pension is not established under the pension insurance system, the protection of people with low income is ensured within the systems of assistance in material need and State social support.

The amount of old-age pension meets the requirements of the European Code of Social Security for the minimum level of these benefits (for more details, see the consolidated reports on the implementation of the European Code of Social Security and ILO conventions).

The at-risk-of-poverty rate of the elderly, expressed as a percentage of people with incomes below *40% of the median equivalised income* is very low in the Czech Republic. According to Eurostat data, in 2018 in the Czech Republic for persons aged 65 and over this rate was only 1.0%, compared to an average of 3.6% in EU countries.

At-risk-of-poverty rate of persons aged 65 and over in % (40% of the median equivalised income), 2018



Source: Eurostat (2020), https://ec.europa.eu/eurostat/data/database

Pension insurance benefits in the Czech Republic

Basic pension insurance provides income compensation in the case of:

- Old age (old-age benefit),
- Disability (disability benefit),
- Death of provider (widow's, widower's and orphan's benefit).

The structure of the calculation of pensions has two components, it includes the "basic assessment part" (fixed amount) and "percentage assessment part", depends on the income and number of years of insurance of the insured deceased person (reduced amount of previous income).

Pensions increase on a regular basis in January of the calendar year, the amount of the increase being determined with regard to rising prices and real wages. Basic pension assessment part increases to reach 10% of the average wage, and percentage assessment part increases by such a percentage so that for average old-age pension the sum of the increase in the basic assessment part and the increase in the percentage assessment part of the pension corresponds to the increase of the sum of price growth and one-half of real wages. The percentage of pensions paid may be increased by up to one percent so that, for the average old-age pension, the sum of the increase in the basic pension assessment part and the amount of the increase in the percentage pension assessment part is up to 2.7% if the increase in pensions according to the above rules were lower. The government sets the actual increase in pensions by a regulation. In determining the rise in prices, account is taken not only of the rise in prices for households as a whole, but also of the rise in prices for households of pensioners, and the more favourable option is always used.

Detailed information on the pension insurance system, including numerous statistical data, is available in the document “Report on the state of the pension system of the Czech Republic and its expected development with regard to the demographic situation of the Czech Republic and expected population and economic development”. Available at: https://www.mpsv.cz/documents/20142/225513/Zpr%C3%A1va+2019.pdf/6f47700b-66a2-00a1-c86e-28090e8f5c6a

The main changes in the pension insurance system adopted in the period 2016–2019

Act No 212/2016 Coll., amending Act No 155/1995 Coll., Pension Insurance Act, as amended, and other related acts (effective on 1 August 2016). This law contains, in particular, a change in the indexation mechanism, which ensures that in the event of an increase, the increase in the percentage assessment of pensions may reach such a percentage to ensure that for average old-age pension the sum of the increase in basic part assessment and the percentage part assessment is up to 2.7% of its amount, should the increase in pensions paid under the general rules be lower; the Government shall set the increase in pensions by a regulation.

Act No 213/2016 Coll., amending Act No 155/1995 Coll., Pension Insurance Act, as amended, and Act No 582/1991 Coll., determining the organization and implementation of social security, as amended (effective date on 1 October 2016). The amendment to the Pension Insurance Act abolished the deadline (31 December 2018) for keeping the entitlement to the lowering of the retirement age in accordance with the regulations in force before 1 January 1996 due to the performance of employment in the working category 1, which means that people may be entitled to a reduction in the retirement age from the working category 1 according to the regulations valid before 1 January 1996 even after 31 December 2018, if the legislation conditions are met. At the same time, this Act incorporated into the Pension Insurance Act the conditions for certain miners, specifically miners who began to work in mining with a permanent workplace underground in deep mines before 1 October 2016 subject to which they may retire 7 years earlier than the general retirement age and the right to a special method of calculating the percentage assessment of this pension.

Act No 148/2017 Coll., amending Act No 187/2006 Coll., Sickness Insurance Act, as amended, and other related acts – paternal post-natal care, relaxation of the conditions for entitlement to an orphan’s benefit (effective date 1 February 2018). Among other things, this Act amended the Pension Insurance Act, which reflected the introduction of a new sickness insurance benefit – paternal post-natal care, if the support period for this benefit falls within the period after the end of gainful employment which established participation in sickness insurance. In this case, this will be considered as a substitute insurance period. The duration of the support period for the paternal post-natal care benefit is also included among the types of excluded periods for determining the personal assessment basis. Another change consists in extending the range of cases where a new right to an orphan’s pension arises, even if the deceased has received only a short period of pension insurance, at least one year, or at least two years for an insured person over 38 years of age.

Act No 203/2017 Coll., amending Act No 155/1995 Coll., Pension Insurance Act, as amended, and other related acts – introduction of a revision mechanism for setting the retirement age, “capping” the retirement age at 65 years, change of indexation rules. Among other things, this Act (in accordance with the requirements of the European Code of Social Security) ended the

increase in the retirement age without limitation upon reaching the age of 65. Changes in retirement age above this threshold will already result from the regular review process. The change in the indexation rules consists in the determination of the amount of the increase in pensions reflecting not only the rise in prices for households in total, but also the rise in prices for households of pensioners, provided that the more favourable option shall be applied (so far only the rise in prices for households in total has been considered); the increase in pensions shall reflect one half of the real wage growth (previously one third of real wage growth was considered).

Act No 259/2017 Coll., amending Act No 589/1992 Coll., regulating social security premiums and contributions to the State employment policy, as amended, and other related acts, the so-called "technical amendment". In the Pension Insurance Act, it was mainly a matter of specifying certain provisions, tightening the conditions for voluntary participation in pension insurance without qualified reasons and reflecting on practical knowledge from the application of the Pension Insurance Act.

Act No 191/2018 Coll., amending Act No 155/1995 Coll., Pension Insurance Act, as amended. The amendment consists mainly in the fact that two significant measures were approved in favour of pensioners, namely an increase in the basic part of assessment from 9% to 10% of the average wage, i.e. by one percentage point, and an increase in monthly pension by CZK 1,000 for all pensioners who reach the age of 85.

Act No 244/2019 Coll., amending Act No 155/1995 Coll., Pension Insurance Act, as amended (effective on 30 September 2019). The amendment to the Act consists in an extraordinary increase in pensions from the January instalment in 2020 by a single amount so that for the average old-age pension the total increase in the basic part of assessment and the total increase in the percentage part of assessment and this amount is CZK 900 average old-age pension by increasing percentage part of assessment.

Furthermore, government regulations made annual regular indexation of the amount of pensions and adjustment of the reduction limits for the calculation of the pension depending on wage and price developments.

Detailed information on the current legislation on pension insurance is available, for example, in the comparative charts of the Mutual Information System on Social Protection MISSOC, which are updated twice a year on the basis of information provided by EU Member States (https://www.missoc.org/missoc-database/comparative-tables/).

Development of year-on-year indexes of old-age benefit, average gross nominal wage and consumer prices

Year	Average old age benefit[1)]		Average wage		Consumer price index (total)
	abs. in CZK	index in %	abs. in CZK	index	in %
2016	11,437	100.9	27,764	104.4	100.7
2017	11,823	103.4	29,638	106.8	102.5
2018	12,386	104.8	31,868	107.5	102.1

2019	13,426	108.4	34,125	107.1	102.8

[1)] Average old-age benefit in June of the given year.

b) *The Committee notes that the amount of unemployment benefits is less than 40% of Eurostat's equivalent income and is therefore clearly insufficient. The committee requests information on any legislative changes adopted during the reference period.*

The amount of unemployment benefits in the Czech Republic depends on the average monthly net earnings that the applicant received in the last terminated job before inclusion in the register of job seekers. The amount of unemployment benefit is determined by a percentage rate. The percentage of the unemployment benefit is 65% of the average monthly net earnings for the first two months of the support period, 50% of the average monthly net earnings for the next two months of the support period, and 45% of the average monthly net earnings for the remainder of the support period. In 2016, the maximum amount of unemployment benefits was CZK 15,024, in 2017 it was CZK 15,660, in 2018 it was CZK 16,681 and in 2019 it increased to CZK 18,111. In the calculation the Czech Republic follows Article 67 of the European Code of Social Security, which sets the minimum amount of the benefit at 45% of previous earnings. The Czech Republic is therefore fully in line with the required level of unemployment benefits set by the European Code of Social Security.

During the reference period, no legislation was adopted that would change the conditions for determining the amount of unemployment benefits.

The amount of unemployment benefits meets the requirements of the European Code of Social Security for the minimum level of these benefits (for more details, see the consolidated reports on the implementation of the European Code of Social Security and ILO Conventions).

c) *The Committee maintains its previous opinion that the minimum compensation for temporary incapacity for work is less than 40% of Eurostat's equivalent income and is therefore clearly insufficient.*

The institute of minimum sickness insurance is not established under the Czech health insurance system. The amount of benefits depends on the daily assessment basis of persons with sickness insurance. The protection of low-income people is ensured within the systems of assistance in material need and State social support benefits.

The amount of sickness benefits meets the requirements of the European Code of Social Security for the minimum level of these benefits (for more details, see the consolidated reports on the implementation of the European Code of Social Security and ILO Conventions).

Sickness insurance benefits

The following benefits are provided from the sickness insurance system:

- Sickness benefits,
- maternity benefit,
- paternal post-natal care benefit ("paternity benefits"),
- attendance allowance,
- long-term attendance allowance,
- compensatory allowance during pregnancy and maternity.

Self-employed persons and foreign employees, if they pay sickness insurance premiums, are entitled to sickness benefits, maternity benefit, paternity and long-term attendance allowance.

The amount of sickness insurance benefits depends on the (reduced) earnings achieved, and the percentage rate for individual benefits.

Detailed statistical information on the sickness insurance system is available in analyses of the development of health insurance, which the MoLSA publishes at regular two-year intervals. https://www.mpsv.cz/web/cz/nemocenske-pojisteni.

The main changes in the adjustment of sickness insurance benefits adopted in the reference period of 2016–2019

Increase in sickness benefit – Act No 259/2017 Coll., amending Act No 589/1992 Coll., regulating social security contributions and contributions to the State employment policy with effect from 1 January 2018. From the 31st calendar day of temporary incapacity for work or quarantine, the rate increased from 60% to 66% of the reduced daily assessment base and from the 61st calendar day of temporary incapacity for work, the rate increased from 60% to 72% of the reduced daily assessment base.

Introduction of the paternity post-natal care benefit, the "paternity allowance" – Act No 148/2017 Coll., amending Act No 187/2006 Coll., Sickness Insurance Act, with effect from 1 February 2018. The father of the child who is caring for the child or the person (male or female) who took the child into foster care is entitled to the benefit. Paternity leave commences on the day determined by the insured person within a period of 6 weeks from the date of birth of the child or from the date of his adoption unless such a child has reached the age of 7. The amount of the benefit is 70% of the reduced daily assessment basis and the payment is due for a period of 7 calendar days without interruption.

Introduction of a long-term attendance allowance – Act No 310/2017 Coll., amending Act No 187/2006 Coll., Sickness Insurance Act with effect from 1 June 2018. The caregiver may be a family member listed by law without living with the care beneficiary in the household; living in the household will be required only for other natural persons (e.g. partner). The entitlement to the benefit is conditional on a serious deterioration in the health of the person being cared for, which required at least 7 days of hospitalization and a doctor's statement that the need for full-time care is expected for at least another 30 days after discharge. The amount of the benefit is 60% of the reduced daily assessment basis and the payment is due for a maximum of 90 calendar days from the date of discharge of the care beneficiary from the hospital; however, it is not paid for the period when long-term care is not provided (e.g. due to further hospitalization).
Furthermore, in the reference period, the amount of reduction limits for the calculation of sickness insurance benefits was regularly adjusted according to the development of the average nominal wage. With effect from 1 January 2019, the threshold for decisive income for participation in sickness insurance was increased from CZK 2,500 to CZK 3,000 per month.

Social security contributions and contribution to the State employment policy
Expenditure on social insurance benefits is financed from the State budget.
Social security contributions and the contribution to the state employment policy are revenue of the State budget. These contributions are set at a total of 31.3% of the assessment base

(gross income), of which employees' contributions account for 6.5% of the assessment base and employers' contributions 24.8% of the assessment base.

Social security contributions and contribution to the State employment policy (%)				
	employees	employers	Total	Self-employed
Pension insurance	6.5	21.5	28.0	28.0
Sickness insurance	0.0	2.1	2.1	2.1[1)]
State employment policy	0.0	1.2	1.2	1.2
Total	6.5	24.8	31.3	31.3[1)]

[1)]Participation in sickness insurance is voluntary for self-employed persons.

The main change in the area of insurance premiums adopted in the reference period 2016–2019 was the reduction of the sickness insurance premium rate for employers and self-employed persons from 2.3% to 2.1% of the assessment base by Act No 32/2019 Coll., amending the Act No 262/2006 Coll., the Labour Code, as amended, and certain other acts, including Act No 589/1992 Coll., regulating social security premiums and contributions to the State employment policy with effect from 1 July 2019. The insurance rate was reduced in connection with the cancellation of the waiting period by Act No 32/2019.

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

The Czech social security system fulfils its obligations to the Social Security Code and is thus at least at the level required by the European Code of Social Security. (see Consolidated Report on Performance for the reference period 1 July 2019–30 June 2020).

Compliance with the European Code of Social Security – the level of benefits in the period from 2016–2020:

Given that the social benefits in the Czech Republic are not subjects to tax (with the exception of amounts of income exceeding CZK boundaries 525,600 per year, which are included in the income tax base), and the premiums for health and social insurance are not paid from these, the shares of benefits to the net wage are accepted for fulfilling the commitments.

Old-age benefit

Year	Net wage of a skilled worker	Old-age benefit	
	CZK per month	CZK per month	% of net wages
2016	19,938	9,432	47.3
2017	20,618	9,837	47.7
2018	22,197	10,511	47.4
2019	22,912	11,601	50.6
2020	24,670	12,431	50.4

Disability benefit

Year	Net wage of a skilled worker	Allowances for 2 children	Disability benefit	Disability benefit in % of net wage (including child allowances)
	CZK per month	CZK per month	CZK per month	
2016	22,372	1,220	9,432	45.2
2017	23,152	1,220	9,837	45.4
2018	24,931	1,820	10,511	46.1
2019	25,646	1,820	11,601	48.9
2020	27,404	1,820	12,431	48.8

[1)] Child allowances are included only if they belong to the household income on 1 January of the given year.

Survivors´ benefits

Year	Net wage of a skilled worker	Allowances for 2 children	Widow and 2 orphans benefits	Survivors' benefits in % of net wage (including child allowances)
	CZK per month	CZK per month	CZK per month	
2016	22,372	1,220	16,410	74.7
2017	23,152	1,220	17,124	75.3
2018	24,931	1,820	18,256	75.0
2019	25,646	1,820	20,642	75.2
2020	27,404	1,820	22,095	75.6

[1)] Child allowances are included only if they belong to the household income on 1 January of the given year.

The detailed calculation procedure is given in the consolidated reports on the implementation of the European Code of Social Security and ILO Conventions.

