



**Economic and Social Council**

Distr.  
GENERAL

E/1980/6/Add.33  
8 November 1983

ORIGINAL: ENGLISH

---

First regular session of 1984

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

Reports submitted in accordance with Council resolution 1988 (LX)  
by States parties to the Covenant, concerning rights covered by  
articles 10 to 12

NETHERLANDS

[29 April 1983]

CONTENTS

	<u>Paragraphs</u>	<u>Page</u>
INTRODUCTION .....	1 - 4	4
<u>Chapter</u>		
<u>Part one</u>		
THE NETHERLANDS		
I. GENERAL .....	5 - 6	5
II. ARTICLES 1 TO 5 .....	7 - 12	5
A. Article 1 .....	7	5
B. Articles 2 (2) and 3 .....	8 - 11	5
C. Articles 4 and 5 .....	12	6
III. ARTICLE 10. PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN .....	13 - 48	6
A. Protection of the family .....	13 - 31	6
1. Children's day centres .....	19	7
2. Day nurseries .....	20	7
3. Experimental policy .....	21 - 22	8
4. Day-care outside school hours .....	23	8
5. Exchanges .....	24	8
6. National and provincial organizations .....	25 - 26	9
7. Information services for parents with young children .....	27	9
8. Toy libraries .....	28 - 29	9
9. Day centres for schoolchildren .....	30 - 31	10
B. Maternity protection .....	32 - 38	10
C. Protection of children and young persons .....	39 - 48	11

/...

CONTENTS (continued)

<u>Chapter</u>	<u>Paragraphs</u>	<u>Page</u>
IV. ARTICLE 11. THE RIGHT TO AN ADEQUATE STANDARD OF LIVING .....	49 - 91	12
A. Right to adequate food .....	49 - 63	12
B. Right to adequate clothing .....	64	16
C. Right to housing .....	65 - 91	16
International co-operation .....	89 - 91	19
V. ARTICLE 12. THE RIGHT TO PHYSICAL AND MENTAL HEALTH ...	92 - 131	19

Part Two

THE NETHERLANDS ANTILLES

VI. GENERAL .....	132 - 139	26
VII. RIGHT OF SELF-DETERMINATION AS LAID DOWN IN ARTICLE 1 OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS .....	140 - 144	27
VIII. ARTICLE 10. PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN .....	145 - 167	28
A. Protection of the family .....	145 - 148	28
B. Maternity care .....	149 - 153	29
C. Protection of children and young persons .....	154 - 167	29
IX. ARTICLE 11. THE RIGHT TO AN ADEQUATE STANDARD OF LIVING .....	168 - 182	31
A. Standard of living .....	168	31
B. Food .....	169 - 177	31
C. Clothing .....	178	33
D. Housing .....	179 - 182	33
X. ARTICLE 12. THE RIGHT TO PHYSICAL AND MENTAL HEALTH....	183 - 193	33

ANNEX

LIST OF REFERENCE MATERIAL .....	37
	/...

## INTRODUCTION

1. The Kingdom of the Netherlands consists of two countries, the Netherlands and the Netherlands Antilles, which are linked under a legal framework laid down in the Charter of the Kingdom of the Netherlands, proclaimed on 15 December 1954. Originally, the Charter also applied to Suriname which, however, became completely independent on 25 November 1975.

2. To summarize the principles underlying the Charter of the Kingdom, under the legal framework it creates, the two countries serve their own interests independently and are bound, on the basis of equality, to take care of their common interests and to provide mutual assistance. These basic principles are stated in the preamble to the Charter and elaborated in the Charter itself.

3. The legal framework linking the two countries cannot be amended by one country acting unilaterally; there must be agreement between them before any changes can take place. The possibility of further constitutional development is left completely open. On 17 January 1979, a working party was set up to examine the political and legal relations between the Antillean Islands, the Government of the Netherlands Antilles and the Kingdom of the Netherlands. Its members were appointed by the Government of the Netherlands, the Netherlands Antilles and each of the islands. In February 1981 the report of this working party was discussed during a first round-table conference, in which the aforementioned parties participated. From then on further talks were held, leading to a second round-table conference in March 1983 which was dedicated to the future position of the island of Aruba. The main outcome was that Aruba will exercise its right to self-determination by opting for independence, to be realized in 1996. The agreement envisions a 10-year "separate status" transition period, beginning 1 January 1986, during which period Aruba will become a country with full status under the Kingdom Charter.

4. The Charter lays down that each of the countries is responsible for putting basic human rights and freedoms into effect, but it is the responsibility of the Kingdom as a whole to guarantee this. In view of the above, the report on the measures adopted in the Kingdom of the Netherlands and the progress made in achieving the observance of the rights recognized in the International Covenant on Economic, Social and Cultural Rights is divided into two parts:

- (a) Part one deals with observance of the Covenant in the Netherlands;
- (b) Part two deals with its observance in the Netherlands Antilles.

Part One

THE NETHERLANDS

I. GENERAL

5. The present report on measures adopted in the Netherlands and progress made in achieving the observance of the rights recognized in the International Covenant on Economic, Social and Cultural Rights covers the period from the entry into force of the Covenant on 3 January 1976 until the end of 1979. Where possible, information concerning 1980 has been included. The Covenant entered into force in the Netherlands and the Netherlands Antilles on 11 March 1979.

6. For a description of social security legislation in the Netherlands, see item 7 of the annex.

II. ARTICLES 1 to 5

A. Article 1

7. 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 first report submitted by the Kingdom of the Netherlands pursuant to article 40 of the International Covenant on Civil and Political Rights (CCPR/C/10/Add.3, p. 8).

B. Articles 2 (2) and 3

8. The measures which are being or have been adopted in order to guarantee the rights recognized in articles 10 to 12 of the International Covenant on Economic, Social and Cultural Rights do not discriminate in vesting rights in people except on reasonable and objective grounds. These grounds should be assessed in the light of the aim and effect of the measures concerned, bearing in mind the principles which normally apply in a democratic society and the nature of the various rights referred to in the Covenant.

9. The obligation to ensure the equal right of men and women to the enjoyment of rights as laid down in article 3 is derived, a fortiori, from the general principle of non-discrimination.

10. In this context mention should be made of the fact that, on the basis of article 26 of the International Covenant on Civil and Political Rights, everybody in the Netherlands is entitled to invoke the rights provided for by the Covenant if he believes that unlawful discrimination has been practised against him, since articles 65 and 66 of the Dutch Constitution provide that certain types of provisions in international conventions shall have direct legal effect and in some cases formally override the country's law. The Supreme Court of the Netherlands has pronounced judgements in which article 26 was applied directly in the Dutch legal system.

11. In a ruling by the President of the Judicial Division of the Council of State on a question submitted to him, a provision of the International Covenant on Economic, Social and Cultural Rights was applied in conjunction with article 26 of the International Covenant on Civil and Political Rights (see item 2 of the annex).

C. Articles 4 and 5

12. The Netherlands subscribes to the obligations provided for by these articles. Reference may be made to the above-mentioned report (CCPR/C/10/Add.3, p. 10).

III. ARTICLE 10. PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

A. Protection of the family

13. Dutch family law is set out in Book 1 of the Civil Code. Information on the relevant provisions was provided in the above-mentioned report (CCPR/C/10/Add.3, pp. 30-31).

14. Dutch family law guarantees that marriage can only be entered into with the full and free consent of both spouses.

15. The Netherlands Government does not provide marriage grants. For child benefit arrangements, please see the Netherlands report pursuant to Convention No. 102, part VII (Family Benefits), of the International Labour Organisation (ILO) covering 1 July 1976 to 30 June 1980, which is the most recent report on the subject.

16. Government involvement in assistance or services to families is predominantly indirect; most of the work in this area is carried out by voluntary bodies. None the less, the Ministry of Cultural Affairs, Recreation and Social Welfare does subsidize some social service facilities for families, the aim of which is to provide information, advice and services to individuals and families faced with problems arising from difficult or inadequate relationships, situations and events which radically affect their lives (such as divorce or the death of a member of the family), insufficient basic means of subsistence or inadequate opportunities for personal development.

17. In general, social services are available to anybody who requests them, although some bodies concentrate on particular problem categories, such as foreign families (especially families of migrant workers), one-parent families and families in which violence is used or has been used in the past.

18. Sections 1 to 9 below deal mainly with facilities and arrangements for children and parents.

### 1. Children's day centres

19. At day centres, young children can play together under adult supervision for a number of hours during the day. The number of day centres for children has risen dramatically over the past 15 years. In the mid-1960s there were only a few hundred, whereas now there are about 3,500, and the number is increasing annually. Various reasons underlie the increase: opportunities for children to meet others of their own age have greatly decreased because families have become smaller and increasing road traffic has made it far more dangerous to play in the street. In addition, changing educational views have influenced the situation: many parents make an effort to ensure that their children come into contact with adults and children outside the family from a very early age. Changes in the role of women in society have also influenced developments. The upbringing of children is now the joint responsibility of fathers and mothers. Mothers have more activities outside the home (work, study etc.). The number of single parents has grown - at present there are 275,000 - and as they can only combine work and bringing up their children if there are enough day-care facilities, this has also contributed to the increase in provision. There are various types of children's day centres: pre-school play groups, day nurseries, day centres for schoolchildren and family exchange centres. The great majority are play groups, of which there are now (1981) a good 3,000. The play group movement came about in the 1960s largely as a result of initiatives taken by graduate women. Toddlers had a chance to play together while their mothers took turns looking after them. At present some 30 per cent of two- to three-year-olds in the Netherlands play together a few mornings per week, often supervised by a trained adult. Parents are usually heavily involved in this type of work and many mothers and fathers contribute their time voluntarily. In theory, play groups are open to all children, though in practice there are often waiting-lists. The Government provides funds for work with toddlers through the State social and cultural financing scheme. Municipal authorities often cover the majority of the costs themselves, and the parents also contribute, often according to the net income of the family, the amounts varying from one municipality to another.

