

Provisional edition

Wednesday 21 April 2021, afternoon

Official report of debates

Opening of the sitting num 13

Annual activity report 2020 by the Council of Europe Commissioner for Human Rights

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Okay dear colleagues, please be seated.

The sitting is open.

We now have the Annual activity report 2020 by the Council of Europe Commissioner for Human Rights. We will hear from our dear friend Ms Dunja MIJATOVIĆ.

After your address, Ms Dunja MIJATOVIĆ, as you know, you will take questions. As I always say, questions are the ownership of those who put them to you, and you are the master of your answers.

Without any due delay, because I think that many people wish to put questions to you, I would like to give you the floor right away and hear your statement.

Dear colleagues, please now be attentive to the address of our Human Rights Commissioner Ms Dunja MIJATOVIĆ.

You have the floor.

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): Thank you Mr President, Deputy Secretary General,

Distinguished parliamentarians, present here but also in cyberspace,

Excellencies, it is my great pleasure to have this opportunity to, first of all, return to this very important room for our debates and discussions but at the same time, also, for the opportunity to share some of the issues from the past year, and also to give you the opportunity to ask any questions you might have.

For more than one year, countries across the world have been battling with the spread of Covid-19 and its calamitous effects on people's lives. My first thoughts today are with the families who have lost loved ones and with those who are bearing the brunt of the economic, social and educational hardships that the pandemic has generated.

In this report:

1. Speeches in English, French, German and Italian are reported in full in English.
2. Speeches in other languages are summarised from the interpretation and indicated by an asterisk (*).
3. Speeches in German and Italian are available in full on the Assembly's website.
4. The text of the amendments is available at the document centre and on the Assembly's website. Only oral amendments or oral sub-amendments are reproduced in the report of debates.
5. Corrections should be handed in at Room 1081 not later than 24 hours after the report has been published.

The Covid-19 pandemic has accelerated the erosion of the democratic fabric of our societies on which ultimately depends the protection of human rights. The pandemic has revealed with tragic clarity the many inequalities that exist in our countries.

Worse, we must acknowledge that social inequalities have actually grown in recent decades. This has had a dramatic effect on the health outcomes of especially disadvantaged groups, including persons with disabilities, those in institutional settings, the homeless, migrants, and people with precarious employment and living conditions, among them many women.

The case of older people is emblematic. I addressed it at the very beginning of the first lockdown. In many of our member states, they have paid a particularly high price, because of their generally frail health status, because of their heightened risk of exposure to the virus in the social settings in which many of them live, and because of lockdown measures that have isolated them from their families and the rest of the community.

The pandemic has also – I would say – shone a light on the structural problems affecting health systems in many of our member states after years of austerity measures, neglect and corruption that have eroded public health infrastructures, personnel but also resources.

As I stressed in an Issue Paper on the right to health that I published this February, states must, without delay, build more inclusive and resilient healthcare systems. These must offer universal health coverage based on strong primary healthcare, a skilled and well-respected health workforce, more equality and dignity for patients, the promotion of transparency and accountability in relevant decision-making, better health communication policies as well, and, crucially, effective leadership and governance. Member states must also pay due attention to the essential social determinants of health, social protection, living conditions, working environment and education.

While the pandemic is still sowing sorrow all over the world, there is also hope that science will help us reach the end of this tunnel. For this to happen, however, it is crucial that politicians, health and administrative staff rise to the challenge of this extraordinary situation. If scientists are focusing and really spending their time in order to invent or to use the therapeutics needed to fight the pandemic, authorities must figure out the logistics to ensure the quick and fair distribution of medicines and vaccines, both among the whole population and globally. I know that this was a topic of several debates in the last few days.

Healthcare is a human right and a universal imperative. The response to the pandemic must be comprehensive and must be global, as nationalist tendencies only risk increasing the already high individual, societal and financial costs.

Making vaccinations – as well as testing and treatment – accessible to all is both a crucial step in defeating the pandemic and a test of the political will to address the deeply embedded structural weaknesses and inequalities of public health systems in Europe. States must act now to protect more effectively the human right to the highest attainable standard of physical and mental health across Europe.

The pandemic has also shown the urgency of reforming mental health care in many of our member states. Let me elaborate on this a bit further.

Mental health is not only a medical question, but a psychosocial one, including the impact of prevailing attitudes in society towards persons facing mental health problems. This stigma is perpetuated by the continued excessive use of involuntary placement and coercive psychiatric practices. These are still – unfortunately – widely in use despite the lack of real scientific evidence for their effectiveness and the fact that they are at variance with the UN Convention on the Rights of Persons with Disabilities, which 46 of our member states – and the EU as an organisation – are party to. I recently published my thoughts on how member states can speed up their transition from an institution and coercion-based biomedical model of mental health towards a community-based and recovery-oriented model based on consent.

In this connection, I share the concerns already expressed by this very Assembly and other international bodies about the Additional Protocol to the Oviedo Convention concerning involuntary placements and treatments, which will be presented for adoption shortly. The Protocol appears to be based on an outdated, overly medical model of mental health, which is at odds with the UN Convention on the Rights of Persons with Disabilities and the long-standing need to eliminate coercive practices in mental health care services. This approach has already alienated persons with disabilities and risks further damaging the Council of Europe's image in a period when the grave dangers for persons in institutions, including involuntary patients in psychiatric hospitals, have just so tragically been exposed by the Covid-19 pandemic.

I think national parliaments have a role to play in ensuring governments protect human rights and avert these risks.

At our last meeting in October, I highlighted that the pandemic has also served – in a way – as a magnifying glass on persisting violence against women, gender inequalities and barriers in women's access to sexual and reproductive healthcare. Regrettably, last month there was an additional, I would call it, regression which is not linked to the pandemic in any way. Turkey's decision to withdraw from the Istanbul Convention gave us, I would say, a terrible signal and marked a huge setback for women's rights. This decision is simply wrong, as it endangers women in Turkey and potentially beyond.

In Poland, senior officials have also signalled their intention to leave the Istanbul Convention. In those countries which have not yet ratified or even signed the Convention, opponents to the Istanbul Convention might feel emboldened to continue spreading misconceptions, misinformation and uninformed claims made with a misogynist and – at the same time – homophobic agenda.

It is worth repeating in this very room, which has often been the human rights conscience of Europe, that the aim of the Istanbul Convention is to protect women from violence inflicted on them because they are women. Acting according to this goal, protecting women's rights, and promoting gender equality is a litmus test for member states' commitment to human rights.

It is our shared duty to ensure that none of the Council of Europe member states fails women and girls. I will therefore continue to call on member states to ratify and fully implement the Istanbul Convention. I think, at least, this something we can do in the 21st century.

Another long-standing problem that has worsened in 2020 is the increasing pressure on human rights defenders. You know that human rights defenders are very important in my mandate and also very, very important in my work. So the increasing pressure on human rights defenders at the whims of state authorities or criminal networks is something that we see all the time. For years, my office has worked with courageous, extremely active human rights defenders in many fields.

I wish to use this opportunity, once again, to salute their strength, their courage in the face of such adversity. Without them, society would be much worse off, particularly in times of crisis. And I hope you agree with me on this.

I have continued working and exchanging with them, in particular with respect to combating Afrophobia, the efforts to safeguard the environment and the protection of the rights of LGBTI people.

Racism and racial discrimination against people of African descent remain a widespread yet unacknowledged problem in Europe, as I stressed in a report published last month. People of African descent continue to be exposed to particularly grave forms of racism and racial discrimination, including racial stereotyping, racist violence, racial profiling in policing and criminal justice, and practices which perpetuate social and economic inequalities. The situation is compounded by the prevailing denial of these problems, even when they are reliably attested to, and a lack of public debate on Afrophobia in Europe.

It is high time to recognise these concerns and to take measures to combat Afrophobia more effectively. There is also a need to protect human rights defenders working on combating Afrophobia against attacks and harassment and to ensure that they have a voice in national policymaking.

Another area, that I already mentioned, where human rights defenders play a very active role is protecting the environment.

That is also a topic that is very high on the international agenda, but here I would like to focus on defenders. Those who work to prevent environmental degradation in Europe work to safeguard our basic rights. Environmental protection and human rights are indeed two sides – if I can call it so – of the same coin. Regrettably, many human rights defenders bringing the truth to light on environmental issues in Europe do so at considerable risk of violent physical, verbal and cyber attacks. States must urgently get more serious about looking after the environment and defending environmental defenders to protect human rights. It is important – sorry – to mention, as well, that all these findings and information that I am sharing with you is based on numerous meetings and discussions I had with human rights defenders over the past year.

Sadly, LGBTI human rights defenders are in a similar situation. Their ability to do human rights advocacy has been weakened over the past year because of Covid-19. Many LGBTI organisations had to, in a way, redirect their work toward humanitarian assistance for members of the community hit by the pandemic and they lost funding.

This weakening of LGBTI civil society is happening at the very moment when we are also seeing increased attacks against the equal rights of LGBTI people across our continent. There are clear emerging patterns in the types of obstacles faced by LGBTI activists in several European countries. These include insufficient funding, verbal attacks and hate speech online, and judicial harassment, as well as leaks in personal data.

Instead of clamping down or ignoring human rights defenders, national authorities should support their work and cooperate with them. It is both a legal, but I would also say, a moral duty.

Another topic that has been high on my agenda since the beginning of my mandate is the protection of the human rights of refugees and migrants.

Backsliding in the protection of the lives and rights of refugees and migrants is worsening and causing thousands of avoidable deaths each year. As I stressed in a report published last month as my distress call to member states, the situation is particularly deplorable in the Mediterranean. Shipwrecks continue to take lives, states have disengaged from rescue operations and are hindering the work of NGOs, thus forfeiting their well-established legal obligation to rescue people in distress at sea. On top of this, cooperation activities with third countries have been enhanced despite the undeniable evidence of serious human rights violations. The Covid-19 pandemic has been used as a convenient pretext to adopt even more restrictive measures against migrants.

During the pandemic, some politicians have continued to fuel intolerance and hatred against migrants and ethnic minorities, including Roma. I have said this before, but I think it bears repeating that this is a moment to foster unity and solidarity and that there is no place in this context for hate speech and discriminatory measures.

History will be the judge of the political will shown now to overcome this crisis together.

None of these problems are new. We have discussed them on several occasions. Regrettably, little progress has been achieved and laws and practices have further undermined the ability of people to enjoy their universal human rights.

It is, in my view, high time for national authorities in our member states to put an end to this shameful situation. Your role as parliamentarians is fundamental not only to keep governments accountable but also to adopt laws that are in line with the human rights obligations that your countries have pledged to comply with.

So we should also ask ourselves why is this not happening? Why suddenly, are we neglecting it all?

The last point: I have just come back from a contact mission to Ukraine that had been a long time coming.

Unfortunately, my mission happened to coincide with the very worrying rise in tensions, ceasefire violations and a reported military build-up at the border. But it was very good for me to finally engage with the authorities, civil society, and national human rights bodies in Kyiv in good and frank discussions on many topics, including on the ratification of the Istanbul Convention; on the issues related with language laws and minority rights; and, of course, the situation in non-government controlled areas.

Even if, after the numerous discussions that I held with officials over the past three years, including during my recent visit, it is clear to me now that my physical access to Crimea remains an extremely remote possibility. I intend, nevertheless, to continue doing human rights work for the people living in Crimea and in eastern Ukraine, in the way I deem appropriate in accordance with my mandate.

This is also what I heard from many activists, journalists, human rights defenders, representatives of Crimean Tatars that I met with. As all other Europeans, people living in those areas must be able to rely on the effective protection of the Council of Europe.

I look forward to returning to Ukraine for a full country visit, hopefully before the end of this year.

Ladies and gentlemen,

All over Europe today, human rights, democracy and the rule of law are under enormous pressure. We cannot afford to keep eroding them.

We need, I would say, a renewed impetus to narrow the gap between standards and reality. The many challenges that our societies are facing, and will continue definitely to face, require us to give greater prominence – not less, but greater prominence– to human rights in our societies, starting with more emphasis on the equal enjoyment of social and economic rights and equal access to health care and education – for all, not just for a few.

The longer we wait, the more difficult it will be to keep Europe as the home of freedom, justice and human dignity.

I know that the last thing we want to have is these rights being challenged even further.

Thank you very much. I am ready to answer any questions you might have.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you, Madam Commissioner.

We will now head into the questions.

As we pledge to do, we will have one speaker, one question per political group, after which you, Madam Commissioner, will give an answer if you wish to do so. If we still have time after that, we will go five questions at a time. We need to stop at 5 p.m. sharp because then we've got the next item on our issue.

Without any due delay, we will start with the Socialists, Democrats and Greens Group, with Ms Marietta KARAMANLI.

Is she online?

The floor is yours.

Ms Marietta KARAMANLI (France, SOC, Spokesperson for the group): Thank you, President.

Madam Commissioner for Human Rights,

Your report devotes a lot of space to the freedom of information.

In many states, you note that journalists are subject to acts of intimidation and reprisals, censorship legislation, the prosecution in the judiciary under specious pretexts and this limits free circulation of pluralist information.

On behalf of my group, I would like to draw your attention to measures that could raise awareness of public opinion about these shortcomings, and put in place practical responses, including through the exchange of views on how to guarantee freedom of information and protect journalists, newspapers and independent media.

Following a 2016 agreement, the European Union committed to pay six billion euros to assist Turkey in welcoming Syrian refugees.

Is this in accordance with international law concerning the right of asylum?

What initiatives could be taken to find a durable solution to this refugee problem for all?

Thank you in advance for your answer.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you very much, Ms Marietta KARAMANLI.

May I appeal to all colleagues, to limit their speaking time to one minute because otherwise we run over onto other speakers.

Commissioner, you have the floor.

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): Thank you Mr President.

In relation to freedom of speech, safety of journalists, I think my office has been very vocal in the past decades, I would say.

When it comes to the past year and the challenges we are facing because of the pandemic, there are many issues that I have raised, from the safety of journalists to impunity to the situation within the European Union when it comes to impunity and also attacks on journalists.

Recently, we had the additional very tragic case of a journalist being killed very brutally in Greece.

What we thought, at least for the European Union that is a safe place or a safe oasis when it comes to a journalist's work, it seems this is not unfortunately the case any longer.

We need to continue engaging with member states in order to address issues of restrictions of free speech, during the Covid-19 pandemic as well.

I'm also engaging with several member states on a dialogue related to freedom of speech and media freedom, in order to raise awareness about the importance of this extremely important right for all of us to actually feel free, so we can freely express our views, and so that journalists can continue to scrutinise politicians and public figures. I can only assure you that this will continue to be so.

