



**Economic and Social
Council**

Distr.
GENERAL

E/1986/4/Add.24
24 August 1988

Original: ENGLISH

First regular session of 1989

IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON
ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Second periodic reports submitted by States parties to the
Covenant, concerning rights covered by articles 10 to 12, in
accordance with the second stage of the programme established
by Economic and Social Council resolution 1988 (LX)

NETHERLANDS */

Addendum

[15 June 1988]

*/ The initial report concerning rights covered by articles 10 to 12 of the Covenant submitted by the Government of Netherlands (E/1980/6/Add.33) was considered by the Sessional Working Group of Governmental Experts on the Implementation of the International Covenant on Economic, Social and Cultural Rights at its 1984 session (see E/1984/WG.1/SR.4, SR.5, SR.6 and SR.8)

CONTENTS

	<u>Page</u>
INTRODUCTION	1
GENERAL	1
A. The revised Constitution of 1983	1
B. Articles 1-5	2
1. Self-determination	2
2. Non-discrimination	2
3. Equal treatment of men and women	3
ARTICLE 10: PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN	3
A. ARTICLE 10.1: PROVISION OF PROTECTION AND ASSISTANCE TO THE FAMILY	3
1. Legislation	3
2. The family as a concept	4
3. Marriage	4
4. Residence rights after the break-up of a marriage, a relationship or a family	4
5. Child care	5
6. Play resource centres	5
B. ARTICLE 10.2: MATERNITY PROTECTION	6
1. Legislation	6
2. Maternity protection	6
3. Pre-natal and post-natal protection and assistance	6
4. Financial assistance to working mothers	6
C. ARTICLE 10.3: PROTECTION OF CHILDREN AND YOUNG PEOPLE	7
1. Legislation	7
2. Special measures for the care and education of children	7
3. Combating youth unemployment	8
4. Status of illegitimate children	9
ARTICLE 11: RIGHT TO AN ADEQUATE STANDARD OF LIVING	9
A. RIGHT TO ADEQUATE FOOD	9
1. Legislation	9
2. Nutrition Policy	10
3. Chemical contaminants in food	11
4. Pesticides	11
5. Veterinary drugs	12

CONTENTS (continued)

	<u>Page</u>
B. RIGHT TO ADEQUATE CLOTHING	12
C. RIGHT TO ADEQUATE HOUSING	12
1. Legislation	12
2. General	12
3. Urban renewal	15
4. Squatters	15
5. Minorities	15
a. General	15
b. Caravan dwellers	16
ARTICLE 12: THE RIGHT TO PHYSICAL AND MENTAL HEALTH	17
Legislation	17
A. YOUTH HEALTH CARE	17
1. Youth health care	17
2. The early detection of developmental disorders in children	18
B. ENVIRONMENTAL PROTECTION AND HEALTH AND SAFETY AT WORK ..	19
1. Legislation	19
2. General environment policy	19
3. Working Conditions Act	20
4. Health and welfare policy	21
5. Company social work	21
C. PROMOTING PUBLIC HEALTH	21
1. Population screening	21
2. Control of drugs/smoking/alcohol	22
3. AIDS in the Netherlands	24
D. HEALTH CARE	24
1. Health care and social services	24
2. The cost of health care	26

INTRODUCTION

GENERAL

1. The present report on measures adopted in the Netherlands and progress made in achieving the observance of rights recognized in the International Covenant on Economic, Social and Cultural Rights covers the period from the beginning of 1980 up to mid-1987. The report on the Netherlands Antilles will follow in due course.

A. THE REVISED CONSTITUTION

2. In connection with the period covered by the present report note should first of all be taken of the revised Constitution, which came into force on 17 February 1983. It is the highest national law, and lays down the fundamental rights as well as the main principles by which the Netherlands is administered. All the new provisions of the Constitution are relevant to the present report, particularly article 20, paragraphs 1, 21 and 22 (see below).

Article 20, paragraph 1

It shall be the concern of the authorities to secure the means of subsistence of the population and to achieve the distribution of wealth. (Compare article 11 of the International Covenant.)

Article 21

It shall be the concern of the authorities to keep the country habitable and to protect and improve the environment. (Compare article 12 of the International Covenant.)

Article 22

1. The authorities shall take steps to promote the health of the population.
2. It shall be the concern of the authorities to provide sufficient living accommodation.
3. The authorities shall promote social and cultural development and leisure activities. (Compare articles 11 and 12 of the International Covenant.)
3. The incorporation of these provisions and, more generally, of fundamental social rights in the Constitution means that the authorities have an obligation to take such measures as to ensure that the actual situation in society corresponds as closely as possible to the conditions to which individuals' economic and social rights are intended to guarantee them.
4. Article 20, paragraph 1 obliges the authorities to pursue a policy geared to securing the means of subsistence of the population and to promoting the distribution of wealth.
5. The clause in article 21, whereby the authorities are required to keep the country habitable, covers public works. Improvement of the environment

refers to measures which relate to environmental protection in the broadest sense. These can include town and country planning measures, since urbanization and other social factors can directly affect living conditions in the country as a whole.

6. Article 22, paragraph 1 provides for protection and improvement of public health. Government policy must accordingly be geared not only to protecting the public against specific dangers, but also to promoting public health where no such immediate danger is present. This could include policy on health insurance, pre-natal care, health care for infants and adequate nutrition. Mention should be made in this context of article 11 of the Constitution, which lays down the "right to inviolability of the person". This comprises:

The right to freedom from violence or offences against the person;

The right to control over one's own body.

The latter right provides inter alia guarantees against compulsory medical treatment. When taking measures in the interests of public health, the Government should take into account the constitutional guarantee concerning the integrity of the person.

7. Article 22, paragraph 2 concerns the promotion of sufficient living accommodation. This concerns not only the number of dwellings available, but also their size and quality, and aspects relating to safety and health. Paragraph 3 of article 22 distinguishes between the promotion of social and cultural development. The former refers to the care surrounding interpersonal relationships in the context of the family, the workplace and society at large. This could include the care provided for families, the elderly and foreign workers.

B. ARTICLES 1-5

1. Article 1: Self-determination

8. As article 1 of the International Covenant on Economic, Social, and Cultural Rights is identical to article 1 of the International Covenant on Civil and Political Rights, reference may be made to the second report submitted by the Kingdom of the Netherlands pursuant to article 40 of the International Covenant on Civil and Political Rights.

2. Article 2: Non-discrimination

9. Article 1, paragraph 1 of the Constitution which took effect in 1983 states: "All persons in the Netherlands shall be treated equally in equal circumstances. Discrimination on the grounds of religion, belief, political opinion, race, sex or on any other grounds whatsoever shall not be permitted." Reference is made to the report of the Netherlands to the Human Rights Committee on the implementation of the CCPR, especially with regard to article 26 on the prohibition of discrimination.

10. From this article of the Constitution stems the principle of the protection of minorities in the Netherlands. The Government laid down its policy on minorities in the 1983 Policy Document on Minorities. Its aim is to create a society in which members of minorities residing in the Netherlands

receive the same treatment as Dutch nationals, and are given the opportunity to develop themselves to the full, as individuals or groups. This target is to be achieved through three subsidiary objectives:

(a) The creation of the conditions necessary to enable minority groups to attain equal rights and to participate in society. This process is defined broadly; it includes not only strengthening minority group members' belief in their own worth and their own self-awareness, but also influencing the society in which they live in such a way that it permits minorities to develop freely;

(b) The reduction of the social and economic disadvantages suffered by members of minority groups;

(c) The prevention of discrimination and the taking of measures against it where it occurs, and the improvement, where necessary, of the legal position of minorities.