### 2. Day nurseries

20. At present there are some 200 day nurseries in the Netherlands, with a total capacity of about 7,000 places for the under-twelves. They are open for at least eight hours every weekday and are used particularly for the under-four age group. In theory they are open to all children, though priority is given to those in the greatest need, such as the children of single working or student parents, children of foreign parents and children who would otherwise have little contact with other children. The demand for such facilities has increased enormously, and there are usually long waiting lists. Scores of initiatives which are taken every year to create new facilities of this nature come to nothing because of the great expense involved (about 10,000 guilders per child per year). Government interest in this type of child care is fairly recent when one considers that day nurseries have been in existence in the Netherlands for over a century. At present the Government contributes about 32 million guilders towards municipal subsidies for day nurseries. The State bears the cost of the trained staff (about 60 per cent of the

/...

total cost), who number about 1,000 in 152 institutions. On average there is one member of staff per six or seven children. The remaining expenses are paid by the municipalities and the parents, the latter according to their means on a scale running from 12 guilders to several hundred guilders per month, for which the child is fed and cared for five full days per week. Most day nurseries in the Netherlands are in the large towns and cities.

### 3. Experimental policy

21. A number of experimental day nurseries have recently been opened to cater particularly for non-Dutch children, since for many different reasons the children of foreign (mainly Turkish and Moroccan) parents are seldom placed in the usual Dutch day nurseries. Foreign supervisors have been recruited for the experimental programmes and suitable opening times and charges have been determined. These international nurseries also take Dutch children. The experiment is to try to find out whether it may be possible to avoid foreign parents having to leave their children with foster families, often far away from their homes, or to older daughters who are thus prevented from attending school, or to illegal creches.

22. Preparations are now under way for two projects which seek to integrate day care for both disabled and able-bodied children. This policy is largely the result of the increasing desire of parents to care for their disabled children at home. Many parents try to look after their disabled children at home for as long as possible, making use of the local amenities.

### 4. Day-care outside school hours

23. Looking after schoolchildren in the 4-to-12 age group has been a relatively neglected area in child care. There are facilities for supervision during lunch hours in some municipalities, but plans for supervision after school or during the school holidays often fail to get off the ground properly. Organizational problems are obviously paramount here. In a few municipalities it has been possible to arrange facilities in community centres or in conjunction with day care nurseries or schools. In 1980, projects were started in 13 municipalities to make a more systematic analysis of the organizational possibilities for out-of-school day care.

### 5. Exchanges

24. It is quite common in the Netherlands for parents to look after other people's children: in many cases they take it in turns, and the system can have many advantages, especially when the children are very young. The central Government has as yet been only slightly involved in this type of child care. At some day nurseries arrangements are made for a more formal exchange system.



## 6. National and provincial organizations

25. The majority of day nurseries are affiliated to the national Day Nurseries Association (Werkgemeenschap Kindercentra in Nederland), which promotes national activities and represents the day nurseries in consultation with the Government and other bodies. It is directly involved in providing services to nurseries and promoting expertise among their staff, and receives a state subsidy for these two specific purposes.

26. Provincial, regional and city organizations are closer to the grass-roots of child care. The State, provinces and municipalities jointly pay a number of child-care consultants whose most important function is to assist the nurseries in a particular way, for example by giving courses, advising etc. Much of the administration and executive work in this field is done by volunteers (parents): some 25,000 volunteers are involved with play-groups for very young children, and the support of the consultants is essential to them.

## 7. Information services for parents with young children

27. Many parents have questions about the upbringing of their young children, relating perhaps to their own parental role or to the child's behaviour. The prevailing impression is that parents have more queries about these matters now than formerly. The smaller family puts increased emphasis on upbringing, and places the mother in a more isolated position. The fact that there are now rarely any young children left in a family by the time the eldest child has its first baby means that there is far less opportunity for knowledge to be transferred from one generation to the next at first hand, and undoubtedly this has also had its effect. The Parenthood Information Organization (Stichting Opvoedingsvoorlichting) provides a service for people who are bringing up young children. It operates projects which are often carried out in close co-operation with the network of child-care facilities: health centres, children's centres, schools and toy libraries. The object is to get the professionals and volunteers in this type of work to carry out as many activities as possible by themselves: parental discussion groups, exhibitions of games and toys etc. The organization offers advice and promotes activities. The "preventive" activities are particularly aimed at disadvantaged groups: single or foreign parents, unemployed or low-income parents etc.

## 8. Toy libraries

28. Information on games and toys is a natural part of parenthood information, and toy libraries run by volunteers play an important role in this field. Toys and play materials are lent out not only to parents, but also to institutions such as schools, children's day centres and hospitals. In addition, the toy libraries supply information on toys and play materials and provide children with the opportunity to play together at the toy library. A number of toy libraries also aim to integrate certain groups, such as disabled and foreign children. Some have broad objectives such as providing information on all aspects of parenthood.

29. There are at present some 200 libraries in the Netherlands, and the numbers are continually increasing. Many of them develop and provide toys for disabled children. Assistance is channelled through the Toy Library Foundation (Stichting Speel-o-theek Nederland), which has now merged with the Parenthood Information Organization (Stichting Opvoedingsvoorlichting). There are six regional bureaux offering this type of assistance, which includes guidance, courses and the provision of information and advice. The foundation works with school advisory services, children's day centres, nursing organizations etc.

#### 9. Day centres for schoolchildren

30. Day centres for schoolchildren (sometimes called Boddaert centres) are coming to occupy an increasingly central place in youth services. In 1903, Jonkvrouwe E. C. Boddaert established the first centre for schoolchildren, the principal aim of which was to assist children who were in difficulties because their parents were alcoholics, prostitutes, criminals etc. The aim was not to remove children from the family home but to improve their situation by involving the school and the family. At a time when there is doubt about the usefulness of treating children in isolation and when children are being taken into care less and less often, the Boddaert centre provides an answer. The central Government also recognizes current social trends and is increasingly directing policy towards less residential forms of care and services. Boddaert centres are for 6- to 18-year-old schoolchildren. Often they are children with emotional or social problems caused by an inability to relate to the home environment, or they may have slight physical disabilities. The centres also help children who have difficulties at home owing to external factors, such as problems in the neighbourhood or at school.

31. The assistance offered by the centres is a combination of treatment of a mild nature by child-care consultants and social workers etc., and supervision of the children by group and youth leaders. An essential feature of this kind of assistance is that it does its best to maintain all the child's ties with school and parents, which is why they are only open outside school hours. Obviously, the centres have to be close to both schools and children's homes. There are at present 52 day centres for schoolchildren, catering for 991 children. They are usually located in the cities. The state subsidy amounts to some 30 million guilders - about 87 per cent of the total cost. The rest is paid by parents and municipalities. Parents pay according to their means on the same scale as for day nurseries. The total cost of the centres is about 35,000 guilders per child per year.

#### B. Maternity protection

32. Information on the relevant legal provisions concerning maternity can be found in the above-mentioned report (CCPR/C/10/Add.3, p. 32).

33. Information on medical care for mothers is given in paragraphs 95 to 97 of the present report.

/...

34. The Sickness Benefits Act, 1929, provides for paid maternity leave subject to specified conditions, and the Factories Act, 1919, lays down that mothers shall be permitted to take the necessary time off from work to breast-feed their babies. Similar provisions are to be found in the General Civil Service Regulations, the National and Municipal Police Regulations and the Contracts of Employment Decree.
35. For the payment of maternity benefits, please see the Netherlands report pursuant to ILO Convention No. 102, part VIII, covering 1 July 1976 to 30 June 1980, which is the most recent report on the subject.
36. The Civil Code lays down that any clause in a contract of employment providing for dismissal on account of marriage, pregnancy or maternity is null and void.
37. There are no specific measures for maternity protection for working mothers who are self-employed or work in a family business. However, the National Assistance Act provides for financial support to any body resident in the Netherlands who is wholly or partially unable to provide for the subsistence of himself or his dependants, or who is in danger of finding himself in such a situation. A Home Help Service Scheme also exists, to which families or members of families may apply if they are unable to do their own housework, either on account of hospitalization of a member of the family or for any other reason (see also item 3 of the annex).
38. A limited number of places are available at day nurseries for children of one-parent families where the parent is compelled to combine work with bringing up children, and there are about 40 organizations to assist one-parent families. For information on social security provision, please see the Netherlands report pursuant to ILO Convention No. 102, part X (Survivors' Benefits), and pursuant to ILO Convention No. 128 (Invalidity, Old Age and Survivors' Benefits), both covering the period 1 July to 30 June 1980.