In relation to migration, I think this is quite a complex issue. I'm also in constant contact with the Commission, Commissioner Ylva Johansson in particular, on the situation related to the response coming from the European Union, including Turkey, but also as I mentioned in the Mediterranean and in many other states, also outside the EU including the Western Balkans.

How to find a solution, I think, is a million-dollar question. What we need to see is actual commitment from the member states of the Council of Europe to see this as a European problem and not just the problem of a few countries that are facing most of the challenges. What is missing is solidarity and also the willingness of political leaders to try to find a durable human rights compliant solution.

I will continue to raise my voice and to assist in order to see some light at the end of this, I would say, very shameful tunnel in the past decade when it comes to migration and refugee issues in Europe.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you.

We now move to the second question. This time on behalf of EPP. I think it is Ms Kamila GASIUK-PIHOWICZ.

Ms Kamila GASIUK-PIHOWICZ, are you online? You have the floor. One minute, please.

Ms Kamila GASIUK-PIHOWICZ (Poland, EPP/CD, Spokesperson for the group): Oh! I thought that we had three minutes.

So, Ms Dunja MIJATOVIĆ presented a comprehensive report on the activities of the commissioner last year.

Women's rights in particular have suffered over the past several months.

We had to deal not only with a drastic increase in cases of domestic violence but, as the Commissioner rightly warns in her report, we have seen increasingly strong attacks on the Istanbul Convention, in Turkey, Poland.

In October 2020, in the shadow of the second wave of Covid-19, the Polish authorities introduced an inhumane virtually total ban of abortion that forced Polish women to give birth to terminally ill fetuses that would die shortly after delivery.

So, my question is: how are you going to cover this subject? to undertake this topic I have just mentioned?

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you, Madam Commissioner.

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): If I understood correctly your question was related to sexual and reproductive health and rights of women in Poland, but also beyond.

I covered this in my introduction but I think when it comes to the work of my office this is an issue that I raised with the Polish authorities but also with many other authorities that are in a way backsliding when it comes to these rights.

I think it's a quite dangerous and quite shameful situation in the 21st century that we still have to remind the authorities how important it is not only for the well-being of women but for the well-being of the families of future generations.

So on this I have a very firm view and I think it was also covered in this report on access to health prominently.

I will continue raising it with the member states. When it comes to Poland, I already did this on several occasions and I will continue to do.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you.

We now move to our next question on behalf of ALDE.

Ms Stephanie KRISPER, are you online?

Okey, Ms Stephanie KRISPER?

You have the floor. Yes, we see and hear you. Go ahead.

Ms Stephanie KRISPER (Austria, ALDE, Spokesperson for the group): Dear Commissioner, thank you for your strong words, also on the rights of refugees and migrants.

You raised the issue of deaths in the Mediterranean Sea and now we have also serious allegations against Frontex about being involved in illegal pushbacks carried out by European governments.

So my question would be: do you see a lack of access to a complaint procedure mechanism?

As a systematic question in general, when it comes to human rights abuses by EU institutions: how could we better guarantee such a possibility of a complaint and hence combat human rights violations effectively?

And, in this regard, do you support the EU's accession to the ECHR, to the Convention?

Thank you

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): Thank you.

I will start with the the last issue you mentioned.

Of course I do support it. I think it would be historical. It would be of great importance in relation to all rights. It would be a very strong signal coming from the EU and I think it would be something that all of us would celebrate.

Nevertheless when it comes to the situation with Frontex, I already said I do not have a direct mandate to engage in their procedures and the way they conduct their work. But I do follow also by talking, as I already stated, with officials in the European Commission in order to see what steps they are planning to do.

Recently I learned that they finally decided to employ a person who will actually look at the complaints. Of course, time will tell how this will be developed.

But when it comes to the EU I don't have to tell you this.

There are mechanisms, there are tools in order to address these issues, including the EU ombudsperson and many other tools that the European Commission and the European Union have at their disposal.

Of course, the Council of Europe can be of assistance but in my role as Commissioner I'm looking at human rights violations and when it comes to issues related to the Mediterranean, related to the Aegean Sea and all potential human rights violations at borders.

When it comes to pushbacks and all other issues, as you know, I'm very vocal. I will continue following it and also working with member states and other international organisations, including UNHCR - that is a very prominent and important partner for us.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you.

We will now move to the next question for the European Conservatives.

I think it is Mr Mikayel MELKUMYAN, in the room. Correct?

Mikayel, you've got the floor.

Mr Mikayel MELKUMYAN (Armenia, EC/DA, Spokesperson for the group): Mr President, Madam Commissioner,

I do have a few questions.

My first question is: how would you assess your own activity as Commissioner over the last year? How would you assess it in general?

My second question is about the powers that you have; are they sufficient to ensure, to fulfil your mandate? Perhaps there are some procedures in the Council of Europe that need to be changed in this regards.

For the third question, you want to visit grey areas, it would seem. Of course it is necessary to go and visit such locations, but what can you do there to gain information and to protect human rights in those areas where power is uncertain?

Thank you.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Commissioner.

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): Well, when it comes to me assessing my own work, I think I will refrain from this, not because I am modest, but because I think this is really for you, for others to say. The time will tell. I have three more years and I think it is actually you that scrutinise the work of us because you appointed Commissioners but also other officials, and of course civil society will have their say. So on this, I think it is something I will pause on and move to your question in relation to grey zones, which is something that I mentioned to you on many occasions.

Of course as Commissioner for Human Rights, I should have access to all parts of our region, our family of countries that are member states of the Council of Europe, but that is in an ideal world and I know that we do not live in an ideal world. In reality, this is extremely difficult. I try to use my powers, my mandate in order to be able to do my human rights work. So my role – the role of the Commissioner – should not be politicised when accessing so-called grey zones or areas of conflict or post-conflict, but it is a very difficult task but there are ways, there are possibilities and it really depends on member states or all interlocutors that are eager to see Commissioners doing human rights work in grey zones.

When it comes to powers, this is again something in your hands, in the hands of the Committee of Ministers, I think those powers are more than enough. Everything bigger or greater or more aggressive – if I can say so, in my view – would not be of democratic nature. So sometimes it can appear that we cannot do much but, in a way, the engagement from the other side, or from your side and showing political will to engage with institutions, to show trust and willingness to change sometimes issues that are part of very sensitive agendas in the society – taboos, dogmas – is already a step forward. So I would say, if you ask me my personal opinion, what we have at our disposal is enough, it is unique in international fora and I think people that were sitting here, but also in the Committee of Ministers 20 years ago, had wisdom and courage to establish such an institution that, as a current Commissioner, I am very proud of, but I think you should be proud of this institution that in a way you created, and work more with the institution.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you, we will now have a question from the last of the political groups, for the United Left by Ms Violeta TOMIĆ, online.

Ms Violeta TOMIĆ, you have the floor.

Ms Violeta TOMIĆ (Slovenia, UEL, Spokesperson for the group): Thank you.

Dear Commissioner, in your annual report on the human rights situation you mentioned Slovenia a few times.

You also stated that you have sent a letter to the prime minister of the Republic of Slovenia, Mr Janez Janša, in relation to press freedom and the founding of the Slovenian press agency.

Unfortunately the prime minister of my country ignores all warnings from the European institutions, which represent the last ray of hope for the citizens of Slovenia for their protection from the autocratic regime of the current Slovenian prime minister, who, by the way, most Slovenian citizens oppose.

I would like to know, Madam Commissioner, what is your opinion about the fact that this person will preside over the EU in the coming period?

Do you have any strategy to combat the danger of emerging new dictators, who love European money but dislike European values?

Thank you.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Perfect timing Madam Commissioner.

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): Thank you Ms Violeta TOMIĆ.

Of course I will refrain from commenting on a person. This is not my role nor my job.

When it comes to issues of media freedom in Slovenia, I can say that right now I'm in the process of discussing the issue of SDA that you mentioned, but also public service broadcasting, safety of journalists with the Slovenian government, the national human rights structures, journalists, NGOs.

I can say that I have very good cooperation from all the interlocutors that I met. I already had meetings with the Minister of Culture, Minister of Interior, of Justice, including yesterday a meeting with President Borut Pahor.

I do hope to be able to come with something of help, of assistance, of memorandum that I'm doing.

But apart from that, on the issues of populism, of aggressive nationalism, that is very present in our societies.

We have to be cautious. We have to be careful. We have to be direct in defending our values, our fundamental values and liberties.

What I can see is a lot of toxic environment, hate speech, accusations, insults.

I think we all need to ease the tensions, to recognise the challenges, to let democracy lead, and in a way what Chancellor Angela Merkel said on Monday, a new breath towards the Council of Europe and all fundamental rights that are so important, and I would even say sacred for the well-being of our societies.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you.

We will now have five questions at once.

In order we will have first: Ms Laura CASTEL, then Mr Claude KERN, then Ms Petra BAYR, then Ms Hajnalka JUHÁSZ, and then Mr Ruben RUBINYAN.

We start in the room with Ms Laura CASTEL.

"You have the floor" [in Spanish].

Ms Laura CASTEL (Spain, NR): Thank you, Madam Commissioner.

Freedom of assembly, independence of the judiciary, human rights defenders: these are all items under your mandate.

We were sorry to see, however, little mention of political prisoners nowadays in jail in many countries in the Council of Europe.

A continued silence in front of human rights violations only favours the oppressor.

On another note, I wanted to thank you for the letter sent to the Spanish Minister of Justice concerning the amendment to the criminal code for decriminalising defamation and protecting freedom of speech.

In this forum we are all parliamentarians who represent thousands of people.

I am sure that you think we deserve protection for the function. I am sure of it.

But in Spain there are parliamentarians on a prison sentence of 13 years for rebellion and sedition, both in the criminal code.

Why was there no mention of this in your letter? And are you taking steps in order to address this?

Thank you very much, Madam Commissioner.

Thank you.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): We'll now move on to the second on the list, which is Mr Claude KERN.

Claude, you have the floor.

Mr Claude KERN (France, ALDE): Thank you, Mr President,

Madam Commissioner for Human Rights,

You mention in your report that you wrote to the French Senate about the proposed law on comprehensive security. I wanted to inform you that the text that was finally adopted incorporates numerous amendments made by the Senate, which has given a stricter framework to certain provisions in order to ensure the necessary reconciliation between security and the protection of public and individual freedoms.

Then you point out in general terms that the main threats to human rights are old problems, which have been amplified by the COVID-19 pandemic. In particular, you highlight the worrying erosion of the rule of law in many member states. How do you intend to act to counter these negative trends?

Thank you.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you Mr Claude KERN.

We now go to the next on our list which is Ms Petra BAYR.

You have the floor.

Ms Petra BAYR (Austria, SOC): Thank you very much.

Last week we debated about and voted on Ms Thorhildur Sunna ÆVARSDÓTTIR's report on the situation of the Crimean Tatars.

You mentioned the obstacles you have to monitor the human rights situation in Crimea. What must happen for a very well performed human rights evaluation and monitoring can happen and can be performed in Crimea?

My second question is on the Istanbul Convention which at the moment is misused as an object of proxy dispute about values ignoring what is its content, namely combating violence against women and domestic violence and nothing else. Do you have hope that those who do not want to understand what the content of the Istanbul Convention is will ever do so? And what are your next steps to promote sexual and reproductive health and rights in general?

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you, Petra.

We now go to number 4 on my list, which is Ms Hajnalka JUHÁSZ.

Hajnalka, are you online?

I see something coming.

You have the floor.

Ms Hajnalka JUHÁSZ (Hungary, EPP/CD): Dear Madam Commissioner,

In the framework of the Council of Europe, a remarkable legal instrument has been adopted to address the issue of national linguistic minorities: the Framework Convention on the Protection of National Minorities and also the European Charter for Regional or Minority Languages.

On Monday this Assembly adopted a resolution and recommendation with the title "Preserving national minorities in Europe". This is a truly important step taken that is deserving greater attention.

In your 2019 annual report you dedicated a single subchapter to the right of national minorities. However you omitted this highly significant topic from your current 2020 annual report.

Given the strong legal background laid out above along with the sharp decline in national minority rights in some member states, why did you choose to ignore this topic in your recent activity report?

Thank you very much indeed.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you, Hajnalka.

We now come to our last in this list, who is Mr Ruben RUBINYAN. I think he is in the room.

Ruben, you have the floor.

Mr Ruben RUBINYAN (Armenia, EPP/CD): Madam commissioner,

Last October during the Nagorno-Karabakh war, you expressed your serious concern for the threat to human rights.

After the ceasefire you have constantly been informed about the devastating post-war situation on ground and the equally alarming condition of Armenian prisoners of war.

Upon your election as Commissioner you stated that the system of Human Rights protection in Europe is one of the most advanced in the world.

So, please, tell me: what is keeping you back from visiting and witnessing the human rights situation of the people of Nagorno-Karabakh?

Thank you.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you, Ruben.

Madam Commissioner, for the 5 questions.

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): Thank you.

Just as a remark, maybe to all distinguished parliamentarians that took floor. The fact that I sometimes appear to be silent, because there are no public statements, does not mean that I am not engaging. On the contrary, I do engage and I know that many of you are asking me, on many occasions, particularly when it comes to your countries, to remain silent and to use quiet diplomacy, which is relevant and I think it is extremely important. When it comes to other countries that you disagree with, then you are asking me for my public statements, which is also fine. It is good to hear different ways of how I should perform my mandate. At the same time, I can assure you that I do follow – as much as I can – and I also look at the priorities. I have particular careful assessments on human rights situations in member states and then I decide, based on my assessments, in order to react publicly using social media or engaging with the authorities, sending letters. So I do use certain ways of dealing with it based on my mandate.

Nevertheless, in order to try to reply directly to Ms Laura CASTEL. Yes, I did send a letter and the letter was related to freedom of assembly. I think this is an issue I followed for quite some time in Spain, also engaging with the authorities before this letter was sent. But also, as you know, I received quite the substantive, comprehensive and constructive reply from your minister. When it comes to many other issues, including prisoners, this is something I am closely monitoring, closely following, engaging with the authorities, with civil society. Also in the process of discussions, I met the president of the Catalan parliament and discussed many of the issues, the ombudsperson. So this is not just me, you know, deciding overnight to make a public statement, to please anybody or to do something of a political nature. It is a careful assessment and you have to trust me on this. This is not something I do without really trying to be as factual as possible, listening to all the voices and making sure that my response, my assistance, my voice, is not going to be manipulated in a completely different nature. So I will, for sure, continue to do so and to continue my very constructive engagement with the Spanish government. And I agree with you, it is very sensitive, it is very important and I will not neglect it, but the time will come also when I raise all issues of concern.