Compliance with the European Code of Social Security – the level of sickness benefit and maternity allowance in the period 2016–2020:

Sickness benefit

Year	Net wage of a skilled worker	Allowances for 2 children	Sickness benefit	Sickness benefit in % of net wage (including child allowances)
	CZK per month	CZK per month	CZK per month	
2016	22,372	1,220	13,830	63.8
2017	23,152	1,220	14,370	64.0
2018	24,931	1,820	16,298	67.7
2019	25,646	1,820	16,896	68.1
2020	27,404	1,820	18,302	68.9

[1)] Child allowances are included only if they belong to the household income on 1 January of the given year.

Maternity Benefit

Year	Net wage of a skilled worker	Maternity Benefit	
	CZK per month	CZK per month	% of net wages
2016	19,938	17,940	90.0
2017	20,618	18,630	90.4
2018	22,197	20,190	91.0
2019	22,912	20,910	91.3
2020	24,670	22,650	91.8

The detailed calculation procedure is given in the consolidated reports on the implementation of the European Code of Social Security and ILO conventions.

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

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

The level of the social insurance system is gradually being increased by the current adjustments – see the legislative changes referred to in Article 12.1.

Coverage – data for 2019:
Number of protected employees: 4,597,758 (100% of total employees)
Number of protected self-employed: 702,432

The pension insurance system is universal, individual groups of insured persons (employees, civil servants, self-employed persons and other groups of insured persons) are governed by single piece of legislation. Therefore, no specific conditions for the provision of pension insurance benefits are regulated for a group of persons whose work is managed through digital platforms.

Sickness insurance benefits

Coverage – data for 2019:
Number of protected employees: 4,597,758 (100% of total employees)
Number of protected self-employed persons (voluntarily insured against sickness): 94,792

The sickness insurance system is based on principle of unity for all groups of gainfully employed persons (with the exception of members of the armed forces and security forces).

Therefore, no specific conditions for the provision of sickness insurance benefits are regulated for a group of persons whose work is managed through digital platforms.

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

In the area of non means-tested social benefits (state social support benefits, assistance in material need, care allowance, mobility allowance and special assistance allowance) and their management, a number of measures were implemented in response to the epidemiological situation and the effects of the COVID-19 crisis. The aim was to simplify the procedure and reduce personal contact with the regional branches of the Labour Office of the Czech Republic.

Act No 160/2020 Coll., determining certain adjustments in the area of state social support benefits and care allowance in connection with the emergency situation during the epidemic in 2020 focused on the issue of proving the duration of entitlement to benefits: child allowance, housing allowance, increase in the care allowance and fulfilment of other reporting obligations. For these benefits, income for the previous calendar quarter is to be submitted, and for the housing allowance, in addition to income, housing costs paid in the previous calendar quarter are also submitted. Income and housing costs paid must be submitted by the end of April in order to maintain the continuity of benefits in the second quarter. If this deadline is not met, the payment of benefits will be suspended, and if the above is not documented by the end of the second quarter, the benefit/allowance will be withdrawn. Act No 160/2020 Coll., stipulated that the determination of the entitlement, amount and payment of these benefits for the 2nd calendar quarter of 2020 will be based on data on income and housing costs, which were submitted for the entitlement to payment and the amount of the said benefits for the 1st quarter of 2020. In practice this meant prolonging the entitlement to child allowance, housing allowance and increasing the care allowance from the 1st quarter to the 2nd quarter.

During the period of unfavourable epidemiological situation and the declared state of emergency, special attention was paid to extraordinary immediate assistance. Extraordinary immediate assistance is a one-time benefit regulated by Act No 111/2006 Coll., Act on Assistance in Material Need. It makes it possible to provide financial assistance in a number of situations, which are characterized mainly by one-off extraordinary expenses. Extraordinary immediate assistance shall not be provided on a flat-rate basis to all who apply for it. The benefit is provided on the basis of an overall assessment of the individual and income, social and property situation of the applicant (in some situations of a jointly assessed person) and the justification of the specific expenditure. The condition for the provision of extraordinary immediate assistance is not the receipt of recurring benefits of assistance in material need, i.e. allowance for living or supplement for housing. The Act on Assistance in Material Need lists six situations in which extraordinary immediate assistance can be provided[3].

1. The person does not meet the conditions of material need for recurring benefits, but due to lack of funds he is in danger of serious injury to health. The benefit can be provided only in the amount that will supplement the person's income up to the subsistence minimum (in the reference period 2016–2019 it was CZK 2,200, from 1 April 2020 it was CZK 2,490), in the case of a dependent child to his subsistence minimum (i.e. in the reference period CZK 1,740 for children under 6 years, CZK 2,140 for children from 6 to 15 years, CZK 2,450 CZK for

[3] https://www.mpsv.cz/web/en/assistance-in-material-need.

children from 15 to 26 years, from 1 April 2020 CZK 1,970 for children under 6 years, CZK 2,420 for children from 6 to 15 years, CZK 2,770 for children from 15 to 26 years).

2. Extraordinary immediate assistance may be provided to a person (jointly assessed persons) who is affected by a serious emergency and the overall social and property conditions of this person (jointly assessed persons) do not allow him or her to overcome the situation on their own. Such an event is, for example, a natural disaster (flood, storm and higher degrees of wind disaster, earthquake, etc.), fire or other destructive event, ecological or industrial accident. The purpose of this extraordinary immediate assistance is to provide a person for a temporary period, provide for his basic necessities and provide first aid to eliminate the consequences of the disaster until it is possible to provide assistance from other sources (e.g. insurance company, municipality within its autonomous powers). This includes, for example, the payment of clothing if it was destroyed in a natural disaster, or the payment of disinfectants or other chemicals to remove primary damage, etc. The maximum amount of the benefit may be 15 times the amount of the individual's subsistence minimum, i.e. up to CZK 51,150 in the reference period, from 1 April 2020 up to CZK 57,900. The COVID-19 crisis has been described as a serious emergency.

   In individual cases (especially for homeless people when they were placed in an asylum), extraordinary immediate assistance was provided to cover the necessary one-off expenses to pay for the COVID-19 test.

   Social workers of public administrations (regional and municipal authorities) have taken such measures, which are mainly related to the search for people in need, i.e. a larger number of screenings, and at the same time informing the population about possible assistance within the framework of professional social counselling [Sections 92, 93, 93a and 109 of Act No 108/2006 Coll., Social Services Act, as amended.

   Furthermore, an extraordinary subsidy procedure of the MoLSA was announced to support the extraordinary financial evaluation of social workers at municipal authorities and regional authorities in connection with the COVID-19 epidemic. The subsidy is provided to cover extraordinary bonus to wage for work in a difficult working environment, where the employee is exposed to the risk of infection due to the necessary continuous direct personal contact with other individuals in the performance of the agreed type of work or operation in connection with the application of measures against the spread of COVID -19, or for extraordinary work in a difficult working environment.

   In the area of social services, the financing of the costs of social service providers to cover increased expenses and damages related to the measures introduced in connection with the COVID-19 pandemic was ensured through the announcement of extraordinary assistance schemes, an overview of which is given below.

   Overview of extraordinary assistance schemes of the Ministry of Labour and Social Affairs for the social services sector in 2020

   Assistance schemes are intended for all registered social services, regardless of whether or not they are included in regional networks (or MoLSA networks). In order to reduce administration, simplified aid forms have been created. The aid was announced on the basis of a government resolution on assistance to the social services sector with the effects of the epidemic and follow-up measures. There are currently three support programs (C, D and E), with the first two

programs already closed and grants awarded. In the case of support program D, the grant decision is being issued and the payment of funds processed.

1) Support program C – Contribution to extraordinary remuneration for employees of social services for the performance of their profession during the epidemic and crisis situation, i.e. in the period from 13 March to 31 May 2020

- The collection of applications took place in two rounds (1st round from 29 May 2020 to 15 June 2020, 2nd round from 10 July 2020 to 27 July 2020).
- A total of 1,624 providers applied for the aid for a total of 4,406 social services, the aid was provided to all applicants in full.
- In total, almost CZK 2,032,000,000 was paid within this grant procedure, the aid was paid in mid-July.

2) Support program D – Contribution to compensate for increased operating expenses and compensation of revenue drop in connection with the adoption of quarantine measures, emergency measures and crisis measures in social services and to compensate for infected employees of social services

- The eligible period was from 13 March to 31 May 2020.
- The collection of applications took place from 12 August 2020 to 27 August 2020.
- A total of 991 providers applied for the aid for a total of 2409 social services, the aid was provided to all applicants in full.
- A total of over CZK 473 million will be paid out.

3) Support program E – Contribution to compensate for the ongoing period of increased operating expenses and compensation of revenue drop in connection with the adoption of quarantine measures, emergency measures and crisis measures in social services in connection with the COVID-19 epidemic.

- The call was announced on 11 September 2020, the collection of applications took place in the period from 12 October to 26 October 2020.
- Similar to support program D, but the eligible period has been extended, i.e. in total from 13 March to 30 September 2020.
- It was announced mainly because many social services are still affected by the crisis and the epidemic as such, especially staffing in the services sector is very difficult at this time and, if necessary, additional staff need to be provided beyond the current staff (due to quarantine measures). This incurs significant additional costs for the services sector. Similarly, additional costs ate incurred due to providing protective equipment, etc.

Social insurance

Security during temporary incapacity for work and ordered quarantine

The existing sickness insurance system also covers insured persons who have been quarantined or are temporarily incapacitated for work due to the COVID -19 epidemic. In the first 14 days of temporary incapacity for work or ordered quarantine, the employee is entitled to compensation of wages paid by the employer, from the 15th day he is entitled to sickness benefits. Self-employed persons with voluntary sickness insurance are entitled to sickness benefits from the 15th day of temporary incapacity for work or ordered quarantine.

Attendance allowance

Act No 133/2020 Coll., regulating certain adjustments in social security in connection with extraordinary measures during the epidemic in 2020, as amended by Act No 230/2020 Coll., and Act No 255/2020 Coll., adjusted the conditions for the provision of attendance allowance to employees due to an emergency measure during the epidemic, in order to avoid adverse effects on parents caring for children due to the closure of schools, kindergartens, other children's facilities and facilities for people with disabilities. It mainly involved the possibility to receive attendance allowance:

- In the case of care of a wider range of persons (children), as the definition of a children's facility has been extended to include facilities that were considered children's or school facilities for the purposes of attendance allowance, whose closure was the reason for the provision of attendance allowance (e.g. day-care centres), and attendance allowance was provided to persons with a degree of dependence in these facilities, regardless of age,

- For the entire duration of the closure of the facility or school due to an emergency measure in the event of an epidemic, but no later than until 30 June 2020,

- If the employee has not placed the child in an open school, school or special children's facility, or other similar facility for children, with regard to the possibility of endangering his or her health or the health of others living with the child in the household due to coronavirus or other serious reasons (e.g. to significantly reduce the capacity or operating hours of facilities for children or schools),

- Due to the care of a child aged 10 to 13 years,

- Even if there is a repeated rotation of two entitled persons,

- For employees working on the basis of an agreement to perform work and agreement to complete a job participating in health insurance.

From 1 April 2020 to 30 June 2020, the attendance allowance was further increased from 60% to 80% of the daily assessment basis per calendar day.

Further measures were taken in the area of social security premium payments and contributions to the state employment policy:

- Act No 136/2020 Coll., regulating certain adjustments in the area of social security premiums and contributions to the state employment policy approved measures to support self-employed persons. In the months of March to August 2020, advances on insurance premiums for self-employed persons performing both the core activity and non-core activity did not have to be paid. Premiums for the calendar year 2020 will then be reduced to exclude the amounts of minimum advances on premiums according to the number of calendar months of self-employment and its nature for the period March to August 2020.

- Measures have been taken concerning the payment of the premium balance due for 2019. If a self-employed person submits a Statement of Income and Expenditure for 2019 by 18

September 2020, he will not be sanctioned for late submission (the original deadline is 4 May 2020), and if a self-employed person pays the premium balance due for 2019 by 18 September 2020, he/she will be automatically and without request waived the penalty for late payment of this balance due.

- In order to support the maintenance of employment of employees, Act No 300/2020 Coll., determining the waiver of social security premiums and contributions to the state employment policy paid by some employers as taxpayers in connection with extraordinary measures during the epidemic in 2020 and amending Act No 187/2006 Coll., Sickness Insurance Act, as amended, amended the premium waiver paid by the employer as a taxpayer in the amount of 24.8% of its assessment base for the months of June, July and August 2020. The premium may be reduced by an employer who, on the last day of the month, does not employ more than 50 employees participating in the sickness insurance and meets the following conditions: the number of employees at the end of each of these three months, compared to the number of such employees as at 31 March 2020, did not decrease by more than 10% and the total assessment bases of employees in a single month (out of the above three) did not decrease by more than 10% compared to the total assessment bases of such employees in March 2020.

Expenditure on unemployment benefits in 2020

In the first half of 2020, the average monthly number of job seekers registered at the Labour Office of the Czech Republic increased by 18.1 thousand year-on-year to 241.0 thousand and the average share of unemployed persons increased year-on-year from 2.9% to 3.2%. The average number of job seekers with unemployment benefits increased by 9.5 thousand year-on-year to 93.4 thousand. The change in the trend in unemployment was due to the spread of COVID-19. The increase in the number of registered jobseekers had an impact on the funds allocated to cover unemployment benefits for 2020. The approved budget for unemployment benefits is CZK 7.6 billion. Based on the current use of funds, it can be expected that unemployment benefits expenditure will reach CZK 12 billion in 2020.

Measures taken to compensate for or mitigate the adverse impact

1. Antivirus

   A targeted “Antivirus” program is being implemented to support the retention of employees. This targeted employment support program was approved by the Government of the Czech Republic on 31 March 2020. The employment support program is implemented in two schemes. In scheme A, the employer is paid a contribution as compensation for obstacles to work consisting in quarantine of employees or closure or restriction of operations due to crisis and emergency government measures and emergency measures of public health authorities in the amount of 80% of wage compensation, including levies, up to CZK 39,000 per employee. Scheme B involves compensating for obstacles to work of the employer due to quarantine order, limiting of the availability of inputs (raw materials, products, services) necessary for the activity and limiting of the demand for services and products of the company. The contribution is paid in the amount of 60% of the paid wage compensation, including deductions for employees and employers, up to CZK 29,000 per employee. Both of these schemes were implemented until 30 October 2020.

2. Antivirus program – waiver of social security contributions

   The Antivirus program has been extended to include scheme C, which consists in waiving social security contributions for the months of June, July and August 2020. It applies to

companies with up to 50 employees. Specifically, it is a waiver of that part of the social security premium paid by employers. If an employer benefits from Antivirus's scheme C, it cannot use funds from scheme B in the relevant calendar month.

3. Absence of debt with authorities and employment of persons with disabilities
During the emergency, the certificate of absence of debt with authorities was not required from companies requesting Antivirus support. During this period, the allowance for the employment of people with disabilities was not reduced by the compensation of wages in the event of obstacles. At the same time, the condition of proving absence of debt with authorities by an employer recognized as sheltered labour market employer was waived in connection with an application for a contribution to support the employment of persons with disabilities in sheltered labour market during a state of emergency or epidemic emergency measures.

4. Adjustment in the field of registration of job seekers and job placement
In the area of registration of job seekers at the Labour Office of the Czech Republic, there has been a fundamental change since 14 April 2020. The legislative amendment to the Employment Act removed the condition of personal presence of natural persons when submitting an application for job placement. A natural person who loses his job, terminates his/her self-employed activity or other gainful activity, may from the given date apply for job placement (or inclusion in the register of job seekers at the Labour Office of the Czech Republic) by means other than by personal presence at the Labour Office, especially in electronic form. Electronic forms are used for this purpose, which are available to the public on the websites of the Labour Office of the Czech Republic and the MoLSA.