#### C. Protection of children and young persons

39. The civil law measures to protect children are contained in the Civil Code and have been described in the above-mentioned report (CCPR/C/10/Add.3, pp. 32 and 33), which also gives information on the special criminal law provisions concerning minors (pp. 21 and 22). See also item 4 of the annex, which concerns child care and protection in the Netherlands.
40. Provisions for the implementation of civil and criminal law in relation to minors, and for punishment as appropriate, are laid down in the Child Care and Protection Act, 1961, and the Child Care and Protection (Enforcement) Decree, 1964. Provisions for the supervision, care and upbringing of foster children are laid down in the Foster Children Act, 1951. Guidelines have also been drawn up concerning the adoption and admission to the country of foster children of foreign nationality. For general information on foster children and parents and on adoption, see items 5 and 6 of the annex.

41. Youth advisory centres exist to provide social counselling to young people facing, or likely to face, problems. This involves supplying information and advice, intermediary services, immediate assistance and long-term assistance to provide support and influence behaviour. Staff at the centres adopt a broadly based approach, looking not only at the young person's physical, emotional and psychological state but at his situation with respect to home, school and/or work and indeed society at large. By looking at the social causes which underlie young people's problems, the centres are intended to help eliminate them at their source.

42. With respect to the care of children away from the parental home, reference can be made to items 4 and 7 of the annex.

43. Provisions for disabled children have been integrated into the general policy on the disabled, which is summarized in item 8 of the annex.

44. Concerning the protection of children against economic, social and all other forms of exploitation, neglect and cruelty, the Criminal Code contains a number of articles which are relevant in this context. Firstly, there are the articles relating to immoral acts involving children. Secondly, there are the articles which make it a punishable offence to abandon children in need of assistance and wilfully to remove a minor from the lawful authority.

45. Doctors' bureaux have been set up to which members of the public can report cases of child abuse, knowing that their reports will be treated as confidential (see item 4 of the annex).

46. The Factories Act limits the hours which may be worked by young people, the type of work they may do and the conditions in which they may do it. Children who are still subject to compulsory schooling or who have not yet reached school age, and certain other categories of children, are not permitted to work. The Compulsory Education Act, 1969, as last amended in 1975, lays down that every child must attend school full time for 10 years, and two days a week thereafter. Some exceptions are permitted to the prohibition on children and young people working during the period of compulsory education, but age 13 is the absolute minimum (from which age an adult's children, foster children, adopted children or the children of his or her spouse may assist in light work).

47. The Netherlands has ratified ILO Convention No. 138 on the minimum working age.

48. Information concerning the dependent population eligible for employment may be found in item 9 of the annex.

#### IV. ARTICLE 11. THE RIGHT TO AN ADEQUATE STANDARD OF LIVING

##### A. Right to adequate food

49. The right to an adequate standard of living is guaranteed for every citizen of the Netherlands by the National Assistance Act of 13 June 1963 which laid down new provisions on government assistance to meet the cost of subsistence.

/...

50. The Act states that financial assistance is a responsibility of the authorities, in other words, they are obliged to provide such assistance and the individual has a right to receive it. Thus, the provision of financial assistance is not an act of charity but an expression of the solidarity of all citizens.

51. The National Assistance Act is based on the principle that, while every citizen has a responsibility to provide for himself and his dependants, the authorities have a duty to provide financial assistance to anybody resident in the Netherlands who is either totally or partly unable to support himself or his dependants, or in cases where there is a danger of such a situation arising. This last provision makes it possible for people to apply for assistance in good time. The assistance is intended to enable the individual to meet necessary day-to-day expenses and, wherever possible, to earn his own living again. Claimants may appeal if they disagree with any decision taken under the Act, or if a decision is not being properly put into effect. National assistance is individual in the sense that, while based on flat rates, it may be adjusted from case to case according to the personal circumstances of the claimant and his dependants. The amount of benefit is therefore not the same for everyone. It is also supplementary in the sense that a person with an insufficient income from work or from social security will be granted assistance to bring his income up to the level required to meet his essential cost of subsistence. Conditions are attached to national assistance; the claimant must accept work if he is deemed fit to do so, and he must also put the assistance to the purpose for which it is intended. Benefit may be reduced or discontinued if the claimant does not comply with these or other conditions (which, however, must not restrict political freedom or freedom of religion or conscience).

52. Applications for national assistance should normally be made to the municipality in which the claimant lives. The municipality is obliged to investigate the claimant's financial circumstances, but the investigation must be limited to the information needed to make a proper assessment of the claim. The claimant is informed of the decision in writing. The municipality must give its reasons if it decides to reject the claim, and it must also inform the claimant of the opportunities for appeal.

53. Benefits are generally granted for the claimant's family, that is, claimant, spouse and children under the age of 21.

54. By far the greater part of the land (approximately 78 per cent) is in use for agriculture or horticulture, including approximately 8 per cent forest. Nature reserves and water account for just over 13 per cent, and urban areas (including roads etc.) for 9 per cent. These figures are changing gradually.

55. The development of rural areas calls for planning and for responsible land-use with a view to ensuring:

- (a) Efficient agriculture;
- (b) Acceptable living and working conditions there;

/...

- (c) Maximum access to rural areas for the whole of the non-farming population;
- (d) The preservation of as great as possible a variety of natural areas.

56. Since water is an important resource for agricultural production, measures were taken early on in history to optimize water management. The Water Control and Purification Boards have played an important part in managing and maintaining public works for purposes of water control. The Netherlands presented a paper on this subject at the United Nations Water Conference, held at Mar del Plata, Argentina, from 14 to 25 March 1977.

57. Measures to increase agricultural productivity are primarily the concern of the farmers themselves but the Government also facilitates and encourages such measures in consultation with organizations representing farmers, with the following purposes:

- (a) To make farmers better informed, by means of research, education and agricultural extension services;
- (b) To improve the agricultural infrastructure and broaden the base of the economic structure at the same time as increasing employment outside agriculture;
- (c) To reduce manpower per unit area, to realize economies of scale and develop farms.

Details are given in the Country Review Paper for the World Conference on Agrarian Reform and Rural Development, which was held in Rome from 12 to 20 July 1979.

58. The Government pursues an active policy on the following areas, partly with a view to securing the best possible food supplies:

- (a) A transport policy based on a licensing system;
- (b) Control of the location of retail outlets, notably with reference to business competence and to maintain a proper distribution system;
- (c) A price policy laying down maximum and minimum prices for certain primary necessities;
- (d) The Government grants temporary subsidies at times of serious temporary shortages (arising from natural causes) of domestic products which do not fall under marketing and price regulations of the European Communities for agricultural products;
- (e) The Government encourages the establishment of auctions as a means of concentrating supply and demand; the Government provides broadcasting time in order to make known the daily quotations of various agricultural products nation-wide;
- (f) A competition policy to ensure optimal patterns of distribution and prevent unfair competition;

/...

(g) An income policy to ensure that every citizen receives an income sufficient to provide the basic necessities of life.

59. The Ministry of Agriculture and Fisheries publishes annual figures on per capita consumption of foodstuffs, which show that the public's needs are amply catered for. This is confirmed by more detailed nutritional research. Therefore, there are no special programmes to raise levels of consumption.

60. However, there is increasing emphasis on public information concerning nutrition, since the evidence is that people are inclined to eat too much and to live on an unbalanced diet. One of the ways in which the Ministry of Agriculture and Fisheries and the Ministry of Health and Environmental Protection promote public information is by financing the Nutrition Information Office, which primarily seeks to contact teachers, doctors, dieticians etc., rather than approaching the public directly; the aim is to encourage people in these professions to pass on appropriate information to the public. This includes information for foreign workers, who are one of the categories most at risk.

61. The quality of food is subject to various regulations laid down by commodity boards and to the 1935 Commodities Act, the 1971 Agricultural Quality Act and other legislation. These contain provisions relating to trade descriptions and quality standards. Various provisions have also been laid down pursuant to the 1919 Meat Inspection Act regarding inspection before and after the slaughter of livestock and hygiene requirements for meat and the premises where it is in any way processed, handled or offered for sale. There are also regulations to control health hazards arising from the use of pesticides on crops intended for consumption (the 1962 Pesticides and Allied Substances Act).

62. By means of its development policy, the Dutch Government seeks to make as large as possible a contribution to the battle against poverty and to eliminating world hunger. The Netherlands participates actively in all international organizations working to resolve the world food problem, for example the Food and Agriculture Organization of the United Nations (FAO), the World Food Council and the 1979 World Conference on Agrarian Reform and Rural Development. The Netherlands is increasingly assigning priority to agriculture in its financial and technical aid, both multilateral (for example, the International Fund for Agricultural Development (IFAD) and the United Nations Development Programme (UNDP)) and bilateral.