The French law, as you know, I was vocal on this and I called for particular issues related to freedom of expression. How do I intend to address the challenges? I think I already answered this question on how I intend to do so using my mandate, using all possible means, even sometimes stretching my mandate in order to address issues that I think are important for human rights in Europe.

Ms Petra BAYR, I had a very good meeting with Crimean Tatars, as I said, including all three representatives – very distinguished representatives – of Tatar Mejlis. We had extensive talks and discussed how I can be of help, assistance. We are already in touch after my visit in order to do so. When it comes to monitoring, there are many challenges, also for the UN mission that is present and deployed with 60-plus people in Ukraine territory, it is very challenging to do so. Nevertheless, I am in contact with many lawyers, defending people in Crimea in Simferopol, with many activists, journalists, also in the eastern Ukraine, and we will try to engage as much as we can. Of course, I would be happiest if tomorrow I can really go to Crimea, if I can go to prisons, in

order to see people, in order to really try to assist and first of all, do my human rights work and nothing else. But we will continue doing so and, as I said, in the last three years I have been trying very hard. But at the moment I do not see this as possible.

Istanbul Convention, it is not just me I think, it is all of us in the Council of Europe, including the Secretary General, who has a very firm stance on this. Different monitoring bodies, different institutions that are dealing with this. I think it is also important to say that I work also closely with Commissioner Dalli on the issues of women's rights. If people who do not believe are going to believe, I do not know. This is not the only topic, we have different views on different issues and it should remain so because we want plurality. We should also hear voices that we disagree with but any voices of any political nature should not be stopping progress of our societies and well-being and human rights of people. So it is a tricky issue but I think it is of extreme importance. I can only say that I will continue to work with all of you, with the representatives of your countries, with civil society, many women's organisations, NGOs that I met in many of our member states – that are calling themselves democratic states – where women's rights and sexual and reproductive rights are under great danger.

National minority, why do I ignore it? I can hardly agree with this. I do not ignore it. I do not ignore any of the rights, but it is sometimes impossible to put everything in the report. I just said that I have been to Ukraine and I address issues of minority rights and language laws, so that can hardly be called ignoring it. Of course, not everything can be in the report at the same time but we do work also, as you mentioned, with the Framework Convention, with the Language Charter, with other international organisations. I recently met with the High Commissioner for National Minorities, Kairat Abdrakhmanov, in order to discuss these particular issues and we will continue to do so.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you Madam Commissioner.

You still have I think some answers there.

Okay.

The problem is that we are one minute before 5:00 p.m. so I cannot get five more. I cannot get five more questions out. I can get one.

Point of order.

Ms Dunja MIJATOVIĆ (Council of Europe Commissioner for Human Rights): I apologise.

It's not because I didn't want, but it's very important, sorry, because there were many questions.

I'm used to 3 by 3 so I think that was on another page.

Why do I... I mean, the main issue was related to the fact that I cannot go to Nagorno-Karabakh. Nobody can go to Nagorno-Karabakh at the moment, and it is something that I think is quite unfortunate. I think we should all be able to and when I say "we" I think of international organizations.

I do follow everything related to the trilateral agreement and also a need for you and HCR to engage. We work with colleagues and we try to do as much as possible in order to be able to travel not only to Nagorno-Karabakh only, but to cover all human rights issues that are so important now in this time where we could only... at least that would be my wish to engage on reconciliation, on truth, to ease the tensions.

And I can say that in both countries, in Azerbaijan, in Armenia, the narrative, the rhetoric is not helping.

It is difficult. It is extremely sensitive. It is painful at the same time. Lives are lost, children are killed, families are displaced. But now when the agreement has been signed we need to move forward.

I can only say that I am willing to travel any time with my team in order to be of help.

I tried several times and it did not work without going into details now. It doesn't mean I will not continue to do so. It is important, we have the responsibility at the Council of Europe. My office also has a legacy when it comes to work in post-conflict areas.

Your colleague parliamentarian, my dear friend former commissioner for human rights, Mr Thomas HAMMARBERG, is known as a hero of this processes. So at least this legacy should be used by member states facing these challenges in order to allow us, working on human rights issues, to go and to reach out to people, to listen to their stories, to their sufferings. And on all sides there are people suffering.

So, this is my message, not only as a reply to you, Mister RUBINYAN, but to both countries: we need to move forward.

Mr Rik DAEMS (Belgium, ALDE, President of the Assembly): Thank you Madam Commissioner.

My little hunch was there.

I thank you for responding to all the questions.

I do apologise to all our colleagues who cannot put their questions but this one hour during this session seems to be really not enough.

I mean I've got like more than 30 left for you. I had 70 left for Merkel. I had 50 left for Sassoli.

We will try to figure out a way to do better. But anyway, thank you very much for having been here and obviously you are available for all the colleagues who wish to reach out to you.

Thank you very much Madam Commissioner.

We will now move to the next point.

Mr Kimmo KILJUNEN will take over because I've got my number, I don't know how many, of bilaterals during this part session.

Mr Kimmo KILJUNEN, thank you very much for taking over.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Dear colleagues.

Thanks Mr Rik DAEMS for leading the session up to this moment.

I'll try to do my best to lead the session up to the end.

I suppose today that there will be two different major items for us to discuss: long-term chronic illnesses and also the issue of Montenegro if I recall it exactly how the afternoon will continue.

Before going into the issues of the real agenda I understand that Ms Nina KASIMATI wishes to make a personal statement.

I remind the Assembly that no debate may arise concerning this type of personal statements, but you do have the right to do that one. Now Ms Nina KASIMATI for the personal statement.

You have the floor but only two minutes for the personal statement.

Please.

I suppose it's a beautiful Greek flag behind you, isn't it?

Ms Nina KASIMATI (Greece, UEL): Thank you, honorable Mister President, Vice President, Madam Secretary General and Commissioner for human rights,

As a member of the Greek delegation to the Parliamentary Assembly of the Council of Europe I would like to make a statement to commemorate that 54 years ago this day, on the 21st of April 1967, a foreign leader junta was imposed in Greece, abrogating democracy, dismantling human rights and the rule of law.

And ended, seven years later, with the Turkish invasion and the ongoing until today occupation of Cyprus, having fulfilled its *raison d'être*.

During that time, along with the political and geopolitical patronising of Greece and the dictatorship, despicable and dehumanizing tortures were being perpetrated by the neo-fascists against those who resisted.

We owe eternal gratitude to those who fought and even gave their lives for this just cause. Also, to the people in Europe and elsewhere in the world who stood actively by Greek people and supported the resistance groups.

We hold dear this solidarity in our hearts.

We always remember, of course, and praise the Council of Europe for substantiating through its procedures the tortures and then for taking the decision in 1969 to abhor the dictatorial regime from this organization, thus upholding its statutory principles and values with acts, not just words.

An example of a wise leadership to be followed nowadays by the actors of the international community.

Thank you very much.

Debate: Discrimination against persons dealing with chronic and long-term illnesses

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Ms Nina KASIMATI.

These type of personal statements are obviously personal statements in the way that they don't allow any debate.

Could we move on now to the issue where we have a debate? The next item for us is "Discrimination against persons dealing with chronic and long-term illnesses".

It is a report produced by the Committee on Social Affairs, Health and Sustainable Development, presented and prepared by Ms Martine WONNER. She will soon have a statement on this and introduce her report.

We shall also hear an opinion from Ms Béatrice FRESKO-ROLFO on behalf of the Committee on Equality and Non-Discrimination.

The debate must finish at 6:40 p.m., so I maybe will have to interrupt, as we have done already earlier very many times, the list of speakers.

At around 6:30 p.m. I will try to see if there are certain issues just coming up that I can allow, but around 6:30 p.m. I will stop it to allow our allotted replies and also the vote.

The rapporteur has seven minutes to present the case, the report itself, and further speakers, all of them have three minutes to reply to the debate.

So, Ms Martine WONNER, you can now have your statement, please.

Ms Martine WONNER, introduce the report for us.

I understood that you are not here in the hall. Please, the floor is yours.

Ms Martine WONNER (France, ALDE, Rapporteur): Thank you, Mister President.

I am very pleased to be with you today to present this most important report. Thank you, Mister President.

Ladies and gentlemen,

Each of us has a relative, friend, family member or colleague in our immediate circle whose life has been disrupted by a chronic or long-term illness. These include serious heart failure, Alzheimer's disease, Parkinson's disease, cystic fibrosis, progressive Crohn's disease and multiple sclerosis.

Every 15 seconds, a woman is screened for breast cancer somewhere in the world. Some 60 million people in Europe suffer from diabetes and, according to the World Health Organization, about 9.6% of women and 10.3% of men aged 25 and over suffer from it. These diseases impair quality of life. One in ten women suffers from endometriosis; 80% of women with this disease experience limitations in their daily tasks and 40% have fertility problems.

These diseases sometimes require life-long treatment. Although some are cured, their effects can continue to weigh on individuals. I am thinking, for example, of COVID-19, the consequences of which are still little known. I am also thinking of the people who have survived cancer.

In keeping with my profession — before becoming a Member of Parliament, I was a psychiatrist — I have added psychiatric illnesses to this report; 6% of adults in the European Union have recently experienced depressive symptoms. These diseases are very serious: they are the main causes of premature death. They affect the lives of at least one third of the European population. They are more common in women than in men, and they are frightening when they affect children.

Our populations are ageing, and the number of chronic diseases is increasing. They add up and increase morbidity, because of the ageing of the population, but also because of the combined effects of poverty, pollution, global warming and now, all over the world, of COVID-19. Because of their direct and indirect effects, these diseases affect the full and equal enjoyment of all human rights and fundamental freedoms.

The WHO definition of health must be our compass, our benchmark. Good health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity. In my view, all these diseases fall within the scope of the United Nations Convention on the Rights of Persons with Disabilities, the CRPD. Therefore, they necessarily imply obligations on the part of the state, all states, but also private sector employers. These diseases are barriers to well-being. Therefore, it is not up to these people to adapt to society, but up to society to adapt to these people with chronic diseases.

I therefore call on States to continue their efforts to combat exclusion and to guarantee universal access to health. We need to take the whole of society with us in the fight against these diseases. We must also fight against diagnostic erraticism and everything that moves us away from the approach proposed by the CRPD.

Through this draft resolution, I hope that the member States will increase their screening and prevention capacities, allocate sufficient resources and funds and be able to punish any obstacles to the dignity, well-being and individual development of patients.

I also hope that the CRPD approach will spread throughout society, especially in the private sector. It is not normal for individuals to be blamed for being ill, at work or elsewhere: it is a double penalty. I am not sure, unless we evaluate its application, that the right to be forgotten, which is granted to people after ten years of convalescence, lives up to the hopes that it has raised.

It is up to us parliamentarians to be agents of change in our parliaments. I invite all of you to promote these principles contained in the CRPD, including when they concern chronic and long-term illnesses. We heard it during the hearing last September: the chronically ill have suffered more than others from the COVID-19 pandemic. This is not acceptable. Health services must be able to respond to the unexpected while being attentive to changes in society and reviewing all regulations.

Finally, I invite Liechtenstein to join the CRPD so that no European country is left out. This framework is tailored to the needs expressed by people who face barriers in their immediate social and physical environment.

I would like to begin by thanking Mrs Béatrice FRESKO-ROLFO, who has worked on this report and who will now give you her opinion on this motion for a resolution.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Ms Martine WONNER, for your presentation.

Next is Ms Béatrice FRESKO-ROLFO.

Ms Béatrice FRESKO-ROLFO (Monaco, ALDE, Rapporteur for opinion): Thank you, Mister President.

I would like to begin by congratulating the rapporteur on the quality of her report, which is very comprehensive and sheds light on chronic diseases and their long-term impact.

Dear Colleagues,

The report is about children, women, and men who are already fighting an uphill battle against disease. They must be able to find support and protection in the societies to which they belong and not have to suffer a double penalty of possible marginalisation.

The subject of discrimination was at the heart of the tabling of this motion for a resolution. It is, indeed, in order to enrich the report in this sense that the Committee on Equality and Non-discrimination has tabled eight amendments, which have been favourably received by the members of the Committee on Employment and Social Affairs and the rapporteur. By means of this opinion, I wanted to provide some additional information on the obstacles that patients will have to overcome during and after their medical treatment.

Imagine the difficulty of finding a job. How do you explain the lack of activity on a curriculum vitae? Could exposing one's illness be perceived as a weakness? And not saying anything, an admission of guilt? I did say guilt: guilty of having been ill, such is the feeling of these suffering people.

Imagine the difficulty encountered by the sick when they return to work after sick leave. Is it possible to adapt the workstation? Can suitable working hours be negotiated? Can the employer understand and accept that everything is not as it was before?

However, as Liz EGAN of Macmillan Cancer Support has confirmed, continuing to work provides a sense of normality, motivation in life and a source of income. You should know that one in five people who have returned to work experience some form of discrimination.

Let us turn to another crucial topic when we talk about discrimination. We all know someone who has had difficulty getting a bank loan or insurance because of their illness. How can we deny them the right to plan for the future, to make plans for themselves, for their family?

The right to be forgotten in terms of insurance has been introduced in four countries: France, Belgium, Luxembourg, and the Netherlands. It is a recent concept that allows people not to have to declare a disease that has been cured for a few years, even if the number of diseases offering this possibility remains limited. We must encourage the application of the right to be forgotten in our member States in order to give everyone the opportunity to fulfil their dreams.

Let us realise that where illness takes over, personal and professional development is hampered. Legislators should not wait any longer to take up this issue. The influence of a country depends on the way it treats the most vulnerable.

I therefore urge you to vote in favour of this report.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Madame FRESKO-ROLFO.

Now we will move to the discussion, really, the debate in terms of the speaker's list. As usual we start with the political groups.

The first one is from the ALDE group, Mr Gusty GRAAS, from Luxembourg. Please.

Is the connection there? It is. Okay. We can hear you, we can also see you.

Mr Gusty GRAAS (Luxembourg, ALDE, Spokesperson for the group): Thank you, Mister President, after these minor technical problems.

Ladies and gentlemen,

Despite the serious health crisis that the world is currently experiencing, we must not ignore other health-related problems, first and foremost, of course, the phenomenon of chronic and long-term illnesses. These diseases are not the result of a conscious choice, just as a person does not choose a disability.