Another legislative change effective from 14 April 2020 allows an unemployed natural person to apply with any workplace of the Labour Office of the Czech Republic for placement in a suitable job (inclusion in the register of job seekers). Before this date, this natural person could apply for job placement only with the workplace of the Labour Office of the Czech Republic at the place of his/her permanent residence. Where a natural person performed work outside his place of permanent residence and where he/she also actually stayed, he/she was requested to appear in person exclusively at the workplace of the Labour Office of the Czech Republic in the place of permanent residence and submit the job placement application there. Only then could he/she apply for the transfer of his records to the workplace of the Labour Office of the Czech Republic in the place of his/her last gainful activity where he/she was actually staying and was seeking a new job. The legislation has thus helped to promote job mobility.

To compensate for or mitigate the possible adverse impact of the COVID-19 crisis, the following social security laws have been adopted:

1. Act No 133/2020 Coll., regulating certain adjustments in social security in connection with extraordinary measures during the epidemic in 2020 – the law entered into effect on 27 March 2020 and regulates the right to attendance allowance and service leave for the duration of the government's crisis measures and emergency measures of the Ministry of Health in connection with the COVID-19 epidemic (described above).

Prior to the effective date of the Act, it was possible to provide attendance allowance to employees during school facility closures as a short-term benefit for the care of children under

10 years of age, for a period of 9 calendar days, and for single employees for a period of 16 calendar days.

For the period from 1 April 2020 to 30 June 2020, the Act increased the attendance allowance for a calendar day from the original 60% of the daily assessment base to 80% (after amendment, see below). The allowance was intended for parents of children under 13 years of age, and 16 years in the case of a single parent or dependent child, in the event that they were unable to attend compulsory school due to the closure of pre-school, school and special children's facilities (or other similar facilities for children in whose day or weekly care the child is) as part of preventive anti-epidemic measures. Condition of Section 39(1)(b)(1) of the Sickness Insurance Act was considered met even if the employee does not place the child in this facility or school with regard to the possibility of endangering his/her health or the health of other persons living with the child in the household.

2. Act No 136/2020 Coll., regulating certain adjustments in the area of social security premiums and contributions to the state employment policy and pension insurance in connection with extraordinary measures in the event of an epidemic in 2020 – the Act, effective from 27 March 2020, was adopted to compensate for some of the economic consequences of the COVID-19 epidemic, waives the payment of advances on pension insurance premiums and on the contribution to the state employment policy (described above) for self-employed persons for the period from March to August 2020.

The Act further reduces pension insurance premiums and the contribution to the state employment policy set from the assessment base for 2020 for each calendar month in which self-employment was performed for at least part of the month in the period from March to August 2020, by CZK 2,544 for self-employed persons performing self-employment as core activity and CZK 1,018 for self-employed persons performing self-employment as non-core activity.

3. Act No 160/2020 Coll., regulating certain adjustments in the area of state social support benefits and care allowance in connection with the state of emergency during the epidemic in 2020 – the law effective from 14 April 2020 regulates the conditions for entitlement to child allowance and housing allowance and entitlement to an increase in care allowance for the period from 1 April 2020 to 30 June 2020 (described above).
According to this Act, the Labour Office of the Czech Republic is to calculate the amount and payment of child allowance, housing allowance and the duration of entitlement to an increase in care allowance for the 2nd calendar quarter of 2020 on data provided by the applicant for the first quarter of 2020.

4. Act No 230/2020 Coll., amending Act No 133/2020 Coll., regulating certain adjustments in social security in connection with extraordinary measures during the epidemic in 2020 - the Act entered into force on 6 May 2020 and it is an amendment to the above-mentioned Act No 133/2020 Coll. The amendment adjusts the increase in the attendance allowance per calendar day for the period from 1 April 2020 to 30 June 2020 from 60% to 80% of the daily assessment basis (described above).
The amendment sets 30 June 2020 as the latest date by which the support period and service leave may be extended.

In the case of already paid attendance allowance in the amount according to the original wording of Act No 133/2020 Coll., the amendment provides for the difference in attendance allowance to be paid, without a request within 30 days.

5. Act No 255/2020 Coll., stipulating the reduction of penalties from social security premiums and contributions to the state employment policy paid by employers as taxpayers in connection with extraordinary measures during the 2020 epidemic and amending certain acts – pursuant to Act No 589/1992 Coll., regulating social security premiums and contributions to the state employment policy, employers as a taxpayers are obliged to pay premiums from the employer's assessment base by the 20th day of the following calendar month to the account of the relevant DSSA (District Social Security Administration); failure to comply with this obligation results in the payment of a penalty of 0.05% for each calendar day after the due date of the premium (also described above).
Act No 255/2020 Coll., effective from 27 May 2020 regulates the reduction of the penalty in a situation where the employer, as a taxpayer, did not pay social security premiums and contributions to the state employment policy for the calendar months May 2020 to July 2020 within the statutory period or paid a lower premium. If the employer pays the debt by 20 October 2020, the set penalty on the debt is reduced by 80%. The aim of the measure is to strengthen the liquidity of employers by postponing the due date of their liabilities.
In order to maintain the economic incentive to pay premiums for those employers who have sufficient liquidity available, the penalty for later payment of premiums has not been completely waived, but the obligation to pay 20% of the penalty is maintained, which corresponds to an annual interest rate of less than 4%. Under this act, employers that have taken advantage of the deferral and otherwise fulfil all their obligations in the area of insurance premiums are regarded as employers without debt on insurance premiums.

6. Act No 300/200 Coll., stipulating the waiver of social security premiums and contributions to the state employment policy paid by employers as taxpayers in connection with extraordinary measures during the epidemic in 2020 and amending Act No 178/2020 Coll., as well as sickness insurance, as amended – The act became effective on 30 June 2020. The aim of the Act is to support employers affected by the spread of COVID-19 by a universal instrument, which is the waiver of the payment of social security premiums and contributions to the state employment policy for the period from June to August 2020.
The waiver concerns the insurance premium, which the employer is obliged to pay as a taxpayer and is implemented in the form of a reduction in its assessment base.
An employer who meets the set conditions in a given calendar month is entitled to a waiver of the insurance premium for the calendar month. These are set so that employers try to keep their employees. After meeting the set conditions, the premium is waived for all calendar months of this period or only for those in which the set conditions have been met.

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

a) equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;

b) the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

Conclusions XX-2 (2013) January 2014

The Committee notes that the situation in the Czech Republic is not in line with Article 12(4), as equal treatment in terms of access to family benefits is not guaranteed to nationals of other Member States (non-negotiated bilateral agreements with Armenia, Andorra and Georgia).

Bilateral agreements (see annex for more details):
Albania - the agreement is valid from 1 February 2017.
Moldova - the agreement is valid from 1 October 2012.
Azerbaijan – awaiting the signing of the agreement,
Armenia and Georgia – foreign parties have suspended agreement negotiations for reasons of unpreparedness and ongoing reforms in national systems
Andorra – no contact; on the Czech side there are no obstacles to negotiating the agreement.

Nationals of other Member States are entitled to family allowances regardless of whether or not a bilateral agreement has been concluded between the Czech Republic and the Member State in question.

Part I-13. Anyone without adequate resources has the right to social and medical assistance

Article 13 – The right to social and medical assistance

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

1. *to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own effort or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;*

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

System of assistance in material need

Assistance in material need is regulated by Act No 111/2006 Coll, Assistance in Material Need Act. The state of material need can be characterized as a certain social situation of the person / jointly assessed persons, which is characterized by a lack of resources to meet the basic needs of life. For the purposes of assessing whether or not a person is in a state of material need, authorities assess the income and social and property situation of the person and other

persons who are jointly assessed with that person. The Assistance in Material Need Act includes recurring benefits for assistance in material need, namely the allowance for living and the supplement for housing, and a one-off benefit for assistance in material need, namely the extraordinary immediate assistance. Benefits of assistance in material need are non-contributory benefits (paid from the State budget, provided regardless of insurance and payment of contributions). Their provision is governed by the principle of subsidiarity, i.e. in order for a benefit to be granted, the person or jointly assessed persons who are in a difficult social situation must first exhaust all available means to improve their situation. The regional branches of the Labour Office of the Czech Republic decide on the benefits of assistance in material need and pay them. The MoLSA serves as the appellate body.

Allowance for living covers the needs of a person at a level that ensures his or her basic living conditions. These primarily include providing food, clothing, footwear, basic hygiene needs, etc. It is a recurring benefit to which a person is legally entitled; authorities assess the total income, social and property conditions of the applicant and of all jointly assessed persons and work activity of those fit for work. The determination of the group of jointly assessed persons is based primarily on Act No 110/2006 Coll., the Existence and Subsistence Minimum Act, in addition to the differences contained directly in the Assistance in Material Need Act. Income is also assessed according to the Existence and Subsistence Minimum Act and the Assistance in Material Need Act, which then specifically regulates the inclusion of some incomes, including 70% of income from dependent activities, 80% of income from unemployment and retraining benefits , pensions and sickness insurance benefits and 100% of other income. When applying for an allowance for living, the average income for the three preceding months from the month of the application is included. Also relevant is a significant drop in income, which may occur two months before the application is submitted and must continue in the current month of the application. In the course of providing the allowance for living, only the income from one month preceding the current month for which the benefit is provided is included.

For the purposes of the Assistance in Material Need Act, existence means a certain financial amount expressed in CZK, which a person needs to ensure his basic living needs, at a certain socially agreed level, which, however, depends not only on the amount of the person's existence or subsistence minimum, but also on evaluating a person's efforts to increase income through his own efforts, necessary to satisfy his basic necessities of life. A person's living varies, depending on whether he or she is an individual or a person assessed jointly, whether he or she is a dependent child, a person who seeks to increase his or her own income, or a person who does not objectively pursue the possibility of increasing income, although he or she has the possibility to do so. The living of jointly assessed persons is determined as the sum of individual amounts of subsistence of these persons. The existence amount is calculated from subsistence and existence minimums, which are determined as an assessment of the effort to increase income by own effort (use of property, assertion of claims and receivables, own work) and the fact justifying increased living costs due to diet. The amount of living for individual persons differs precisely with regard to the above facts.

Supplement for housing is a benefit of assistance in material need, which, together with the citizen's own income and housing allowance, helps to cover justified housing costs. The amount of the supplement for housing is set so that, after the payment of the deducted housing costs (rent, housing-related services and energy supply costs), the person / jointly assessed persons have the existence amount.

Having been granted the allowance for living is required for being eligible for the supplement for housing. The supplement for housing can be granted (taking into account the overall social and financial situation) also to a person who was not granted the allowance for living because his/her income / income of persons assessed together exceeded the his/her subsistence amount / the existence amount of jointly assessed persons, but was not higher than 1.3 time that amount.

Persons entitled to supplement for housing include the owner of an apartment or another person who uses the apartment on the basis of a contract, decision or other legal title and, after meeting the construction technical standards of housing quality, the owner of a building for individual or family recreation, whose decisive income / income of jointly assessed persons, after the payment of justified housing costs, is lower than his existence amount (subsistence amount of jointly assessed persons).

The Act also provides for specific situations associated with housing. In cases deserving special consideration, the authority for assistance in material need may provide a supplement for housing: for a part of apartment; after meeting the hygienic conditions for an accommodation facility; after meeting the construction-technical standards of quality of housing for a non-residential space. Accommodation in residential social services (e.g. asylum homes, home for the elderly, sheltered housing) is always considered a case deserving special attention.

	Period				
	2017	2018	2019	1Q 2020	2Q 2020
ALLOWANCE FOR LIVING					
average monthly number of paid benefits (thousands)	101.4	79.1	63.2	58.2	60.5
expenditure (CZK million)*	4,857.4	3,407.6	2,762.3	646.8	792.9
SUPPLEMENT FOR HOUSING					
average monthly number of paid benefits (thousands)	53.4	40.3	33.9	31.6	32.2
expenditure (CZK million)*	2,418.4	1,898.0	1,601.8	382.2	390.7

Statistical information on extraordinary immediate assistance for the reference period 2017-2019

Extraordinary immediate assistance	**2017**	**2018**	**2019**
Average monthly number of benefits in thousands of CZK	**3.5**	**2.4**	**2.0**
Expenditure (CZK million)	**92.0**	**64.6**	**53.4**

Detailed description of extraordinary immediate assistance was provided above (question 3.c)
Source: MoLSA

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

Persons present in the Czech Republic without any residence status (persons staying in the Czech Republic illegally) can be provided with extraordinary immediate assistance due to serious damage to health (a one-off benefit of the system of assistance in material need). The benefit can be provided up to an amount that supplements the person's income to the subsistence minimum; in the case of a child to the existence minimum (for more detailed description see extraordinary immediate assistance).

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

Conclusions XX-2 (2013) January 2014

The Committee notes that the situation in the Czech Republic is not in line with Article 13(1) due to the fact that

- it has not been demonstrated that social assistance benefits are sufficient

Benefits of assistance in material need are regulated by law, are based on subsistence and existence minimum and correspond to the socio-economic conditions of the Czech Republic.

- Czech law allows for the withdrawal of residence permits for foreigners in material need

Act No 100/1988 Coll., the Social Security Act, which contained legislation on "unjustified burdens", was repealed on 31 December 2011. Czech law was thus brought into line with the requirements of the European Social Charter.

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

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.
***The previous conclusion was not one of non-conformity**.*

3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

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

Conclusions XX-2 (2013) January 2014

The Committee calls for relevant information to be provided that nationals of other Member States are guaranteed equal access to social services and counselling, without requiring a permanent residence.

In accordance with Section 4(2) of the Social Services Act, if the conditions stipulated by this Act (the condition of residence in the Czech Republic does not apply here) are met social services are provided to:

a) A person who is registered for a permanent residence in the Czech Republic, if he/she is a citizen of the Czech Republic,
b) A foreigner who has a permanent residence in the Czech Republic pursuant to a special legal regulation,
c) A foreigner who is a holder of a permanent residence permit with the granted legal status of a long-term resident in the European Union in the territory of another Member State of the European Union, if he/she has been issued a long-term residence permit in the Czech Republic pursuant to a special legal regulation,
d) A family member of a person referred to in a) if he/she has been issued a residence card of an EU citizen's family member,
e) A family member of a person referred to in b), if he/she has been issued a long-term residence permit in the Czech Republic,
f) A foreigner who has been issued a long-term residence permit in the Czech Republic for the purpose of scientific research,
g) A person who has been granted international protection in the form of subsidiary protection under a special legal regulation,
h) A foreigner who has been issued a long-term residence permit in the Czech Republic for the purpose of performing employment requiring high qualifications,
i) Foreigners without permanent residence in the Czech Republic, to whom this right is guaranteed by an international agreement which is part of the Czech law[4],
j) A person who derives a right arising from directly applicable European Union rules, or an employed or self-employed person, a person retaining such a status and his or her family members entitled to equal treatment under European Union law,
k) A foreigner who has been issued an employee card,
l) A foreigner who is employed or has already been employed in the Czech Republic for at least 6 months and is on the register of job seekers if he/she has been issued a long-term residence permit in the Czech Republic,
m) To a family member of the persons referred to in f), h), k) and l), if he/she has been issued a long-term residence permit in the Czech Republic,
n) A citizen of a Member State of the European Union, if he/she is registered in the Czech Republic for residence pursuant to a special legal regulation for a period longer than 3 months and
o) A family member of a citizen of a Member State of the European Union, if he/she is registered in the Czech Republic for residence pursuant to a special legal regulation for a period longer than 3 months.