63. First and foremost, the Netherlands provides aid towards the structural solution of the food problem by increasing food production in developing countries, notably the food priority countries. In order to alleviate urgent needs the Netherlands contributes towards the international emergency food reserve, the World Food Programme and European Communities food aid and provides bilateral food aid. In the European Communities context, the Netherlands favours a new international food aid agreement with guaranteed supplies of at least 10 million tonnes of grain per year. Stable development of the world grain market is also desirable, and the Netherlands will continue to seek a new international grain agreement.

B. Right to adequate clothing

64. Information on this topic may be found in paragraphs 49 to 53 above.

C. Right to housing

65. The aim of the housing policy is to provide for the housing needs of all citizens of 18 years and over, regardless of marital status, nationality, sex, age or composition of household. There must be no discrimination.

66. In 1980, in a letter to the municipal authorities on housing allocation policy, the then State Secretary for Housing and Physical Planning stated that he had repeatedly received reports that certain municipal regulations included provisions which certain categories of people could regard as discriminatory, for example, provisions preventing the issue of permits to single women or to people living together outside marriage on a long-term basis. There is no justification for placing men or married people in a privileged position in this way. Such regulations, therefore, run counter to government policy, which prohibits discrimination in general and between the sexes in particular.

67. The then State Secretary also reminded municipal authorities of the difficult circumstances faced by foreign workers. Even after members of their families have been admitted to the country to join them it often takes a long time to find suitable accommodation, and the State Secretary therefore asked the municipalities to do everything they could to create favourable conditions for family reunification from the point of view of housing. He trusted that the municipalities would make it clear in their regulations that applications for accommodation from foreign workers were dealt with according to the same objective criteria as those from anybody else. The State Secretary pointed out that the housing of members of minority groups, such as foreign workers, had a special place in construction policy, and that 5 per cent of all new dwellings were intended for them.

68. Housing policy is based on the 1901 Housing Act, as thoroughly amended in 1965. Particularly since the Second World War, the Act has assumed great significance as an instrument of governing the use of central government funds for housing. There is a detailed system of regulations providing for financial assistance both for the construction of new dwellings and for improvements to old ones. Temporary and permanent rent assistance grants exist for tenants who cannot afford to pay the rent in full.

69. Policy on rents and subsidies is a very important instrument of housing policy. The year 1979 was important for legislation on rents, as it saw the passing of the Rent Act, the Rent Commission Act and the Rent Decree. The most important elements in the new legislation are its structural character, the link it established between rent levels and the quality of housing, and the creation of greater uniformity in procedures for settling rent disputes.



70. Since 1 July 1979, the same regulations have applied throughout the country with respect to security of tenure. First, there is the relevant provision in the Civil Code; the provisions of the relevant Act have been amended to bring them into line with it. Tenants have security of tenure as the users of premises, and the lessor can only terminate the rent agreement for one of the reasons laid down in the Act. There are only two cases in which a rent agreement is automatically terminated at the end of a period of notice (a minimum of three months):

(a) If the tenant gives notice himself;

(b) If the tenant has agreed in writing to the lessor's decision to give notice.

In all other cases, the rent agreement remains in force until a court has decided, at the request of the lessor, to terminate it.

71. There are some categories of people who find it more difficult to obtain rented accommodation than others because potential landlords regard them more critically; examples are the least affluent, ethnic minorities, and in some cases people living together outside marriage. Such discrimination is contrary to the principles of housing policy.

72. In an attempt to provide equally for the needs of all categories, special measures have been taken to assist the elderly, the disabled, one- and two-person households, and cultural minorities (that is, persons of Surinamese, Antillean and Moluccan origin and migrant workers from the Mediterranean, caravan-dwellers, gypsies and certain categories of refugees).

73. Encouraging home ownership constitutes an important part of central government policy. In 1979, the subsidy regulations for this purpose were altered into the Owner-occupied Housing (Financial Assistance) Order. The aim of the regulations is to provide subsidies where they are most sorely needed, and there is therefore an income limit above which it is not possible to obtain an annual subsidy.

74. The regulations also provide for people with low incomes to obtain large subsidies towards the purchase of a dwelling in the cheaper range; these subsidies are according to income and are reduced annually, reaching zero after a maximum of 17 years.

75. In 1979 the Private Housing Improvement (Financial Assistance) Order, which governs financial assistance by the central Government to municipalities for the improvement of privately owned rented accommodation and owner-occupied dwellings, was also amended. This is an important way of improving conditions in old districts.

76. Parliament has now passed the Unoccupied Dwellings Act. Broadly speaking, its provisions are as follows.

77. Municipalities with more than 25,000 inhabitants must register all unoccupied dwellings. Municipalities with fewer inhabitants do so voluntarily.

/...

Non-residential buildings need not be registered. Owners of dwellings must register them within two months of their becoming unoccupied, and must immediately inform the authorities when they are re-occupied.

78. Dwellings occupied by squatters are classified as unoccupied.

79. The same procedural rules apply to the requisitioning of dwellings and of other buildings. For example, it is possible to make a requisition order without stating the name of the person for whose use the dwelling is required, and there is a procedure for rapid appeal to the administrative courts by the owner. This ensures that any uncertainty as to whether a requisition order will actually be put into effect is kept as brief as possible.

80. If a non-residential building is requisitioned with a view to converting it for residential use, the municipality may apply to the central Government for a grant to meet any operating deficit. In this case the municipality must submit its building and financial plans for prior approval by the Minister of Housing and Physical Planning.

81. If a dwelling has been unoccupied for five months, the burgomaster and aldermen must decide within two weeks whether or not to requisition it under the 1947 Housing Act. They should only decide not to do so if they believe that there are such serious reasons against it that the owner cannot at the time reasonably be expected to surrender the use of the dwelling.

82. Owners who fail to register unoccupied dwellings are liable to imprisonment not exceeding four weeks or a fine not exceeding f. 25,000.

83. Squatters are liable to a fine not exceeding f. 500 if they do not immediately vacate a dwelling when called upon by the owner to do so. The same penalty applies to any other person in a dwelling occupied by squatters who fails to vacate the dwelling immediately. Squatters and any other persons present may be forcibly evicted by the police, together with their property.

84. For the first 12 months after the entry into force of the Act, these penalties will not apply to squatters who can demonstrate that they have occupied the dwelling in question continuously since at least 12 January 1979 (the day when the Bill was tabled). Similarly, they will not apply to any other persons who are occupying the dwelling with the permission of the squatter.

85. The penalties for squatters and their co-residents do not apply if the owner has failed to register the dwelling or if the burgomaster and aldermen have removed it from the register. They do apply in municipalities which have no register.

86. Owners of unoccupied dwellings may institute civil proceedings on account of unlawful use of the dwelling. The Act is improving opportunities for doing so by inserting a new provision in the Code of Civil Procedure, among the purposes of which is to make it possible to summons and evict squatters without naming them.

/...

87. Policy on the renovation of dwellings is based on the idea that there must be a place for every section of the population in any town which is not moribund. The existing population must have priority. The purpose of urban renewal at present is to preserve, restore, improve and reorganize the whole environment in towns and villages, by means of town planning and social, economic, cultural and environmental measures.

88. Urban renewal is primarily a matter for the municipalities. The conditions provided by the central Government principally consist of a legislative framework and financial arrangements. Municipalities can obtain a central government grant of 80 per cent of the cost of purchasing land and buildings for purposes of reconstruction and improvement. The central Government provides loans and annual subsidies (towards rent reductions) to enable municipalities and housing corporations to improve dwellings which they own. There is a subsidy arrangement for improvements to privately owned dwellings, and municipalities may guarantee interest payments and repayments of the principal in respect of loans for purposes of improvements to dwellings.

#### International co-operation

89. The Netherlands participates in the activities of a variety of international organizations, notably the Committee on Housing, Building and Planning of the Economic Commission for Europe, and regularly submits country reports under the latter's working programme. For details see item 10 of the annex.

90. The Netherlands is also a member of the Commission for Human Settlements, which was established by the General Assembly in 1977.

91. For statistical data on the realization of the right to housing, see item 11 of the annex.

#### V. ARTICLE 12. THE RIGHT TO PHYSICAL AND MENTAL HEALTH

92. Relevant legislation includes the 1928 Infectious Diseases Act, the 1960 Quarantine Act, the 1919 Meat Inspection Act, the 1935 Commodities Act and the 1865 Medical Practice Act.

93. The quality of health care provisions is guaranteed in part by the activities of the National Health Inspectorate and by medical disciplinary law, provisions on which are laid down in the 1928 Medical Practice Act.

94. The National Health Inspectorate is subdivided into the following departments also called inspectorates:

- (a) The medical inspectorate of public health;
- (b) The medical inspectorate of mental health;

/...

(c) The foodstuffs inspectorate;

(d) The drugs inspectorate;

(e) The veterinary inspectorate;

(f) The alcohol legislation inspectorate;

(g) The environmental protection inspectorate (answerable to the Directorate-General of Environmental Protection).

95. Good pre-natal and obstetric services have been available in the Netherlands for many decades. Most pregnant women are supervised by a midwife, general practitioner and/or gynaecologist. Expert assistance is on hand at the vast majority of confinements. The number of still-births is low.