Everyone has the right to a self-determined life, enabling them to participate in society in all its aspects. This is especially true for people with chronic diseases. Despite many efforts, discrimination against them is still rampant. They do not always have the same educational opportunities, their access to medical services is often limited and participation in the labour market is made more difficult.

In this context, it is important to refer to the United Nations Convention on the Rights of Persons with Disabilities of 2006. One of the aims of this Convention is to promote the full enjoyment of all human rights and fundamental freedoms by persons with disabilities.

Mister Speaker,

Although there are still countries that deny the existence of these diseases – which is unacceptable – others are making serious efforts to improve the lives of the chronically ill. It is above all a question of raising awareness in society as a whole and of combating stereotypes, prejudices and dangerous practices. Furthermore, ALDE believes that it is important to encourage the media to pay more attention to this issue.

Some countries have developed national plans on long-term illnesses. This is to be commended. Another important element for my group is help with inclusion in employment to support those affected by this disease. We also call on the member States to provide a legal basis for accessibility in public places and communal buildings for those affected. In this way, an important contribution can be made to removing social barriers and making public life more accessible to all.

A number of countries, including my own country, Luxembourg, have signed an agreement with insurance and reinsurance companies to introduce the right to be forgotten, which will mainly enable cured patients to obtain insurance for the outstanding balance on a mortgage. We appeal to the more reluctant countries in this area: please do not hesitate to achieve this goal as well.

The ALDE Group is aware that much remains to be done, especially in the area of the recognition of chronic illnesses and the reimbursement of the associated costs by the health insurance fund.

Finally, on behalf of my group, I would like to congratulate Ms Martine WONNER on her excellent report. Of course, the ALDE Group will also support the relevant recommendation.

Thank you very much.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much.

Now after three important presentations from Francophone Europe, we will move to Anglo-Saxon Europe. Let's put it in those terms.

United Kingdom's Mr John HOWELL, representing the European Conservatives Group.

Please, Mr John HOWELL.

Mr John HOWELL (United Kingdom, EC/DA, Spokesperson for the group): Thank you very much, Mr President.

I had not quite seen myself as the champion of Anglo-Saxon Europe, but there we are.

I would like to thank the rapporteurs for their reports on this. They raised some very important points.

The importance of this is, firstly, in what they do to link chronic and long-term illness with premature mortality, that is a very important point.

But the second point – that they do mention throughout their report – is the effect that this has on lives and on the quality of life of the people who suffer from these diseases.

The report stresses the human side and, for example, it stresses the role of dignity and the human rights of individuals who suffer from long-term illnesses, and I think that is as it should be.

Of course, at the moment this has been made even more relevant because of those who are suffering from long-term Covid.

We have a number of people who are suffering from that in the UK. I do think that a way has to be found to help to deal with this over the long term.

The report stresses the need for patients to work with NGOs and, of course, in many countries this is exactly what happens. It happens in my own country, for example, and I do welcome that.

The report mentions those with breast cancer. I have some experience of that, not personally, but with a partner who has suffered from breast cancer. It is not just about providing frequent checks and care. It is the encouragement of them to go back into the world to enjoy life to the full. I do think that is a very important point. What can help in achieving this are the practical steps that they need to get back into finding out how to enjoy themselves and how to be a great part of our lives.

There has, of course, over the years been marked developments in better treatment. I would definitely like to encourage that to continue.

I spoke to somebody who suffers from multiple sclerosis who said that in his experience – and he plays a very prominent part in UK society – that he has not experienced any discrimination. I think that is to be applauded.

I am also aware of work that was undertaken a couple of years ago now in Canada to deal with these problems. I think that the rapporteurs may wish to have a look at that, to see the comparisons that they can make between that and what was recommended in Canada.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Mr John HOWELL. You didn't particularly like to represent the Anglo-Saxon Europe. That's fair.

Now, anyhow, we are having a Nordic representation, Mr Ólafur Þór GUNNARSSON from Iceland.

Obviously he will represent particularly in this case the Group of the Unified European Left.

Mr Ólafur Þór GUNNARSSON (Iceland, UEL, Spokesperson for the group): Thank you, Mr President. I hope you can hear me.

I would like to thank Ms Martine WONNER for her timely report on an important issue.

Equal access to health care is a basic human right and our society should do their utmost to ensure that this right is respected. Discrimination in any form, be it in the form of access to care or access to the various means society has to offer, should be abolished.

Discrimination against persons with chronic conditions is a societal decision. It is society's task to end these discriminations.

In my work as a geriatrician, I battle discrimination and belittlement on behalf of my patients on a daily basis. Access to health care on the basis of universal health care funded by our taxes is extremely important. By ensuring universal access, the debate goes from whether to provide care to how we should provide it and how we as a society should fund it.

By deciding that health care is a basic human right, we take away a barrier society has raised.

We must address the culture of discrimination.

Discrimination hits our weakest members of society the hardest, often at a time in our lives when we are at the most vulnerable. This is wrong. Only a concerted effort by all our societies can make this right.

We must deal with the culture of grouping diseases as more or less important. Chronic conditions and long-term illnesses are not personal choices. Society should not allow itself to project that feeling to those who fall ill.

This becomes particularly important at times like the current ones, when millions of individuals may have chronic or long-term consequences of the pandemic. We have accepted discrimination against older people. We have accepted that many of them have lesser access to health care. We find it in order to decide that they are lesser members of our societies.

This must stop.

We must strengthen the welfare fabric of our societies. This includes access to services, health care and participation in the pension system, also by those that may have a shorter time span in the workforce or not able to join the work force at all.

We must also work to strengthen labour unions and labour contracts at all levels of society. We will thereby ensure that those who fall ill temporarily or long-term all enjoy benefits in spite of the fact that they are not – or are to a lesser extent – part of the workforce.

Our laws need to reflect this, but more so our societies have to accept that discrimination is no longer an option which is open for debate, but rather is an infringement on basic human rights.

Our societies need to diversify. We will never achieve a state of perfection, be it on a personal or on a societal basis.

We should embrace diversity,. We should embrace the fact that some of us are different.

Society should ensure that all of us are included, and allowed to strive for happiness in harmony with society, and based our strengths and wants as individuals and welcome members of society.

Thank you Mr Speaker.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you, Mr GUNNARSSON.

The next speaker, from the Socialist Group, is Mrs Marietta KARAMANLI of France.

Ms Marietta KARAMANLI (France, SOC, Spokesperson for the group): Thank you.

First of all, I really wanted to welcome and thank the two co-rapporteurs, both Ms Martine WONNER for her excellent report and our draftsman of the opinion on chronic and long-term diseases.

I wanted to make three observations on behalf of my group.

Firstly, the importance of chronic and long-term diseases. While they are a cause of general and premature mortality, they are also the counterpart of longer life expectancy, particularly in Europe. To take the situation in France alone, one third of our fellow citizens will be over 60 in 2050, compared with one fifth in 2015. The issue therefore is life expectancy, in good health and autonomy. If life expectancy is a progress, we must also learn to fight against degenerative diseases better, and obviously environmental diseases.

My second observation concerns the means of preventing these situations, which are all too often sources of discrimination and are experienced as discriminatory. Firstly, we must reiterate the need to make health a priority area for public and private research. Obviously, research is fundamental and indispensable, with no limits to its scope and not programmable within too limited a framework. We must therefore add experimental research, clinical research, but also research by and in the human and social sciences. The latter is aimed at improving the quality of life of individuals, the interface between patients and society and, of course, the consideration of patients' needs. In addition to increasing knowledge, we must also focus on early detection and support for people.

My final comment concerns measures to prevent and reduce discrimination. These include the right to initial and continuing training, adaptation to employment and access to financial services such as insurance credit – as has just been mentioned – and the right to compensation for loss of autonomy, whether it is partial or complete, temporary or permanent.

The survey carried out by the rapporteur and the House's service shows different foundations, benefits and legislation. I therefore suggest, on behalf of my group, that the work should be continued in order to increase knowledge but, above all, to define convergent and shared objectives for good practice.

New and innovative initiatives must also emerge and we must also ask the member States to issue calls for projects or expressions of interest in all areas of the lives of the people concerned. We believe that we must give a voice to those affected and make them stakeholders in the policies to be implemented.

My group will support the resolution tabled by our rapporteur, and we hope that it can be pursued.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Ms Marietta KARAMANLI, for your presentation.

Next, from the EPP Group, is Ms Laurence TRASTOUR-ISNART from France.

Ms Laurence TRASTOUR-ISNART (France, EPP/CD, Spokesperson for the group): Thank you, Mr President.

Dear colleagues,

First of all, on behalf of the EPP Group, I would like to congratulate our fellow rapporteur, Ms Martine WONNER, on her excellent report and also thank the draftswoman, Ms Béatrice FRESKO-ROLFO, for her very relevant additions.

Discrimination against people with chronic and long-term illnesses is a serious and worrying problem, unacceptable in the 21st century. These diseases affect one third of the population and are causing increasing morbidity as our continent ages. In addition to this first parameter, there are the effects of poverty, pollution and global warming. Moreover, the effects have a lasting impact on the people who suffer from them; these diseases hinder the full enjoyment of all human rights and fundamental freedoms. The response must be global.

How can we accept that these diseases are sometimes poorly known by health professionals? How can we accept, for example, that some women suffering from endometriosis, a disease from which one woman in ten suffers and which limits 80% of them in their daily tasks, resort to strategies to hide their illness in their work? How can we tolerate the erroneous diagnosis that results in the loss of chances of treatment, or even cure, for so many patients?

This situation obliges us collectively. We must put an end to the double penalty of illness and the financial and social obstacles that follow. In the case of a loan, for example, we must allow the pathology not to be mentioned. Everyone must be able to live with a future and protect themselves without being constantly reminded that they are ill.

I believe that the Assembly is right to take up this issue. The response will be a collective one, by ensuring widespread awareness campaigns on chronic and long-term illnesses and by providing visible and accessible information to all. The right to life is not just a principle: it is a reality that must be embodied in our health policies, to ensure full enjoyment of rights for all.

I am convinced that the Council of Europe can act together with all its members and member states. I hope that we will act to encourage our governments to co-operate more in the fight against chronic and long-term illnesses, but also against the discrimination against those affected. This discrimination is the triumph of an injustice that does not speak its name.

The victory is to work together to restore equality between all these patients.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you Madam.

Now we will go to the real speakers list, because now we have the speakers on behalf of the political groups.

I calculated that they have reserved 21, no 20 people have announced their interest for the speakers list.

If we are now sharp in terms of the three minutes, I can try to do it so that all of those 20 people can make their statements.

So we will start now with Spain.

Ms María Luisa BUSTINDUY, please, the floor is yours.

Ms María Luisa BUSTINDUY (Spain, SOC)*: Thank you very much. Thank you, President.

First and foremost, I would like to commend the rapporteur on this extraordinarily good report.

To be perfectly honest, I feel really happy to be able to be involved in this debate. It is such an important debate, it impacts on so many European citizens, men and women. We are talking about the rights of these individuals of course in this debate.

I agree with what has been said already, namely that we need to work more on prevention. The earlier we can get prevention in the better. As soon as the disease emerges, we know that it is a real ordeal for the person who has been diagnosed with an illness, particularly a chronic illness. They are faced with a new situation, they have to face life in a completely different way following such a diagnosis, because when you are talking about a chronic illness, you are not just talking about the physical aspects of it. You are talking about emotional aspects, social aspects and even employment aspects, in other words, economic aspects, they too have a bearing on this.

That is why we really need to work on support to make sure we provide help to these individuals and make sure that these individuals are equipped to adapt themselves to a new reality, a new paradigm. We need to make sure they are empowered to live with their disease, but also to be able to count on the support of others, and perhaps most importantly, to make sure they can take part in life and society. So, if those requirements are met, then it means that we have been successful when it comes to battling these diseases and these illnesses. We have a better prospect if all of this is in place.

When we talk about chronic or long-term illnesses, we are talking, of course, about health issues, but also the time-consuming treatment of these diseases. And so for chronic diseases, you will not necessarily be talking about an illness, which will very quickly become fatal, in other words, threaten the very life of the person, it will not necessarily mean that, it is actually something that can go on for a long, long time. So you need to allow for that, you need to be patient. Sometimes symptoms can disappear, if you have had good treatment, but nevertheless, you may still have an illness to live with.

When it comes to minors, of course, the issue becomes a little bit more complicated because we need to make sure that parents are properly informed and that they can help their children live with these illnesses as best possible.

Also, sometimes, we need to make sure that education is adapted to these requirements and to these situations, so that these children can still benefit from education.

As far as we are concerned, we need to make sure that the Parliamentary Assembly is dedicated to this issue in the future too.

I would therefore say that we should push this further, particularly at this moment in time, because as we know, right now, as we speak, there is an increasing number of people who actually are faced with chronic illnesses or long-term illnesses.

We know that and therefore it is a matter of urgency.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you, Mrs BUSTINDUY.

The next speaker is Mr Frédéric REISS, from France.

Mr Frédéric REISS (France, EPP/CD): Thank you, Mister President.

Ladies and gentlemen,

Madam rapporteur, dear Martine WONNER,

First of all, I would like to thank you for your work, which has the particular merit of drawing our attention to a situation that is relatively little taken into account in public policies, even though it affects one third of the European population. As you pointed out, chronic and long-term illnesses are the main causes of mortality and constitute obstacles to the dignity, well-being and individual fulfilment of patients, which is obviously unacceptable.

With the ratification of the UN Convention on the Rights of Persons with Disabilities, Council of Europe member States have made commitments to combat social disadvantages affecting the sick. PACE calls on all member States to strengthen their national measures to combat the exclusion of people with chronic or long-term illnesses. I can only agree with this call. It is not the role of the state to organise everything, but it is certainly the role of the state to provide a protective environment for vulnerable populations.

Maintaining or returning to work should be a right and a reality for all patients. Working contributes to the financial and psychological well-being of individuals; being deprived of work is an unjustifiable social stigma.

Similarly, the right to be forgotten, which many people have talked about, i.e. the right not to have to mention one's illness indefinitely to certain players, such as banks when applying for a loan, should be generalised, because it is abnormal and even inhumane for a person to be deprived of any future prospects.

I would like to emphasise a point that you mention in your report, namely the impact of the COVID-19 pandemic on the situation of people with chronic and long-term illnesses. The pandemic is destabilising the daily lives of everyone, but, as you have pointed out in your work, it is having a particular impact on patients. Unfortunately, the difficulties faced by patients as a result of the pandemic are many. Among them, the deprogramming of diagnoses and care seems to me to be particularly serious, because not only can it lead to an intolerable loss of opportunity, but it also fosters a strong feeling of injustice and even anger in the most dramatic cases.

