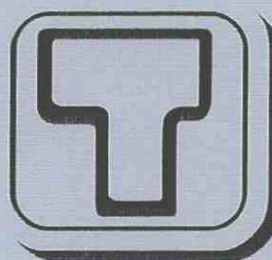


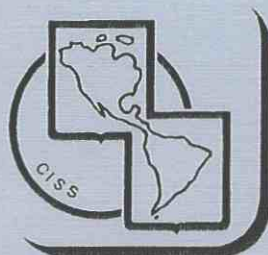
SEMINARIO SOBRE NORMATIVIDAD INTERNACIONAL DE LA SEGURIDAD SOCIAL



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Organización Iberoamericana
de Seguridad Social

History, development and impact of the European Code of Social Security

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HISTORY, DEVELOPMENT AND IMPACT OF THE EUROPEAN CODE OF SOCIAL SECURITY

Organization and role of the Council of Europe

The Council of Europe is the oldest of all political European Organizations and at the same time, it is the European organization with the widest geographical representation. It was founded by ten nations in Strasbourg shortly after the end of World War II on 5 May 1949, "to achieve a greater unity" between European states, "for the purpose of safeguarding and realizing the ideals and principles which are their common heritage and facilitating their economic and social progress..." It is to achieve this aim "by discussion of questions of common concern and by agreements and common action in economic, social, cultural, scientific, legal and administrative matters and in the maintenance and further realization of human rights and fundamental freedoms", (Article 1 of the Statute of the Council of Europe). Its scope of competence therefore covers almost all matters of importance for the European society; only matters relating to national defence are outside of its terms of reference.

Since the fall of the Berlin wall and the break-up of the Soviet Union and the whole Eastern bloc, membership to the Council of Europe is no longer limited to the Western states. As more and more states from central and eastern Europe joined the Council of Europe, its membership, has increased from 24 to now 39 states, and more are expected. Nowadays, the Council of Europe can really be regarded as an Organization which embraces and represents the interests of the whole European continent.

The two organs of the Council of Europe are the Committee of Ministers, comprising the Foreign Ministers of the member countries, and the Parliamentary Assembly, consisting of representatives appointed by the national parliaments. While the Parliamentary Assembly is only an advisory body, the Committee of Ministers has power to determine the Council's Policy and to adopt its instruments.

Furthermore, the Council of Europe has set up a number of technical committees composed of senior officials from the competent ministries of each of the member states, plus observers from the other international organizations with whom the committee works from some nonmember states, including even countries such as Canada, USA and Australia from far beyond the Old Continent. It is in general within these committees where the in-depth discussion of the different issues is led and where the different instruments of the Council of Europe are prepared. Such a committee, for instance, is the Committee of Experts on Social Security which deals with all matters relating to social security.

To date the Council of Europe has supervised the conclusion of some 140 international treaties in its area of competence which are binding on all accepting European states. To these must be added an important number of recommendations which are non-binding. All these instruments are generally devoted to the recognition and protection of fundamental rights of the individual. Generally speaking, their aim is to guarantee citizens of the member states of the Council of Europe -and in some cases even to all other persons- the basic freedoms and rights as they are traditionally enshrined in the constitutions or legislations of democratic states.

Undoubtedly the greatest achievement of the Council of Europe in this sense has been the European Convention on Human Rights of 1950 and the associated Court of Human Rights. The list of Rights protected by the Convention is impressive - life, liberty, justice, privacy, conscience, expression, association, property, education - but it is limited to individual rights in the classic, one must almost say nineteenth century sense. These are fundamental rights but they are also essentially negative rights which limit the power of governments to oppress the individual. The Convention does not, in general, extend to economic and social rights.

This was not a simple oversight on the part of the Council of Europe. It was an ambition of the Council throughout most of the 1950s to extend the Convention of Human Rights to cover these "positive" freedoms, but on this point, there was much more divergence of opinion among the nations of western Europe. The differences and difficulties which arose in formulating fundamental human rights in the economic, social and cultural fields are easily explained and are due to three main factors:

- the relative novelty of fundamental economic and social rights, which, as opposed to the fundamental political and civil rights of individuals, were only belatedly introduced into national constitutions (the French Constitution of 1791 contains only one of these rights, the right to work);
- the difficulty in arriving at a precise definition of economic and social rights;
- the considerable differences between the social and economic structures of the various countries, which greatly complicate the drafting of any international agreement in this field.