96. Regulations are in preparation in order to establish a system of voluntary notification of congenital abnormalities by doctors and obstetricians to the Chief Inspector of Public Health. Since 1974 all new-born babies are screened for the congenital error of metabolism, phenylketonuria (PKU). Genetic examinations are available free of charge to people insured with the health insurance funds.

97. The Netherlands has also contributed towards international research in this field, for example by means of autopsies, by placental examinations and by studies of congenital abnormalities, including mental handicaps.

98. Medical care for young children is provided at maternity and child welfare clinics, where infants and toddlers are regularly examined and where mothers receive appropriate advice. The clinics also vaccinate children against diphtheria, whooping cough, tetanus, poliomyelitis and measles. This has resulted in a low rate of child mortality and helps ensure that children grow up healthy. Special attention is also paid to children's health by doctors and other staff of the school medical service, with central government backing. Since 1974, the service has vaccinated all girls against rubella at about age 11, and since 1979, fluoride application has been covered by health fund insurance. Special attention is paid to dental and oral hygiene for young people, both in the wider context of health information and education and otherwise. Dental care for children has priority.

99. The Government has taken or announced measures to preserve a clean and healthy environment, by putting a number of bills before Parliament, some of which have now been passed. Those acts already in force include the 1875 Nuisance Act (amended in 1952), the 1969 Pollution of Surface Waters Act, the 1970 Air Pollution Act, the 1958 Marine Pollution by Oil Act and the 1975 Pollution of the Sea Act. The 1963 Nuclear Energy Act provides for safeguards against ionizing radiation. The 1957 Dry Rendering Act provides for the processing of animal waste. The 1962 Pesticides and Allied Substances Act provides for a licensing system in order to protect the environment. The 1969 Dangerous Substances Act also contains provisions for this purpose. In 1971, the 1958 Aviation Act was amended to include provisions on noise abatement. The Noise Abatement Act was passed in 1979 and is to enter into force

/...

in stages. The 1977 Waste Disposal Act, which relates to domestic refuse, derelict vehicles and other waste, entered into force in stages between 1979 and 1981. The 1976 Chemical Waste Act entered into force on 1 August 1979.

100. Parliament adopted the Environmental Protection (General Provisions) Act in 1979, which provides for public participation, appeals and co-ordination. High priority is assigned to extending the scope of the Act. Amendments to the Earth Removal Act and Ground Water Act are in preparation as part of the same process. Parliament is currently considering a bill to amend the Pollution of the Sea Act and the Chemical Waste Act in order to bring the burning of waste at sea fully within the scope of the former. A draft Soil Protection Bill is at an advanced stage of preparation and will be put before Parliament shortly. An Environmentally Dangerous Substances Bill is expected to reach Parliament before the end of 1980.

101. In addition to the above national legislation, reference may be made to numerous international regulations, and notably those of the European Communities.

102. Besides legislation, there are numerous consultation procedures, for example between central, provincial and municipal authorities, concerning how they are to carry out the duties devolving upon them under environmental legislation. The Provisional Central Council for Environmental Protection, which was established by Royal Decree of 27 March 1974, acts as an advisory body and is shortly to be placed on a statutory basis.

103. There is a vaccination programme for all children, and an anti-tuberculosis and venereal disease programme for the whole of the population. Mention should also be made of screening for cervical cancer and of the activities of the mental health organizations and institutes, such as the Social and Psychiatric Services and the Child Guidance Clinics, and those working with government assistance to prevent alcohol and drug abuse. Special medical officers have been working at the regional level since 1972 to deal in confidence with cases of child abuse in order to encourage the reporting of such cases. The Government subsidizes many bodies which publish information in order to promote a healthy way of life.

104. The Health Research Institute at Bilthoven is one of the three Directorates-General of the Ministry of Health and Environmental Protection (the others being the Directorate-General for Environmental Protection and the Directorate-General of Health). The task of the Health Research Institute is to diagnose and counteract threats to public health; it conducts bacteriological, chemical and physics research for tracing, identifying and preventing disease. It also produces serums and vaccines, such as the "DKPT" cocktail (diphtheria, whooping cough, tetanus and polio), and is responsible for establishing and monitoring the observance of norms and standards for health and the environment.

105. The National Air Pollution Monitoring Network Centre, based at the Health Research Institute, registers information on pollution levels at ground level obtained from the 220 pollution sensors.

106. The Research Institute for Drugs Research at Leiden, which is also responsible to the Ministry, has a number of important duties with respect to monitoring

/...

quality and analysing drugs, which it carries out on behalf of the Drugs Inspection Board as part of the statutory registration procedure. It also checks samples of drugs collected from pharmacies by the regional health inspectors.

107. Similarly, samples of drugs are regularly taken from manufacturers and importers for examination.

108. In 1975, Parliament accepted the Statement on Health Care Policy, outlining the future organization of the health services and noting, in particular, necessary reforms. It formulated principles concerning the organization, operation and financing of health services, and concerning legislation on these subjects. As a result, bills have been put before Parliament concerning health care facilities and health care charges. The former is intended to establish an intelligible and effective system and it therefore deals with organizational questions, bringing together intramural and extramural care in one bill. The latter is intended to streamline and standardize charges.

109. One of the principles laid down in the Statement on Health Care Policy is that of regional organization: facilities in a given geographical region should be co-ordinated in one structure and controlled from inside the region. This means that decentralization is required, although the central Government will continue to lay down general norms for planning and its implementation and will monitor their observance. The aim of decentralization is to enable people in the region to make maximum use of facilities, thus increasing their involvement.

110. Another feature of the Statement is the grouping together in sectors of related facilities which serve a single purpose, namely, basic, primary and secondary health care.

111. Primary health care comprises all non-specialized facilities and constitutes the gateway to the specialized ones. General practitioners are an important element in it; it is to them that members of the public turn first, and they decide whether to examine and treat the patient themselves or to refer him to a specialist or to some other kind of practitioner, such as a physiotherapist. Primary health care workers also include maternity help, district nurses, dieticians, oral hygienists, speech therapists, physiotherapists and various kinetic therapists. Pharmacists and general practitioners with dispensaries also belong to this category. Midwives assist at confinements at home or in hospital. General practitioners also assist at confinements at the patient's request or in cases where no midwife is available. Gynaecologists are called in if pregnancies do not proceed normally, but this is classified as secondary health care.

112. Co-operation between general practitioners and other primary health care practitioners and social workers (including family welfare workers, services for the elderly etc.) is on the increase. There are now approximately 90 institutionalized arrangements of this nature.

113. Home nursing associations occupy a special place in the health system because they are so close to the public. They are a typical example of private initiative, providing home nursing by district nurses and nursing aides. They also assist in

/...

maternity care and child health. Until recently, home nursing was financed from the national budget, municipal and provincial subsidies and members' contributions. However, since 1 January 1980 it has been made available under the terms of the Exceptional Medical Expenses (Compensation) Act, and is thus funded in the same way as hospital treatment, under the health insurance scheme. This is part of the Government's policy of reducing the length of time spent in hospital by means of district nursing and other domiciliary services; primary facilities are thus being stepped up.

114. In principle, the public has access to secondary facilities only through primary ones. Secondary facilities include in-patient hospital treatment, treatment at out-patient departments by any kind of specialist, mental health work (including psychotherapy, treatment for drug addiction, and other services combining social work and health care), rehabilitation centres, psychiatric hospitals, homes for the mentally handicapped and for the disabled, nursing homes, and non-residential mental health centres.

115. Examples of ultra-specialized treatment include neuro-surgery, kidney transplants, haemodialysis, neonatology and open heart operations; these are only conducted or provided at university hospitals and a few specially equipped general hospitals.

116. Intramural care is health care in institutions equipped for examination, treatment and nursing. Treatment at an out-patient department or day and/or night treatment are also classified as intramural care if the medical, paramedical and nursing staff and equipment of the institution are used. Institutions providing intramural care are as follows:

(a) Hospitals. There are approximately 240 hospitals in the Netherlands, with a total of about 75,000 beds. They may be subdivided into three types:

- (i) University hospitals, attached to a medical faculty, are used to train doctors and for purposes of medical research, as well as to treat patients, especially cases requiring the use of advanced treatment and techniques;
- (ii) General hospitals, where most specialisms are catered for;
- (iii) Specialized hospitals, for example, ophthalmological clinics, pediatric hospitals.

Within the general hospital category, too, there are numerous differences. Some are relatively small and cater only for the basic specialisms. The larger central hospitals will have more specialized departments, such as an isotope laboratory or megavolt equipment, as well as the usual X-ray department and laboratories. Some have their own kidney machines or departments which carry out complicated heart operations. Hospitals are generally established and run by private associations or foundations, although a few are run by municipalities, provinces or the State.

/...

(b) Nursing homes, of which there are about 300; these may cater for somatic diseases, for certain categories of old people, or for a combination. They are for patients who do not require daily treatment from a specialist but require nursing and, if possible, rehabilitation.

(c) Psychiatric hospitals, of which there are about 70, and homes for the mentally handicapped, of which there are about 142.

(d) Homes for people with sensory handicaps, for example, the blind.