[4] European Social Charter is recognised as such an international agreement.

Subject to the conditions under this Act, the social services Asylum Homes, Contact Centres, Crisis Assistance, Intervention Centres, Low-Threshold Day Centres, Low-Threshold Facilities for Children and Youth, Dormitories and Field Programs are also provided to persons not even listed above if he/she lawfully resides in the Czech Republic pursuant to a special legal regulation. Social services Asylum Homes, Crisis Assistance and Field Programs are also provided to persons who are victims of the crime of human trafficking or the crime of abduction. Social services and social counselling, including both basic and professional social counselling, are also provided to persons who are victims of a crime, if he/she is legally resident in the Czech Republic, and to persons who are victims of a crime of human trafficking or the crime of abduction.

In emergency situations, social work as well as the necessary help and support is provided regardless of the permanent residence of persons in a dire social situation. This includes primarily counselling, but also the provision of suitable social services or its substitute according to the client's needs. Social work in public administration is available and thus ensures the maximum availability of assistance to the general public.

Social workers of public administration pursuant to Section 93a of the Social Services Act and Decree No 332/2006 Coll., determining the model of a standardized record of a social worker, are obliged to record all contacts in electronic form with all clients in need (i.e. without discrimination; equal treatment is observed pursuant to Regulations (EC) No 883/2004 and (EC) No 987/2009 of the European Parliament and of the Council and on the application of the decisions and recommendations of the Administrative Commission for the Coordination of Social Security Systems and Non Means-Tested Social Benefits), i.e. including the provision of social counselling. Records of individual interventions can then be checked by the relevant regional authority.

Act No 108/2006 Coll., Social Services Act guarantees in Section 4(i) that "subject to the conditions set out in this Act the care allowance may be provided to a foreigner without permanent residence in the Czech Republic who is so entitled by an international treaty which is part of the Czech law".

4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed in Paris on 11 December 1953.

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

Conclusions XX-2 (2013) January 2014

The Committee notes that the situation in the Czech Republic is not in line with Article 13(4), as it has not been demonstrated that immediate material support is available to all nationals of other Member States, regardless of their status.

Social and legal protection of children

Social and legal protection is provided in the Czech Republic to various extents to all children, regardless of the condition of permanent residence or status. Due to procedural jurisdiction, social and legal protection is provided in full to children referred to in Section 2(1) and (2) of Act No 359/1999 Coll., regulating the social and legal protection of children (see below). To the extent of protection of life and health, it is provided to all children, including satisfying the basic needs of children and providing basic care (see Section 37 below) and placing a child in a facility for children requiring immediate assistance (see the introductory part of adjusting facilities for children requiring immediate assistance – Section 42 et seq.).

Act No 359/1999 Coll., regulating Social and Legal Protection of Children.

Section 2

(1) For the purposes of this Act, a child means a minor[5]. In the case of minors, who have acquired full legal capacity, social and legal protection is provided only to the extent specified in Section 8(1), Section 10(1)(e), Section 10(3)(a), (b), Section 29, Section 32(4), Sections 33 and 34. When providing social and legal protection in these cases, the competent social and legal protection body is obliged to fully respect the will of the child who has acquired full legal capacity.

(2) Social and legal protection is provided to a child who, in the territory of the Czech Republic:

a) Has a permanent residence,
b) Has, pursuant to a special legal regulation[6] governing the stay of foreign nationals in the Czech Republic, a permanent residence permit or is reported for residence in the Czech Republic for at least 90 days,
c) Applied for international protection in the Czech Republic,
d) Is entitled to reside permanently[7],
e) Resides with a parent who has submitted an application for international protection or a residence permit for the purpose of providing temporary protection in the Czech Republic or who resides on the basis of a granted residence permit for the purpose of temporary protection in the Czech Republic pursuant to a special legal regulation[8],
f) Resides with a parent who resides in the Czech Republic on the basis of a permit of tolerated stay in the Czech Republic pursuant to a special legal regulation[9],
g) Is an asylum seeker or a person enjoying subsidiary protection.

(3) To the extent stipulated by this Act (Sections 37 and 42), social and legal protection is also provided to a child who does not have permit of permanent residence in the Czech Republic or is not registered for residence in the Czech Republic for at least 90 days pursuant to a special regulation (Act No 326/1999 Coll.) regulating the stay of foreign nationals in the Czech Republic, nor is it entitled under this special legal regulation to reside permanently in the Czech Republic.

[5] Article 1 of the Communication No 104/1991 Coll., on the Convention on the rights of the child.
[6] Act No 326/1999 Coll., regulating the residence of foreign nationals in the Czech Republic and amending certain other Acts.
[7] Section 87 of Act No 326/1999 Coll., regulating the residence of foreign nationals in the Czech Republic and amending certain other Acts.
[8] Act No 221/2003 Coll., stipulating temporary protection of foreign nationals.
[9] Act No 325/1999 Coll., the Asylum Act and amending Act No 283/1991 Coll., on the Police of the Czech Republic, as amended.

Social and legal protection in special cases
Section 37
(1) The municipal authority is obliged to take measures to protect life and health and to ensure the satisfaction of basic needs to the minimum extent necessary, including health services[10], to a child under Section 2(3), if such a child finds him/herself without any care or if his/her life or favourable development is seriously endangered or disrupted.

(2) The municipal authority shall immediately notify the municipal authority of the municipality with extended powers of the measures referred to in paragraph 1, the latter being obliged to take other necessary measures to protect the child, and immediately notify (if possible) the Embassy of the State of which the child is a citizen; at the same time, it is obliged to discuss with the Embassy the method of connecting the child with the parents or other persons responsible for the child. The municipal authority of a municipality with extended powers shall inform the Office of the facts stated in the first sentence.

(3) The necessary measures to be taken by the municipal authority of a municipality with extended powers include, without limitation:
(a) File an application for an interim measure[11];
(b) Submit a proposal for the appointment of a guardian of the child;
(c) Submit a proposal for the institutional upbringing of the child;
(d) Arrange for the placement of the child in an asylum facility.

Facilities for children requiring immediate assistance
Section 42
(1) Facilities for children requiring immediate assistance shall provide protection and assistance to a child who has found himself without any care or if his/her life or favourable development is seriously endangered or if the child has found himself without care appropriate to his/her age (Section 15), if the child is physically or mentally abused or mistreated or a child who finds himself in an environment or situation where his/her fundamental rights are seriously endangered. The protection and assistance of such a child consists in satisfying the basic necessities of life, including accommodation, in the provision of health services and in psychological and other similar necessary care.

(2) The child is placed in a facility for children requiring immediate assistance
(a) By a court decision; Section 13a (3) applies by analogy;
(b) At the request of the municipal office of the municipality with extended powers;
(c) At the request of the child's legal representative; or
(d) If so requested by the child.

(10) Protection and assistance is also provided to a child in the facility in cases specified in Section 37(1) for a period until the court decides on the application of the municipal office with extended powers for the order of a preliminary measure.

[10] Act No 372/2011 Coll., the Health Services Act and conditions for their provision.
[11] Section 924 of the Civil Code.

Act No 326/1999 Coll., regulating the conditions of stay of foreign nationals in the Czech Republic stipulates that all persons residing in the Czech Republic are entitled to benefits of extraordinary immediate material assistance. It is also provided to persons who reside in the Czech Republic illegally. The Assistance in Material Need Act therefore makes it possible to provide effective assistance to everyone, including victims of trafficking in human beings, victims of abuse, etc.

Part I-14. The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

a) *Please explain how and to what extent the operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.*

In its Resolution No 194 of 12 March 2020, the Government of the Czech Republic declared, in accordance with Articles 5 and 6 of Constitutional Act No 110/1998 Coll., on the security of the Czech Republic, for the territory of the Czech Republic due to health threats in relation to the evidence of coronavirus (referred to as SARS-CoV-2) in the Czech Republic, a state of emergency and within the meaning of Section 5(a) to (e) and Section 6 of Act No 240/2000 Coll., on crisis management and amending certain acts (the Crisis Act), as amended, to resolve the crisis situation in various areas and decided to adopt a number of crisis measures.

Due to the protection of clients and social workers, some social services were gradually closed according to the development of the situation in connection with the COVID-19 disease. For social services that had a shortage of staff, the MoLSA, through a resolution of the Government of the Czech Republic, provided for the possibility to use students of social sciences who helped in this difficult situation. Regions could apply to the MoLSA for an extraordinary subsidy to reimburse costs intended as financial rewards for these students.

Furthermore, the MoLSA enabled social services, especially care services, to focus primarily on the delivery of lunches, purchases and medicines to the elderly, people with disabilities, or other persons in need. Furthermore, the MoLSA has further “relaxed” the system of providing social services, so that even in this critical situation services can be relieved of “bureaucracy” and possible sanctions and can focus primarily on helping those in need.

From the very beginning of the pandemic, the MoLSA staff addressed problems faced by social service providers in ensuring appropriate conditions, especially with regard to ensuring preventive measures and protection of life and health of both clients and staff. They addressed specific operational problems with specific providers of social services provided by means of on-site, outpatient and residential form, caused, for example, by a lack of staff or protective equipment. The MoLSA included the solutions into application procedures as well as into crisis measures. Due to the protection of clients and social workers, some social services were

gradually closed according to the development of the situation in connection with the COVID-19 disease.

Regarding the measures taken in the field of social services in connection with the occurrence of coronavirus disease to prevent the spread of COVID-19, it is clear that both the Government and individual ministries have complied with the Czech Constitution, international conventions by which the Czech Republic is bound and also in accordance with the recommendations of international experts. The measures taken also respected the principles set out in the Council of Europe document entitled Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic (CPT/Inf(2020)13), issued by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment:

- The measures were taken in accordance with the Constitution and legal regulations of the Czech Republic;
- The measures taken were effective only for the period of the declared state of emergency, i.e. for the period of extraordinary measures announced by the Ministry of Health pursuant to the Protection of Public Health Act;
- The measures taken, while restricting the freedom and movement of persons, respected human dignity and the protection of life and health;
- During the declared state of emergency, while respecting all preventive measures, the activities of bodies and institutions authorized to supervise the provision of social services were not restricted or even prohibited, they were guaranteed access to all places where persons may be deprived of their liberty, including places where persons are quarantined;
- The measures taken were based on the epidemiological development of the situation in the Czech Republic, were consulted with experts from the Ministry of Health in the field of epidemiology and also reflected the recommendations of both foreign experts and WHO experts;
- The measures taken also took into account some specific needs of users of social services, such as people with ASD or people with limited legal capacity.

Due to the activation of the Emergency Act, the performance of social and legal protection of children (SLPC) was limited to activities necessary to protect the life and health of children and to provide basic care. In other SLPC activities, the authorities were led to use distance forms of communication with children and families, including children placed in institutional care. At the same time, in cooperation with individual regions, the extent to provide minimum services and by which providers was addressed. The aim was to ensure that the needs of children are covered, regardless of whether it is a SLPC body, a social service of a person authorized to perform SLPC or social workers of municipalities. At the same time, the MoLSA continuously issued methodological guidelines and information materials for children and families.

In preparation for another possible crisis, work began on a working guideline for regions and municipalities to ensure the protection and rights of children in alternative situations.

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

The Committee requests information and outputs on the MoLSA's long-term plan for social inclusion until 2020.

By its Resolution No 24 of 8 January 2014, the Government of the Czech Republic approved a national framework document for the area of social inclusion and the fight against poverty entitled "Strategy for Social Inclusion 2014–2020" (hereinafter the "Strategy"). The purpose of the Strategy is to contribute towards the national objective of poverty reduction and reduction of the level of social exclusion under the National Reform Program of the Czech Republic, based on the Europe 2020 Strategy. The Strategy was developed with a significant contribution of the Commission for Social Inclusion of the MoLSA, which is a standing advisory, initiating and coordinating body of the Minister of Labour and Social Affairs, on social politics with a focus on combating poverty and social exclusion, and in cooperation of representatives of the ministries concerned.

The Strategy set out the priorities of the Czech Republic in areas relevant to social inclusion for the period up to 2020 and contains an overview of measures affecting social inclusion and the fight against poverty and an overview of relevant documents and resources. The Social Work Strategy is the basic tool for addressing the social inclusion of people. In addition to measures aimed at the development of social work, the Strategy focused on the following areas:

- Promoting access to and maintaining employment;
- Social services;
- Family support;
- Promoting equal access to education;
- Access to housing;
- Promoting access to health care;
- Ensuring decent living conditions;
- Support for other inclusive public services.

On 20 January 2020, Government Resolution No 55 also approved a follow-up national document covering areas important for the social inclusion of socially excluded persons and those at risk of social exclusion, entitled "Social Inclusion Strategy 2021–2030". The document covers the areas of combating poverty and social exclusion and sets out priority topics for social inclusion and its funding from the Czech Republic and the European Union for the coming period.

The MoLSA, in close cooperation with the Commission for Social Inclusion, prepares Reports on the implementation of the measures of the Social Inclusion Strategy 2014–2020, which, on the basis of a Government Resolution No 24 of 8 January 2014, are submitted to the Government of the Czech Republic for information on 30 April of the following year. Based on the information from the Report on the Implementation of the Strategy for Social Inclusion 2014–2020 2019, it can be concluded that to date, the Commission has monitored a total of 95 measures of the Strategy, of which 77 have been implemented, mainly by supporting preventive social services working directly with a group of socially excluded persons, as well as, for example, through housing or family benefits. The implementation of the other 18 measures (13 is partially implemented, five have not been implemented so far) is closely related to the area of access to housing, social services or access to health care, which has affected the implementation of these measures mainly due to the postponement of the deadline for approving draft amendments to related regulations which are fundamental to implement the Strategy. Complete overview of

objectives and implementation of measures Social Inclusion Strategy 2014–2020 until 2019 is listed in the table below:

Objective: Set up and development of social work			
Measure	Deadline	Coordinator	Status
2.a Ensure and promote mutual co-operation between public authorities and other bodies in carrying out social work;	on an ongoing basis	MoLSA in cooperation with the MoI, regions and municipalities	Progress made
2.b Ensure that social work receive adequate methodological and financial support;	from 2014	MoLSA	Partial progress made
2.c Submit legislation regulating social work, including the role of actors, methodologies of activities, definitions of actors, activities, acts according to the needs identified in the various sectors of social protection (including the use of case management);	by the end of 2016	MoLSA	No progress
2.d Submit legislation regulating the profession and lifelong education of social workers – professional law in order to ensure guaranteed expertise and quality of social work	by the end of 2016	MoLSA	Progress made
2.e Ensure funding earmarked for social work in public administration	on an ongoing basis	MoLSA in cooperation with the MoF	Progress made
2.f Support of social work in municipalities, harmonization of methods of social work and cooperation with Labour Office, NGOs and social services	on an ongoing basis	MoLSA	Progress made
2.g Support of the care provided in the client's natural environment to the maximum possible extent (community care)	on an ongoing basis	MoLSA	Progress made
2.h Support of alternative approaches in social work	on an ongoing basis	MoLSA	Progress made
2.ch Raising the prestige of social work through education and awareness raising	on an ongoing basis	MoLSA	Partial progress made
Objective (in terms of social inclusion): Create the conditions for socially excluded persons or persons at risk of social exclusion to enter and remain on the labour market			
Measure	Deadline	Coordinator	Status
3.1.a Provide appropriate advisory, motivation and support services to enter and remain in the labour market, including the creation of individual action plans (programmes for personnel, technical, methodological and motivational support), as well as through the involvement of NGOs in providing comprehensive advisory services;	on an ongoing basis	MoLSA, Labour Office	Partial progress made
3.1.d Provide adequate support for appropriate vocational rehabilitation services, support for social rehabilitation programmes;	on an ongoing basis	MoLSA, Labour Office	Progress made
3.1. e Ensuring coordination activities that support job seekers to enter and remain on the labour market at the local level, the employer –	on an ongoing basis	MoLSA, Labour Office	Progress made