It seems to me imperative to make all political leaders aware of this risk: not to do so would weigh very heavily on society's ability to recover and would dangerously compromise the future. I urge you all to vote in favour of this resolution.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly)*: Mr Frédéric REISS, thank you very much.

The next speaker is Ms Konul NURULLAYEVA of Azerbaijan.

You have the floor please.

She's not here? No. She's here? Yes.

Please go ahead.

Ms Konul NURULLAYEVA (Azerbaijan, NR): Honourable Chair,

Let me please thank Ms Martine WONNER for her informative, detailed and significant report during intense COVID-19 times that definitely exacerbated inequality towards long-term and chronically ill persons.

Personally I believe the most significant aspect in this report, we need to carefully address that chronic and long-term illnesses do not only create health problems, but also social stigmatisation on persons affected.

Unexpectedly and uncontrollably this has never been a life choice of anyone. Therefore we should fix our perception in the first place.

In this regard we should work on the elimination of all forms of discrimination simultaneously and holistically across sectors and continents. Starting from a national level, I would like to emphasise the potential role of the state and parliaments in ensuring legal protection together with effective implementation mechanisms.

Speaking from the experience of my country, that might perhaps give a different perspective, as early as in 2003 we adopted a law on care for the chronically ill people of Azerbaijan, specifically suffering from widely spread diabetes, followed by a law on haemophilia and thalassemia and a state programme on chronic kidney disease.

Laws and state programmes ensure equal rights of persons affected. Their employability rights and social protection, responsibility before law in case of such violations and state funding for several treatments. Funding has also been extended to patients with thalassemia, alongside the establishment of medical centres and a larger social project for life without thalassemia. NGOs, together with other agencies operating in Azerbaijan, have also implemented various social integration programmes for chronically ill people, conducted various campaigns and hence have been active in promoting such equality.

I believe this kind of synthesis is crucial for positive development. Alongside, employers worldwide should also have a regular role to provide equality and support for workers with chronic illnesses. Workplaces should adjust to equality acts, draft health policies, offer flexible working hours, hold trainings and start to raise awareness. Build health minded teams, support return to work policy and acknowledge individual abilities rather than limitations.

Together we can. And were all as equal as anyone else.

Thank you for your attention.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much indeed, Ms Konul NURULLAYEVA.

Now we have from Ukraine, Ms Yuliia OVCHYNNYKOVA.

Please, the floor is yours.

Ms Yuliia OVCHYNNYKOVA (Ukraine, ALDE): Thank you very much.

Dear colleagues, we find this resolution extremely important and urgently needed for the Assembly members. We need proper action.

I want to thank first the rapporteur for your excellent work.

The number and severity of chronic and long-term illnesses in Europe has increased lately while being severely, inefficiently and disproportionately treated across countries.

The resolution highlights that chronic and long-term illnesses are non-communicable diseases that often require long and expensive treatment for the community. This is a key issue to be addressed.

Treatment is long and expensive that means that member state should create proper legal conditions to allow people having chronic and long-term illnesses to afford long treatment from the perspectives of time and social security, as well as in terms of labour law.

Treatment and rehabilitation is very expensive and requires proper funding. Unfortunately, special programmes for adults barely exist. They are not sufficiently funded. Even so, that's why the issue of insurance and access to health care and rehabilitation for adults is highlighted in the resolution in the recommendation.

The public-private partnership and investment into rehabilitation services are urgently required.

The resolution states that chronic and long-term illness are obstacles to dignity, well-being and self-fulfilment. It's very important for the member states to ensure dedicated mental health support for these people, and to create the proper conditions in their lives and geriatric hospitals.

The resolution suggests that through various public policies, the authorities are able to limit the number of consequences of chronic and long-term illnesses, also through innovative visions to disability and disabilities offered by the United Nations Convention on the Rights of Persons with Disabilities.

We ask member states to reconcile their existing public policies and make them more comprehensive, more inclusive and feasible.

We fully support the action proposed in the resolution, but first I would like to stress the value of genetic research and laboratory facilities for high-quality genetic test analyses, which allow for the early revealing of genetic-based diagnosis and early intervention.

For this purpose, member states should support and ensure proper funding and infrastructure. Genetic tests should become more available for the population. It's very important not to limit generally known chronic and long-term illnesses based on the national registers.

I appreciate that the resolution stresses the important role of parliaments and gives some guidelines of what parliaments should do in their home countries: to promote principles; to adopt legislation; to ensure allocation; and to contribute to awareness raising actions.

Thank you for attention.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Ms Yuliia OVCHYNNYKOVA.

Now we have the next speaker, Ms Mónika BARTOS from Hungary.

I'm so sure she doesn't seem to be here in the hemicycle, but are you on an internet connection with us? Unclear. Ms Mónika BARTOS are you? No.

We now move to the United Kingdom: Baroness Doreen MASSEY, please.

Baroness Doreen MASSEY (United Kingdom, SOC): Mr President.

I congratulate Ms Martine WONNER on this very incisive report.

She is right to draw attention to the duties of the Council of Europe member states to ensure universal access to the rights of people with disabilities and long-term illness.

As the report points out, chronic and long-term illnesses can have a devastating impact on a person's life, dignity and ability to function. They are the main cause of premature death and affect human rights and fundamental freedoms.

There are undoubtedly differences in the ways in which society deals with disabilities of all kinds. Knowledge, awareness of and simply towards disability, including disabilities which may not have obvious causes or be obvious to people, have certainly in my own country, the UK, increased.

This is largely due to a strong and active voluntary sector that raised awareness, lobbied for disability rights and set up help for those who have a disability.

In September 2020, the Committee on Social Affairs, Health and Sustainable Development held a public hearing with four experts from the public health sector, patient organisations and trade unions. They confirmed the problems around the collection of data, the lack of definitions and the very real problems and prejudices in public perceptions.

One participant pointed out that Covid-19 has added stress and discrimination to the position of those with chronic or long-term illnesses.

In her conclusion, the rapporteur described two approaches to chronic and long-term illnesses: The health approach of detecting and treating patients, and the social approach which seeks to enable integration and a return to normal life. The approaches, of course, should complement each other.

The Council of Europe declaration, which establishes a general framework for equal treatment in employment and work, prohibited all discrimination on the basis of disability and established the principle of equal treatment.

This declaration will be revised. Member states will need to re-examine their practices in relation to budgets, practices and outcomes, in order to pay attention to the well-being of sick people, to ensure that health protection is guaranteed.

I think the rapporteur has done a great service drawing attention so precisely in this excellent report to the issues affecting people with chronic and long-term illnesses.

Neglecting their needs and rights, as she says, is unacceptable.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Baroness Doreen MASSEY, many thanks to you.

Now we will move to Ukraine. Ms Mariia MEZENTSEVA, the floor is yours.

Ms Mariia MEZENTSEVA (Ukraine, EPP/CD): *Kiitos* President. Thank you very much in your native language. *Kiitos*.

Dear Mr President,

Dear rapporteur, Ms Martine WONNER,

Dear colleagues,

I would like to be focused on one of the most important and personal topics for me, and maybe for my constituency, but also for the member countries.

Nearly 40 years ago, Betty Ford, the former first lady of the United States of America, announced to the world that she had been diagnosed with breast cancer and that she would undergo radical mastectomy to remove the tumour. Betty Ford's bold decision to announce this diagnosis shattered the wall of silence surrounding the disease and promoted millions of women to be scanned. As a result, the rate of breast cancer detection in the United States has risen sharply. Researchers have called this the "Betty Ford effect."

Breast cancer accounts for the largest share in the structure of women's cancer. Thus, the percentage of breast cancer among all diagnosed cases of cancer in women per year is 23.1. Ukraine ranks one of the first places in Europe in the number of patients with this pathology unfortunately.

The scale of this problem is growing catastrophically due to the lack of a well-established system of mass diagnosis in member states for prevention and a system of mammology services. As a result, in most cases, cancer is diagnosed at a later stage, which actually increases the risk of mortality by up to 30%.

However, only legislative acts do not provide for us the solution of the issue, as announced in the report, for systemic care for a woman diagnosed with breast cancer: from diagnosis, treatment, to rehabilitation and prosthetics.

It is appropriate to review and amend the relevant regulations governing the relations, rights and responsibilities of bodies, institutions and agencies in the fight against precancerous and breast cancer, to help create conditions for women to reduce female mortality and maintain a healthy gene pool for the nation.

Breast cancer prevention is not just about education, it does depend on each and every one of us, regardless of gender. And therefore, for early detection, it is not at all necessary to have expensive diagnostic equipment, it really depends on us, dear colleagues. Therefore, I highly salute this report and I take this opportunity to send a positive signal to my native constituency of the eastern Ukraine, that this topic is very well covered in the report.

I salute it and I call for all the colleagues to support it.

Many thanks.

Thank you President, thank you again.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thanks Ms Mariia MEZENTSEVA for your presentation, and also for the title of native language speaker. Sorry I don't speak Ukrainian well enough. I would like to speak that one. I am supposed to speak Hungarian because the Hungarian and Finnish languages are close to each other. I don't.

But most importantly we do have now a connection to Ms Mónika BARTOS in Hungary.

Please, the connection is there I suppose, and the floor is yours.

Ms Mónika BARTOS (Hungary, EC/DA): Thank you for the floor, Mr President and thank you for your kindness and help.

First of all, I would like to thank for rapporteurs for raising this topic. The Convention on the Rights of Persons with Disabilities (CRPD) affects 650 million people. This fact shows the importance of the subject. This is why the Hungarian National Assembly unanimously adopted the bill on promulgation in 2007.

I can tell you that the Convention brought a paradigm shift in Hungarian and international disability strategies inasmuch as it focused on a human rights-based approach – contrary to the paternalistic approach of the previous decades.

With regard to the rights of persons with disabilities, the key legal document in the Hungarian legislation is the Act on the Rights of Persons with Disabilities. It can be said that at the time of its adoption, this act was a unique piece of legislation. It was one of the principal reasons that the UN honoured Hungary with the Roosevelt International Disability Award in 2000.

The primary objective of the act is to guarantee the rights of persons with disabilities, and thus to promote their equal opportunities, independent living and active involvement in social life. Moreover, the Act on the Rights of Persons with Disabilities provides for specific rights of people with disabilities, such as – to give but a few examples – the rights to rehabilitation, to aid, to assistance services, to early development and the right to have integrated or protected access to the labour market.

The implementation of the provisions of the CRPD Convention takes place at several levels. One of the elements is the National Disability Programme. The National Disability Programme sets out the goals and directions to be implemented between 2015 and 2025.

The National Primary Healthcare Programme has been started with the aim of bringing primary health care closer to all people and providing people-centred health services.

A new tender, titled “Three generations for Health” has primarily been dedicated to increasing the number of healthy life years.

In order to promote the health care system, five national health care programmes have been developed.

For example, Hungary has been operating a national programme against cancer since 1993. In line with the objectives of the draft resolution, Hungary is constantly developing its screening system for chronic diseases.

It is important for the government to employ people with reduced working capacities. While in 2010 only 18% of people with reduced working capacities worked, today the proportion is 44%.

I would like to emphasise that the Convention on the Rights of Persons with Disabilities has a beneficial effect, therefore I encourage every country to ratify and apply it.

I would like to congratulate the report of the Rapporteur.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Ms Mónika BARTOS.

Next one is from Croatia, Mr Domagoj HAJDUKOVIĆ.

Not connected? I heard that there is no connection, if he will be connected later on I will allow him to come.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly)*: We shall next hear from Russia.

Mr Aleksandr BASHKIN, you have the floor Sir.

Also not present?

He is.

Please go ahead, Mister BASHKIN.

Mr Aleksandr BASHKIN (Russian Federation, NR)*: Distinguished team of dear colleagues.

As a person of medical training, indeed four year working in a psychiatric clinic, I understand everything that Ms Martine WONNER has said today.

Although ableism is a relatively new term people with chronic diseases because of the fault of society have had all of their rights infringed in creating a family or bringing up children. In day to day aspects and social infrastructure they also have problems finding work.

Human civilisation has done a great deal to eradicate this dreadful phenomenon with the elimination of laws and rules which restricted the rights and social possibilities for chronically ill and those with long-term diseases.

The next stage was the development of infrastructure. This has been adapted to facilitate the lives of people with chronic disease and disability. But the most difficult stage has been developing tolerance and sensitivity to these people in other people's minds. This process has been the most difficult and it continues to be so in most countries today.

Therefore I'd especially like to stress the relevance of paragraph 6.4 in the draft resolution which calls for effective campaigns to be developed to improve public awareness to chronic and long term disease together with civil society based on factual data.

The reasons for ableism are related to a negative perception by society to those who departure from the norm. Stereotypes are the justification for that discrimination. A significant number of people cling to those stereotypes. Regrettably they're the most lengthy chronic disease of the whole of society. We need to bring our children and treat children who are a bit different to most others with due sensitivity.

I'd also like to say a few words about the mentally ill and not just about those with somatic disease. Indeed I think this is even more important. Most mental diseases with the exclusion of some exogenic psychosis or psychopathy are chronic. Moreover, in many cases they give rise to additional restrictions including personal freedom.

Therefore I feel that this category of people should be given more attention today and be developed in the report and the debate.

In conclusion I'd like to point out that this is a particularly precise and objective analysis of a difficult complex issue and I call for support for the report.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly)*: Thank you, Mister BASHKIN, for your statement.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): The next one is Ms Nicole TRISSE from France, please.

Ms Nicole TRISSE (France, ALDE): Thank you, Mr President.

Thank you for this debate on the discrimination – which is unfortunately very real and painful for those concerned – against people with chronic and long-term illnesses. These conditions, which are usually serious and disabling, affect at least one third of the population living in Europe, which is a considerable number of several tens of millions of our fellow citizens.

As the report by our colleague Ms Martine WONNER – whom I congratulate on the quality of her work – admirably demonstrates, chronic and long-term illnesses are extremely varied. All of them, whether they are cancers, Crohn's disease, Charcot's disease, multiple sclerosis, diabetes or Lyme borreliosis – to take just a few examples – cause physical disorders that are disabling in everyday life.

In addition to the symptoms of the disease, there are often other very negative consequences for the victims, which impact their social and professional life and even their income and means of subsistence. This "double penalty", which our rapporteur quite rightly highlights, is unfortunately common and places these patients in a discriminatory situation, even stigmatising them.