117. Extramural care is provided outside institutions, normally in the patient's home environment. A great variety of organizations and individual experts are responsible for it, especially in the field of mental health care, for example, child guidance clinics, social psychiatric services, advice bureaux for personal and family problems, medical consultation bureau for alcoholics and drug addicts, psychiatric services for young people and regional non-residential mental health care institutes. Extramural care for physical illnesses and injuries is provided mainly by general practitioners, independent physiotherapists, midwives, district nurses and maternity help.

118. The total cost of health care in 1978 was nearly 24 billion guilders, or 8.4 per cent of the total national income. The main item on the budget is intramural care (nearly 14 billion guilders in 1978). Fifty-eight per cent of total costs derived from hospitals, general and specialist hospitals accounting for nearly half of this, whereas nursing homes accounted for just under 2.4 billion guilders, or 17 per cent.

119. Dental treatment accounted for 1.2 billion guilders and general practitioners for 1.1 billion guilders. External treatment (physiotherapy, speech therapy etc.) accounted for nearly 18 per cent of the cost of extramural care.

120. By far the greater part of health care (67 per cent) is financed by the health insurance schemes, that is, under the Health Insurance Funds Act and the Exceptional Medical Expenses (Compensation) Act.

121. There are three types of health funds insurance: compulsory, voluntary and insurance for the elderly.

122. Health insurance funds have been in operation for many years, and their activities are regulated by the 1964 Health Insurance Funds Act, whose purpose is to ensure that insurants receive effective medical care. As noted above, there are three types of health fund insurance: compulsory, voluntary and for the elderly. Altogether, 69 per cent of the population is insured against medical expenses under the Health Insurance Funds Act, which entitles them to free treatment by general practitioners, specialists, dentists (in part), free medicine, and free treatment at a hospital or psychiatric hospital.

123. The Act is implemented by the health insurance funds, which are monitored by the Health Insurance Funds Council.

/...



124. Compulsory insurance under the Health Insurance Funds Act applies to all employees (other than civil servants) with an income not exceeding f. 40,250 per annum (1980). The figure is adjusted annually. The insurant's wife is also covered, with no extra charge, unless she is herself in paid employment; the same applies to children under 16 and children under 27 who are disabled or students. The premium payable is 8.1 per cent of the employee's wage (1980), but must not exceed a certain maximum. Half of this is paid by the employer. Premiums are collected by the industrial insurance board to which the firm is affiliated and forwarded to the General Fund managed by the Health Insurance Funds Council.

125. Insurance for the elderly applies to people aged 65 or over whose income does not exceed f. 22,007 per annum (1980); premiums are related to income.

126. Voluntary health fund insurance is open to everybody who is not insured compulsorily but likewise earns less than f. 40,250 per annum (1980). The main categories of people insured under this scheme are civil servants and the self-employed. Premiums are calculated per capita and amount to a fixed sum depending on the region of residence; at present the premium is a little over f. 100 per person per month. There are special reductions for self-employed persons on very low incomes.

127. With respect to private insurance, anybody not covered by health fund insurance can take out private insurance with a commercial company. Premiums vary considerably according to the amount of cover provided. General practitioners' fees and pharmacists' charges are not always included, or they may only be covered above a certain amount, or the insured person may have to pay a fixed annual amount or percentage himself. It is up to the individual to determine which arrangement is best suited to his circumstances.

128. The Exceptional Medical Expenses (Compensation) Act covers everybody irrespective of income and provides for the most serious risks, for example, the expenses of long-term illness or serious injury exceeding the means of the individual and difficult if not impossible to insure. Among the expenses covered are those of nursing and treatment at a hospital or psychiatric hospital after 365 days, or at a nursing home, or home for the mentally handicapped. Other eventualities covered by the Act are placement in a medical children's home or day nursery, residence in a hostel for the disabled, the services of a child guidance clinic or social and psychiatric service, and home nursing. In some cases, patients are expected to contribute. The premium laid down by law is 3.2 per cent of income up to a certain limit. For people in employment, the premium is payable by the employer. In 1980, payments by the State under the Exceptional Medical Expenses (Compensation) Act are expected to amount to over six billion guilders.

129. Health care is financed mainly by the insurance system, with the State covering part of the cost, which in some cases is done directly through government departments and services such as the Municipal Health Services or the Commodity Inspectorates. Many preventive health care measures (for example, vaccination programmes for children and school medical services) are funded by the State, as are medical research and the training of health care workers.

/...

130. Finally, there is indirect financing of facilities by the State by means of the subsidies it provides to the schools' medical inspectorate, for example.

131. For statistical data on the realization of the right to health, see item 12 of the annex.

## Part Two

### THE NETHERLANDS ANTILLES

#### VI. General

132. The Netherlands Antilles consists of two groups of islands, commonly known as the Leeward group and the Windward group. The Leeward group, the more southern group of islands, consists of Aruba, Bonaire and Curacao. The Windward group, the more northern group of islands, consists of St. Maarten (southern part; the northern part is French), Saba and St. Eustatius. The two groups are about 550 square miles apart, with an area of some 394 square miles.

133. At the end of 1978, the population was about 246,500: 159,000 were living on Curacao, 63,000 on Aruba, 13,000 on St. Maarten, 9,000 on Bonaire, 1,500 on St. Eustatius and 1,000 on Saba. Most of the people live in urban areas. In 1973, 37 per cent of the population was below the age of 15 and 18.5 per cent was aged 55 or over. Life expectancy at birth was estimated at 73.9 in 1970. In 1978 the birth rate was about 17 per cent and the death rate about 5 per cent. The population increases by about 1 per cent per year. In 1973 the infant mortality rate was 19.8 per 1,000 live births; this had dropped to 15.5 per thousand by 1978.

134. Tap-water has been available to almost everyone (98 per cent) since 1970.

135. Primary and secondary education facilities are extremely good and illiteracy is therefore rare in the Netherlands Antilles.

136. The mainstays of the economy have traditionally been oil refining and tourism, though there is also a very limited amount of agriculture, fishing and mining. An increasing amount of attention has also been paid to the service industries in the last few years. In 1975 the working population was distributed over the labour market more or less as follows:

	<u>Percentage</u>
Agriculture and fisheries	0.94
Mining	0.70
Industry	16.68
Electricity, gas and water	1.94

/...

	<u>Percentage</u>
Construction industry	9.12
Hotel and trade	24.77
Banking and insurance	3.98
Transport and communications	8.10
Social services	26.46
Miscellaneous	4.04

137. Responsibility for health care is divided between the Government (central and island Governments) and the private sector. The central Government is responsible for basic legislation on health and for seeing that it is observed. It is also responsible for implementing some aspects of health care, including laboratories, the Psychiatric Hospital of the central Government in Curacao, the leprosy service, two pharmacies, the prison medical service, industrial health services for civil servants and medical treatment for them and their families. It also runs the Social Insurance Bank, which is responsible for the health care of workers in the private sector earning a wage below a certain level of income.

138. The island Governments are mainly responsible for the implementation of health policy. They either provide the facilities themselves or use existing ones. They are also responsible for curative health care for certain sections of the population, such as the lowest income groups and public servants earning a wage below a certain salary scale.

139. A large proportion of health service institutions, such as hospitals and residential homes, are run by the private sector. Some are subsidized or guaranteed by either the central or island Government. In total, there are nine hospitals (with 1,478 beds) in the Netherlands Antilles, including one maternity home (27 beds), one psychiatric hospital (475 beds), nine homes for aged persons (352 beds) and various homes for disabled people. There are 25 pharmacies: 18 in Curacao, 5 in Aruba, 1 in Bonaire, and 1 in St. Maarten. In 1978 there were about 200 medical doctors: 151 in Curacao, 38 in Aruba, 3 in Bonaire and 8 in the Windward Islands. Twenty-six were employed by the island Governments. There were 37 dentists (21 in Curacao, 12 in Aruba, 1 in Bonaire and 3 in the Windward Islands), 5 veterinarians (3 in Curacao, 1 in Aruba and 1 in St. Maarten), 18 midwives, 368 qualified nurses in the hospitals, 194 other nurses and 483 nursing assistants.

#### VII. RIGHT OF SELF-DETERMINATION AS LAID DOWN IN ARTICLE 1 OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

140. This article corresponds to article 1 of the International Covenant on Civil and Political Rights. Reference is therefore made to the contribution of the

/...

Netherlands Antilles to the Kingdom report by virtue of that Covenant (CCPR/C/10/Add.5).

141. There is sufficient evidence in the legal order of the Netherlands Antilles for the claim that the rights recognized in articles 10, 11 and 12 of the International Covenant on Economic, Social and Cultural Rights are exercised without any kind of discrimination, be it on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property ownership, birth or status. Here, too, reference is made to the general section of the Netherlands Antilles contribution to the Kingdom report by virtue of the International Covenant on Civil and Political Rights.

142. Under the Antillean legal order there is no discrimination in the implementation of the rights laid down in articles 10 to 12 of the Covenant against those citizens who do not have the Netherlands nationality.

143. Reference is made to the comments in article 3 of the International Covenant on Civil and Political Rights in the Antillean contribution to the Kingdom report by virtue of that Covenant. Article 3 of that Covenant corresponds to article 3 of the International Covenant on Economic, Social and Cultural Rights.