Labour Office – NGOs, increase staffing levels in the case of assistants, employment services – setting methodologies of coordination and mutual cooperation;			
3.1.f In cooperation with other actors (in particular with motivated employers) ensure regional targeting of employment programmes with the possibility of their immediate use in excluded localities	by the end of 2014	MoLSA, Labour Office in cooperation with the Association for Social Inclusion (ASI)	Progress made
3.1.g Ensure incentive programmes to accept employment through short-term employment opportunities, carefully examine the income and debt situation of job seekers, set the salary and length of support for subsidized jobs in a motivating manner;	by the end of 2015	MoLSA, Labour Office	Progress made
3.1.j Support the creation of local employment networks (see European Employment Strategy) involving all relevant actors, i.e. employers, local government and non-profit sector	on an ongoing basis	MoLSA, Labour Office	Progress made
3.1.k Enhance the promotion of the principle of socially responsible procurement / motivate enterprises with state participation in the creation of jobs for the disadvantaged persons in the labour market (such as Czech Railways, Forests of the Czech Republic, River Basin Administrators, etc.), familiarize the public contracting authorities with the methodology of socially responsible procurement	from 2014	Office of the Government, Section for Human Rights, ASI, in cooperation with the MoRD, the MoLSA and other ministries	Progress made
3.1.l Due to demographic predictions regarding the ageing of the population, further develop the concept of Age management to promote employment of older persons;	on an ongoing basis	MoLSA	Progress made
3.1.m Support the development of social entrepreneurship in the form of education, consultancy, financial support and after care, including consideration of the need to adopt specific legal regulation on social entrepreneurship	on an ongoing basis	MoLSA, MoIT, ME	Partial progress made
3.1.n Introduce system support for people's access to microfinance;	by the end of 2014	MoLSA in cooperation with MoIT and other relevant actors	Progress made
3.2.o Supporting the development of social activation services to support persons to enter and remain on the labour market;	from 2014	MoLSA	Partial progress made
3.2.p Support for the development of social work in employment services (e.g. using case management methods, etc.);	from 2014	MoLSA, Labour Office	Progress made

3.2.q Support for the development of social therapy workshops, mutually permeable with integration social entrepreneurship and employment of disadvantaged persons, match the activities of social therapy workshops with the needs of municipalities, cities and regions.	from 2015	MoLSA	Progress made
Objective: Ensure a sufficiently developed system of social services for the needs of socially excluded persons or those at risk of social exclusion which would be capable of responding to their individual needs within the context of the social contract.			
Measure	Deadline	Coordinator	Status
3.2.a Ensure support for the development of accessibility, permeability and complexity of the system of social services within the network of social services responsive to regional needs, support for cooperation of social services for the purpose of social inclusion at the local level;	By the end of 2015	MoLSA	Partial progress made
3.2.f Optimize the system for financing social services, which will reflect the demographics, demands of the users and the increasing costs of providers;	since 2014	MoLSA	Partial progress made
3.2.i Raise the prestige of social services and social work through education and awareness raising.	on an ongoing basis	MoLSA	Partial progress made
Objective (in terms of social inclusion): Ensure accessible, interconnected and high-quality services for families, children and youth. Strengthening the economic stability of families and their independence with an emphasis on freedom of choice of family strategy, especially in balancing professional, family and personal life.			
Measure	Deadline	Coordinator	Status
3.3.a. Draft a new law on family support, foster care and system of the protection of children's rights and an amendment to related legislation;	from 2015	MoLSA	Progress made
3.3.b. Ensure systemic changes in foster family care;	on an ongoing basis	MoLSA	Progress made
3.3.c Provide system support to families in raising children with special needs;	on an ongoing basis	MoLSA	Progress made
3.3.d Provide a wide range of services for families, children and youth in appropriate quality guaranteed by standards;	on an ongoing basis	MoLSA	Progress made
3.3.e Deinstitutionalise foster care, support for outpatient, field and low-capacity residency services of foster care;	by the end of 2018	MoLSA	Progress made
3.3.f Implement measures for the promotion of flexible forms of work and other measures in balancing professional, family and personal life (encourage employers to implement pro-family measures, including flexible forms of work);	on an ongoing basis	MoLSA	Progress made
3.3.g Develop child care services, their capacity-building and ensuring their local availability;	on an ongoing basis	MoLSA	Progress made
3.3.h Develop low-threshold services to support families at risk of social exclusion, such as mothers' clubs, maternity centres, pre-school	on an ongoing basis	MEYS in cooperation	Progress made

clubs and parent groups based on the principle of self-help;		with the MoLSA	
3.3.ch Provide subsidies to pro-family organizations providing services for families, including families with specific needs;	on an ongoing basis	MoLSA	Progress made
3.3.i. Ensure and support communication with all actors in the field of family policy (develop cooperation with local self-governing units to ensure regional family policy);	on an ongoing basis	MoLSA	Progress made
3.3.j Ensure effective mechanisms for cooperation among all actors in the social and legal protection of children, support mechanisms for continuous and long-term evaluation of the situation of vulnerable families and children, and the creation of individual plans and their implementation;	ongoing, evaluation in 2016	MoLSA	Progress made
3.3.k Implement programmes and measures in the care of children as victims or perpetrators of crime;	on an ongoing basis	Ministry of Justice (MoJ) in cooperation with MI	Progress made
3.3.l Ongoing training of, and professional support for, all actors of social and legal protection of children;	on an ongoing basis	MoLSA	Progress made
3.3.m Education in the field of family policy measures and its development;	ongoing; Right to Childhood campaign (2014/2015)	MoLSA	Progress made
3.3.n Support improvements in the quality of the activities of authorities for social and legal protection of children in relation to vulnerable children and families, including children and families in socially excluded localities or families at risk of exclusion from housing.	on an ongoing basis	MoLSA	Progress made
Objective (in terms of social inclusion): Ensure equal access to education for all.			
Measure	Deadline	Coordinator	Status
3.4.a Ensure conditions (material, technical, financial, personnel) for education in mainstream schools for all children, pupils and students;	on an ongoing basis	MEYS	Progress made
3.4.b Improve and develop a counselling system to ensure equal access in education (from pre-schools to universities, incl. prevention of risk behaviour);	on an ongoing basis	MEYS	Partial progress made
3.4.c Provide support for equal access in education through extra-curricular activities (support for effective interest and non-formal education);	on an ongoing basis	MEYS	Progress made
3.4.d Minimize the risks associated with risk behaviour in children, pupils and students with special educational needs through the promotion of standardized and certified services in the primary prevention of risk behaviour in	on an ongoing basis	MEYS	Progress made

education, in collaboration with the family and social services;			
3.4.e Support the development and creation of local strategies for the development of the education system and systematic social and educational intervention in households at risk of social exclusion;	on an ongoing basis	MEYS in cooperation with the MoLSA and ASI	Progress made
3.4.f Support counselling, intervention and motivation services in the activities of educational institutions;	on an ongoing basis	MEYS in cooperation with the MoLSA	Progress made
3.4.g Support services to obtain and complete the education for people from socially disadvantaged backgrounds, supporting both the actual pupils and students in their studies, and their parents in supporting their studying children	on an ongoing basis	MoLSA in cooperation with the MEYS	Progress made
3.4.h Interconnection and cooperation between schools, families, social services and authorities for social and legal protection of children.	on an ongoing basis	MoLSA in cooperation with the MEYS	Progress made
Objective: Increasing the availability of housing for people at risk of exclusion from housing or those having lost it.			
Measure	Deadline	Coordinator	Status
3.5.a Ensure local availability of standard non-segregated housing (in apartments) for people at risk of exclusion from housing or those having lost it (by legislatively defining the roles of the state and municipalities and ensuring the follow-up financing of the acquisition, renovation and operation of social housing). On the one hand, it should ensure the use of the existing housing stock (through renovation or the possibility to re-purchase by municipalities or NGOs) and tools increasing the availability of housing on the open market to disadvantaged individuals and families (e.g. through guarantees or social rental agencies), on the other hand it should ensure support for the construction of standard rental apartments, especially where there are no vacant apartments, but there is a need for such housing.	on an ongoing basis	MoRD in cooperation with the MoLSA	No progress
3.5.b Create motivational tools (including guarantee mechanisms) for a greater involvement of private owners of housing stock in social housing;	By the end of 2016	MoRD in cooperation with the MoLSA	Progress made
3.5.c Support housing loss prevention programmes (prevention of exclusion from housing), such as anti-debt counselling programmes supporting the alignment of interventions and tools, staffing, etc.;	on an ongoing basis	MoLSA in cooperation with the MoJ	Progress made
3.5.d Support coordination of activities at the local level in order to maintain or arrange appropriate forms of social housing for people	on an ongoing basis	MoLSA in cooperation with the MoRD	No progress

excluded from housing or those having lost housing;			
3.5.e Legislative regulation of the access of persons (according to the government-approved ETHOS definition) to housing;	on an ongoing basis	MoRD, MoLSA	Progress made
3.5.f Take into account the principle of rejection of the spatial segregation of disadvantaged people;	on an ongoing basis	MoRD, MoLSA	Progress made
3.5.g Develop and support social work as a tool for mediating access to, and the keeping of, adequate housing;	on an ongoing basis	MoLSA	Progress made
3.5.h Pilot verification of the Housing First model in the Czech Republic.	from 2015	MoLSA in cooperation with MoRD, ASI and other relevant ministries	Progress made
3.5.ch Based on the pilot study, evaluate and propose concrete implementation models to introduce the Housing First model in the Czech Republic, with a proposal for funding.	by the end of 2020	MoLSA in cooperation with MoRD, ASI and other relevant actors	Progress made
Objective: Improve access to health care for persons who are socially excluded or at risk of social exclusion			
Measure	Deadline	Coordinator	Status
3.6.a. Support awareness, prevention and information programmes to promote healthy lifestyle of persons who are socially excluded or at risk of social exclusion;	on an ongoing basis	MoH in cooperation with the MoLSA	Progress made
3.6.b Deinstitutionalize psychiatric care in accordance with the principles of the approved Psychiatric Care Reform Strategy;	on an ongoing basis	MoH in cooperation with the MoLSA	Progress made
3.6.c Ensure awareness raising and education of medical and non-medical staff in terms of access to persons who are socially excluded or at risk of social exclusion, and in terms of compliance with legal regulations governing the access of these persons to health services, including non-discrimination;	on an ongoing basis	MoH in cooperation with the MoLSA	Progress made
3.6.d Increase awareness of entities involved in working with people who are socially excluded or at risk of social exclusion concerning the use of MoH programmes aimed at disease prevention and health promotion	on an ongoing basis	MoH	Progress made
3.6.e Support outreach social work (seeking and working with vulnerable persons in the field) to ensure the provision of information, counselling, and facilitate the search for the necessary and appropriate medical and social services;	on an ongoing basis	MoLSA	Partial progress made
3.6.f Support services on the boundary between social and health fields to ensure the availability of these services.	on an ongoing basis	MoLSA, MoH	No progress

Objective: Ensure adequate income and prevent loss of income for people who are socially excluded or at risk of social exclusion			
Measure	Deadline	Coordinator	Status
3.7.a Accompany fiscal consolidation policies by appropriate pro-growth measures and by strengthening employment, which will provide appropriate support to vulnerable groups, their participation in the labour market and the creation of available resources sufficient for passive social protection;	on an ongoing basis	MoLSA, MoIT, MoF	Progress made
3.7.b Raise awareness of the possibilities and limits of assistance available from social benefits systems;	on an ongoing basis	MoLSA, Labour Office	Progress made
3.7.c Improve information on the benefits paid and their beneficiaries so that they can be used to early identify concentration of social problems and to formulate proposals for action and carry out impact assessments;	on an ongoing basis	MoLSA, Labour Office	Progress made
3.7.d Maintain and cultivate the system of state social support and increase the availability of child care services in line with the strategic objectives in the field of employment;	on an ongoing basis	MoLSA	Progress made
3.7.e Try to find ways to enhance, in the provision of benefits, the effects of motivational elements and contribute to the integration into the labour market;	on an ongoing basis	MoLSA, Labour Office	Progress made
3.7.f Promote participation of job seekers in activities aimed at increasing financial literacy;	on an ongoing basis	Labour Office	Progress made
3.7.g Support for a system of financial education – primary and secondary school pupils, teachers, professionals, general public;	on an ongoing basis	MEYS	Progress made
3.7.i Implement the Directive 2013/11/EU on alternative dispute resolution for consumer disputes, which envisions that Member States will incorporate into their national legislations non-judicial mechanisms for resolving consumer disputes, which will be cheap or free for the consumer;	by the end of 2014	MoIT	Progress made
3.7.j Consistently focus on the detection, screening and investigation of criminal offences in the field of usury;	on an ongoing basis	MoI	Progress made
3.7.k Develop and support material assistance programmes for people who are socially excluded or at risk of social exclusion;	on an ongoing basis	MoLSA	Partial progress made
3.7.l Support counselling and legal activities to address indebtedness, including free legal advice at the local level;	on an ongoing basis	MoLSA, MoJ	Partial progress made
3.7.m Support training programmes for workers working with socially excluded and indebted persons.	on an ongoing basis	MoLSA, Labour Office	Progress made
Objective: Support for other inclusive services (outside the social services sector): An integrated system of high-quality and accessible services for people that are addicted or at risk of addiction built on a stable system of funding; ensuring the interconnection between			

those services and other inclusive services and institutions; application of modern methods of social work, means tests, quality assurance, administration and management.			
Measure	Deadline	Coordinator	Status
3.8.b Provide support for the application of modern methods of financing, means tests and quality assurance, availability and interconnection as system measures at all levels;	on an ongoing basis	Office of the Government in direct cooperation with the MoLSA	Progress made
3.8.c Ensure support for the application of modern methods of social work with clients such as case/care management, the introduction of alternative or innovative methods of social and therapeutic work with clients such as those aiming to compensate for the lack of social skills, self-management, maintain family ties during the treatment of an individual;	from 2014	MoLSA	Progress made
3.8.d Ensure support for the introduction of social work methods with this target group in services that are not primarily focused on addiction, such as shelters;	2015	MoLSA	Partial progress made
3.8.e Support networking and ensure cooperation with follow-up services and institutions at the local level;	on an ongoing basis	MoLSA in cooperation with the Office of the Government and MoI	Progress made
3.8.f Ensure support for services for people who are addicted or at risk of addiction;	on an ongoing basis	Office of the Government in direct cooperation with the MoLSA and MoH	Progress made
3.8.g Ensure support for inclusive services for people released from prison;	on an ongoing basis	MoJ (Probation and Mediation Service) in collaboration with the MoLSA, MoI, MoH and the Office of the Government	Progress made
3.8.h Provide support for crime prevention services and risk phenomena;	on an ongoing basis	MoI	Progress made
Objective: Equal access to society resources for persons who are socially excluded or at risk of social exclusion			
Measure	Deadline	Coordinator	Status
4.1.a Application of the principle of equal access to all resources, rights, goods and services in all policies relating to people who are socially excluded or at risk of social	on an ongoing basis	Office of the Government and all the ministries in	No progress