The same kind of difficulties caused quite considerable delays in the drafting of the Social Charter. Whilst the Convention on Human Rights took only one year to negotiate, the drawing up of the Charter lasted from 1953 to 1961.

After much discussion, a list of fundamental economic and social rights was finally embodied in the European Social Charter, which came into force in 1963. This Charter,

which to date has been ratified by 20 member states¹, was an important achievement, but it fell short of the great innovation of the convention on Human Rights. There is no Court of Social Rights to which individual citizens can appeal and whose decisions governments accept as binding. Instead there is a reporting requirement and a supervision machinery similar to that established by the ILO.

Most of the rights covered in the Social Charter concern employment law and protection of the family, and there are comparatively few references to social security. The principal undertaking laid down in Article 12² is that the ratifying State should demonstrate that its social security system continues to meet the requirements of ILO Convention 102. It thus falls to the ILO to give the government a clean bill of health to present to the Council of Europe.

The Social Charter was obliged to cross-refer to Convention 102 because no European standards had yet been agreed, although a proposal to draw up such standards had been adopted at one of the earliest meetings of the Administrative Assembly of the Council of Europe in 1950 (Recommendation 28 of August 1950). In 1950 the ILO was still preparing Convention 102 and an abortive sister Convention providing for higher standards, so the Council decided to wait on the completion of the enterprise. The failure of the ILO to,

¹ These are: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Turkey and the United Kingdom.

² This Article reads. With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake:

1. To establish or maintain a system of social security;
2. To maintain the social security system at a satisfactory level at least equal to that required for ratification of International Labour Convention (No. 102) Concerning Minimum Standards of Social Security;
3. To endeavour to raise progressively the system of social security to a higher level;
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 Contracting 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 Contracting 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 Contracting Parties.

secure the second Convention left the way open for the West European states to formulate higher standards of their own, but the path was not to be easy. The European Code of Social Security was not signed until 1964 and did not come into force until March 1968.

At this point, I would like to make a break and raise the question: What is the purpose of such standards, as they have been adopted by both the ILO and the Council of Europe. In general, a distinction is made in the area of social security between standards dealing with the coordination of social security and the protection of migrant workers³ and those setting minimum conditions for the establishment of social security schemes. While the aim of the first category is to provide for coordination of social security schemes and the adding together of periods of insurance completed in different countries⁴, it has been claimed that the primary aim of the second category is to achieve harmonization of social protection and the resulting costs⁵. Harmonization in this sense, however, is not to be misunderstood as unification. It is not intended by the Social Security Codes of Council of Europe to unify the legislation in the different member countries, but to approximate social security standards in matters such as the personal scope of protection, the contingencies covered, the qualifying conditions and the duration of benefit payment. Such an approximation of standards still leaves much latitude to the member states as to determine by which arrangements in their national legislation they want to achieve the results laid down in these standards. Therefore, to say it with the words of Guy Perrin, one of the most famous architects of international law on social security, the harmonization aimed at is "limited to tuning the base notes"⁶.

³ Among these may be mentioned the two Interim Agreements of 11.12.1953 and its Protocols, and the European Convention on Social Security of 14.12.1972.

⁴ Within this category fall in particular the European Social Charter and the Two Codes on Social Security which will be dealt with in more detail in this presentation.

⁵ Thus the Preamble of the 1964 Code refers to the "desirability of harmonizing social charges in member countries" and the Preamble of the Revised 1990 Code underlines "the value of harmonizing the protection guaranteed by social security and the charges which result therefrom in conformity with common European standards".

⁶ G. Perrin in Proceedings of the Colloquy on Social Security, Strasbourg, 1990.

The European Code of Social Security and its Protocol.

This first European Code follows closely the text of Convention 102 with certain improvements. Like Convention 102, it covers the whole range of the classic nine different branches of social security which are:

Part II	Medical care,
Part III	Sickness cash benefit,
Part IV	Unemployment benefit,
Part V	Old-age benefit,
Part VI	Employment injury benefit,
Part VII	Family benefit,
Part VIII	Maternity benefit,
Part IX	Invalidity benefit,
Part X	Survivors' benefit,

The scope of protected persons is defined either as a percentage of all employees, of economically active persons (i.e. including the self-employed) or of all residents subject to a means-test (see annex 1). The provisions in the different Parts also contain a definition of the different contingencies, and rules regarding the qualifying conditions and the duration of payment (including, possibly, waiting periods).