11. Minority groups in the Netherlands include: Moluccans, Surinamese and Antilleans, migrant workers and their relatives, gypsies and refugees. For more details on measures concerning the above-mentioned points (a) to (c) see the Eighth Kingdom Report on the Convention on the Elimination of Racial Discrimination and for the Protection of Minorities.

3. Article 3: Equal treatment of men and women

12. For the situation in the Netherlands concerning equal treatment of men and women, reference should be made to the Second Kingdom Report on article 3 of the International Covenant on Civil and Political Rights. To this can be added that the State, as the country's largest employer, should set an example in the realization of equal rights objectives in its personnel policy. The redistribution of work is an important factor in this context. Government recruitment policy will place greater emphasis on the principle of positive discrimination, i.e. giving preference to women in cases where there is a choice of equally suitable applicants. Use will be made in this process of target figures, and factors such as education and employment conditions will be taken into account. In its Explanatory Memorandum to the budget the Ministry of Home Affairs will report annually on the progress made on the policy laid down in a special equal opportunities plan. Finally, reference should also be made to the bill for the approval of the International Convention for the Elimination of Discrimination against Women, which is currently before the Lower House.

ARTICLE 10: PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

A. ARTICLE 10.1: PROVISION OF PROTECTION AND ASSISTANCE TO THE FAMILY

1. Legislation/regulations

13. (a) National: Civil Code, Book 1 (4), Aliens Act of 1976 (5), most recently amended in 1987 (5);

(b) New: Act of 30 August 1984 which entered into force on 1 January 1985, eliminating certain inequalities between men and women in the law of persons and family law;

(c) International: Convention concerning consent to marriage, the minimum age for marriage and the registration of marriage, 10 December 1961.

(Separate annex: */ Council of Europe questionnaire "Forms of Child Care".

2. The family as a concept

14. In line with recent social trends, the interpretation of the concept of the "family" in Dutch society is now wider than was formerly the case, encompassing not only the traditional nuclear family (father, mother, children), but also alternative relationships such as unmarried couples with or without children, single parents and other types of partners with children.

3. Marriage

15. Netherlands matrimonial law is laid down in Book 1 of the Civil Code. For a more detailed explanation of the legal implications reference should be made to the Second Kingdom Report on the International Covenant on Civil and Political Rights. The following can be stated in response to the queries raised during the discussion of the first report on Economic, Social and Cultural rights. In the Netherlands, a marriage may not be concluded without the free consent of both partners. Under matrimonial law both partners are required to be of sound mind in order sufficiently to comprehend the significance of entering into marriage. Parental consent is required before a minor may marry. The minimum age at which a person may marry is 18 years. The bill to reduce the age of majority became law on 1 January 1988, fixing the age of attainment of majority at 18 years. For marriage before the age of 18 it is necessary to have the parental consent and to have dispensation by the Queen, unless the girl is 16 years of age and pregnant or the child is already born.

4. Residence rights after the break-up of a marriage, a relationship or a family

16. The following can be said concerning the legal position of divorced aliens, both male and female. Matrimonial law does not distinguish between men and women. In order to be eligible for a separate residence permit after the break-up of a marriage, the marriage must have lasted at least three years, and both partners must have resided in the Netherlands for the year immediately preceding the dissolution of the marriage. The same applies, mutatis mutandis, to cohabitation, i.e. the relationship must have lasted at least three years. In both cases the foreign partner must have possessed a valid residence permit on the strength of that marriage or relationship. Foreign spouses of Dutch nationals may apply for naturalization after three years of marriage.

*/ The questionnaire is available for consultation in the files of the secretariat in English as received from the Government of the Netherlands.

5. Child care

(a) Forms of child care

17. For general information concerning child care facilities, see the answers to the "Questionnaire concerning forms of child care" drawn up within the context of a special Council of Europe programme on forms of child care. To sum up, the Government attaches importance to child care in the light of its general educational value (primary responsibility continues to lie with parents) and the fact that it is necessary to enable many women to enter paid employment. The Government promotes child care by providing tax relief for parents and by subsidizing local authorities which provide day care facilities.

(b) International day nurseries

18. For over four years an experiment has been carried out involving intercultural work in 12 international day nurseries throughout the Netherlands. This has been subsidized by the central and the municipal authorities concerned. The international day nurseries cater for children from different cultural backgrounds, including those of Dutch, Italian, Moroccan, Yugoslavian, Spanish, Surinamese and Turkish parentage. The staff of the nurseries share the children's cultural background.

19. Central to the experiment is mutual acceptance of and respect for one another's backgrounds, with a view to facilitating the assimilation of foreign children in the Netherlands. The intercultural approach is expressed in the way in which the nurseries are equipped and in the toys, food, etc. Special attention has also been focused on the learning of two languages, including Dutch.

20. Evaluation of the experiment has shown that the 12 projects were more than successful in meeting their target, which had been formulated as "the provision of help and service to the target group, with particular emphasis on parents and children from Mediterranean countries". All projects ran to full capacity; foreign children comprised 2/3 of the total number, and 1/3 of the staff were of foreign origin. Between 1981 and 1984 the average number of children rose from 197 to 372.13.

6. Play resource centres

21. Toys can play an important part in children's development. Since these tend to be expensive, play resource centres have been set up where toys can be borrowed. The centres also provide a meeting place for parents, allowing them to discuss their children's play and upbringing. Play afternoons for the children, parent evenings and meetings relating to special subjects are organized in consultation with the parents.

22. Most play resource centre staff work on a voluntary basis. They are often parents or co-founders of the centre. They are supplemented by professional staff who are released on an hourly basis in order to work at the centres; these include ergotherapists, physiotherapists, remedial teachers, social workers, speech therapists and teachers. There are 270 play resource centres in the Netherlands, and approximately 100 more are being set up.

B. ARTICLE 10.2: MATERNITY PROTECTION

1. Legislation

23. (a) National: The Sickness Benefits Act of 1929; Factories Act of 1919; General Civil Service Regulations; The National and Municipal Police Regulations; Contracts of Employment Decree; Civil Code; National Assistance Act;

(b) International: ILO Convention No. 102 (Social Security); ILO Convention No. 103 (Maternity Protection);

(c) Reports: ILO Convention No. 102 part VIII/period ending 30 June 1979 (8); ILO Convention No. 103 (9).

2. ILO report No. 103: Maternity Protection

24. The Netherlands has ratified ILO Convention No. 103 concerning maternity protection. The situation has remained unchanged as to the duration of leave. The present Sickness Benefits Act guarantees the benefits of compulsory sickness maternity insurance to all women.

3. Pre-natal and post-natal protection and assistance

Pre- and perinatal care includes obstetric and maternity care.

25. (a) Obstetric care

Compared with other industrialized countries in Western Europe, the Netherlands occupies a special position as regards medical and obstetric care, since its percentage of hospital births, which is low from an international point of view (53 per cent in 1985) is accompanied by a low perinatal mortality (10.00/00 in the same year). Obstetric care is provided primarily by general practitioners (15.3 per cent) and midwives (41.7 per cent). About 42.9 per cent of births are attended by obstetricians, usually when this is indicated for medical reasons.

26. (b) Maternity care

Maternity care at home is provided by the maternity centres of the home-nursing associations. A maternity centre is an organization that gives maternity home-helps practical training and sends them out to families. The 90 centres in the Netherlands vary considerably in size: the smaller ones deal with 600-700 cases per year, while the larger ones provide help for about 1,800 cases. A maternity centre dealing with about 900 cases per year is run by a matron and three deputies. Together they train about 10 student maternity home-helps per year at the centre and organize the work of 35 qualified maternity assistants.