exclusion (distinguishing whether or not a person is at fault, of the degree of fault, for purposes of providing support is to be rejected as unlawful);		proposing measures under the above policies	
Objective: Active access of local actors to preventing and addressing social exclusion			
Measure	Deadline	Coordinator	Status
4.2.a Provide appropriate support to regions to create socially inclusive policies – methodological, personal and financial. Measures in promoting social inclusion must be focused on those areas of the Czech Republic which face significant risks of increased unemployment, lack of social services, high concentrations of groups at risk of poverty and other phenomena which constitute environment of social exclusion, as well as on places where there is a need to further develop the existing infrastructure of social services in order to increase competitiveness and social status of the population	2014 to 2020	MoLSA, MoRD, MoE, MoIT, MoI	Progress made
4.2.b Encourage cooperation between social workers of social services, services for families, children and youth, social workers of municipalities, social and legal protection of children, the Labour Office of the Czech Republic, Probation and Mediation Service, educational and other institutions in order to ensure prevention and comprehensive solution to the adverse social situation of persons;	on an ongoing basis	MoLSA, Labour Office, MoH, MoI, MEYS, MoE, municipalities, in cooperation with the MoRD	Progress made
4.2.c Support specific programmes and projects addressing the escalation of social tensions at the local level.	on an ongoing basis	MoLSA, ASI, MoI, MoRD, MoIT, MoJ and other ministries	Progress made
Objective: Reducing social tension			
Measure	deadline	coordinator	
4.3.a Promote participation of citizens in governance, including the involvement of persons that are socially excluded or at risk of social exclusion	on an ongoing basis	MoLSA – methodology and dissemination of good practice	Progress made
4.3.b Involve civil and private sector in the development and implementation of measures to promote social cohesion, including the strengthening of the social responsibility of employers or of the social economy	on an ongoing basis	MoLSA – methodology and dissemination of good practice	Progress made
4.3.c Have regard for the maintenance of intergenerational justice as part of the ongoing pension reform	on an ongoing basis	MoLSA	Progress made
4.3.d Develop potential and the role of the elderly in the family, economy and society	on an ongoing basis	MoLSA	Progress made

Objective: The use of evidence-based approach to policy making and to strengthening awareness of the issue of social exclusion			
Measure	Deadline	Coordinator	Status
4.4.a Increase analytical capacity in state administration and local government as well as in the non-profit sector, the establishment of permanent cooperation between the state and local self-government and the academic and research community, realistic information and enhancing awareness of the issue of social exclusion in state administration and local self-government through educating public administration workers	on an ongoing basis	all ministries	Progress made
4.4.b Introduce a systematic assessment of the potential impacts of newly adopted measures on people at risk of social exclusion, including risk identification and adoption of appropriate measures	on an ongoing basis	all ministries	Progress made
4.4.c Regularly monitor and evaluate ties between the adopted strategic documents in areas related to social inclusion	on an ongoing basis	all ministries	Progress made
4.4.d Support the implementation and monitoring and evaluation of the effectiveness of measures	on an ongoing basis	all ministries	Progress made
4.4.e Support the use of research findings and experience from abroad, support long term research activities, including the prediction of future trends, support research projects pursuing regional dimension of social exclusion	on an ongoing basis	all ministries	Progress made

The Committee requests more detailed information on access to social services and care allowance for nationals of other Member States.

In accordance with Section 4(2) of the Social Services Act, social services are provided if the conditions stipulated by this Act (the condition of residence in the Czech Republic does not apply here) are met:

i) foreigners without permanent residence in the Czech Republic, to whom this right is guaranteed by an international agreement which is part of the Czech law.

Such agreements also include the European Social Charter, promulgated under number 14/2000 Coll.

If the citizens of the Contracting States are also EU citizens who migrate within the EU, they are protected by a directly applicable agreement in terms of equal treatment rights in the listed areas. This area also includes long-term care benefits, which also includes the care allowance. Directly applicable legislation that addresses this issue is Regulation No 883/2004 on the coordination of social security systems. This Regulation lays down the mechanisms for determining the State responsible for paying the benefits in question. The basic criterion for determining the responsibility is the criterion of the State of economic activity, or the State of payment of the pension, in the case of long-term care benefits it is the responsibility given by the State of the person's main health insurance. If the Czech Republic is designated as the

State responsible for paying the benefit, it will pay the benefit regardless of the person's place of residence. Citizens of non-EU ESC Contracting States belong to the group of persons entitled for the purposes of the care allowance (having access to it) – see Section 4/1i). In addition, it should be noted that citizens of the ESC Contracting Parties may have other types of residence permits listed in Section 4 of the Social Services Act, on the basis of which they may have access to the care allowance.

The Committee requests the communication of data on the number of social workers in social services, or the quantification of the share of social workers (staff) in the beneficiaries (users).

Year	2016	2017	2018	2019
Number of recalculated hours of social workers in the whole social services sector	6,492	6,709	6,850	7,140
Number of full-time equivalents of direct care workers (including social workers) in the social services sector	44,298	45,252	47,702	49,377
Number of full-time equivalents of direct care workers (including social workers) in services for the elderly – homes for the elderly and homes with special regime	18,286	18,578	19,741	20,546
Number of clients in services for the elderly (homes for the elderly and homes with a special regime)	69,086	70,691	71,735	72,224
Number of clients per direct care worker in services for the elderly (homes for the elderly and homes with a special regime)	3.778	3.805	3.634	3.515

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

a) please provide information on user involvement in social services ("co-production"), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realisation of services. Co-production is here understood as social services on the basis of key principles, such as equality, diversity, access and reciprocity.

In accordance with Section 95(g) of the Social Services Act, the availability of social services in its territory is within the competence of the relevant region, in accordance with its medium-term plan for the development of social services. In accordance with Section 95 of the Social Services Act, the region also performs other tasks in the given area, such as:

a) Provides for the needs to provide social services to persons or groups of persons in its territory;
b) Provides for the availability of information on the possibilities and ways of providing social services in its territory;

c) Cooperates with other municipalities, regions and social service providers in mediating assistance to persons, or mediating contact between the provider and the person;
d) Prepares a medium-term plan for the development of social services in cooperation with municipalities in the region, representatives of social service providers and representatives of persons to whom social services are provided, and informs municipalities in the region about the results found in the planning process; in elaborating the plan, the region takes into account the information of municipalities and the data stated in the register of social service providers;
e) Monitors and evaluates the implementation of social services development plans with the participation of representatives of municipalities, representatives of social service providers and representatives of persons to whom social services are provided;
f) Informs the MoLSA about the progress towards plans to develop social services;
g) Determines the network of social services in the region; in so doing, it shall take into account the information communicated by the municipalities within its territory.

In the field of social services, the MoLSA:
a) Manages and controls the performance of state administration in the field of social services, including activities of social work in the field of social services;
b) Draws up a national strategy for the development of social services, monitors and evaluates its implementation and, in cooperation with the regions, determines the parameters of the availability of social services;
c) Carries out inspections of providers of social services that have been issued a registration decision, as well as of providers of social services without authorization ("illegal provision of social services") to check the provision of social services.

In accordance with the provisions of Section 88 of the Social Services Act, social service providers are also obliged to, *inter alia*:

a) Ensure the availability of information on the type, place, circle of persons to whom they provide social services, on the capacity of social services provided and on the manner of providing social services, in a way that is comprehensible to all persons;
b) Inform the applicant for social services about all obligations that would arise for him/her under the contract on the provision of social services, about the method of providing social services and about the payments for these services, in a way understandable to him;
c) Create conditions for the provision of social services which enable persons to whom they provide social services to exercise their human and civil rights and which prevent conflicts of interest of these persons with the interests of the social service provider;
d) Develop internal rules for the provision of social services, incl. laying down rules for the exercise of the legitimate interests of persons, in a form comprehensible to all persons;
e) Develop internal rules for filing and handling complaints of persons to whom they provide social services at the level of services, in a form comprehensible to all persons;
f) Plan the course of providing social services according to personal goals, needs and abilities of persons to whom they provide social services, keep written individual records on the course of providing social services and evaluate the course of providing social services with the participation of these people, if possible with regard to their health and the type of social service provided, or with the participation of their legal representatives or guardians, and to record the evaluation and its outputs in written individual records;
g) Keep records of applicants for social services with whom he could not conclude a contract for the provision of social services for the reasons stated in the Social Services Act;

h) Comply with the quality standards of social services;
i) Enter into a contract with a person for the provision of social services, unless prevented by legal reasons.

It is clear from the above overview that the participation of users of social services or organizations defending their interests both in the process of planning social services and in their provision is sufficiently and adequately ensured.

b) If the previous conclusion was one of non-conformity, please explain whether how the problem has been remedied.
***The previous conclusion was not one of non-conformity**.*

Part I – Article 4 of the Additional Protocol

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

- *to enable elderly persons to remain full members of society for as long as possible, by means of:*
  a. *adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;*
  b. *provision of information about services and facilities available for elderly persons and their opportunities to make use of them;*
- *to enable elderly persons to choose their lifestyle freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:*
  a. *provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;*
  b. *the health care and the services necessitated by their state;*
- *to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decision concerning living conditions in the institution.*

a) *Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no older person is left behind in terms of access to and enjoyment of their social and economic rights.*

The current basic national document, which formulates measures in the area of society's preparation for ageing and the state's policy towards the elderly, is the National Action Plan Supporting Positive Ageing for the period 2013–2017, approved by Government Resolution No 108 of 13 February 2013. Its update was approved by Government Resolution No 218 of 30 March 2015. This document covers all cross-cutting areas related to the issue of population ageing and the elderly, building on previous national strategies to address the issue of population ageing and preparation for ageing. The National Action Plan respects international priorities and is in line with the principles of the International Plan of Action on Ageing (UN, Madrid 2002).

The National Action Plan contains a number of legislative and non-legislative measures aimed at improving the living conditions of older people in various areas. The various parts of this

document provide, *inter alia*, information and data that are the result of the implementation of measures contained in existing national action plans or programs for preparation for ageing.

The coordinator of the policy of preparation for ageing in the Czech Republic is MoLSA. Its main activities in this area include:

- "National Action Plan Supporting Positive Ageing 2013–2017" – strategic document on ageing policy;
- Provision of subsidies supporting the ageing policy in the regions;
- Providing subsidies for pro-senior and senior organizations defending the interests of seniors;
- The meeting of Government Council for Seniors and Population Ageing;
- "Ageing policy in the regions" – a project from the European Social Fund;
- Awareness raising: annual organization of a professional international conference on the International Day of Older Persons (1 October), a series of variously focused professional round tables "National Convention on Population Ageing", Days of Seniors 2017 – eight events to promote awareness and education of the general public, regular awards of the Council of the Office of the Governments for the Elderly and the Population Ageing to significant personalities;
- International cooperation in the field of preparation for ageing.

The elderly, especially those living alone, belong to vulnerable groups whose problems and needs are given increased attention at the municipal level. Taking into account this fact, social workers of public administration also approach the solution of the unfavourable situation of the individual in need. As part of its activities, it performs tasks arising from Section 92, Section 93, Section 93a and Section 109 of the Social Services Act and Decree No 332/2013 Coll., regulating the model of a standardized record of a social worker, which clearly sets out procedures, methods and time interventions which in practice these social workers use in the interest of client protection, incl. elderly people.

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

During the whole period of the pandemic, the MoLSA has so far prepared 16 recommended procedures, which it updates depending on the development of the situation; these procedures regulate, for example, operation restrictions, quarantine declaration procedures, COVID zones, operation of social services, etc. Furthermore, the MoLSA in cooperation with the Ministry of Health has prepared instructions for social service providers in connection with the *system "Traffic light" – guidelines for social service providers* and *Plan for assistance to vulnerable persons*. At the same time, extraordinary measures announced by the Ministry of Health, which are issued and updated depending on the situation, also apply to social services.

Public administration social workers provided social counselling and necessary help in the field, according to the individual needs of clients, from material assistance – food banks, providing basic protective equipment, food and shopping delivery, to providing clothes from local charities.

A telephone line was set up at the Ministry of Labour and Social Affairs, focusing specifically on the needs of seniors. In individual regions and municipalities, similar activities were created

as tools for disseminating information to the most vulnerable groups of people, in addition to crisis telephone lines, also leaflets, posters, local radio announcements, incl. targeted search for lonely seniors.

Protecting the health and well-being of senior citizens

During the spring pandemic situation, the situation regarding the growth of the number of infected people was continuously analysed and measures aimed not only at the general public in general were gradually taken, but the significant risk and vulnerability of the senior generation was also taken into account. In this context, were issued some measures and recommendations addressed to this target age group of 65+.

Measures were taken at the outpatient, in-the-field and institutional levels.

A measure was taken which ordered all health service providers in follow-up and long-term inpatient care, providers of social services in homes for the disabled, homes for the elderly and homes with special regimes and providers of social services providing relief services in residential form to adapt the regime of services in line with the need to protect vulnerable groups (i.e. the elderly) and to put in place all possible anti-epidemic measures to prevent the spread of COVID-19.

Within the providers of follow-up and long-term inpatient health services, providers of social services in facilities for homes for the disabled, homes for the elderly and homes with special regimes and providers of social services providing relief services in residential form, their provision has been significantly reduced and adjusted to reduce the risk of infection of patients and clients:

- Measures relating to the adjustment of the regime and the operation of the establishment, consisting in particular in the maximum prevention of the transmission of COVID-19, in particular by separating healthy persons from sick persons and observing the necessary hygienic and epidemiological measures;
- The obligation to set aside premises with a bed capacity for the separation of persons receiving health or social services (hereinafter “services”) in their facilities who have been diagnosed with COVID-19, as needed by the current epidemiological situation, and to ensure that these areas are clearly marked;
- Obligation due to early identification of persons with COVID-19 disease to regularly monitor the health status of persons in the residential facility, especially measuring body temperature to all patients or clients twice a day using contactless thermometers and monitoring the symptoms of respiratory disease. Patients or clients with a temperature equal to or higher than 37.5°C were immediately isolated from others;
- The obligation to ensure staffing for the operation and provision of services and to ensure that employees who have come into contact with persons who have been provided services in their facilities and who have been diagnosed with COVID-19 do not come into contact with other employees and persons staying in their facilities, if so allowed by the staffing of the provider; in order to prevent the infection, the obligation to provide staff who will exclusively care for people with COVID-19 disease was further stipulated. The temperature was also measured in all employees before coming to work. Furthermore, they were asked about possible contact with COVID-19 and the medical condition with a focus on the symptoms of respiratory disease. Employees with a temperature equal to or higher than 37.0 °C or with respiratory symptoms were immediately sent home and were obliged to contact their general practitioner by

telephone. Beds had to be set aside to isolate people suspected or confirmed of the disease. The optimal number of allocated beds was set at 10% of the total bed capacity of the facility, an obligation to regularly monitor the health status of the persons who have been provided with services in their facilities (especially to measure body temperature and monitor the symptoms of respiratory disease) and, in case of suspicion of COVID-19, isolate these persons and immediately contact the locally competent public health authority;

- The obligation to establish sanitary-epidemiological measures to prevent the spread of infectious disease COVID-19 within its facilities, and to update these sanitary-epidemiological measures in the light of current developments in the epidemiological situation and as recommended by the Ministry of Health.
- A ban on visits to all facilities of health and social service providers, when, following the alleviation of the pandemic situation, the rules for enabling them were adjusted with regard to the duration of the risks of disease transmission.
- The obligation of residential social services to accept new clients only after submitting a test for COVID-19 with a negative result.
- Recommendations for the protection of patients in the provision of health services were issued, which set out the rules for the provision and adjustment of operations to ensure protection against COVID-19. The target providers were outpatient care providers, including outpatient operations of inpatient care, pharmacy and clinical-pharmaceutical care, acute inpatient care providers, one-day care providers, health care providers in the patient's own social environment, follow-up inpatient care providers, long-term inpatient care providers.
- A recommendation was issued for the provision of health services in one's own social environment, which defined the rules for the safe operation and provision of the service.