Part XI allows cash benefits (except family allowances) to be calculated in different ways either by reference to the previous earnings of the beneficiary or at a flat rate. Schemes covering all residents may even take into account the means of the beneficiary and his or her family according to a prescribed scale (see annex 2).

Part XII contains certain common provisions concerning, inter alia, suspension of benefits, the right of appeal, the financing of benefits and the administration.

The Code comprises one Annex and two Addenda. The Annex was included in order to permit the Contracting Parties to suspend the payment of unemployment benefit in accordance with its own national legislation in the case of a person who has lost his employment as a direct result of a strike or lock-out or has left it voluntarily without just causes.

Addendum 1 reproduces the internationally accepted classification of all economic activities and Addendum 2 provides a list of supplementary services and States which

States willing to ratify the Code may grant in order to meet the conditions for ratification provided for in article 2⁷.

The main difference between the Code and Convention 102 is that states must ratify in at least six rather than three branches of social security, but medical care count as two and old age as three so that three branches can suffice if they include these two. Furthermore, for obvious reasons, there is no provision for temporary exceptions for countries whose economy and medical facilities are insufficiently developed.

In default of agreeing a European minimum substantially above the ILO level, the 1964 Code is supplemented by a Protocol with a set of significantly higher standards. States which wish to ratify the Protocol have to accept at least eight rather than only six branches of social security.

This does not mean, however, that they are obliged to accept the Protocol in respect of all branches. States are also allowed to accept the Code in respect of others. Thus the Council of Europe's instruments give a wide choice of levels as well as branches in which states can ratify.

The Protocol defines higher standards in particular as regards the scope of protection and the level of benefits (see annexes 1 and 2). Furthermore, it provides for extended medical care including dental care for children and pharmaceutical supplies for pregnant women, and it fixes limits for the authorized participation of beneficiaries in the costs of medical care⁸. This limitation of rules regarding cost-sharing is of particular importance nowadays, when more and more European countries have fallen back upon this means in an attempt to contain soaring costs in the health sector. Furthermore, the Protocol stipulates a longer duration of short-term benefits (52 weeks instead of 26 for each case of sickness, 21 weeks instead of 13 in case of unemployment). Family allowances have to be paid on the average at a rate of 2 per cent instead of 1.5 per cent of the wage of an ordinary adult male labourer.

⁷ However, no state has ever availed itself to date of this possibility.

⁸ Article 11, para 2 of the Protocol stipulates that cost-sharing by the beneficiaries shall not exceed:

- for care by general practitioners and specialists outside hospital wards: 25 per cent;
- for hospital care: 25 per cent;
- for pharmaceutical supplies: 25 per cent on the average;
- for conservative dental care: 33 1/3 per cent.

In case of pregnancy, confinement and their consequences, cost-sharing (up to 25 per cent) is accepted in respect of pharmaceutical supplies, only.

The Constitution of the Council of Europe does not provide machinery for the supervision of its Conventions, so this has to be provided separately in each instrument. In the case of the European Code of 1964 the supervision system (articles 74 and 75) follows very closely that of the ILO. There is even a direct institutional link in that the ILO Committee of Experts in Geneva works under contract to the Council of Europe to examine the reports which governments send to the Council and advises the Council's Committee of Experts on Social Security in Strasbourg on whether it considers the states concerned to be in compliance with the Code. This rare example of partnership between international organizations is a reasonable economy of time and expertise, given the similarity between the 1964 Code and ILO Convention 102.

But the Council of Europe does have one piece of supervisory machinery of its own. As with Convention 102, states do not economize on their reporting requirements by declining to ratify in every branch. They must also report on the unratified branches to a committee of experts, and in this case the Council of Europe has its own committee which looks whether the State concerned is in a position to make further ratifications and advises it accordingly. This is to guard against states failing to add to their ratifications through inertia or oversight, when the evolution of their systems might permit them to take on wider commitments.

The sanctions imposed by the Council of Europe on member states which do not appear to be living up to their undertakings are less complicated and sophisticated than those of the ILO. If the Committee of Ministers, having received the report from the Committee of Experts on Social Security and after consulting with the Parliamentary Assembly, decides by a two-thirds majority that a State has not fulfilled its undertakings "it shall invite the said Contracting Party to take such measures as the Committee of Ministers considers necessary to ensure such compliance" (Article 75).