4. Financial assistance to working mothers

27. Under the Sickness Benefits Act an insured pregnant woman is entitled to benefits in cash for a period of six weeks before and six weeks after confinement irrespective of whether she is able to work. The period of entitlement to confinement benefits can be extended to a maximum of 52 weeks

if the insured person remains unfit for work. Maternity benefits amount to 100 per cent of the employee's daily wage up to a certain maximum.

28. Maternity leave for civil servants is regulated in the same way as that for the private sector, as laid down in the Sickness Benefits Act. The Council of State is currently considering its recommendations concerning a bill to provide parental leave. This would be leave primarily designed to allow a mother or father to look after their newborn child.

C. ARTICLE 10.3: PROTECTION OF CHILDREN AND YOUNG PERSONS

1. Legislation

29. (a) National: Civil Law; Employment of Young People Decree of 1972; Foster Child Act of 1951; Child Care and Protection Act of 1961; Child Care and Protection Decree of 1964; Compulsory Education Act of 1969; Factories Act of 1919.

(b) International: ILO Convention No. 138, "Minimum age for admission to employment", 1979; ILO Convention No. 122 (Employment Policy), 1964;

(c) Reports: ILO Convention 138/period 31 December 1979 to 30 June 1983 (12); ILO Convention 122/period 1 July 1982 to 30 June 1986, p. 42 (13).

For more details of the Government's policy on child protection see the previous report on economic, social and cultural rights articles 10 to 12. The following notes can be added.

2. Special measures for the care and education of children

30. Parliament is currently considering the Welfare Bill, the objectives of which are as follows:

To instruct Government at municipal, provincial and central level to pursue a policy in the field of social and cultural welfare;

To define the tasks of the various authorities, concentrating on decentralization and harmonization, while providing for a differentiated approach in the case of certain facilities;

To indicate the need, when formulating policy, for account to be taken of a pluralist society, as well as for the promotion of individual initiative and responsibility on the part of members of the public. Special attention should also be paid to socially disadvantaged groups, equal opportunities movements and special social issues.

31. The facilities to which the bill applies are all geared, albeit not exclusively, to the promotion of individual and social welfare, the development of individual responsibility and equal rights and opportunities for all members of society. They are largely facilities with which the public come into direct contact, and policy on which is formulated at grass roots level as a result of local authorities traditional close involvement in such matters. To date, policy on some of these facilities has lacked a statutory basis and has moreover been regulated in a wide variety of ways.

32. The above facilities include those relating to child care and youth work. In recent decades there has been a shift in policy from youth education to youth work and from the protection of young people to the provision of interdepartmental young people's welfare services. This process is described in the final reports of the Interdepartmental Working Party on Residential Facilities and the Interdepartmental Working Party on Non-Residential and Preventive Facilities and in the Youth Policy Document.

33. Current developments in the field of youth welfare include the following: The provision of information on health and child care is seen as contributing importantly to the early identification of developmental problems or disorders in children. A significant role is played in this context by child health clinics and centres, schools and community centres, and the Government is accordingly focusing attention on these facilities.

34. The policy on children aged between 12 and 18 is primarily geared to the growing independence of members of this age group. A considerable problem is posed by children running away from home. The Government, which prefers to provide non-residential services, wishes to devote special attention to the home situation of children by means of visiting social workers. Another government priority is tackling problems relating to the bringing up of adopted children of foreign origin.

35. The welfare of young people, including those of foreign origin, is being promoted by stepping up policy on marginal groups. General facilities are being made more accessible to young people in this category. New possibilities are being sought for the large groups of young people who have little or no hope of employment (e.g. children of foreign ethnic origin, drug addicts and ex-drug addicts). New work projects are under preparation, aimed, inter alia, at girls with a low level of education.

3. Combating youth unemployment

36. In the case of young workers, activities have largely focused on training and gaining work experience. To this end a number of projects have been set up.

Work with retention of benefit

Work with retention of benefit has considerable and varied advantages for the unemployed. It gives meaning to their existence as well as improving their opportunities on the labour market through work experience or retraining or refresher courses. Some projects may even generate salaried jobs.

37. The Guaranteed Youth Employment Scheme

The purpose of the Guaranteed Youth Employment Scheme is to guarantee a job and hence income to all young people under 21 who have not yet found a job or started on further training. The target group includes persons who left school more than six months previously and who:

- (a) have been unemployed for more than six months;
- (b) had a job previously and are now unemployed.

The scheme will be phased progressively and will become fully operational only after a few years. Ultimately some 35,000 jobs will be involved. Temporary and supplementary jobs will be provided by central, provincial and municipal authorities and subsidized organizations. The intention is for young people gradually to work their way into normal jobs.

38. Contribution to vocational training for young people

The apprenticeship training system provides for employers to be subsidized for concluding new indentures with young persons under the apprenticeship system. Through this scheme, employers, employees and the State are making joint efforts to increase the number of boys and girls starting training each year in the elementary apprenticeship system. Thanks to the scheme, vocational training has regained its 1980 level, in both qualitative and quantitative terms.

39. In certain regions of the Netherlands, labour exchanges have started a Job Opportunities Scheme for Young People. Its aim is to provide long-term unemployed young people with work experience through temporary employment agencies. Employers are encouraged, through the provision of certain facilities, to support the scheme.

40. Courses for the young unemployed are to be phased out and will in future fall under elementary vocationally-oriented adult education. Special attention will be paid to those with the lowest level of education and those most vulnerable on the labour market. A wide range of courses are to be provided in order to equip people in this category for work. Besides preparation for the elementary apprenticeship examination, courses will also focus on training relevant to the regional labour market.

4. Status of illegitimate children

41. In reply to a question raised by the Committee during the discussion of the previous report on the subject of illegitimate children, the position is as follows. Pursuant to the amendment of 27 October 1982 (Bulletin of Acts, Orders and Decrees 608) of Article 222, Book 1 of the Civil Code, an illegitimate child is not only related to its mother under family law, but also to her blood relations and, after recognition by the father, to the latter's blood relations.

42. Further information may be obtained from the report of the Netherlands on Article 24 of the International Covenant on Civil and Political Rights.

ARTICLE 11: RIGHT TO AN ADEQUATE STANDARD OF LIVING

A. RIGHT TO ADEQUATE FOOD

1. Legislation

43. (a) National: National Assistance Act of 1963; Water Control and Purification Boards; United Nations Water Conference, 14-25 March 1977; Commodities Act of 1933; Agricultural Quality Act of 1971; Meat Inspection Act of 1919; World Conference on Agrarian Reform and Rural Development, 1979; Pesticides Act of 1962; Regulations of the Commodity Board for Animal Feed Additives.

(b) New: Food Aid Convention of 1986; new provisions relating to the implementation of the acts referred to in paragraph 61 of the first report; Veterinary Drugs Act of 1986.

2. Nutrition policy

44. Legislation is used in two ways as an instrument of nutrition policy: on the one hand to regulate the purity and safety of foodstuffs - in practice its major role - and on the other to influence nutritional choices. The most important Acts in this context continue to be the Commodities Act, the Agricultural Quality Act and the Meat Inspection Act.

45. The establishment of standards in food legislation is often not a national initiative, but the result of international consultation, particularly within the framework of the FAO/WHO Codex Alimentarius. Various fields are regulated by EC decrees and directives and Benelux decrees, some being derived from the Codex. International harmonization of regulations is therefore very important.