- In connection with the pandemic crisis, an analysis was created at the initiative of the Alliance for Individual Support, which mapped the situation in the area of meeting the needs of people with chronic diseases as part of the identification of many areas that needed to be addressed in connection with the protection of vulnerable people and the need for a strategic approach to this issue. At the Ministry of Health, a working group for the protection of vulnerable persons was set up to create a Plan of Measures aimed at protecting the most vulnerable persons in connection with COVID-19 epidemic and its impacts, which would identify more vulnerable people in the context of the COVID-19 epidemic and its impacts, identify the main areas of need for measures to protect these groups beyond general sanitary-epidemiological measures to protect the general population and proposed these measures during the period of relaxing the measures taken in to address the COVID-19 epidemic and in the longer term of one year.

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

The Committee notes that the situation in the Czech Republic is not in line with Article 4 of the Additional Protocol to the European Social Charter for the following reasons:

- *the minimum level of old-age pension is clearly insufficient (the minimum old-age pension was well below the poverty line);*

See the opinion above on the amount of the old-age pension.

- *in the previous reference period, no law prohibited age discrimination except employment.*

Act No 198/2009 Coll., on equal treatment and legal means of protection against discrimination and amending certain acts (the Anti-Discrimination Act) prohibits discrimination on the grounds of race, ethnic origin, nationality, gender, sexual orientation, age, disability, religion, faith and worldview. Equal treatment on the basis of age is now guaranteed and the Czech legislation is in line with the requirements of the ESC.

The Committee requests the following information
- what other benefits and supplements may, according to Czech legislation, be received by an individual – the recipient of the lowest pension;

An individual, the recipient of the lowest pension, may receive, in particular, the following non-contributory social benefits if the conditions for entitlement are met:

Allowance for housing (state social support benefit regulated in Act No 117/1995 Coll., State Social Support Act). An owner of an apartment or a tenant with permanent residence in an apartment is entitled to housing allowance if 30% (35% in Prague) of family income is insufficient to cover the cost of housing, while at the same time the 30% (35% in Prague) of the family income is lower than relevant statutory normative costs. Normative housing costs are determined as the average cost of housing according to the size of the municipality and the number of members in the household. They include rental amounts for rental flats and similar costs for cooperative flats and privately-owned flats. They also include prices for services and utilities. Normative housing costs are calculated on the appropriate size of dwellings for a given number of people permanently living in them. The amount of the allowance for housing is determined as the difference between the normative housing costs and the multiple of the decisive income and the coefficient 0.30 (in Prague 0.35). If the actual housing costs are lower than the normative costs, the housing allowance is only granted up to the amount of these actual costs.

A beneficiary may also get benefits for assistance in material need (information on benefits of assistance in material need is given above).

Statistical data
Beneficiaries over 65 years of age – average monthly number of beneficiaries 2017

		Benefits for assistance in material need			
		Allowance for living	Supplement for housing	Extraordinary immediate assistance	Allowance for housing
Total		101,346	53,282	3,416	206,246
of which those aged	65-69	2,669	1,543	54	13,469 ***
	70-74	885	563	17	12,108 ***
	75-79	275	174	3	7,854 ***
	80-84	74	61	1	5,487 ***
	85-89	27	39	0	3,363 ***

	90+	11	17	0	1,226 ***
	65+	3,941	2,397	75	43,507 ***
Share of 65+		4%	4%	2%	21%

Beneficiaries over 65 years of age – average monthly number of beneficiaries 2018

		Benefits for assistance in material need			
		Allowance for living	Supplement for housing	Extraordinary immediate assistance	Allowance for housing
Total		78,566	40,690	2,372	183,170
of which those aged	65-69	3,019	1,676	53	13,049 ***
	70-74	1,060	675	16	12,422 ***
	75-79	310	182	4	7,991 ***
	80-84	87	67	0	5,327 ***
	85-89	26	29	0	3,281 ***
	90+	4	13	0	1,232 ***
	65+	4,506	2,642	73	43,302 ***
Share of 65+		6%	6%	3%	24%

Beneficiaries over 65 years of age – average monthly number of beneficiaries 2019

		Benefits for assistance in material need			
		Allowance for living	Supplement for housing	Extraordinary immediate assistance	Allowance for housing
Total		62,753	33,812	1,963	164,270
of which those aged	65-69	3,036	1,802	59	12,419 ***
	70-74	1,023	695	14	11,778 ***
	75-79	302	198	2	8,020 ***
	80-84	84	66	1	4,925 ***
	85-89	12	19	0	2,795 ***
	90+	10	8	0	1,155 ***
	65+	4,467	2,788	76	41,092 ***
Share of 65+		7%	8%	4%	25%

*** according to the minimum age of the person-in-need in exclusively senior households

Although it is not an income-tested benefit, it is also possible to mention care allowance. The conditions for entitlement to the care allowance are regulated by Act No 108/2006 Coll., Social Services Act. Care allowance contributes to the provision of social services or other forms of assistance in managing the basic needs of people. The aim of this benefit, provided on the basis of a needs assessment, is to enable (help) a person to purchase "services" from a lay person or professional, to stay in the natural (home) social environment for as long as possible and to be one of the sources of financing social services. Older people predominate among the recipients of the care allowance, people over the age of 65 represent about two thirds of the recipients.

The care allowance may be received by a person over 1 year old who needs the assistance of another natural person, due to long-term unfavourable health condition, in managing basic life needs to the extent determined by the degree of dependence, provided that this assistance is provided by a close relative or a social care assistant or social service provider registered in the registry of the social services providers or children's homes, or a hospice-type special hospital facility. When assessing the degree of dependence, the ability to manage these basic life needs is assessed: mobility, orientation, communication, eating, dressing and putting shoes on, physical hygiene, exercise of physiological needs, health care, personal activities, care of the household (not evaluated in children). A more detailed definition of the ability to manage basic necessities of life and the method of their assessment is set out in Decree No 505/2006 Coll., which implements certain provisions of the Provision of Benefits to Persons with Disabilities Act. The last amendment to Decree No 505/2006 Coll., which focused on the area of ten basic necessities of life, was implemented in 2016. In 2016, there was also a 10% increase in the amount of the care allowance at all levels of dependence. In 2019, the amounts of the care allowance for persons in dependency levels III and IV who do not use residential social services were further increased (by CZK 6,000 for persons in dependency level IV, by CZK 4,000 for persons in dependency level III).

For persons under 18 years of age the amount of the care allowance per calendar month from July 2019 is:

- CZK 3,300 for level I (mild dependence)
- CZK 6,600 for level II (moderate dependence)
- CZK 9,900 for level III (severe dependence) for persons who use residential social services according to Sections 48, 49, 50, 51, 52 of the Social Services Act or a children's home or a special hospice-type medical facility (hereinafter "residential services"), CZK 13,900 for persons who do not use residential social services
- CZK 13,200 for IV (complete dependence) for persons who use residential social services, CZK 19,200 for persons who do not use residential social services.

For persons above 18 years of age the amount of the care allowance per calendar month from July 2019 is:

- CZK 880 for level I (mild dependence)
- CZK 4,400 for level II (moderate dependence)
- CZK 8,800 for level III (severe dependence) for persons who use residential social services, CZK 12,800 for those who do not use residential social services
- CZK 13,200 for IV (complete dependence) for persons who use residential social services, CZK 19,200 for persons who do not use residential social services

Expenditure on the care allowance and the number of its beneficiaries is growing, which is related to the demographic development and some pro-client amendments to the Social Services Act, Decree No 505/2006 Coll. or as a result of methodological guidance.

Expenditure on care allowance in CZK millions

2016	2017	2018	2019
23,046	25,120	26,012	29,767

(source: MoLSA, 2020)

Average number of care allowance beneficiaries

2016	2017		2018	2019
345,789	349,837		357,200	357,659

(source: MoLSA, 2020)

Average number of care allowance beneficiaries by degree of dependence and age

Degree of dependence	Age		Total
	under 18 years	over 18 years	
I - mild	12,488	91,654	104,142
II - moderate	8,895	106,393	115,288
III - severe	5,749	80,645	86,394
IV - complete	4,766	47,069	51,835
Total	31,898	325,761	357,659

(source: MoLSA, 2020)

If the recipient of the “lowest pension” is the parent caring for the youngest child in the family, then other benefits may be a parental allowance, birth grant or funeral grant in the case of death.

- what is the number of old-age pension recipients below the poverty line;

- on the National Plan for the Preparation of Ageing, in particular with regard to measures to raise awareness among cooperating professions, including lawyers, judges, police officers, health and social care providers, preventionists, detecting and dealing with cases of elder abuse, evaluating the extent of elder abuse in institutional facilities, at home and in private facilities, other programs, adopted legislative measures, as well as other measures to deal with this issue;

Resolution No 218 of the Government of the Czech Republic of 30 March 2015 approved an updated version of the National Action Plan to Support Positive Ageing 2013–2017, which includes all cross-cutting areas related to population ageing and builds on previous national strategies to address population ageing and preparations for ageing, which have been prepared once every five years since 2002. The National Action Plan (NAP) respects international priorities and is in line with the principles of International Plan of Action on Ageing (UN, Madrid 2002). The NAP contains the following strategic areas and priorities:
- Implementation of the Policy of the Preparation for Ageing in the Czech Republic;
- Ensuring and protecting rights of elderly people;

- Lifelong learning;
- Employment of elderly workers and seniors;
- Volunteering and cooperation between generations;
- Quality environment for the life of seniors;
- Healthy ageing;
- Care for seniors with limited self-sufficiency.

Under the priority “Ensuring and protecting rights of elderly people”, the following measures have been identified in relation to the issue in question:

- Facilitate and disseminate information and training materials oriented on the protection elderly people;
- Support ongoing education of judges, public prosecutors, officials, police officers, medical staff and social workers, nursing persons (including households), advocates and other specialists in rights of seniors as a group with specific problems and needs and support the related activities;
- Implement a media campaign with a view to supporting the discussion in the society with the topic of handling socially negative phenomena in the society connected with social inclusion of endangered groups – elderly people to the society – within the implementation of the –project “Support of Social Inclusion at the Local and Regional Level”;
- Ensure the development and operation of the website with legislation (UN, EU, international, Czech) governing the life and rights of elderly people. Ensure the issue of a directory with this legislation;
- Support the availability of different forms of assistance, support and consulting for seniors (especially legal, psychological, social, medical, financial etc.). Prepare calls from the Operational Programme Employment to ensure the provision of specialist and social consulting for seniors in different forms making use of different forms of information instruments;
- Actively map unregistered social services and preventive and repressive measures (prosecution of an administrative offence) with a view to the protection of users’ rights;
- Maintain and evaluate statistics of domestic violence cases for the age category of seniors (65+);
- Establish cooperation with the non-profit sector in order to increase awareness of the professional and broad public of unacceptability of maltreatment, neglecting and all forms of abuse of the vulnerability of elderly people and seniors, prevention and possible solutions and improvement of cooperation;
- Cooperate in the area of human rights concerning seniors within the activities of the UN Open Working Group on Ageing in New York.

All these measures have been met.

The above-mentioned Government Resolution No 218 of 30 March 2015 also contains the task of creating a document following on from the NAP. At the beginning of 2017, a proposal of **Strategy of preparation for the ageing of society 2018–2022** was prepared, the creation of which was widely discussed with the public (five conventions took place in 2017 – round tables with the professional community, conferences), with the Government Council for the Elderly and the Ageing Population, ministries and other stakeholders. However, due to frequent personnel changes in the MoLSA management, its submission to the Government was

postponed until 2019. Based on the results of the inter-ministerial comment procedure, it was decided that the document would be renamed to **Strategic framework for preparation for the ageing of society 2020–2025** (hereinafter "SFPAS"). SFPAS was submitted to the Government on 2 September 2019, but it has postponed the discussion of this proposal. In line with the Government's comments, the document was amended and again **submitted to the Government in March 2020, pending approval.** Within one year after the approval of SFPAS, a **follow-up action plan** will be created, which will elaborate on the individual measures mentioned in the "Ten Commandments". The seventh point of the Ten Commandments is **"Safe life of seniors, fight against discrimination, violence and abusive 'snake oil salesmen', increase of consumer protection"** outlining the following measures:

- To support prevention services concerning crime aimed at the elderly population and intergenerational coexistence.
- Through cooperation with the media, municipalities, libraries, non-profit organizations and other actors, increase the awareness of seniors about their human and consumer rights, strengthen their resilience to unfair commercial practices and hoaxes or discriminatory practices, and inform about the risks of illegally provided social services or risks arising from the receipt of social services from unlicensed providers. Combat discrimination against the elderly by promoting education and legal awareness.
- Analyse the legal framework and the *de facto* situation in the care and treatment of the elderly in terms of prevention and protection against disrespectful treatment, abuse and neglect. Further analyse the possibilities of effective solutions to physical and mental violence against the elderly.

As part of the draft amendment to the Social Services Act and the amendment to Decree No 332/2013 Coll., legislative measures are being prepared that extend the duties and powers of social workers in public administration.

- the share of day care facilities for the elderly operated by self-government, the share of facilities operated by other operators (founders), the amount of possible fees for day care services and possible waiting lists for arranging day care services;

Shares of day care facilities for the elderly operated by self-governments and other organizations – as of 21 September 2020 – these data are not available for previous years					
	Established by other organizations		Established by self-government		Total
Type of service	Number	Share (%)	Number	Share (%)	
Daily inpatient service	159	58 %	117	42 %	276
Retirement homes	194	36 %	343	64 %	537
Special regime homes	167	44 %	209	56 %	376
Weekly inpatient service	19	40 %	29	60 %	48
Total	**539**	**44 %**	**698**	**56 %**	**1237**

Fees for social services provided for a payment are set by Decree No 505/2006 Coll., which implements certain provisions of the Social Services Act. The decree also stipulates the maximum amount of payments. As for the waiting lists for individual services, these are kept by the social service providers themselves, not by the MoLSA or the regions, therefore data for the whole of the Czech Republic are not available.

- standards set, required and controlled for private service providers;

The Social Services Act regulates the so-called obligations of the provider, which are the "starting point" for adjusting the quality standards of social services by a by-law. This is Decree No 505/2006 Coll., which implements some provisions of the Social Services Act. At the same time, the said Act stipulates that every provider of social services is obliged to comply with quality standards, regardless of its legal form or the nature of the founder.