This may seem very gentlemanly compared with the sanctions which, for instance, the European Community can bring to bear on offending members and compared with the sanctions which the Council of Europe can deploy in defence of Human Rights. However, experience shows that no State takes such "invitations" lightly, and there are numerous examples where states have effectively amended their laws at the invitation of the Committee of Ministers.

To date the Code has been ratified by 16 (all western) member states, 4 of them have accepted all Parts of the Code as amended by the Protocol, 3 have accepted some Parts of the Code and some Parts of the Protocol, whereas 9 have only accepted some Parts of the Code (see annex 3). This is not a bad result given that the new member states from central and eastern Europe are understandably reluctant to undertake international commitments in the present stage of restructuring their economic and social system.

In this context, I would like to stress that the non-acceptance of international standards does not necessarily justify the conclusion that the social protection in a country is inferior

to such standards. the reason for not ratifying a Convention may often consist in minor discrepancies of rather technical nature and this problem cannot always be overcome by flexibility clauses. Moreover, governments are often reluctant to make use of such clauses, and the high complexity on the very technical nature of social security standards do not facilitate their ratification, either.

The Revised Code of Social Security

The European Code had taken so long to draw up that it was becoming out-of-date even before it came into force. By 1968 the ILO had already moved on to further Conventions on minimum standards in individual branches of social security, as has been mentioned here by other speakers. In 1973 the Council of Europe's Committee of Experts on Social Security noted that the Code needed revising. In 1979 it received a mandate to undertake this, following a Recommendation of the Parliamentary Assembly (Recommendation 873) to the Committee of Ministers.⁹ Yet it was not until 1987 that a draft was submitted to the Committee of Ministers and this was not the end of the story. The Assembly had a number of amendments to suggest (Opinion 141, 1988) and the Revised Code was not finally opened for signature until November 1990.

The standards set in the Revised Code are significantly above those in the Protocol to the 1964 Code. Since the "old" Code and the Protocol still stand and a member state's ratification of either of them in a particular branch of social security is still valid until it has ratified the corresponding branch in the Revised Code, there is now a three-rung ladder which an aspiring state can climb.

The extent of coverage by the Revised Code is far wider than that required by the old Code or Protocol. For instance in medical care the Revised Code requires 95% coverage of all employees or 90% of the economically active population or of all residents,

⁹ In this Recommendation, the Assembly set out its objectives for a revision of the 1964 Code:

- "to take account...of current tendencies in European societies, notably the new forms of communal life as opposed to the traditional family...(and)...the present evolution of social security, implying the guarantee of basic protection for the entire population, irrespective of the individual's professional status".
- "to go beyond the traditional sector-by-sector approach to the problem of defining standards, and to take a more comprehensive view, placing emphasis on the beneficiary's real needs...(implying)...a certain flexibility in the provisions of any new instrument...(and)...recognition of the tendency towards harmonizing benefits paid";
- "to provide for equality of treatment for men and women";
- "(to promote) measures for the prevention of risks".

compared with 80%, 30% and 65% under the Protocol and 50%, 20% and 50% under the Code. Generally speaking the Revised Code requires a coverage of 85-95% in every branch of social security.

Levels of benefit are also much higher in the Revised Code. For instance the minimum old age benefit for a married couple rises from 40% of previous earnings or the reference wage in the old Code and 45% in the Protocol to 65% in the Revised Code. All other benefit levels are correspondingly higher (see annex 2).

There are several other improvements. Medical care benefits are extended to cover not only medical and dental care but also care by members of professions allied to medicine. Unemployment benefits are extended to cover occupational guidance, rehabilitation and training services. The conditions for payment of benefits are widened so that unemployment benefits become available to partially unemployed and to some categories of people who were not previously members of the workforce; invalidity benefits are also extended to people outside the workforce who cannot carry out their normal activities; and preventive measures are required as part of the provision for employment injury.