46. Interest groups, of course, play a prominent role in the development of nutrition policy. Official links are therefore maintained, at various levels, with groups of this kind representing consumer, producer, industrial or commercial interests (such as the Consumers' Association, Consumers' Liaison Committee, Industrial Boards for Agriculture, Commodity Boards, the Dutch Food and Agricultural Industries Committee (VAI), the Central Planning Office for the Food Industry, etc.). In this way, and through the provision of experts, such groups play an important part in policy preparation.

47. Within the framework of the 1935 Commodities Act, the 1971 Agricultural Quality Act, the 1919 Meat Inspection Act and the 1962 Pesticides Act, new implementation decrees have been laid down with a view to adapting existing regulations to the most recent developments. Also of importance is the introduction of the Veterinary Drugs Act which lays down residual tolerance levels with regard to the presence of veterinary drugs in animal products.

48. The Dutch Government continues to seek to help in every way it can to combat poverty and eliminate world hunger through its development policy. An important step was the establishment in 1986 of a new Food Aid Convention in the framework of the International Grain Agreement, to which the Netherlands is party, whereby the objective was maintained of providing 10 million tons of grain in the form of food aid at least every year.

49. The report entitled "Food and Nutrition Policy in the Netherlands" was adopted by Parliament in 1984. It lays down the various steps to be taken to improve nutritional standards among the population. The following developments have taken place:

A central database has been set up and made available to those involved in the field of nutrition education and research. Facilities making research and computing possible will be operational by 1988.

A Food Consumption Survey is being carried out at various levels; a report will appear in early 1988.

Implementation of a national food plan will start by focusing on reducing the intake of fat, in particular of saturated fat, by the population. To this end a steering group has been set up to co-ordinate programmes, and to obtain the support of and liaise with food producers, marketing organizations, nutrition education workers and government representatives. Activities will be aimed at changing consumer awareness, informing consumers and improving their food choice, persuading producers to improve the nutritional qualities of foodstuffs and to promote products with better nutritional properties.

Regulations are to be brought out in 1987 with a view to obtaining more uniform and balanced nutrient labelling on a voluntary basis, and to regulating nutritional claims.

Data on the nutritional composition of the food consumed by and the nutritional status of different sections of the population, as well as on topical issues concerning the relation between food and health will be published at regular intervals. These reports will be edited by independent scientists as part of the activities of the Netherlands Nutrition Council.

A follow-up Food and Nutrition Policy Report was submitted to Parliament in September 1987.

Subsidies have been provided for several research projects on health aspects of nutrition, such as a study on the relation between diet and cancer incidence in the 55-69 age group, the effect of dietary changes on the predominance of risk factors for cardio-vascular diseases, and the effect of certain micro-nutrients on blood pressure.

3. Chemical contaminants in food

50. It is essential that food legislation adequately protect the public. Surveys on the presence of chemical contaminants in different food groups have been used to evaluate their risk. Where the actual or calculated intake approaches the acceptable intake as defined by the WHO, maximum levels have been laid down for the most important food groups. This has proved necessary for lead, cadmium and PCBs. Measures have also been taken to prevent the contamination which had been found to result where maximum levels were approached or exceeded. In 1985 maximum levels were established for nitrates in green vegetables, as these are the main source of nitrates in the Dutch diet. New studies on the toxicological significance of nitrate intake were also set up, so that the maximum levels can be adjusted, if there are sufficient health grounds for doing so.

4. Pesticides

51. Many methods are used in agriculture to protect crops from pests and diseases. These include chemical pesticides, selective and biological methods, physical and mechanical methods, methods of cultivation and what are known as integrated control methods. Pesticides have to meet special standards which were adjusted in 1980 to fit present-day requirements. Under the Pesticides Act, pesticides may only be approved if they have been shown to be effective and, if used in the proper way, do not have any harmful side-effects.

5. Veterinary drugs

52. Veterinary drugs are used to improve animals' growth and food conversion, and to influence their behaviour. Residues of such substances can remain in animal products, with the attendant risk of toxicity or physiological effects. Residual level standards have been established for certain substances and in the case of export to other countries. Veterinary drugs are subject to a number of statutory provisions. The Regulations of the Commodity Board for Animal Feed Additives prescribe the antibiotics and chemotherapeutants which may be used to promote growth in calves, pigs and table poultry. The use of synthetic steroid hormones is prohibited in the European Community. A major monitoring problem is that in a great many cases residue testing is still neither sensitive enough nor specific. Priority is therefore being given to the development of reliable methods of analysing residues of the most commonly used substances. The monitoring of residues of veterinary drugs in meat falls in principle under the monitoring system of the Meat Inspection Act. In 1985 an European Community Directive on the monitoring of meat was amended, with a resultant tightening-up of the Livestock Act and the Meat Inspection Act. Certain commodity decrees also lay down requirements concerning residues of veterinary drugs, particularly antibiotics.

B. RIGHT TO ADEQUATE CLOTHING

53. See the first report. There are no new developments to report.

C. RIGHT TO ADEQUATE HOUSING

1. Legislation

54. (a) National: Housing Accommodation Act of 1947 and the subsequent Housing Order of 1984; Housing Act of 1962; Housing Act of 1965; Rent Act of 1979; Rent Commission Act of 1979; Rent Decree of 1979; Civil Code; Owner-Occupied Housing (Financial Assistance) Order of 1979; Private Housing Improvement (Financial Assistance) Order of 1979;

(b) New: Article 22, paragraph 2 of the 1983 Constitution; Urban and Village Renewal Act of 1985; Unoccupied Premises Act of 1986; Subdivision of Dwellings Act of 1987.

2. General

55. The following new developments have taken place with regard to the Government's policy on the right to adequate housing as described in the first report.

56. Article 22, paragraph 2, of the Constitution states that it is the concern of the authorities to provide sufficient living accommodation.

Government's interpretation of its duty to provide housing

57. The main objective of the Central Government's housing policy is to promote the best possible accommodation for all members of the society. This is based on the premise that every individual - regardless of nationality, race, religion or sex - who has reached the age of 18 or who, though younger,

is for some special reason in need of housing, is in principle entitled to individual accommodation. The Government strives to achieve this objective in a variety of ways, an important role being played by various financial and legal instruments.

58. The first of these is the provision, under the Housing Act, of property subsidies. In this way it is hoped to ensure that the amount, nature and geographical location of the housing stock is brought and kept in line, in terms of both quality and quantity, with the need for accommodation identified by the Government authorities. Over the years the housing shortage has been reduced to something over 1 per cent of the housing stock, which currently comprises a total of approximately 5.5 million dwellings.

59. The second instrument is the provision of rent relief. This is aimed at removing the obstacles which prevent lower-income groups in need of housing from gaining access to the housing market. At present, approximately 850,000 households (some 25 per cent of tenants in rented accommodation) receive grants under the Individual Rent Relief Act.

60. Thirdly, the position of tenants on the housing market has been strengthened by the creation of a statutory system of tenant protection and rent control. This is laid down in the Civil Code and the Housing Rent Act of 1979. The latter Act is designed to ensure that rents are appropriate to the quality of the dwellings concerned.

61. Fourthly, a statutory instrument has been created which will allow municipalities to regulate, where necessary, the use and allocation of housing. This is discussed in more detail below.

Use and allocation of housing

62. This is governed by the 1947 Housing Accommodation Act, the subsequent Housing Order of 1984, the Unoccupied Premises Act and certain provisions of the Housing Act.