Standard No 7 is entitled "Complaints about the quality or manner of providing social services" and imposes on providers the following:

- Write down internal rules for filing and handling of complaints;
- Inform persons about the possibility and manner of filing a complaint;
- Record and handle complaints in writing within a reasonable time;
- Inform persons about the possibility of contacting other authorities due to dissatisfaction with the handling of the complaint.

The aim of quality standards of social services is to set quality provision of social services, as well as to protect the rights of their users.

Quality standards of social services are a set of criteria through which the level of quality of social services provision is defined in relation to personnel and operational provision of social services and in terms of relations between the provider and persons. The quality standards of social services are adjusted in general for all target groups (defined groups of people) and types of social services. However, the principles and basic theses on which the individual formulations of providers' obligations and the criteria of social service quality standards are based, are identical. Nevertheless, the wording of the standards leads to a specification. The primary starting point for quality is the provider's actual settings. Both according to registration requirements and quality requirements. Standard No 1 alone already stipulates that social services must be defined and provided in accordance with the basic principles of the Social Services Act (Section 2), but also with regard to the target group of persons and the type of social services provided by the provider. All the processes that take place in the service should follow on from this basic starting point. One of the basic principles and requirements of legal quality is an individual approach to the client (individual planning). It is primarily a matter of the provider considering the needs of the target group and assembling accordingly a professional team of employees who will provide social service activities, taking into account the level of need for support of social service users. It is also essential to provide vocational training and support for employees to increase their expertise, incl. ensuring the support of an "independent expert". In the context of individual planning, the main goal is to map the needs and possibilities of the user who is in the professional social service and to work with the user in the social service individually, in accordance with what the basic principles require. It is therefore not only

a matter of supporting independence and the implementation of everyday activities, which of course have an irreplaceable role, but also the provision of social services with regard to ensuring the dignity and basic needs of the client. This is closely related to the issue of user's will. For users with dementia, it is absolutely essential that the social service is completely professional, does not harm the human rights of the user, protects them, which may also mean that it decides on behalf of the user. However, this does not mean and must not mean that it completely ignores the need to determine the user's will. It is necessary to look for balance, expertise and, finally, emphasis on the protection of dignity, etc.

In 2020, the MoLSA prepared amendments to the Social Services Act, which will also affect the quality of social services. The aim of the change is to build on good practice, to some extent to abandon the "generality" of standard setting, which has led to many ambiguities, and to define what is necessary. The new regulation enshrines the interconnection of obligations and criteria. Five basic standards will be defined, which focus on providing social services, guarantee of social services, documentation, protection of human rights and freedoms and cooperation. An unfavourable social situation will become an emphasized starting point for the provision of social services. This will not only be the very minimum requirement for access to social services, but also a "thread" for the provision of social services to the user to which all processes in the service will be bound. The implemented pilot studies carried out by the MoLSA in social services show that this concept is already often implemented and its provision in legislation and emphasis will help providers in a more efficient and comprehensible provision of social services.

The fulfilment of obligations and the fulfilment of the criteria of quality standards is checked by the social services inspection. For non-compliance with partial standards (the law lists them and also stipulates the amount of the maximum fine) the MoLSA is entitled to impose a fine on the provider.

- any fees for care services in nursing homes and any surcharges for medicines or medical treatment;

Homes for the elderly provide residential services to persons who have reduced self-sufficiency, mainly due to age, whose situation requires regular assistance from another natural person. As part of this service, users are provided with comprehensive care, which includes the following basic activities:

a) Provision of accommodation;
b) Provision of food;
c) Assistance in managing the usual tasks of personal care;
d) Assistance with personal hygiene or provision of conditions for personal hygiene;
e) Mediation of a contact with a social environment,
f) Social and therapeutic activities,
g) Activation activities;
h) Assistance in the application of rights, legitimate interest and in arranging personal matters.

With regard to the above, the senior – user (client) of the service in homes for the elderly – does not need to be provided with care services.

The situation is similar with the social service “Homes with a special regime”, in which residential services are provided, among others, to people with old age or Alzheimer’s dementia and other types of dementia who have reduced self-sufficiency due to these diseases, whose situation requires regular help from another natural person. The regime in these facilities in the provision of social services is adapted to the specific needs of these persons.

As for the amount of payments for accommodation and meals in the residential social service, it is determined by Decree No 505/2006 Coll., which implements some provisions of the Social Services Act. The maximum amount of payment for accommodation in the residential social service is CZK 210 per day, for a meal there is a maximum payment of CZK 170 per day. The user pays for accommodation and meals:

a) In full amount determined by the provider if he has a sufficiently high income; or
b) If the user has a lower income, he/she is obliged to pay only the amount of payment that remains after deducting the minimum balance of income. The amount missing up to the full amount of the payment for accommodation and meals set by the provider, which the user with a lower income cannot pay, is not the amount due for the payment. Users of residential social services must always have 15% of their pension (= minimum income balance). For the stated balance from the pension, the user pays supplements for medicines, hygiene supplies, etc.

The residential social services facility must conclude a contract with the user, even if his/her financial resources, usually a pension, are not sufficient for the full amount of the payment. Lack of funds is not a legal reason for the provider to refuse to enter into a contract with a user in need whose unfavourable social situation requires the provision of the social service.

The scope and conditions of providing and paying for health care for persons to whom residential services are provided in social services facilities are regulated by legal regulations in the field of health care, which include:

- Act No 48/1997 Coll., as amended;
- Act No 372/2011 Coll., as amended;
- Act No 160/1992 Coll., regulating health care in non-State healthcare facilities, as amended.

Residential social service facilities usually have a contracted doctor who provides the necessary medical care.

Nursing and rehabilitation care is provided to persons placed in a residential social services facility primarily through employees of these facilities who have professional competence to perform the medical profession.

As for medicines, they are usually prescribed by the attending physician in residential social services. Some medicines are not fully covered by the health insurance company, in these cases the patient/user pays the difference (co-payment). Pursuant to the provisions of Section 16b of Act No 48/1997 Coll., Public Health Insurance Act, however, the insured person is entitled to a refund of the amount paid in supplements above the statutory limit. The limit of co-payment of insured persons is always set for a calendar year, as follows:

- CZK 1,000 for children under 18, incl. the calendar year in which they reached the age of 18, and for insured persons over 65 incl. the calendar year in which they reach the age of 65;
- CZK 500 for insured persons older than 70 years, incl. the calendar year in which they have reached the age of 70, or for insured persons who are recipients of a third-degree invalidity pension and have provided proof of this with a copy of the third-degree invalidity pension decision, for insured persons who have been recognized as having second or third-degree invalidity, but they were not granted a disability pension for not meeting the condition of the insurance period, and they proved this fact with a copy of the health assessment report;
- CZK 5,000 for insured persons not listed above.

The co-payment for medicines and medical treatment was not affected in connection with the COVID-19 epidemic.

- on the Alzheimer's Strategy;

The MoLSA participated in the preparation of the National Action Plan for Alzheimer's Disease and Similar Diseases for 2020–2030, which was prepared under the responsibility of the Ministry of Health in response to the increasing prevalence of dementia in the Czech population and the need to actively support education, prevention, follow-up health and social support for people living with dementia, as well as support for carers.

- the number of persons in institutional care (nursing homes and retirement homes) and the number of persons on the waiting list for placement in these homes;

Number of persons in institutional care (homes for the elderly, homes with special regimes and homes for persons with a disability)				
Year	2016	2017	2018	2019
Number of persons	**81,992**	**83,364**	**84,238**	**84,715**

As for the waiting lists for individual services, these are kept by the social service providers themselves, not by the MoLSA or the regions, therefore data for the whole of the Czech Republic are not available.

- the existence of an independent body with the right to visit homes for the elderly in order to monitor standards and controls aimed at possible abuse or neglect of care for the elderly;

The division of competencies in the area of control of social services is determined by the Social Services Act. The regional authority, as the registering authority, controls the registration conditions, which are, for example, the professional competence of all natural persons who will directly provide social services, or ensuring sanitary, material and technical conditions. The regional authority is also approached in cases of providing services without registration (illegal social services). The inspection of the provision of social services controls the fulfilment of the obligations of social service providers set out in Sections 88, 89 and 91c of the Social Services Act and the quality of social services provided pursuant to Section 99 of the Social Services Act.

Quality standards, together with other areas of social services, are therefore subject to inspection of the provision of social services by the MoLSA. The MoLSA is entitled to impose measures on the provider of social services to eliminate the deficiencies found during the inspection, and the provider is obliged to comply with the imposed measures within the set time limit. If the imposed measures are not complied with, the social service provider commits an administrative offence and may be fined.

Furthermore, complaints from users of social services are resolved directly at the MoLSA, which receives and handles them. Depending on the nature of the complaint, individual submissions are submitted to the MoLSA's Social Services Inspection Office as an initiative to carry out an inspection or to the registering authority of the locally competent regional authority as an initiative to check the registration conditions. In some cases, the initiative is also sent to the founders of organisations providing the services. The said authorities will evaluate the initiative and use their powers to proceed.

On 1 August 2016, an amendment to the Social Services Act became effective, the aim of which was to create conditions and introduce rules and limits for the provision of social services without the consent of a residential social services client. In connection with this, selected provisions of the Act on Special Judicial Proceedings were amended, which regulate proceedings for declaring the inadmissibility of detaining a person in a social services facility. The above amendment to the Social Services Act stipulated the obligation of the social service provider to notify the court within 24 hours of the fact that a person who is unable to terminate a contract for the provision of residential social services (because the contract was concluded in the person's name by a guardian or a municipal authority of a municipality with extended powers in accordance with Section 91(6) of the Social Services Act) expresses a serious disagreement with the provision of residential social services. The social service provider is also obliged to keep records of persons to whom it provides residential social services on the basis of such a contract and of cases where the person expresses a serious disagreement with the provision of residential social services. The records shall include, among other thing, the following:

- Date and frequency of expressed serious disagreements of the person with the provision of residential social services, incl. description of the situation;
- Record of the fulfilment of the obligation to notify the court pursuant to Section 91b (1) of the Social Services Act of the fact that the person has expressed a serious disagreement with the provision of residential social services;
- Description of how the situation was resolved.

In response to the above amendment, the MoLSA issued an updated recommended procedure No 5/2018 regulating detention in social services facilities, the purpose of which was to provide support and assistance to not only social service providers and employees of municipal authorities of municipalities with extended powers but also to guardians in resolving these situations. The above recommended procedure includes, among other things, the procedure for concluding a contract, the provider's procedure in the case serious disagreement is expressed, the provider's notification obligation, keeping records pursuant to Section 91c of the Social Services Act, the role of social services inspection (sanctions for non-compliance with the record-keeping obligation, the judicial protection obligation, incl. representation and other support of the placed person, as well as two annexes: the recommended model Detention Notice and the recommended model Medical Report.

Act No 292/2013 Coll., Special Court Proceedings Act, as amended, sets a deadline for a court decision on the inadmissibility of possession in social services (45 days from the date of commencement of the proceedings). If the court decides on the inadmissibility of detention in social services, the facility is obliged to release the person. If the court has ruled that the detention of a person in a social services facility is admissible, the proceedings may be initiated for the same reasons only after 30 days since this decision becomes final and enforceable.

In accordance with Section 8(1)(g) of the Special Judicial Proceedings Act, the Public Prosecutor's Office may enter into initiated proceedings in matters of declaring admissibility of taking over or detention in an institute of public health or declaring inadmissibility of detention in social services facilities. In the said proceedings, the Public Prosecutor's Office may file a motion to initiate proceedings. For the purposes of ascertaining the conditions for filing a motion for a court to declare inadmissibility of detention in a social services facility, the Public Prosecutor's Office is entitled to:

a) Enter social service facilities at any time;
b) Look at the documentation kept by the social services facility;
c) Talk to persons to whom residential social services are provided in the social services facility, without the presence of other persons;
d) To demand the necessary explanations from the employees of the social service provider and other persons involved in the care of persons to whom residential social services are provided in the social services facility.

- whether the Ombudsman conducts inquiries in care institutions and retirement homes and what is the frequency of such visits;

The Ombudsman is also responsible for supervising the provision of social services as an independent institution for the protection and promotion of human rights. The Ombudsman's powers and scope of competence are regulated by the Public Defender of Rights Act (Act No 349/1999 Coll., as amended). Its job is to ensure the State administration and is performed in accordance with the law and the principles of good administration; the Ombudsman thereby contributes to the protection of fundamental rights and freedoms. The Ombudsman conducts independent inquiries, makes recommendations for the correction of deficiencies and requires the authorities to implement them. It may recommend to the complainant steps to protect his or her rights. The authorities are obliged to co-operate with the Ombudsman and take remedial action, otherwise the Ombudsman shall inform superior authorities, the Government or the public.

The Ombudsman carries out systematic visits to places where persons deprived of their liberty by public authority or as a result of dependence on care are located (or ban be located), in order to strengthen the protection of such persons against torture, cruel, inhuman, degrading or punishing treatment and other ill-treatment. Such places are also considered to be places where persons deprived of their liberty as a result of dependence on the care provided are, or may be, located, in particular social services facilities and other facilities providing similar care, medical facilities and social and legal protection of children facilities.

The Ombudsman regularly informs the MoLSA about the results of inquiries carried out in social services facilities, as well as about his findings made from his visits, but the number of visits and inquiries is not known to the MoLSA.

Annex 1

Good practice in providing care services in connection with COVID-19

- Thoroughly categorize clients and, based on that, subsequently limit contact care to the necessary minimum – the resulting intensive communication with clients' families about alternative options (possible education in care).
- To establish the obligation of clients to wear a face mask during the presence of an employee, failure to do so is the reason for refusal of care.
- Require the absence of family members and other persons during the provision of care, except for cases of co-operation (in which case there is also an obligation to wear a face mask).
- Instruct the client that it is necessary to report the provider immediately (preferably by telephone) if he/she or another member of the household has symptoms of COVID-19 (fever, cough, shortness of breath, muscle pain, fatigue, diarrhoea, vomiting).
- To instruct the client and his/her family that it is necessary to immediately (preferably by telephone) report to the provider that they have been in contact with a positively tested person (ideally, they should report any other risk contact).
- Inform all clients that they are obliged to report to the provider if they are COVID-19 positive or have a quarantine ordered (violation of Section 152 of the Criminal Code in connection with the spread of the disease).
- Do not provide care to clients with COVID-19 or ordered quarantine due to the protection of employees and other clients of the nursing service (these are not health professionals who are professionally qualified to work in a highly infectious environment without the risk of infection).
- Communicate thoroughly with the public health authority, including requiring a clear (ideally written) opinion on how to act in a particular case, e.g. suspicion of illness of the client who was visited by a caregiver, various situations in the period between performing the client's test and the result, etc.
- If possible, ventilate the home of the client while providing care.
- Divide the work teams so that they do not meet each other, minimize the time spent in the care facility, and measure the temperature of the employees upon arrival.
- Identify each employee with the same clients that will occur, minimize employee rotation.
- Team communication mainly by phone.
- Minimize use of public transport – make maximum use of company vehicles or, if possible, allow employees to use private vehicles with travel expenses paid.
- Make purchases for clients in stores specified by the provider, not the client.
- Regularly disinfect premises and vehicles.
- Regularly educate and communicate with workers on the proper use of protective equipment, including their safe disposal.
- Arrange cooperation with another (replacement) supplier company that can provide lunches (in case one establishment is closed).