The Revised Code is more flexible in two main respects. Firstly the benefit standards can be satisfied by reference to either of two scales, one for the "standard beneficiary" as defined in the old Code and in Convention 102, which is always a household of two to four persons, and the other for a single person. Thus the minimum level of old age benefit under the Revised Code can be either 65% of previous earnings (or the reference wage) for a couple or 50% for a single person. Similarly sickness benefit can be either 65% for a couple and two children or 50% for one person (see annex 4). Furthermore, the Revised Code explicitly accepts that the required replacement ratios are calculated either in relation to gross earnings, i.e. earnings before any deduction of tax and social security contributions, or in relation to earnings net of any tax or social security contributions, in which case the benefit to be compared with these earnings shall also be the payment net of any tax or social security contributions. The Revised Code therefore no longer requires a comparison of gross amounts but also accepts a comparison of net amounts.

The second form of flexibility introduces the new concept of "equivalence". The classic nine branches of social security inherited from Convention 102 reflect social security as it was understood in 1952. Yet these branches are simply administrative artefacts. The same person can be classified in several different ways, for instance as a widow or as a mother or as an unemployed person or as a person caring for a handicapped child. It is relatively unimportant (or should be) into which administrative pocket this person drops on the pintable of the Welfare State. What matters is that a person in such a set of contingencies should be covered adequately by some form of social security, even if it is unclassifiable under Convention 102.

This problem emerged most acutely with the abolition of employment injury insurance in the Netherlands in 1966, and the concurrent improvement in the "non-industrial" invalidity

benefit schemes. This was clearly a progressive (and very expensive) step, for surely the fact and extent of disability should count more than its origin. However, the Dutch reform raised continual problems of conformity with Convention 102 and the European Code, a bizarre outcome for what is arguably one of Europe's most generous social security system.

Another example is Denmark where survivor's pensions have been replaced by "anticipatory pensions" payable irrespective of marriage, if ability to work has been reduced by at least 1/2 for health or other (including social) reasons and there is no income above a specified level.

Orphan's benefit have been replaced by generous supplements to family allowances where there is only one or no provider.

The Revised Code side-steps this problem by "deeming" the requirements of the one branch to be satisfied if an "equivalent" protection is provided under other branches¹⁰. There are also several other places in the Revised Code at which there is a derogation from the requirements of one branch "provided that legislation guarantees at least equivalent protection" in another, such as with pension age and the personal scope of medical care and maternity benefits. There is, however, not always an attempt to define equivalence in the Text of the Code. That is then left to the Committee of Ministers who in the last resort must approve all derogations.

Probably the most obvious difference between the revised Code and its predecessor is the disappearance of language we have learned to call sexist. Thus the "man with wife and two children" who is the standard beneficiary in the old Code and Convention 102 becomes a "person with spouse and two children" in the Revised Code. The "widow" in the old Code (defined as "a wife who is maintained by her husband at the time of his death") becomes the surviving spouse", and so on. Even so, the requirement for widowers' benefit implicit in the new language is blunted by the only derogation in the Revised Code for which there is no equivalence requirement. States which at present provide widows' but not widowers' benefit can "temporarily" continue to discriminate in this

¹⁰ According to Article 3, states having accepted the parts on medical care, sickness benefit, invalidity benefit and survivors' benefit shall be deemed also to comply with the part on employment injury benefit, if victims of work accidents or occupational diseases are entitled to such benefits irrespective of the origin of the injury or disease and without having completed any qualifying period. States having accepted the parts on old-age, family and invalidity benefits shall be deemed also to comply with the part on survivors' benefits, if its legislation protects the total economically active population.

way. However, they are required to report on "progress being made in its legislation and practice towards the full application of the provisions of this part".

The Assembly felt so strongly about equal treatment that they asked for a general provision to be added to the specific provisions on each benefit and to the declaration against discrimination in the Preamble. Thus Article 3 obliges ratifying states "to endeavour to take appropriate means to ensure equal treatment to protected persons of both sexes".

In its 1979 Recommendation the Assembly had expressed concern about "new forms of communal life" and this reappeared in the suggested amendments to the 1987 draft of the Revised Code. However, the final document makes very little concession to cohabitation outside marriage. The definition of a dependant is left to the member state (which at least recognizes that there can be various definitions), but survivor's benefits remain strictly confined to surviving spouses.

There were also some procedural changes. The partnership with the ILO Committee of Experts in the scrutiny of government reports is being replaced, at the suggestion of the assembly, by a European Commission of Independent Experts. This will emphasize the break with Convention 102 and the establishment of a more specifically European character for the Revised Code. At the same time the Revised Code borrows from the ILO in requiring the government reports to be communicated to representative organizations of employers and employees in the state concerned. The reports will also need to be communicated to the Assembly, which was done at the discretion of the Committee of Ministers under the old Code but now becomes mandatory.