63. The 1947 Housing Accommodation Act is designed to achieve an effective distribution of housing among the population so as to accommodate households whose financial or social circumstances are such that they find it difficult or impossible to obtain housing themselves. The Act has an extremely decentralized structure.

64. The allocation of housing is primarily regarded as a municipal responsibility. The task of the Central Government is largely to set parameters: a number of instruments are available to municipalities on which to base a policy geared to the state of the local housing market and related developments.

65. The 1947 Housing Accommodation Act applies only to areas with a housing shortage and to certain scarce categories of housing. The Act's two main instruments are:

A ban on occupying or allowing others to occupy dwellings where no occupier's permit has been issued to the tenant by the municipal executive. Both landlord and tenant are liable to prosecution in cases where premises are occupied without an occupier's permit having been issued; eviction can moreover be enforced by an official order;

Powers authorizing the municipal execution to requisition dwellings, where necessary, for the use of those urgently in need of accommodation.

66. The 1947 Housing Accommodation Act empowers the Minister of Housing, Physical Planning and the Environment to lay down further regulations to be observed in the issue of occupier's permits. The 1984 Housing Order is based on these powers. Such further regulations place extra restrictions on municipal policy. Rents are subject to certain maximum levels. Owners do not in principle require an occupier's permit to occupy dwellings which they have bought, although exceptions are made to this rule. The position of certain categories in need of housing (those least able to afford it) is strengthened by the provision that municipalities may not in principle deny them access to the local housing market. Such categories particularly include unemployed persons in need of housing. Those in employment (who are regarded as having economic ties) are given the opportunity of settling in the municipality or region to which they are economically tied.

67. Under the 1947 Housing Accommodation Act and the 1984 Housing Order, municipalities can either pursue a passive or an active housing allocation policy, i.e. can either restrict themselves to controlling the market by means of permits, or can link supply and demand through the allocation of housing, to the extent of requisitioning housing where necessary.

68. Under the Housing Act, the subdivision of an entitlement to an existing building into entitlements to flats is subject to the issue of a written permit by the executive of the municipality in question. The aim is to prevent buildings with a particular lay-out or in a particular state of repair from being divided into flats, as well as to ensure that subdivision does not have a detrimental effect on plans for urban renewal, reconstruction or improvement.

69. The Subdivision of Dwellings Act came into force on 1 May 1987. The Act, which amends the sections of the Housing Act concerning subdivision, moreover makes it possible to refuse a subdivision permit on grounds connected with "public housing interests". These can include the promotion of targetted housing distribution.

70. Fluctuations on the housing market make it necessary constantly to review the role of government in general and central government in particular in the medium term with regard to housing, and such a review is in progress.

71. Discussion of this subject currently centres on the possibility and desirability of the Government's relinquishing its role and further decentralizing this policy area, and on the scope for strengthening the position of the consumer in the housing market. In practice this amounts to promoting revision of existing legislation governing the use and allocation of accommodation, in other words the 1947 Housing Accommodation Act, the 1984 Housing Order, the Unoccupied Premises Act, the Subdivision of Dwellings Act and sections of the Housing Act. It is intended to replace the existing legislation in this field with a single new Housing Act.

72. Such a revision of regulations is intended to ensure that the various levels of government (particularly municipal authorities) retain sufficient powers, but that the instruments at their disposal are flexible and differentiated enough to make it possible for policy to respond to changing

circumstances on the housing market in general and the state of local housing markets in particular, while adhering to the principles laid down in the International Covenant.

3. Urban renewal

73. Urban renewal is primarily a municipal concern. A new Urban and Village Renewal Act entered into force on 1 January 1985. Under this Act, public funds solely and specifically earmarked for urban and village renewal, in the form of standard lump-sum grants, are transferred directly to the municipalities without any prior vetting by the central authorities of local projects or plans. Municipal authorities are however required to submit reports. Government grants for the improvement of rented dwellings awarded on the basis of current procedures are excluded from this regulation.

4. Squatters

74. The Unoccupied Premises Act came into force on 1 January 1986. It was prompted both by the behaviour of squatters in certain municipalities, mainly the larger cities, which sometimes resulted in considerable violence and severe damage, and by the existence of empty dwellings at a time when accommodation was scarce. The Act seeks to counter the problem of empty housing. All municipalities are now empowered to requisition housing, as they were under the provisions of the 1947 Housing Accommodation Act, but they are no longer required to do so for specific individuals; requisitioning for general purposes is now possible.

75. Unoccupied dwellings can now be leased on a temporary basis. As of 1 January 1987 anonymous summonses can be served on squatters. Unoccupied dwellings currently comprise some 2.4 per cent of the housing stock. This is not a disturbing percentage; on the contrary, a certain amount of empty property is necessary if the housing market is to function adequately. What is disturbing is the concentration of empty dwellings in certain types of housing, particularly high-rise flats. This is a fairly recent phenomenon, and would seem to be connected with the trend in certain sectors of the housing market (more expensive rented housing and owner-occupied accommodation) towards a buyer's market. This situation increases the choice available to those in search of housing, with the result that supply will exceed demand in the case of dwellings which are perceived as having an unfavourable price/quality ratio.

5. Minorities

(a) General

76. The aim of government housing policies is to reduce and if necessary to eliminate differences in the quality of housing of different groups in society. In general, as there is a large measure of similarity between the housing problems of minorities and those of other people, solutions must be sought primarily within general housing policies. If it becomes evident in that context that minorities have insufficient access to housing facilities, supplementary measures must be taken, preferably as part of a general policy.

77. As municipal authorities are primarily responsible for policy on the distribution of dwellings, the State Secretary for Housing, Physical Planning

and the Environment (VROM) sent them a circular in April 1983 containing recommendations on local housing policy and residents belonging to minority groups. A draft model Housing Distribution Ordinance has recently been prepared on behalf of the Union of Netherlands Municipalities in consultation with the Ministry of VROM, which is intended to provide municipalities with an instrument for allocating the available dwellings as effectively and as justly as possible. This could benefit disadvantaged groups, including minorities.

78. Closely related to the distribution of housing is the settlement pattern of minorities within a municipality. The Government is against the provision of deliberately concentrated or dispersed accommodation for members of minority groups. Everybody who applies for housing to be allocated to them must be treated equally, regardless of ethnic origin.

79. For a limited period, a project is being carried out to promote the provision of homes to very large families from ethnic minorities. A 1982 circular informed municipalities of the conditions under which subsidies could be granted.

80. At present the Ministry of VROM is preparing guidelines on the planning and management of projects for the accommodation of groups. Within this general framework municipalities may consult with chief engineers/directors of housing on whether wishes on this subject expressed by ethnic minorities are involved.

81. Since mid-1981 the Government has made it possible for very large families living in appropriately large homes to receive individual rent subsidies even if the rent exceeds the maximum put on normal rent subsidies. However, the component of the rent which exceeds the maximum cannot be subsidized. The aim of the measures proposed in the context of the Large Homes Project is to ensure that rents do not exceed the limits.

(b) Caravan dwellers

82. The aim of housing policy for caravan dwellers is to provide a sufficient number of appropriately located and properly equipped caravan sites. Sites for small numbers of caravans are established at places in municipalities which would also be suitable for public sector housing construction. Since the Ministry of VROM assumed responsibility for the housing of caravan dwellers it has become possible to place the policy on the construction, equipment and financing of caravan sites within the broader context of general housing policy. This applies at both central and local government level.