144. There is no restriction in the Antillean legal order on the implementation of the rights recognized in articles 10 to 12 of the Covenant.

#### VIII. ARTICLE 10. PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

##### A. Protection of the family

145. Statutory provisions on family affairs are laid down in the first book of the Netherlands Antilles Civil Code and include provisions on the responsibilities of spouses towards one another and to care for their children and their education. Although Antillean society traditionally has various types of families, the law is primarily concerned with the protection of families resulting from marriage.

146. There are no statutory provisions in the Netherlands Antilles prohibiting marriage or the formation of families between men and women of different races, religions or socio-economic classes. People are free to choose their own partners and article 77 of the Civil Code requires that marriage must be entered into with the free consent of the intending spouses.

147. Although not governed by law, in practice the Government usually allocates government-owned houses to families or single mothers. Married people are given preference in the private sector.

148. In general, married men in the Netherlands Antilles earn more than unmarried men, because being married they are regarded as having a family to support. Married men generally also receive an extra wage or salary bonus for each minor child. There are child protection organizations and children's homes, while the island Governments have departments for youth affairs. There are also consultation

/...

bureaux for personal and family problems on all the islands. Families and individuals who cannot support themselves may claim government assistance. Furthermore, the 1943 National Ordinance on Income Tax includes a tax relief for children.

#### B. Maternity care

149. Most of the medical expenses involved in maternity, including care during pregnancy and delivery and after-care, are covered by the central and island Governments, since these are part of health care in general (see paras. 183 and 184 below).

150. Pre-natal and post-natal care is available to all and does not depend on marital status. Midwives, general practitioners and specialists (gynaecologists and obstetricians) are responsible for pre-natal care. At the moment, there are midwives on the islands of Aruba, Bonaire and Curacao only. Post-natal care is also provided by consultation bureaux, by district nurses and family planning clinics. New-born babies are registered with the various clinics where checks are made on their growth and development and vaccination programmes are carried out. Deliveries are usually performed in hospitals or maternity clinics, though a small percentage of women still have their babies at home.

151. Under the provisions of the National Ordinance on Medical Insurance pregnancy is equated with sickness for the purposes of the statute, for all working women independent of their marital status. They are therefore entitled to benefits consisting of free medical attention and of sickness benefit for between four and six weeks before the expected date of delivery and for four to six weeks afterwards (the latter benefit consists of a fixed percentage of daily wage). Similar arrangements apply to female civil servants, to whom the National Ordinance on Medical Insurance does not apply.

152. There are no specific provisions governing working mothers in family businesses. They are classed as "small self-employed" who generally pay their own medical expenses and social security contributions or are insured with private insurance companies (see paras. 183 and 184 below).

153. If there is no father because of death or divorce, mother and children are entitled to either widows or orphans pension (National Ordinance on General Widows and Orphans Insurance) or maintenance for the children arranged through the Guardianship Council, as the case may be.

#### C. Protection of children and young persons

154. All children and young persons in the Netherlands Antilles have exactly the same rights without distinction of any kind, at least there are no statutory provisions which contradict this.

155. Abortion is illegal and carrying out an induced abortion is regarded as a criminal act.

/...

156. All children may receive medical check-ups at the various medical institutions.

157. Despite the fact that education is not compulsory, almost all children attend school and all children and young persons are entitled to admission to the various educational establishments. Figures from 1977 show that 90 per cent of all children between the ages of 5 and 14 attend primary school. The island Governments of Aruba and Curacao provide for free medical and dental care for all children attending primary school. The island Governments of Bonaire and the Windward Islands provide for free dental care at all schools in these islands.

158. For social reasons and only when referred there by the Juvenile Court (civil law cases), socially handicapped children from all the six islands can be placed in the National Youth Treatment Centre in Curacao. The Centre can accommodate 76 children who may be educated either in or outside the institute: secondary school or junior technical school. There are also children's homes in Aruba and Curacao run by private and government institutions which serve as orphanages or reception centres. Children are referred to these homes by the Social Affairs Departments of the island Governments, the Guardianship Council or the Juvenile Courts.

159. There are various organizations, associations and institutes concerned with the fate of mentally and physically handicapped children. The Mgr. Verriet Institute and the Dr. David Capriles Clinic (a psychiatric hospital), both in Curacao, take handicapped children from all the islands. The former, which is privately run, has 140 beds and is for the physically handicapped and those with multiple handicaps. Individual teaching is possible in a special school within the institute, with a three-class primary school, a school for children with severe learning difficulties and a nursery class. A few of the children go to school outside the institute. All children except the severely disabled take part in rehabilitation programmes. The Dr. Capriles Clinic has a special section which can take 23 handicapped children.

160. In Curacao there are also 14 special primary schools, 2 schools for children with educational and behavioural difficulties and 1 school for children with hearing difficulties, all of which are paid for by the Government of the island Territory. The General Mental Health Service is in principle a social psychiatric service (of the island Territory of Curacao) which also supervises the mentally handicapped, including children. The following institutions in Curacao also deserve mention: the Foundation for the Care of Disabled Children, the Totolica Parent's Association, the Pasadia Foundation (a day nursery for 20 children), the National Society for the Blind (teaching braille, the use of a stick, handicrafts for the blind and partially sighted), the Association for Physically Disabled Persons and the Foundation for the Aid to Auditive Handicapped Persons.

161. In Aruba there are four schools for children with educational and behavioural difficulties, one school for children with hearing disabilities, one day nursery and school for mentally handicapped children and a foundation for partially sighted, blind and deaf children.

162. In Bonaire there is one school for children with educational and behavioural difficulties, a parents' association and a foundation for the disabled.

/...

163. In the Windward Islands there is only one school for children with educational and behavioural difficulties; it is on St. Maarten.

164. The 1952 National Labour Regulations include measures against the economic and social exploitation of children. Article 15 prohibits child labour (a "child" is regarded as anyone under the age of 14) and article 17 prohibits night work and dangerous work for young people (between 14 and 18 years of age).

165. Anyone who violates the prohibition referred to in paragraph 164 above may be sentenced to a maximum of three months imprisonment or a maximum fine of 600 guilders. Second offences may be subject to a maximum of six months imprisonment or a maximum fine of 1,200 guilders.

166. There is no information available concerning the number of children and young persons who are in fact working, and the sectors or type of work in which they are employed.

167. The Bureau of Welfare Affairs, a department of the central Government, implements the government policy on young people and ensures that the legislation in this area is adhered to.

IX. ARTICLE 11. THE RIGHT TO AN ADEQUATE STANDARD OF LIVING

A. Standard of Living

168. It is government policy to guarantee a reasonable standard of living for everyone. Though it is not laid down by law, agreements have been reached with the unions on index-linking for civil servants' salaries. The Government has introduced a minimum wage regulation which is also binding on the private sector.

B. Food

169. Each island has a Department of Agriculture, Animal Husbandry and Fisheries, whose aims include the following:

(a) To build up a labour force in the agricultural sector;

(b) To ensure good food supplies;

(c) To expand sales of agricultural products, in co-operation with other organizations;

(d) To provide appropriate technical information in order to promote agriculture, horticulture, animal husbandry and fisheries (publication of the journal Agri-noticia;

(e) To provide technical support when needed;

/...

- (f) To promote the establishment of processing industries.

170. In order to achieve these aims the island Government of Curacao has taken the following steps:

- (a) The Integral Agricultural Planning Working Party has drawn up an integral agricultural plan;

- (b) Agricultural education is being institutionalized;

- (c) Co-operation among farmers is being promoted;

- (d) Suitable land is being made available to the agricultural sector;

- (e) Inter-island and international co-operation in agriculture, animal husbandry and fisheries (for example the Leeward Islands fisheries project and the Agricultural Administrative Agreement with the Dominican Republic);

- (f) A Curacao animal husbandry organization is being set up (pig farming);

- (g) Animal feed production;

- (h) Reports on water management are being acted upon.

171. A Water Bill has recently been put before the Island Council of Curacao. Its aim is to promote the use of ground water for agricultural purposes. The proposals include registration of existing wells and the introduction of a permit system for the sinking of new ones.

172. The Foundation for the Development of Agriculture and Horticulture in the Netherlands Antilles (Soltuna) is situated on Curacao and provides advice for all the islands.

173. Generally, all the island Territories provide support with marketing. This may be in the form of government foundations, support for marketing corporations or by making funds available for the central purchase of agricultural products (Saba, St. Eustatius).

174. The Ministry of Economic Affairs is preparing ministerial orders under the National Ordinance on Price Control to protect the consumer by means of price controls. In the case of agricultural produce this will have a regulating effect on the market. There are also import restrictions under the National Ordinance on Export and Import.

175. The Public Health Department of each island Territory has a Commodities Inspectorate which carries out checks on food for human consumption, both on request and as part of its own routine activities.

176. The island Territory of Curacao has set up a nutrition project, the emphasis of which is to provide information concerning eating habits. There are also

/...



various private organizations (such as dieticians associations) concerned with the same thing. A Consumers Association was recently set up to encourage consumers to demand better food in the broadest sense.