Some observers have regretted that the new Code is not more radical. On the other hand western Europe in the 1980s was very different from the same region in the '50s and '60s. Convention 102 and the first European Code were the creatures of an era when social progress was widely regarded as equal to an ever expanding of social protection. This was the time of the post-war boom. The gestation of the Revised Code coincided with the two Oil Shocks, the looming Demographic Crisis and rising structural unemployment in all European states. The general mood has profoundly changed since then, and deep cuts in the social system are now considered even by countries such as the Netherlands and Sweden which have widely been considered as being "model countries" as to their social protection. This shift of political emphasis mainly explains why the Revised Code, although it has been signed by 13 member countries¹¹, has not yet been ratified by any of them. And there is little chance that they will do it in a near future. Even states who

¹¹ These countries are: Austria, Belgium, Cyprus, Finland, France, Germany, Greece, Italy, Luxembourg, Norway, Portugal, Sweden and Turkey.

initially have shown some interest in the Revised Code because they found it more suitable to their needs and their national social security system as it has evolved in the mean-time are now more and more refraining from actually considering its ratification.

This, of course, is quite a sobering conclusion for someone who still thinks that international standard setting is not only a fascinating intellectual exercise, but that it can also be of great relevance and importance to modern society. In this context, I think that the Revised Code of Social Security of the Council of Europe merits some attention in spite of all its complexities, because it provides the most up-to-date framework for comprehensive social security which exists on an international level.¹²

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¹² In this sense, the old and the revised Code of Social Security are of course of particular interest for countries who are about to reform their social security schemes. In particular with the central and eastern European countries in mind, the Council of Europe has now drafted a more detailed model legislation which is based on its Social Security Standards.

PERSONAL SCOPE OF PROTECTION

Scope of protectionn Percentages	Employees			Economically Active Population ¹			Residents		
	A	B	C	A	B	C	A	B	C
Contingency									
Medical care	50 ²	80 ²	95 ³	20 ²	30 ²	90 ³	50	65	90 ³
Sickness cash benefit	50	80	90	20	30	80	100	-	100
							(subject to a means-test)		
Invalidity, Old-age, Survivors' benefits	50	80	90	20	30	80	100	-	90
							(subject to a means-test)		
Employment injury	50	80	95	-	-	80	-	-	-
Maternity	50 ⁴	80 ⁴	95/90 ^{3/4}	20 ⁴	30 ⁴	90/80 ^{3/4}	-	-	90 ^{3/4}
Unemployment	50	55	85 ⁵	-	-	70 ⁵	100	-	-
							(subject to a means-test)		
Family benefit	50	80	95	20	30	90	-	-	100
							(subject to a means-test)		

- European Code of Social Security
- Protocol of the European Code of Social Security
- European Code of Social Security (revised)

¹ Under the Code and its Protocol, these percentages refer to all residents; under the Revised Code to the total economically active population

² and the wives and children of persons in the said classes

³ The percentages required are lower if all residents are covered in the case of illness requiring prolonged treatment

⁴ all women in prescribed classes of employees or the economically active population, respectively, and for maternity medical benefit also the wives of men in these classes. Under the Revised Code, different percentages apply as regards medical care and cash benefits

⁵ Civil servants enjoying prescribed guarantees of job security may be excluded.

**RATE OF PERIODICAL CASH BENEFITS
(PERCENTAGES)¹**

CONTINGENCY	DEFINITION OF STANDARD BENEFICIARY	CODE	PROTOCOL	CODE (rev.)
Sickness	Man with wife and two children	45	50	65
Unemployment	Man with wife and two children	45	50	65
Old-age	Man with wife of pensionable age	40 ²	45 ²	65 ³
Employment injury:				
Incapacity of work	Man with wife and two children	50	50	65
Invalidity				
a) in general	Man with wife and two children	50	50	65
b) where constant attendance is required	Man with wife and two children	-	66 2/3	80
Survivors	Widow with two children	40	45	65
Maternity	Woman	45	50	50
Invalidity	Man with wife and two children	40 ⁴	50 ⁴	65 ⁵
Survivors	Widow with two children	40 ⁴	45 ⁴	65 ⁵

1. These rates refer either

- to the previous earnings of the beneficiary or covered person (together with any family allowances involved), where benefits are earnings-related, or
- to the wage of an ordinary (i.e. unskilled) adult labourer, where benefits are at a flat-rate, or
- to the wage of an ordinary (i.e. unskilled) adult labourer by taking into account the means of the beneficiary and his family, where means-tested benefits are provided for all residents.