83. In recent years policy has been aimed towards reducing the size of existing regional caravan sites or closing them altogether, and this will be continued with all due speed, in co-operation with provincial and municipal authorities. The Caravan Dwellers Subsidies Bill has now been presented to Parliament, and will provide a legislative basis for existing schemes governing the acquisition and occupancy of caravans which have been kept as analogous as possible to similar arrangements relating to the costs of purchasing or renting ordinary dwellings.

84. Housing is primarily monitored by municipal authorities, and to a lesser extent by Central Government. Where there are indications that minorities may not be receiving fair treatment, Central Government will normally first

contact the appropriate authorities. If necessary a report will be requested and the authorities concerned will be urged to take effective measures to eliminate the situation of disadvantage concerned. If this does not solve the problem, other sanctions or further measures must be considered. Apart from the possibility of administrative action by the authorities, anyone who believes he has suffered discrimination in his attempts to obtain housing is free to initiate proceedings before a civil court.

ARTICLE 12: THE RIGHT TO PHYSICAL AND MENTAL HEALTH

Legislation

85. (a) National: Infectious Diseases Act of 1928; Quarantine Act of 1960; Meat Inspection Act of 1919; Commodities Act of 1935; Medical Disciplinary Act of 1928; last amended in 1986; Exceptional Medical Expenses (Compensation) Act of 1980, last amended in 1986; Sera and Vaccines Act of 1927, last amended in 1971; Health Act of 1956, last amended in 1986; Medical Practice Act of 1865, last amended in 1986;

(b) New: Termination of Pregnancy Act of 1981; Health Care and Social Services Bill of 1986; Health Care Facilities Act of 1982, last amended in 1986.

A. YOUTH HEALTH CARE

1. Youth health care

86. Youth health care is the collective term for various health activities to improve and protect health, growth and development and to prevent ill-health or abnormalities in young people.

(a) Care of babies and pre-school children

87. There are 3,000 clinics for babies and over 2,000 for pre-school children. Over 90 per cent of children born alive are registered at a baby clinic, and between two thirds and three quarters of pre-school children at a pre-school clinic. A very small proportion of babies and a small percentage of pre-school children are cared for outside the clinics by general practitioners or paediatricians.

88. Baby and pre-school clinics are organized and run by local home-nursing associations. The district nurse is usually trained not specifically for work in youth health care but for all the nursing care provided by the home-nursing associations. She works full-time as a general district nurse. This means that the 3,500 or more district nurses are engaged for only part of the time in youth health care. In recent years district nurses have been working increasingly in groups. Each group - or unit, as it is called - is run by a senior district nurse with between 9 and 15 district nurses under her supervision.

89. Over 2,000 doctors work at the clinics, most of them part-time. They are seldom employed by the home-nursing associations, but receive a fee. Most of them are not specifically trained for the work they do in youth health care. Some clinics have clerical staff or other assistants. During their first year, babies are brought to the clinic 10 times on average; pre-school

children visit the clinic 5 times between the ages of 1 and 4 or between the ages of 1 and 6, depending on the age at which the school doctor becomes responsible for them.

90. The home-nursing associations' provincial services for maternity care and child health care employ area doctors and nurses who are responsible for developing working methods, providing refresher courses for staff, organizing experiments and advising the doctors and nurses at the clinics. These doctors, most of whom are trained in youth health care or as paediatricians, play a crucial role in promoting the health of small children.

(b) School health care

91. Children may attend primary school from the age of four. Some 30 per cent of them will previously have attended a playgroup for two to four year olds for one or more mornings or afternoons a week.

92. About half of school doctors are registered as practitioners in youth health care. Half of the 500 school doctors work with a school nurse, the rest with a doctor's or clerical assistant, neither of whom is specially trained in youth health care. Besides doctors, nurses and assistants, the school health service employs psychologists and speech therapists.

(c) Detection of developmental disorders

93. Within the Dutch health services there are countless facilities geared to caring for young children and detecting actual or potential developmental disorders at an early stage. Co-ordination and co-operation between these services is to be improved by creating a national network of regional associations and teams of experts.

2. The early detection of developmental disorders in children

94. In 1976 the Government decided to set up a National Committee on the Early Detection of Development Disorders in Children, to make recommendations on the introduction of a system for national co-operation in this field. The final report of the Committee, published in 1981, contained recommendations on methods of diagnosis, further training and the overall organization of services for the early detection of disorders. The Committee proposed setting up a unit in each region within which all individuals would work together. To link these units, a national network of regional associations and multi-disciplinary teams would be set up.

95. The Government's statement on the Committee's final report was presented to the Lower House of Parliament in 1983. The Committee's recommendations were broadly endorsed although more specific details were requested on a number of points such as the size of the regions, the services to be included as a minimum requirement, the precise target groups of the early detection teams and the form parent participation was to take. A number of experimental schemes are at present being carried out in various parts of the country. The findings will furnish data on which the Government can base its final decision, which is expected in 1988.

B. ENVIRONMENTAL PROTECTION AND HEALTH AND SAFETY AT WORK

1. Legislation

96. (a) National: Nuisance Act of 1875; Pollution of Surface Waters Act of 1969; Air Pollution Act of 1970; Marine Pollution by Oil Act of 1958; Pollution of the Sea Act of 1975; Nuclear Energy Act of 1963; Pesticides Act of 1962; Dangerous Substances Act of 1969; Noise Abatement Act of 1979; Waste Disposal Act of 1977; Chemical Waste Act of 1976; Environmental Protection Act of 1979; 1979 amendments to the Earth Removal Act and Ground Water Act; Exceptional Medical Expenses (Compensation Act); Health Insurance Act of 1964;

(b) New: Working Conditions Act of 1980

2. General environment policy

97. At the end of 1986 an indicative multi-year environment programme for 1987-1991 was published. This is the third such programme, and elaborates on previous plans and the results achieved. The priorities for the next four years have not changed and are as follows:

Deposition of acid;

Discharge of fertilizers;

Diffusion of environmentally dangerous substances;

Disposal of waste streams, including soil clean-up, household and industrial waste, chemical waste and radioactive waste;

Nuisance, including noise, odour and radiation.

98. However, the Government is also to focus attention on other, more recent problems. It will pursue a two-track policy geared on the one hand to preventive and on the other to combative measures. A special programme of activities has been set up for 1987-1991. It contains an overview of all the measures and regulations proposed by the Government, as well as a schedule of dates by which objectives must be met. This programme is attached as an annex.

99. Since 1979 the Netherlands has moreover signed 10 international environmental conventions. The most important of these are:

The 1980 Convention on the physical protection of nuclear material;

The 1984 Agreement for co-operation in dealing with pollution of the North Sea by oil and other harmful substances;

The 1985 Vienna Convention for the protection of the ozone layer;

The 1985 Convention for the protection and development of the wider Caribbean region;

The 1986 Convention on early notification of a nuclear accident;

The 1986 Convention on assistance in the case of a nuclear accident or radiological emergency.

3. Working Conditions Act

Introduction

100. The first stage of the Working Conditions Act (Act of 8 November 1980, Bulletin of Acts, Orders and Decrees, No. 664) came into force on 1 February 1983 (Decree of 15 November 1982, Bulletin of Acts, Orders and Decrees, No. 673) (see annex 1).

101. The Act supersedes:

The Safety Act of 1934, with the exception, for the time being, of work performed in educational establishments, in the public service, aboard land, air and water vehicles and in penitentiary institutions and State institutions for the protection of children (sections 2 and 46);

The Silicosis Act;

The Stevedore Act, in so far as safety is concerned.