I shall take only the example of the victims of Lyme borreliosis, with which I am very familiar as I am co-president of the National Assembly's information mission on this issue. It is in fact the most common zoonosis in Europe: there are almost 850 000 new cases per year in the European Union alone. All too often, this disease remains poorly identified, placing those affected in a situation that the report aptly describes as "diagnostic wandering", which sometimes leads to significant complications later on. Many patients feel helpless and ignored when faced with this condition, which is very expensive to treat. In addition to the "diagnostic errancy", the patient's distress is compounded.

The case of Lyme borreliosis patients is unfortunately no exception. The same is true for victims of cancer, diabetes, chronic inflammatory bowel disease or chronic psychiatric disorders. And this list is unfortunately not exhaustive.

Admittedly, progress has been made in several countries in providing medical and social care for these populations. The right to be forgotten for patients in remission is also a valuable achievement, enabling them to build projects like their fellow countrymen who are not ill. However, more needs to be done, as the resolution says quite rightly and it calls on the member states of the Council of Europe to go a step further.

I fully agree with the proposals made by Ms Martine WONNER. It is important to strengthen screening and prevention capacities, to develop patient care services, to better guarantee the rights of the people concerned, to conduct awareness-raising campaigns and to have a global approach, which does not leave out their families. In addition, ratification of the European Social Charter by the European Union seems desirable in the long term.

I support the draft resolution and will vote for it without reservation.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): *Merci pour votre présentation.*

Next one, Mr Tural GANJALIYEV, Azerbaijan.

Mr Tural GANJALIYEV (Azerbaijan, EC/DA): Dear Mr President,

Thank you.

I would like to thank the rapporteurs for their job and drawing our attention to this very important topic which is discrimination against persons dealing with long-term illness.

Dear colleagues, no country or region in the world has been immune to the spread and destruction of the pandemic. Also Azerbaijan's internally displaced persons are particularly vulnerable to the current virus like myself and this city and constituency in the Karabakh region of Azerbaijan that I represent.

IDPs often lack proper access to healthcare and pre-existing conditions put them at even greater risk of infection and related complications because of chronic disease or long-term illness.

Almost one million Azerbaijanis, as well as my family who had been forcibly displaced from Karabakh, have developed cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, followed by epilepsy due to the stress of displacement, inadequate housing, living conditions and medical care.

These problems present a huge challenge for IDPs and the country's health system until today.

For IDPs emotional stress is a frequent concern. This is a challenge for health services, and engaging with the health system is physically, emotionally and financially burdensome.

Moreover we witnessed numerous instances in which individuals make harmful decisions because of healthcare conditions. You know that for these people missing their medications for a week or even just a day can have serious consequences.

Accessing financial services such as insurances and bank loans is also a particular challenge for patients with chronic or long-term conditions. Their disease may be considered a pre-existing condition and may not be covered.

I also came across with the problems that young patients face in different spheres including education. Young patients for example highlighted they may need to miss courses because of treatments, have difficulty to perform exams because of health conditions.

These examples show that there is no room for discrimination on the basis of health conditions. Of course I believe that all patients with chronic and long-term conditions should be protected from discrimination on the ground of their health status.

One urgent issue that also needs to be mentioned is that Armenia must deliver land mine maps as its international obligation, and that way displaced people from the Karabakh region of Azerbaijan can finally go back to our home and live a healthy life.

Thank you very much.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much for your presentation.

Now we move to Switzerland, Mr Pierre-Alain FRIDEZ.

The floor is yours.

Mr Pierre-Alain FRIDEZ (Switzerland, SOC): Thank you, Mister Vice-President.

Ladies and Gentlemen, Dear Colleagues,

As a doctor, I can only agree with the words of Ms Martine WONNER, whom I congratulate on her excellent report.

There is, undoubtedly, discrimination, and even stigmatisation, of people with chronic diseases: problems of access to employment, problems of access to social benefits, problems of access to public buildings if the disorders affect motor skills and many others.

On the other hand, society, in a spirit of solidarity, offers or should offer – because this is not always the case – adequate care services to the sick. It should also be remembered that the costs of providing care for the chronically ill are becoming increasingly high in our health care systems. In Switzerland, for example, health care costs represent 11 to 12% of GDP. With life expectancy increasing and populations in Europe ageing, the burden – if you like – will continue to grow. In many of our countries, life expectancy is over 80 years. However, studies show that healthy life expectancy is just over 60 years, so many people are living or will live for almost two decades with a health problem.

We are witnessing an epidemic progression of these non-communicable chronic diseases. With the exception of congenital diseases or those acquired in the prime of life, these health problems generally occur after the age of 50. Cancers, cardiovascular diseases, degenerative disorders of the musculoskeletal system, mental disorders, depression, psycho-organic syndromes.

These disorders can shorten life but the extraordinary progress of science and care allow, in most cases, a prolonged survival. However, prevention or early detection exists for many of these disorders. I welcome the reference to this in Chapter 6, paragraph 1 of the report: screening for cancer, especially breast cancer, cervical cancer and, most effectively, colon cancer.

However, it is in the field of prevention that major efforts must still be made, because the major killers, the major culprits of chronic diseases, are well known: junk food, sugary drinks, excessive soft drinks, obesity with its consequences – high blood pressure, diabetes – a sedentary lifestyle, pollution, stress – particularly in the workplace – which has major psychological repercussions, alcohol and, above all, tobacco, the only over-the-counter product which we know will kill or shorten the life of one out of every two people who use it.

Ladies and Gentlemen,

Discrimination against people with chronic and long-term illnesses is unacceptable. I welcome the report and its conclusions and hope for a clear and determined commitment from our various States to resolve, or at least improve, these injustices. However, my purpose today is also to point out that the ideal solution would be to reduce the causes of these chronic diseases: screening and prevention must become priorities. Living long, yes, but ideally independent and in good health.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Mr Pierre-Alain FRIDEZ

Next is Mr Alain MILON from France. Is there a connection, yes? Please.

Mr Alain MILON (France, EPP/CD): Thank you.

The work of our rapporteur, Martine WONNER, highlights a major problem in Europe: chronic and long-term illnesses affect the lives of at least one third of the European population, as has already been said. While there is no consensus on a single definition of chronic and long-term illnesses, they all have the consequence of limiting the full enjoyment of all human rights and fundamental freedoms.

This is generally linked to the potentially burdensome treatment and discrimination that people with these diseases may suffer. This is particularly true of cancer and psychiatric illnesses, which, despite remission or recovery, forever disrupt the lives of patients and their families.

To best meet the needs of people with chronic and long-term illnesses, public policies must focus on the health aspect. This implies a research effort to develop means of treatment and diagnosis, and then an effort to provide patients with adequate treatments and to enable diagnoses to be made. Screening is often essential for these diseases. The earlier the diagnosis is made, the better the treatment and therapeutic solutions will be to relieve or cure the disease.

This requires considerable financial resources. Unfortunately, not all countries have the same resources, which means that there are major differences in the way patients are treated. The European Union's health programme has been allocated a budget of EUR 5.1 billion and the European Commission has announced a vast plan to combat cancer. I hope that these funds can be used to help patients from countries where the health system is least protective.

On the other hand, public policies must also facilitate the integration of patients. All member States of our Organisation, except Liechtenstein, have signed the United Nations Convention on the Rights of Persons with Disabilities, which covers patients with chronic and long-term illnesses. States are therefore obliged to put in place policies to combat discrimination and promote equal opportunities. This involves access to employment, accessibility of public places and also education, which promotes acceptance of others despite illness. The resolution before us rightly emphasises that national parliaments have an important role to play in this area. I can testify to the role played by the Senate in France in forcing the government, and in particular the Ministry of the Budget, to develop further the accessibility of public buildings.

Finally, I again call on those member States that have not yet done so, and on the European Union, to ratify the revised European Social Charter.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): From France we move to Turkey, and next one is Mr Halil ÖZŞAVLI.

Is there a connection? A connection exists? Yes?

Mr Halil ÖZŞAVLI (Turkey, NR): Dear President, dear colleagues,

The discrimination towards persons suffering from chronic and long-term illnesses are one of the primary reasons of general premature mortality. The OECD report titled "How is Life" indicates a third of the European population suffers from chronic illnesses and 6% of adults have recently experienced depressive symptoms. One in eight people experiences more negative than positive emotions during a day.

This data shows us that chronic and long-term illnesses are much more common in Europe than we think. For sure, member states have to take necessary precautions to stop the spread of these illnesses and to protect the people who have experienced these diseases.

In this context, I would like to congratulate the rapporteur for her high quality report which sheds light on the steps that could be taken to remove obstacles to the rights of persons living with chronic and long-term illnesses.

However, similar measures need to be taken for the homeless and the poor individuals. Because, as mentioned by Madam rapporteur in her statement, since 1946 the World Health Organization has defined health as a state of complete physical, mental and social well-being, and not merely the absence of disease as infirmity.

Besides, according to the OECD, health is to be and feel well, to enjoy a long life free from physical or mental illnesses and to be able to participate in the activities one desires.

According to these definitions, to be healthy is the right of the poor and homeless people. And, in my opinion, being healthy should be considered a human right as well.

Nevertheless, the report rightly emphasised that the measures taken to combat the current pandemic, caused by the COVID-19 disease, have particularly affected those persons.

As the health crisis deepens, the plight of these persons is drawing less and less attention, to the point of not being heard at all. While the health authorities are dealing with this unprecedented health crisis, they should not forget the persons dealing with chronic and long-term illnesses. And they should provide proper conditions for the persons who are struggling with chronic and long-term illnesses to be able to have the treatment they need and, more importantly, the treatment they deserve.

As you know, some banks do not give loans to those with chronic and long-term illnesses, even some health insurance companies don't insure them. And yet, establishing patient protection systems such as the right to be forgotten, carries utmost importance to the insured to lighten the negative effects on the persons who have chronic and long-term illnesses.

Thank you for your attention.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Mister ÖZŞAVLI.

Particularly I was very pleased that you reminded us that to be healthy is one of the basic human rights, obviously.

Now we move to Cyprus. Mr Constantinos EFSTATHIOU.

Mr Constantinos EFSTATHIOU (Cyprus, SOC): Dear Colleagues,

First of all I would like to congratulate the rapporteur Ms Martine WONNER for her excellent work and comprehensive report on this very sensitive issue.

As described in this report, the many direct and indirect effects of these illnesses undeniably impair the quality of life of affected individuals, limiting their full participation, in equal social life as citizens, in all sectors of society and rendering them more susceptible to discrimination and inequality. And the more vulnerable a person is, the more obvious the symptoms are of this situation.

What we have to deal with, having the pandemic in mind is that we have to remodel, we have to provide, reinterpret, and reset our social models and frameworks. We need, as politicians, to take decisions and administrative procedures which are really needed for persons who are vulnerable. And what we have to do is to admit that modelling the society without taking into consideration the vulnerables and the people with chronic diseases, is a very bad situation and a clear failure of our society.

So, what we have to take into consideration with the pandemic is that we have to give more and special care of the vulnerable, children and adolescents, for the benefits of our society based on democracy and freedom.

Thank you very much.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much indeed. We still have five speakers on my list.

As I promised I try to keep the list so that you can all have the presentation.

Please try to be swift and we must actually a little bit hurry after that.

Now Ms Larysa BILOZIR from Ukraine.

Ms Larysa BILOZIR (Ukraine, EPP/CD): Thank you Mr Chair,

Dear colleagues,

First of all, I would like to start by congratulating the rapporteur Ms Martine WONNER. It is a deep and comprehensive report that the Ukrainian delegation will definitely support. The issue of discrimination of people dealing with chronic and long-term illnesses is very relevant in our days, especially in the era of the COVID-19 pandemic when people with chronic illnesses are deprived of sufficient medical support and have a great mortality risk if being infected by Coronavirus.

I also want to support the rapporteur in her call on member states to intensify the reports' efforts and provide the health system with sufficient budgetary resources to offer adequate health protection of such people. As we see today, the big amount of resources are focused to combat Coronavirus, while for example in Ukraine, last year more than 80 per cent of those who died, died from chronic illnesses, such as cardiovascular illnesses, diabetes, cancer and only 1.5 per cent died from COVID-19. Despite this, resources are distributed unproportionally. Often finances are taken from the programmes for treating chronic illnesses, such as cancer or orphan diseases in favour of vaccines and other measures to combat COVID-19. The situation is deteriorating also because of anti-Covid measures. When the number of people that become aware of their disease in the last stage are growing and the death rates are also growing.

It is worth noting that children with disabilities are both a particularly vulnerable category of persons with chronic and long-term illnesses. I would like to go on to the obligation of the Council of Europe member states to ensure the right to education, the right to a family, the harmonious development of children with disabilities and to provide a safe space based on single criteria, the best interest of a child. There are almost 170,000 children with disabilities in Ukraine. They usually cannot exercise their rights at full range, including the right to education. Since 2017, Ukraine has been implementing a strategy for the institutionalisation of children with disabilities and raising a child in the family, according to a strategy recommended by our European partners. But for many children with various nosologies, inclusive education in usual schools is under sufficient and they cannot study in usual schools, so special schools for children with special educational needs with disabilities and simultaneous schools where children with chronic illnesses study and simultaneously undergo rehabilitation have to be preserved. Children with special education needs have the right to a quality education, adaptation and self-realisation.

Thank you for your attention.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much Ms Larysa BILOZIR.

Let's move quickly.

The next is from the United Kingdom Ms Tonia ANTONIAZZI.

Ms Tonia ANTONIAZZI (United Kingdom, SOC): Good morning, Mr President.

I would like to thank the rapporteur for an excellent report.

I will continue to speak in English.

Ms Tonia ANTONIAZZI (United Kingdom, SOC): This report is excellent about the discrimination against persons dealing with chronic and long term illnesses. I would like to confirm my support of the report.

I'd like to take this opportunity to speak because in the UK parliament I'm the co-chair of the All Party Parliamentary group for Medical Cannabis under Prescription.

I have worked since taking my seat in the parliament in 2017 to fight for access to medical cannabis for those with chronic and long term illnesses, from multiple sclerosis to cancer and also epilepsy.

I currently work closely with a group of children with intractable epilepsy, a disease which is indeed an obstacle to individual well-being and fulfilment which no-one, especially a child, should be deprived of. These children with the medication given to them makes them vegetables, makes them not able to live a life worth living. Their determined families have fought to get them access to medical cannabis in the UK, mostly the brand Bedrocan which comes from the Netherlands.