2. These rates are required only for a protected person who has completed a qualifying period of 30 years of contribution or employment or 20 years of residence. A reduced benefit shall be secured at least after 15 years of contribution or employment.

3. This rate is required only for a protected person who has completed a qualifying period of 40 years of contribution, employment or residence. A reduced benefit shall be secured after such a qualifying period of not more than 15 years.

4. These rates are required only for a protected person who has completed or whose breadwinner has completed a qualifying period of 15 years of contribution or employment or 10 years of residence. A reduced benefit shall be secured at least after 5 years of contribution or employment.

5. These rates are required only for a protected person who has completed or whose breadwinner has completed a qualifying period of 15 years of contribution, employment or residence. A reduced benefit shall be secured after such a qualifying period of not more than 5 years.

LIST OF RATIFICATIONS

EUROPEAN CODE OF SOCIAL SECURITY AND ITS PROTOCOL

Country	Part									Day of ratification	Day of entry into force
	II	III	IV	V	VI	VII	VIII	IX	X		
Sweden	X	Y	Y	Y	-	Y	X	Y	Y	25 09 1965	17 03 1968
Norway	X	Y	X	Y	Y	Y	-	Y	Y	25 03 1966	17 03 1968
Netherlands	Y	Y	Y	Y	Y	Y	Y	Y	Y	16 03 1967	17 03 1968
United Kingdom	X	X	X	X	-	X	-	-	-	12 01 1968	13 01 1969
Luxembourg	Y	Y	Y	Y	Y	Y	Y	Y	Y	03 04 1968	04 04 1969
Belgium	Y	Y	Y	Y	Y	Y	Y	Y	Y	13 08 1969	14 08 1970
Germany	Y	Y	Y	Y	Y	Y	Y	Y	Y	27 01 1971	28 01 1972
Ireland	-	X	X	X	-	X	-	-	X	16 02 1971	17 02 1972
Denmark	X	X	X	X	X	X	X	X	-	16 02 1971	17 02 1972
Italy	-	-	-	X	X	X	X	-	-	20 01 1977	21 01 1978
Switzerland	-	-	-	X	X	X	-	X	X	16 09 1977	17 09 1978
Turkey	X	X	-	X	X	-	X	X	X	09 06 1981	10 06 1982
Greece	X	X	-	X	X	-	X	X	X	09 06 1981	10 06 1982
Portugal	X	Y	Y	Y	-	Y	X	Y	Y	15 05 1984	16 05 1985
France	X	-	X	X	X	X	X	X	-	17 02 1986	18 02 1987
Cyprus	-	X	X	X	X	-	-	X	X	15 04 1992	16 04 1993

European Code of Social Security
European Code as amended by the Protocol

Part II	Medical care
Part III	Sickness benefit
Part IV	Unemployment benefit
Part V	Old-age benefit
Part VI	Employment injury benefit
Part VII	Family benefit
Part VIII	Maternity benefit
Part IX	Invalidity benefit
Part X	Survivors' benefit

RATE PERIODICAL PAYMENTS UNDER THE REVISED CODE

Part	Contingency	Beneficiary considered alone Percentage	Beneficiary with dependants	
			Definition	Percentage
III	Sickness	50	Person with spouse and two children	65
IV	Unemployment	50	Person with spouse and two children	65
V	Old-age	50	Person with spouse of a prescribed age.	65
VI	Work accidents and occupational diseases:			
	a) temporary or initial incapacity for work	50	Person with spouse and two children	65
	b) total and permanent loss of earning capacity or corresponding degree of physical invalidity.		Person with spouse and two children	
	i. in general	50		65
	ii. where constant attendance is required	70		80
	c) death of the breadwinner		Surviving spouse with two children	65
	- surviving spouse	50		
	- child	20		
VIII	Maternity	50	Woman with spouse and two children	65
IX	Invalidity	50	Person with spouse and two children	65
X	Death of the breadwinner		Surviving spouse with two children	65
	- surviving spouse	50		
	- child	20		