102. The Working Conditions Act contains provisions to ensure the safety, protect the health and promote the welfare of workers at work. Under section 24 of this new Act rules for its implementation can be made in regulations. The list of subjects in this section to which such rules may apply is not restrictive.

103. The Act itself imposes general obligations on employers:

The basic principles set out in section 3; these are the starting-points for policies aimed at safety, health and welfare. They relate in part to subjects governed by specific rules, and in part to subjects for which specific rules have not yet been made; subsections (f) and (i) contain provisions on welfare;

General company policies must seek, inter alia, to achieve the greatest possible degree of safety, the best possible degree of health protection and the promotion of the welfare of the workers (section 4, subsection 1);

Information and instruction must be given to workers on, inter alia, the nature of their activities, the related dangers, safeguards and personal protective equipment (section 6);

More extensive information and instruction for workers under the age of 18 (section 7);

Reporting and registration of accidents and occupational diseases (section 9).

104. Employers in companies and institutions designated in regulations may be obliged moreover:

To lay down a safety, health and welfare policy annually in the form of a written plan covering a period of at least one year (section 4, subsection 3);

To draw up annual reports (section 10);

To draw up occupational safety reports (section 5);

To appoint counsellors for workers under the age of 18 (section 8).

4. Health and welfare policy

105. Health and safety at work measures can also be used to promote equal opportunities for men and women at work, and to remove obstacles to this process. The Government Medical Advisory Service (RGD) is responsible for both health and safety at work and monitoring absence from work.

106. The industrial medical services do not distinguish between men and women; they are concerned only with medical fitness for a particular job. Pregnancy can give rise to temporary unfitness for work under certain working conditions; a doctor's certificate of unfitness is then issued in the interests of the woman or child.

107. Views on the roles of men and women can play a part in personal problems relating to work. Company doctors must be aware of this factor, and refer where necessary to a company social worker. The RGD requires company doctors to be sufficiently well-informed and understanding on this point.

108. Statistics show that on average women take more sick leave than men. However, this is largely attributable to non-sex-specific factors. In order to combat prejudice concerning more frequent absence from work among women, absence statistics must be specified according to sex, job level, age, number of working hours and - where possible - the nature and quality of the post. Maternity leave must be registered separately.

5. Company social work

109. Company social work is seen as the provision of expert help to individual members of groups of staff with a view to preventing or eliminating work-related problems. This frame of reference means that company social workers also find themselves dealing with staff problems relating to or stemming from traditional views and expectations concerning the roles of men and women.

C. PROMOTING PUBLIC HEALTH

1. Population screening

(a) Screening for cervical cancer

110. In 1975 the Government made funds available for scientific research into the utility of screening for cervical cancer in three large experimental regions. Shortly afterwards, public pressure led to the government subsidy

for this type of screening being extended to the rest of the Netherlands. Since this preventive screening was already largely taking place within the framework of primary health care and it proved impossible to cut back this percentage, the logical decision was made, in 1982, to halt this government-subsidized screening programme and to transfer responsibility for this type of preventive screening to the primary health care sector. The results of a departmental study convinced the Lower House that preventive screening for cervical cancer could be carried out responsibly within primary health care. Publicly-subsidized screening has now been phased out. The transitional situation is that screening is being continued in many parts of the country with the aid of municipal subsidies and/or financial contributions from the women screened. The final report on experimental screening in the three experimental regions, together with a cost-effectiveness analysis, will appear at the end of 1987.

(b) Screening for breast cancer

111. In a letter of 21 February 1977, the then State Secretary for Public Health and the Environment requested the President of the Health Council to publish an advisory report on the early detection of breast cancer. Two interim reports (1981 and 1984) were followed by the Health Council's final report in June 1987. The report, which based its findings on two Dutch pilot projects, concluded that there were grounds for biennial screening by mammography for women between 50 and 70 years of age.

112. In the course of 1987 the State Secretary for Welfare, Health and Cultural Affairs designated Nijmegen as the centre of reference for breast cancer screening, and provided start-up subsidies for the preparation of training programmes and improvement of the quality of screening. The Queen Wilhelmina Foundation undertook to prepare and carry out a public information campaign.

(c) Screening for lung cancer

113. Scientific research has shown screening for lung cancer to be ineffective. In the coming years, public health policy will continue to focus on primary prevention of lung cancer (see also 2 (d)). Officials of the Ministry will scrutinize the lung cancer mortality figures in order to ascertain whether - as chest specialists suggest - termination of tuberculosis screening appears to have had any adverse effects.

(d) Screening for cancer of the prostate

114. In response to a question from a Member of Parliament, the Ministry of Welfare, Health and Cultural Affairs carried out a survey of the relevant literature on the desirability of screening for cancer of the prostate. The Lower House was informed of the results in 1986, and fully concurred with the State Secretary's negative conclusion on this point.

2. Control of drugs/smoking/alcohol

(a) The State Institute for Drug Control

115. The State Institute for Drug Control in Leiden falls under the competence of the Ministry of Welfare, Health and Cultural Affairs. It fulfils a number

of important functions with regard to quality control and analysis of drugs. The quality of certain drugs is tested as part of the statutory registration procedure applying to particular drugs. Other drugs are also tested.

(b) Controlling alcohol consumption

116. The level of alcohol consumption in the Netherlands has more than tripled in the last 25 years. In 1986 the average drinker consumed approximately 12.5 litres, or more than 1,000 glasses of alcohol (100 per cent). The per capita consumption amounted to 8.3 litres of alcohol (100 per cent).

117. As a consequence of the sharp rise in alcohol consumption the number of alcohol-related problems has also increased considerably. In 1986, more than 2,000 people died as a direct result of alcohol abuse, while over 10,000 people were admitted to general hospitals in connection with alcohol-related diseases. In 1985, 5,300 patients with a primary diagnosis of alcohol addiction were admitted to psychiatric hospitals and addiction clinics. The Medical Consultation Bureaux for Alcoholics and Drug Addicts, whose work includes after-care, treated some 15,000 alcoholics and 11,000 drug addicts in 1987 at a total cost of approximately 70 million guilders. This disturbing rise has prompted the Government to announce a policy designed to moderate consumption. It will include publicity campaigns, encouraging the provision of more appropriate aid services for those with individual drinking problems, and structural measures such as the replacement of the Licensing and Catering Act by simpler and more effective alcohol legislation and the imposition of restrictions on alcohol advertising and sales outlets.

(c) Government policy on drugs

118. A central objective of government policy in recent years has been the prevention and control of the risks that arise from drug abuse to addicts themselves, to their immediate environment and to society as a whole. The basic aim is not to combat drug abuse itself or to prosecute the estimated 15,000 to 20,000 drug abusers, but to reduce the risks involved. In addition to taking action against illegal traffic in drugs, policy planning is taking increasing account of the personal and social circumstances in which people turn to drugs and continue to abuse them. For a long time attempts to provide assistance were too heavily concentrated on ending addiction, so that addicts who did not feel the need to "kick the habit" or were not capable of doing so remained beyond the reach of assistance. Assistance facilities are being brought more closely into line with addicts' real needs and capabilities. Thus there are now more forms of assistance aimed primarily at improving the social and physical functioning of addicts rather than curing addiction as such. A large number of out-patient facilities are provided by the Medical Consultation Bureaux for Alcoholics and Drug Addicts, including the provision of methadon (see figures given under previous heading). Methadon programmes have also been set up by some municipal health services. Besides the addiction clinics referred to in the section on alcohol, there are other organizations providing personal social services such as "street-corner" work, day reception centres, material support and social rehabilitation facilities. The process of social rehabilitation is not limited to the after-care stage, but receives attention from the time when aid begins.