177. The Kingdom of the Netherlands has been a member of FAO since October 1946. As from 1981 FAO World Food Day is celebrated every year on 16 October; the celebration is organized by the Ministry of Economic Affairs. The various island Territories are all involved. Exhibitions are being organized on most islands, model lessons are sent out to schools, lectures are held and films are shown.

#### C. Clothing

178. Information concerning the right to adequate clothing is not applicable in the Netherlands Antilles.

#### D. Housing

179. The Government is endeavouring to provide suitable housing for everyone. To this end foundations (Fundashon Kas Popular) have been set up in some island Territories (Curacao, Aruba and Bonaire) whose primary aim is to improve housing.

180. For example, on Curacao the Fundashon Kas Popular works in close co-operation with the Departments of Public Works, Spatial Planning and Housing to alleviate the shortage of adequate housing. Their activities include not only carrying out conventional public sector housing projects and their management and exploitation (about 4,000 dwellings) but also assisting do-it-yourself builders. At the moment a complete review of the rent/purchase system in public sector housing is under way, and the infrastructure in new building projects is being attended to. It should be pointed out that the financial burdens on do-it-yourself builders are considerably less than market prices if they are assisted by the foundations.

181. The foundations also provide a limited amount of rent subsidies, the rate being determined annually by the foundations, on the basis of income.

182. On all the islands there are rent commissions which approve and fix rents. These were first started on Curacao and Aruba by Country Decree of 26 October 1939. Appeals against rent commission decisions can be made to the courts in first instance which may annul the decision and order a new one.

#### X. ARTICLE 12: THE RIGHT TO PHYSICAL AND MENTAL HEALTH

183. There is no general health insurance scheme in the Netherlands Antilles. Health care is largely the responsibility of the central Government and the island communities.

(a) The island communities pay 100 per cent of the medical expenses of the poorest sections of the community. This includes general practitioners' fees,

/...

medicines, specialists' fees, hospital fees etc. People whom the island communities consider eligible for this receive a "PP card". In 1976 there were 66,000 card holders on Curacao, in 1977 about 4,000 on Bonaire; this represents over 40 per cent of the population in both cases;

(b) Workmen, workers in government employment, people working on contracts and the lower ranks of civil servants (in accordance with the salary scales) are also entitled to free medical attention and contributions towards medical attention for their families;

(c) Civil servants on higher scales and their families receive 90 per cent of their medical and hospital expenses;

(d) Employees of private firms who earn less than a certain level of income are insured for free medical attention with the Special Insurance Bank (SVB). Employers pay the entire contribution to this scheme. In 1982 the income threshold was f. 1,950 per month;

(e) Some large companies have accepted an obligation to pay the medical costs of their employees and their families as part of individual or collective employment agreements. Such companies include the oil refineries, the dock company and hospitals.

184. By these means the Government paid for the medical expenses of 82 per cent of the population in 1976. About 18 per cent of the population pay their own medical expenses or are insured with private insurance companies.

185. With respect to information concerning the measures taken to reduce the still-birth rate and infant mortality, see the description of pre-natal and post-natal care in paragraph 150 above. Domiciliary district nursing services (home nursing associations) have contributed greatly to the reduction of infant mortality in the Netherlands Antilles. There are 14 infant clinics (8 of which are toddlers clinics) on Curacao, 6 on Aruba and 4 on Bonaire.

186. Intensive care units for high-risk neonates in hospitals on Curacao and Aruba and portable incubators have given these babies a much better chance of survival.

187. Those responsible for the healthy development of children on the Netherlands Antilles include the infant and toddlers clinics, the school medical service, the school dental service, general practitioners and specialists in general. The accessibility of health centres and vaccination programmes against diphtheria, whooping cough, tetanus and polio also contribute.

188. Environmental protection (and nature conservation) is being studied so that plans can be made to prevent and control the pollution of coastal regions (mainly from sewage and ships), air pollution (from industry, mainly the oil refineries) and soil pollution. Private campaigns are being conducted against soil pollution in particular.

189. Control of the *Aedes Aegypti* mosquito which transmits dengue yellow fever is the responsibility of the island health services, though the northern Netherlands Antilles are assisted by the central Government. Yellow fever is unknown in the Netherlands Antilles. In 1975 an epidemic was reported and immunizations against yellow fever were performed on potential contacts (tourist trade, hospital staff) and the appropriate World Health Organization regulations were applied.

190. With respect to the comprehensive plans and specific measures to assure adequate health services, see paragraphs 137 to 139 and 193.

191. Most general practitioners and specialists have established practices on the largest islands - Curacao and Aruba. As is to be expected these islands also have the two largest general hospitals (more than 250 beds), to which people from other islands may be referred. There is also a small hospital in Curacao (35 beds) which has some limited specialist facilities. Bonaire, St. Eustatius and Saba each have a small hospital (up to 60 beds) run by general practitioners. St. Maarten has a 45-bed hospital where specialist facilities are available (surgery, gynecology and, to a limited extent, ophthalmology). There is also one specialist maternity clinic, one sanatorium for the chronically sick and one psychiatric hospital in Curacao.

192. With respect to the existing arrangements for the provision and financing of medical care, see paragraphs 183 and 184 above.

193. Statistical information on the realization of the right to health is provided below.

(a) Life expectancy at birth:	male	70.3	(1970)
	female	75.5	(1970)
	average	73.9	(1970)
(b) Infant mortality per 1,000 live births:		19.8	(1973)
		15.5	(1978)
(c) Deaths per 1,000 children between one and four years of age:		0.4	(1974)
(d) Number of hospitals (general):		9	(1978)
(e) Number of hospital beds:		1 478	(1978)
(f) Number of hospital beds per 1,000 inhabitants:		6	(1978)
(g) Number of beds in psychiatric hospitals:		475	(1978)
(h) Number of beds in psychiatric hospitals per 1,000 inhabitants:		1.9	(1978)
(i) Number of geriatric beds:		352	(1978)

/...

(j)	Total number of doctors:	200	(1978)
(k)	Number of doctors per 10,000 inhabitants:	8.2	(1978)
(l)	Number of inhabitants per doctors:	1 225	(1978)
(m)	Number of dentists per 10,000 inhabitants:	1.5	(1978)
(n)	Number of qualified nurses per 10,000 inhabitants:	14.7	(1978)

Sources: Statistical information from the Netherlands Antilles Bureau of Statistics; Annual Reports of the island Territories of Curacao and Bonaire; Dr. C. E. Zaandam, General Practitioner on Aruba and Dr. Zaandam-Verhees, clinic doctor on Aruba; Pan American Health Organization Bulletin No. 161, April 1979; "Towards an integral policy framework for the Netherlands Antilles in the eighties" (a report prepared by a combined Dutch/Netherlands Antillean Commission, November 1976); statistical information from the Netherlands Antilles Ministry of Health and Environmental Protection.

Annex

LIST OF REFERENCE MATERIAL

The following reference material was received from the Netherlands and may be consulted in the original language in the files of the Centre for Human Rights, United Nations Office at Geneva.

1. The Kingdom of the Netherlands. Facts and figures - Social Security. The Hague, Ministry of Foreign Affairs, 1980.
2. Decision of 10 May 1979 of the President of the Judicial Division of the Council of State (N.J./A.B. 1979, No. 472).
3. Institutes for Home Help Services. Home help service in the Netherlands. Utrecht, Central Raad voor Gerinsverzorging.
4. Doek, J. E. and S. Slagter. Child care and protection in the Netherlands. Utrecht, Werkverband Integratie Jeugdwelzijnswerk, and Amsterdam, Stichting Voor het Kind, 1979.
5. Doek, J. E. Foster parents: their legal status in Dutch law. Statement made at the Second International Conference on Foster Care, Slagharen, 29 August-5 September 1981.
6. Van de Werk, M. B. Adoption. The National Federation for Child Welfare, the National Association for Maternity Care and Child Hygiene (The Child Welfare Council).
7. The Ministry of Cultural Affairs. Special youth work in residential institutions in the Netherlands. Recreation and Social Welfare Central International Relations Directorate, Foreign Information, Studies-visits and Congresses Division, Rijswijk, 1981.
8. The Ministry of Cultural Affairs. Social policy relating to the disabled in the Netherlands. Recreation and Social Welfare Central International Relations Directorate, Foreign Information, Studies-visits and Congresses Division, Rijswijk, 1980.
9. Dependent population eligible for employment by sex and age. Statistical table.
10. The Ministry of Housing and Physical Planning. Current trends and policies in housing and building in 1977. Information Department, The Hague, 1978.
11. Statistical data on housing. Monthly statistics for the building industry, Annual report of the Department of Central Housing and Construction, Survey of housing needs, 31 October 1977.

/...

12. Statistical data on public health:

Monthly population and health statistics  
Annual population and health statistics  
Compendium of health statistics on the Netherlands  
Vademecum of health statistics on the Netherlands  
Births, by nature of obstetric assistance and place  
Deaths, by cause, age and sex  
Diagnosis statistics of industrial insurance boards (contributing members)  
Diagnosis statistics of hospitals  
Industrial accident statistics  
Intramural health care statistics  
Cost and financing of health care in the Netherlands

-----