I'm following the high profile campaigns in the UK of a couple of families including that of 6 year old Alfie Dingley. The law in the UK was changed to allow access to medical cannabis under prescription on 1st November 2018. Alfie suffered from up to 150 life-threatening seizures a week. In desperation, his family took him to Holland for treatment with the whole plant extract medical cannabis. This was life transforming. However, on return to the United Kingdom, Alfie could not access medical cannabis as it was deemed by the government to have 'no medical value'.

For these families, despite numerous meetings with ministers and senior NHS leaders, the situation still remains unresolved in the UK. The discrimination faced by these children for whom conventional anti-epilepsy drugs do not work is unbearable.

Unbearable because they do not have the benefit of time, and the priority of medical cannabis under prescription was pushed to the end of the queue because of Brexit and now because of Covid-19.

These families are emotionally and financially broken. Their children are at risk of being without their life-transforming medicine within weeks, we are awaiting a response to a letter signed by over 100 MPs from the prime minister. But we have still not had that reply and it is an utter disgrace.

Thank you colleagues.

I wanted to share that with you because it is very, very important for this debate.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly)*: Thank you very much.

And we continue as quickly as we can with Mr Vladimir KRUGLYI from Russia.

Please, go ahead.

Mr Vladimir KRUGLYI (Russian Federation, NR)*: Thank you, sir.

At the start of my statement, I also wish to express gratitude Ms Martine WONNER for the work she has performed.

I would like, in my statement, to draw attention to an important aspect and continue on the thoughts of Mr Pierre-Alain FRIDEZ, one of the forms of discrimination of citizens when they suffer from chronic diseases may be the absence of a state system of effective prevention. According to WHO data, four groups of chronic noncommunicable diseases make the largest contribution to mortality in the world, including cardiovascular diseases, type 2 diabetes, malignant neoplasms and chronic obstructive lung disease. These diseases entail common, proven behavioural risk factors, that is factors that depend on the person, him or herself smoking, excessive alcohol consumption, lack of physical activity, and silly eating habits. There are also metabolic risk factors, such as high blood pressure and obesity. On the whole, behavioural risk factors make a significant contribution to overall mortality throughout the world, smoking causes 71% of lung cancer cases and 42% of cases of chronic respiratory disease and then 10% of cardiovascular diseases.

The contribution of risk factors to morbidity and mortality for the main chronic diseases is determined by the spread in a specific population and related risks of morbidity and mortality, which also may vary in different populations depending on socioeconomic factors and ethnic specificities. Therefore, the occurrence and evolution of chronic diseases and the development of disability depend a great deal on prevention. The most important way of combatting noncommunicable pathologies is a single-minded effort to cut all risk factors, but if at a state level, maximum attention is paid to prevention and the introduction of the principles of a healthy way of life, then in many cases, we will manage to avert critical development and uncontrolled evolution of disease, as the consequence to the development of disability. Just stopping smoking, in all age groups, as a preventative measure will substantially reduce the risk of disability and mortality. In my opinion, the issues of the prevention of noncommunicable chronic diseases and the introduction of the principles of a healthy way of life are priority challenges requiring key attention from all member States.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you.

Ms Selin SAYEK BÖKE, the floor is yours.

Ms Selin SAYEK BÖKE (Turkey, SOC): So, the pandemic has been a reminder of how important our health is and how health conditions can become the premise of discrimination.

Early on, the pandemic fuelled racism and xenophobia worldwide. As the pandemic progresses, the differential effect of the virus across different age groups were identified, leading to age-dependent discriminatory lockdown conditions.

The pandemic also increased the burden on our health care systems, where health practitioners were forced to make very difficult choices between patients. What's more, patients who were afraid to go to the hospitals for being exposed to the virus chose not to visit health care facilities.

In either case, this led to discriminatory outcomes where the health care access of persons, especially with chronic and long-term illnesses, was hindered. As this report very diligently documents, indeed this discrimination is not pertinent to the pandemic, it existed long before. But this discrimination was aggravated by the pandemic.

I already mentioned the health care dimension, but the second is access to economic opportunities, rightfully detailed in the opinion paper.

Persons with chronic and long-term illnesses usually face financial exclusion, where their health conditions either limit their probability to have access to credit or proper coverage of insurance. This is the case even after their health has fully recovered and sufficient time has passed for their health risk assessment to be equivalent to the average health risk assessment of the public. Indeed many civil society organisations have long been pushing for the right to be forgotten after a certain period of time lapses.

Another aspect of economic discrimination is regarding access to employment.

Many employers are either reluctant or not informed enough to ensure a proper return to work. "Proper" meaning that workstation conditions and tasks are not adopted most of the time.

This discrimination has further deepened during the pandemic. In many cases we are observing that firms that are downsizing are dismissing workers with chronic illnesses and eroding their very basic economic and social rights.

All of these are very worrying developments. They render this current report very timely and extremely important.

As such I strongly support it, and I also support the opinion report and commend the rapporteurs and the Secretariat for their diligent work.

So, what's the solution? The solution lies in our 5 part approach:

1. We prevent chronic and long-term illnesses as much as we can.
2. We protect persons with chronic and long-term illnesses by ensuring them universal healthcare services as a basic human right and also by strengthening occupational medicine.
3. We prosecute those who discriminate against these persons by means of a series of sanctions.
4. We adopt new policies, such as the right to be forgotten.
5. Finally, we have partnerships with the patients themselves, civil society and experts.

Only through a holistic approach like this can we build a just and equal society.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Ms Selin SAYEK BÖKE thank you very much for your very clear statement.

Now we move to Canada.

Our cross-Atlantic guest Ms Lucie MONCION, please.

Ms Lucie MONCION (Canada): Thank you, Mister President.

Good morning to you all,

I thank you for the opportunity to speak, and I would like to congratulate Ms Martine WONNER on her excellent report.

My remarks will focus on the prevention of employment-related discrimination against people with chronic and long-term illnesses in Canada.

In terms of the legal framework, "[i]n Canada, human rights are protected by federal, provincial and territorial legislation.».

At the federal level, the Canadian Charter of Rights and Freedoms protects the rights of all Canadians to equal treatment under the law. In addition, the Canadian Human Rights Act protects against discrimination those employed by or receiving services from the Government of Canada, First Nations governments or federally-regulated workplaces.

In the area of employment equity, the rights of Canadians with disabilities are protected by a number of pieces of legislation. For example, the Employment Equity Act applies to federally regulated industries and workplaces, Crown corporations and certain other federal organizations and jurisdictions.

The purpose of the Act is to ensure equality in employment, particularly for four distinct groups of Canadians who have been historically disadvantaged in the workplace, including persons living with disabilities. The Act states that employment equity "requires, in addition to identical treatment of persons, special measures and the accommodation of differences.

In addition, the Canadian Accessibility Act aims to support Canadians, particularly those living with disabilities, by identifying, removing and preventing barriers in various areas, including employment. For example, many Canadians with chronic and long-term illnesses are eligible for disability benefits or accommodations.

Despite these legislative measures to promote equality and eliminate discrimination more generally, the Canadian Human Rights Commission states that 40% of people living with disabilities have reported that disabilities have influenced their career choices.

Moreover, there are gaps in these measures. People with "episodic disabilities," that is, chronic, long-term conditions characterized by unpredictable periods of good health interrupted by periods of illness or disability, may be limited in their participation in employment, potentially affecting their economic security, particularly when workplace accommodations are not provided.

While legislation and policies have been put in place in Canada, there is still a long way to go to eliminate workplace discrimination against people with chronic and long-term illnesses in Canada.

Thank you for your attention.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much.

Dear colleagues I want to say thank you very much indeed for this discussion.

I purposefully allowed it to go a bit over time. The theme is really discussed in international forums like this one, even at home. Discrimination against people with chronic illnesses.

Thanks very much for a very comprehensive and interesting debate.

Now we will move to the end part of this discussion.

Ms Martine WONNER, rapporteur, do you want to add something?

Three minutes for you now.

Go ahead.

Ms Martine WONNER (France, ALDE, Rapporteur): Thank you, Mister President,

Thank you, ladies and gentlemen,

As you can see, this subject is very close to my heart because, in my capacity as a psychiatrist, I am regularly confronted with people affected by a psychological illness or others affected psychologically by illnesses that have a severe impact on their lives, such as cancer. But at the moment, in the face of the health crisis, we have never seen so many people in psychological distress in the face of COVID-19 and in the face of this whole very particular atmosphere.

These chronic illnesses affect the full and equal enjoyment of all rights and fundamental freedoms. I am deeply committed to all these freedoms. I wanted to point this out and I cannot imagine that these people suffering from illnesses can accumulate social, economic and medical handicaps and be stigmatised. I would really like to thank all the members who have taken part in this discussion and who have recalled these fundamental points.

In the context of this health situation, which has been turned upside down by COVID-19, the European Union must be able to extend its competences in order to support the dissemination of good practices, particularly the right to be forgotten. Only four of the countries surveyed have a specific law establishing the right to be forgotten.

For example, patients in remission from cancer have been able to return to a normal life by being able to borrow money. I would propose this evening that an evaluation of the exercise of this right in Europe be carried out in order to measure its benefits and more clearly identify its limits for the well-being of patients, and that this work be extended if possible.

To conclude, I know that the task is great because millions of individuals are affected by all this discrimination, starting in particular with access to care, and I particularly wanted to point out, in the context of the COVID-19 crisis, that access to early treatment, in particular, must be guaranteed, which could prevent the appearance, everywhere, of long term COVIDs, these people who have had a COVID and who develop a chronic pathology.

To conclude, because Angela Merkel was here yesterday morning and reminded us of this notion of dignity – and we know that the stigmatization of chronic diseases has an impact on quality of life – I would like to quote her: "When it comes to human dignity, we cannot compromise.

Thank you.

Vote: Discrimination against persons dealing with chronic and long-term illnesses

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Now we'll move to Mr Luís LEITE RAMOS, the chairman of the Committee. Do you want to have three minutes? Yes, Mr Luís LEITE RAMOS.

Is he online? OK. Is the connection there or not? Yes, we caught the connection but we lost it. Try again.

It would be useful to have the chairman, obviously, because the Committee prepared this report and obviously the next stage is to agree with it.

To save time I already said that the Committee made this resolution and eight amendments have been tabled. As far as I understand all eight amendments were agreed upon, approved unanimously by the Committee. So, we also need Mr Luís LEITE RAMOS to agree with this conclusion, if it's so. Although we have the minutes too also, if it's really needed.

I really hope that we can go quite swiftly after Mr Luís LEITE RAMOS is here, because really this report itself was very excellent as we agreed. It seemed to be so also that the debate which was going on here, each of us were supporting each of us, no controversial concerning only that issue of how we should protect better those people who are really suffering with chronic illness. Discrimination of any sort is not acceptable at all.

But the chairperson of the Committee is here.

Is he there? OK. If we don't have the chairperson of the Committee, we obviously know that the Committee has agreed and approved this resolution. I suppose Mr Luís LEITE RAMOS' statement is the same as mine. Excellent debate. Thanks very much. Eight amendments were tabled with no objections.

I will now ask actually the hemicycle people and those outside who are here if anyone objects to this situation of approving the tabled amendments?

I don't see any objections, so now we can proceed so that they can take the whole resolution in our discussion. Is it so? Yes, it is so.

Now we will go to vote on the whole resolution at once and you all know the procedure of how to vote here and outside.

So, I now declare the vote open for the whole resolution concerning the discrimination against persons with chronic illnesses.

You all know how to vote.

I suppose we are in the states.

Okay, we can close the vote and the result.

Yes, very rarely, wow! Super, super, super.

Result: Unanimously approved. [Claps]

Very nice to be cheered for this type of meeting! At last we are united on some of the issues. Excellent! Excellent report, excellent result.

We'll move now to the next item.

The last item of today is about "Post-monitoring dialogue with Montenegro". There is a report prepared. Mr Damien COTTIER and Mr Emanuelis ZINGERIS who have been the rapporteurs for this will present the case for this report.

We will now try to move now more swiftly than the previous case. I hope that we can finish the whole set up already at 7:30 p.m., maybe a few minutes later, because we are starting a little bit later.

We will begin with Mr COTTIER and Mr ZINGERIS, both of you have seven minutes all together and obviously you can reply at the end with three minutes all together.

I call now Mr COTTIER, please. You're sharing your time.

Debate: Post-monitoring dialogue with Montenegro

Mr Damien COTTIER (Switzerland, ALDE, Co-Rapporteur): Mister President,

In 2015, our Assembly closed the monitoring process and initiated a post-monitoring dialogue process with Montenegro. A report was prepared in early 2020 on the state of this dialogue after five years. It should have been discussed here a year ago, but COVID decided otherwise and the report was referred first to the January session and then again to today's meeting. We also hope that the vote can take place today on the resolution.

In the meantime, the co-rapporteurs have changed, as I have joined Mr Emanuelis ZINGERIS in place of Mr Anne MULDER, who made a major contribution to the report, for which we thank him. In view of the time that has passed and the developments, we have prepared an addendum and an update of the draft resolution.

The four axes of the mandate of the co-rapporteurs concerned the observation of progress with regard to the independence of the judiciary, confidence in the electoral process, the fight against corruption and media freedom.

Beyond these areas, we are keeping a close eye on three other dimensions: the situation of minorities, that of refugees and displaced persons, and freedom of religion.

Let us say straight away, Mister President, that after six years, the results are mixed.

On the one hand, there have been developments and the situation is to be welcomed. Let us think of the relatively good situation of minorities – although we must remain vigilant following a few recent incidents, even if they seem to be isolated for the time being. We are also thinking of the rights of LGBTI people – Montenegro being the first country in the region to have introduced a registered partnership. The August 2020 parliamentary elections were the first time that Montenegro had seen a democratic changeover since independence. There had been some political tensions, but everything had been done within the framework of the constitution, and that was to be welcomed.

On the other hand, you have the four axes I have just mentioned, and there, unfortunately, we see little or no progress. Our Assembly's expectations have therefore been disappointed. The Montenegrin authorities will have to show a clear willingness to make progress in the future.

The main reforms have not been carried out, also because of the lack of support from the opposition at the time, as qualified majorities are needed.

As regards the fight against corruption, there has not yet been any real progress in this essential area.

As regards media freedom, although efforts have been made, we are struggling to see real progress and journalists remain under pressure, especially from legal proceedings, such as Mr Jovo Martinović, an investigative journalist accused of drug trafficking while investigating an arms deal. We are following this procedure with great attention. We are also thinking of Ms Olivera Lakić, who was shot and whose life is concretely threatened but to whom the authorities have not yet granted the necessary protection, which we invite them to do without delay.