(d) Discouraging smoking

119. For several years the Government's policy of discouraging smoking has largely taken the form of informing and educating the public. Thus, for example, a subsidy is given to the Health and Smoking Organization whose publicity campaigns increase public awareness of the dangers to health of smoking. Anti-smoking advice also forms part of the health education programme (introduced in schools and elsewhere) which aims to promote a healthier way of life. A second policy instrument is legislation. In 1987 a Tobacco Act was passed by Parliament. The provisions contained in it are intended to limit the extent of smoking and to protect non-smokers and, in particular, young people. It provides a statutory basis for the restriction of advertising, the prohibition of the sale of tobacco products in educational and medical establishments and the designation of non-smoking areas in public buildings. There are currently between 4 and 5 million smokers in the Netherlands and approximately 16,000 people die every year as a result of smoking. The percentage of smokers has fallen sharply in the past few decades but the total level of tobacco consumption has risen.

3. AIDS in the Netherlands

120. A national AIDS co-ordination team was set up in 1983, when it became clear that the AIDS virus posed a threat to the Netherlands as well as to other countries. One of the team's tasks was to co-ordinate public information on this new disease. At first such information was particularly aimed at high-risk groups, such as homosexual or bisexual men, intravenous drug abusers and haemophiliacs. Information programmes were also drawn up for blood donors and professional people likely to come into contact with the disease. Intermediaries such as GPs, municipal health services and hospitals were provided with information to pass on to the public.

121. The campaigns were largely aimed at increasing understanding of the process of infection, and at changing behaviour so as to prevent infection. Now, four years later, it is evident that larger sectors of the population need to be fully informed concerning infection with AIDS and its prevention. It is particularly important for heterosexuals who frequently enter into new relationships or have casual sexual encounters to know that they run a slight but very real risk. Since it proved difficult to reach this latter category (and more particularly their partners) by means of a targeted campaign, the need was felt for a broader public campaign in mid-1986. In November of that year, the Ministry of Welfare, Health and Cultural Affairs accordingly decided to launch a mass-media campaign.

D. HEALTH CARE

1. Health care and social services

(a) General

122. The standard of health care in the Netherlands is high, and is comparable to that in other western European countries. The extensive range of services made possible by the advanced state of medical science and technology is accessible to all. Local and regional authorities are responsible for ensuring that the health services they provide comply with national standards.

123. Amongst the problems currently causing concern are the rapid aging of the population, the demand for facilities for the elderly and rising expenditure on curative institutional care.

(b) New legislation

124. A move to bring health care and social services into a single statutory framework has led to a bill which will shortly be submitted to Parliament. It will be used to harmonize and co-ordinate these two fields of care.

125. The legislation under preparation focuses to a large extent on reducing, where possible, the role of the State, with a view to maximizing individuals' responsibility for themselves and for their own health care. In this way it is hoped to increase the self-reliance of individuals within society.

(c) Specific measures

126. It has emerged that drawing a distinction between various fields of care can promote a pragmatic and effective approach. The resulting categories are as follows:

1. Home care: primary health care (GPs, home-nursing associations, home helps, general social work);
2. Mental health care;
3. Care of the physically handicapped;
4. Care of the educationally subnormal;
5. Specialized somatic care;
6. Care of the addicted;
7. Care of the elderly;
8. Care of young people.

127. The most important criterion is that the individual finds access to the right facility at the right time, and then obtains "tailor-made care". The social services policy has resulted in a complex and extensive system of facilities of a high standard. Increasing pressure as a result of demographic trends and social and economic factors has made it necessary to examine the possibility of retaining the same level of facilities or cutting them back, while continuing to achieve the objectives of the social services. An important priority continues to be the creation of clear and effective policy and funding structures which take into account relationships within the broader context of the social and caring services and voluntary work, while remembering that identification of needs and implementation should take place as close to grass-roots level as possible, and that planned targets should be flexibly adjusted to local or regional requirements.

128. Since January 1983 the State Secretary for Welfare, Health and Cultural Affairs has published the following policy documents: "Public health policy with restricted means", "Staffing policy for the health sector" and "Staffing

policy for the social services". The first of these documents gives the main outline of public health policy and the available budget, taking into account the effect of cuts on the health sector. The second and third documents outline the factors relating to the supply of and demand for staff in the sectors concerned.

2. The cost of health care

129. In 1986 the total cost of health care was nearly 34 billion guilders, or 8.6 per cent of the national income. The main budgetary item is in-patient care. By far the greater part of health care is financed through health insurance schemes, i.e. the Health Insurance Act and the Exceptional Medical Expenses (Compensation) Act.

130. As noted in the previous report, there are three types of health insurance: compulsory, voluntary and a special health insurance for the elderly. In 1986, 62 per cent of the population were insured against medical expenses under the Health Insurance Act, which entitles them to free treatment by general practitioners and specialists, free medicines, free treatment at hospitals or psychiatric hospitals and subsidized dental treatment.

131. Insurance under the Health Insurance Act is compulsory for all employees (other than civil servants) with an income not exceeding Fl.48,500 per annum (1986). The figure is adjusted annually. The contribution payable is 9.6 per cent of the employee's wage (1986), but must not exceed a certain maximum. The exceptional Medical Expenses (Compensation) Act covers everybody irrespective of income and provides for the most serious risks which are difficult if not impossible to insure, for example, the expenses of long-term illness or serious injury exceeding the means of the individual. In 1986 the total cost of health care under the Exceptional Medical Expenses (Compensation) Act amounted to over 8.5 billion guilders.

132. It is important that health care does not become too expensive to fund in future. Those in real need of expensive and intensive care must continue to receive it even if the financial and economic situation becomes difficult, as expected. The twin aims of promoting the self-reliance of patients and keeping the costs of health care as a whole within budgetary limits require an approach geared to yet more selective deployment of professional care and advanced technology. This general objective finds expression in the main lines of policy for the promotion of health and the various caring sectors. The promotion of health embraces both the fostering of healthy life-styles and the prevention of unnecessary health risks. In general, relatively strong emphasis is placed on prevention.

133. More curative care is based on a simple model of complementary and successive processes, entailing an inevitably diminishing degree of self-reliance and of scope for patients to remain in their own environment. Policy on home and primary health care is geared to promoting co-operation and to increasing or maintaining the capacity of the caring services, in the fields of both health care and the social services. Specialized non-residential mental health care facilities should be improved and co-ordinated with in-patient facilities, although caution is required as regards specialized medical care. Here, treatment on an out-patient basis has increased so considerably that further expansion would be undesirable in terms of both funding and quality. In order to promote selective treatment, policy

is to be geared to fostering residential care. However, residential capacity is to be reduced across the board, with particular emphasis on general and psychiatric hospitals. There will be a slight expansion of nursing home facilities for psycho-geriatric patients. Particular emphasis is to be placed on the development of day-care facilities by almost all residential care establishments.

134. This policy model does not extend to the largely preventive types of basic health care, provided mainly by the basic health services. Policy continues to be geared to the establishment of a full national network of such services.

135. An attempt is to be made to review the health insurance system so as to restrict unnecessary care and thus reduce the burden of contributions. First, measures are to be taken concerning voluntary insurance and health insurance for the elderly. Given the extremely restricted funds available, the Government's public health policy must be directed towards the establishment of a health service which promotes both solidarity and the individual responsibility of those seeking and those providing care.