With regard to the independence of the judiciary, despite some progress, important work also remains to be done here. There is the issue of the appointment of court presidents on multiple occasions.

There is also another very topical issue: the reform of the public prosecutor's office and the office of the prosecutor for organised crime and corruption. An opinion has been requested from the Venice Commission. It is critical. It clearly highlights decisions that would pose problems in terms of the independence of the judiciary and the rule of law.

The Council of Prosecutors could be reformed, but it was important not to politicize its composition. It must also be said that it is not possible to repeal the law in order to create an almost identical one under a different name and thus dismiss magistrates. If there are removal procedures, they must be followed, and there must be clear grounds and a fair procedure.

As rapporteurs, we expect the Montenegrin authorities to give a clear signal on these points, taking into account the opinion of the Venice Commission and not diminishing the independence of the judiciary, whereas our Assembly expects the opposite.

The Council of Europe had to take into account the opinion of the Venice Commission and not reduce the independence of the judiciary, while the Assembly expected the opposite.

That is why we propose that the Assembly decide to continue the post-monitoring dialogue.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much.

You stole a little bit of time from Mr Emanuelis ZINGERIS, but it's maybe your mutual agreement.

Mr Emanuelis ZINGERIS, two and a half minutes please.

Okay, then we actually saved time. You can have a bit of a longer speech if you want.

Mr Emanuelis ZINGERIS wasn't there.

We have a not very long list of speakers, but I'll try to be flexible and I'll try to defend the speaker's rights if you're tight in your time usage.

We might go through the whole list because I would particularly and above all would like to keep the floor for the representatives of Montenegro because that is their case.

Now those who are representing the political groups.

Hungary, first Ms Katalin CSÖBÖR, obviously representing the European Conservatives Group, that's what she's particularly doing.

Ms Katalin CSÖBÖR (Hungary, EC/DA, Spokesperson for the group): Thank you, Mr President.

Dear colleagues,

The progress and achievements of Montenegro in the last fifteen years on the road to European political integration are remarkable.

We wish for the possibility of progress and successful maintenance of a functioning democratic political process. The reassuring demonstration of a democratic political process and fully functioning institutions through free and fair elections and an unimpeded political transition should continue in all current and future legislative and governmental acts in order to maintain and preserve Montenegro's remarkable achievements and progress on its path towards European political integration, fifteen years after regaining its historic independence and statehood.

We welcome the fact that the first draft of Montenegro's media strategy has been prepared. It should be noted that according to the plans, a committee will be set up to deal with the phenomena related to disinformation. The establishment of a committee consisting of high-level representatives of the Government, the police, the Prosecutor's Office, the media and civil society is an important step towards the investigation of any attacks against journalists.

It is extremely important to preserve the multicultural character of Montenegro through the inclusion and participation of religious and national minorities in effective consultations on all issues that could actually – or potentially – affect the rights and established status of those minorities. We welcome Montenegro's readmission in November 2020 to the Egmont Group of Financial Intelligence Units as a promising high sign of successful reforms and adaptation to international requirements of a reliable and valuable partner in police cooperation.

Thank you for your attention.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Next one is from Greece

Mr Sokratis FAMELLOS representing the United Left.

Mr Sokratis FAMELLOS (Greece, UEL, Spokesperson for the group): Dear president, Dear colleagues,

Let me first take this opportunity to note that 54 years ago on the 21st of April there was a black day for democracy in Greece. The establishment of a seven-year military dictatorship. The Council of Europe at that time took a very important initiative to address the violation of democracy of human rights and tortures by the junta in Greece. Our fight for democracy, for human rights and for the rule of law is still relevant today. It remains our main core goal.

With regard to assessment of the post-monitoring dialogue with Montenegro, I would like to congratulate the rapporteurs for their very thorough assessment. It is our view that they have reached some conclusion. Montenegro is making substantial progress, we should all recognize. But the post-monitoring process should continue. The rapporteurs expressed their concern over negative development or standstills particularly with respect to the independence of the judiciary, the situation in the media and the fight against corruption. We must admit that these are areas of common concern. All these aspects are linked with a web of political power. A lack of transparency or a problematic situation can eventually limit the function of democracy itself. Specially now during the COVID-19 crisis we are witnessing things in all these areas and in our countries for which we must be alert.

We must note that Montenegro is a good example across the Balkan region in several aspects such as LGTB rights, minority rights, and the fight against discrimination.

The very high turnout of voters in the 2020 election, the peaceful shift of power and the continuing cooperation with the Venice Commission for important reforms are signs that progress can continue.

Peace, political reform, and respect for the rule of law are essential for the Balkans, a region with a past full of turmoil. We all need to work together as Balkan countries to overcome divides of the past that have often been fuelled by larger international disputes in the diplomatic and economic arenas.

The cooperation among Balkan leaders and recent agreement between Greece and North Macedonia are examples of how such long-standing issues can be worked through. Now, more than ever, we all need to work together and find the common path towards sustainable development to address the effects of the pandemic, the climate crisis, economic challenges, poverty and inequality.

In closing, I would like to know that the peaceful shift in power following the elections of 2020 now offers a new momentum that should allow Montenegro to move forward. Reforms are not only a matter of legislating but also require will and collaboration to be met. With this in mind, Montenegro will be able to break the glass ceiling.

Thank you very much.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much Mr Sokratis FAMELLOS.

Now we have Mr Josip JURATOVIC from Germany representing the Socialist Group please. Not connected? So the voice of the Socialist Group is not yet here. We will hear it later if he comes.

The next one is Mr Bernard FOURNIER from the Group of the European People's Party.

Mr Bernard FOURNIER (France, EPP/CD, Spokesperson for the group): Mr President,

Dear colleagues,

Montenegro has been a member of the Council of Europe since 2007.

In 2015, our Assembly decided to close the monitoring procedure and to start a post-monitoring dialogue.

Admittedly progress has been made over the last ten years.

We can only welcome the efforts that have been made, particularly in guaranteeing the rights of minorities and combating discrimination. This progress is undeniable and must be commended.

However, a number of difficulties remain, which should encourage us to maintain the post-monitoring dialogue.

Indeed, the political situation in the country is far from calming down. The strong polarisation of the political scene, exacerbated by doubts about the integrity of the electoral process, does not allow for the serene exercise of democracy in order to carry out the expected reforms.

For example, following the October 2016 parliamentary elections, the opposition refused to take its seat in parliament, believing that numerous frauds and irregularities had been noted during the poll.

In addition, a group planning to carry out terrorist action against political institutions was arrested on the day of these general elections. During their interrogation, they claimed that leaders of the main opposition party had participated in the organisation of this attempted terrorist attack, which the opposition denies, suggesting that it was a plot organised by the ruling party to discredit it.

The 2020 general elections did allow for the first democratic transition since the country's independence, but a comprehensive and inclusive process to reform the electoral framework is needed.

Furthermore, the independence of the judiciary and the fight against corruption are issues in which Montenegro still needs to make progress. Our co-rapporteurs underline this and the Montenegrin authorities themselves acknowledge it. Indeed, our colleagues' report notes that, despite real progress, negative signals have recently been sent out concerning the transparency of the procedures for recruiting and appointing judges.

This in a society where the judiciary is seen as being vulnerable to political influence and where the small size of the judiciary can be deemed as conducive to a closed shop.

Finally, the issue of media independence is of paramount importance to ensure the proper functioning of democratic institutions.

Here too, progress has been limited. The media continue to endure economic and political pressure. Journalists continue to be the victims of attacks. While the perpetrators are now being sought and arrested, it is regrettable that the ringleaders are only rarely identified. The political interference in the activities of media regulatory bodies is also a cause for concern.

I will vote in favour of the draft resolution and request that the Council of Europe continue its co-operation with Montenegro.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Mr Bernard FOURNIER.

The next speaker is Ms Liliana TANGUY of the Alliance of Liberals and Democrats for Europe Group.

Ms Liliana TANGUY (France, ALDE, Spokesperson for the group): Thank you, sir, rapporteurs, dear colleagues,

On behalf of the Alliance of Liberals and Democrats for Europe Group, I would like to commend the quality of the work of the two co-rapporteurs. This report, together with the draft resolution, sheds light on the events that have marked political life in Montenegro in recent years and pinpoints the challenges ahead in terms of the rule of law for this country, which plays a positive role in the stabilisation of the Western Balkans region.

Our Monitoring Committee feels that Montenegro has made some progress in the independence of the judiciary, but nonetheless there is still a long way to go, particularly with respect to the opinions of the Venice Commission.

The report implies that Montenegro seems to have reached a glass ceiling and that the new ruling coalition will have to demonstrate genuine political will in order to obtain more tangible results, in particular in combatting corruption and the situation of the media, areas in which no significant progress has been observed.

The co-rapporteurs are also especially concerned about the plight of journalists, some of whom are under pressure, notably through judicial proceedings and detentions.

The European Commission also notes, in its communication in 2020, that problems remain with regard to the independence of the judiciary, the conduct of elections, freedom of the press and that Montenegro should be more proactive in its reform endeavours.

In the light of these statements and recent developments, the co-rapporteurs have identified four fields in which our Assembly should continue the post-monitoring dialogue, specifically: the independence of the judiciary; the fight against corruption; the situation of the media; and the law on freedom of religion.

Faced with these challenges, in order to guarantee respect for the fundamental values of the Council of Europe, I feel it is particularly important and my Alliance of Liberals and Democrats for Europe Group also feels likewise, for the new government which took office at the end of last year to take action in these fields.

A commitment to bold reform in favour of respect for the rule of law seems all the more necessary given that Montenegro sometimes relies on donors to support its economic development, some of whom flout some of the Council of Europe's fundamental values.

Respect for the obligations and commitments stemming from Council of Europe membership is of paramount importance, if Montenegro wants the post-monitoring dialogue to end. It is also a pre-condition to be met in the negotiations for the country's accession to the European Union, which remains a priority for the country's authorities, and which must be reflected in committed public policies.

I would call for a vote in favour of this report and the draft resolution.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much Ms Liliana TANGUY.

We will now try to get the connection working with Mr Josip JURATOVIC. He's supposed to be representing the Socialist Group.

Is he now online? He is online. Please.

Mr Josip JURATOVIC (Germany, SOC, Spokesperson for the group): Dear Mr President,

Ladies and gentlemen,

I share the German government's view that the factual presentation and assessment in the period under review are basically correct. The first democratic change of power in Montenegro since it gained independence 30 years ago shows us that democratic institutions in Montenegro are functioning. However, whether this will continue to be the case after the latest developments in Montenegro is, in my opinion, very questionable. For it is already becoming apparent that the current government, which was formed as a result of a movement against the old rulers, is completely out of its depth when it comes to running this country. Above all, the increasing division of the country, fuelled by old nationalisms of the Western Balkans, threatens to return Montenegro to the state of the Balkan conflicts of the 1990s.

This must be prevented, with the help of the international community. Above all, the EU should work closely with the local government to ensure that state institutions are built in line with EU standards. In this context, it is particularly important to turn away from nationalism. At the same time, the country must consistently orient itself towards a foundation of human rights, above all freedom and equality for all citizens of Montenegro. The second problem will follow shortly.

As of 1 July, Montenegro must pay the first instalment of the loan for the construction of the completely overpriced motorway from the port of Bar to Serbia. Montenegro is not able to finance the project, which means that this highway or any other state property will become the property of China. This is an important infrastructure project, including for Europe. It is therefore urgent to help Montenegro solve this problem.

Montenegro must not be lost.

Thank you for your attention.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much.

We now go to the speakers list.

As I said, we have six speakers. I'll try to defend them all to have their right to speak.

First we have Mr Stefan SCHENNACH from Austria. Please.

Mr Stefan SCHENNACH (Austria, SOC): Thank you.

Mr President,

First of all I would like to congratulate the two rapporteurs for their work in Montenegro.

I myself have been intensively involved in this process over the last ten years and it was right for us to change strict monitoring into post-monitoring, which is also proving successful. One of the greatest successes is when democratic change happens after an election, as we had in Georgia on the one hand with the Georgian Dream as a beacon.

But the development in Montenegro is still not such that we can close the post-monitoring. I think I was the last Chairman of the Monitoring Committee who was able to close a post-monitoring with Monaco then and since then we have not had such a process. But there are a couple of things that are extremely concerning.

One, I say as general rapporteur for freedom of the media and safety of journalists, is the really intolerable situation of the media and especially for journalists.

It is still like a canker: corruption and the electoral law need to be changed, and we also had a long debate with the Venice Commission as part of this report, which shows that the judicial system, both in terms of judges and prosecutors, is also extremely worrying and that there is a lot to be done here, and this is also reflected in this report on Montenegro. That is to say, it is going to be quite a difficult time and I very much hope – I love the country very much and Montenegro is such a small island with the sea and the mountains, with so many ethnic groups – and these ethnic groups have stayed together. That is, we have the Albanian ethnicity, Bosnian ethnicity, Serbian ethnicity... and that has such a high value that together and with the rapporteurs here with Montenegro we can give the necessary support now that for the first time there has been a change of government through an election. However, these electoral laws still need to be changed and adapted. Winning an election does not mean that the electoral laws are OK.

With that in mind, I hope we all adopt this report by a large majority.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Mister Stefan, you are coming from Austria which is one of those weird countries in Europe that doesn't have a seaside. That's why you are saying that Montenegro is an island. I agree with that statement. I understood exactly what you wanted to say.

Now we listen to some Montenegro representatives.

We start with Mr Dragan KRAPOVIĆ.

Now interesting to listen to what you have to say. Please.

Is Mr Dragan KRAPOVIĆ on the line?

We want to really listen to some Montenegrins also.

You have such a rich ethnic harmonious society.

Please.

Mr Dragan KRAPOVIĆ (Montenegro, EPP/CD): Thank you,

Dear President, dear colleagues,

The current political moment in Montenegro is very specific. As you already know, we have had an unprecedented change of government through elections. As stated in the draft resolution, there has been a peaceful change of government, which is a sign of democratic maturity, but in the post-election period we are facing continued polarisation of society, narratives and a series of political moves aimed at raising tensions in Montenegro.

The recent events and incidents in the city of Pljevlja, Nikšić, and so on, are unacceptable for us and I strongly condemn them today. This has to stay in the past and we believe that there is political will on all sides in Montenegro to overcome these challenges.

We suggest, as a party, Democratic Montenegro, that political representatives of minorities must participate and have their place in every future government of Montenegro. Many times, Mr Bečić, the speaker of the Montenegrin Parliament, publicly pointed out our proposal to make participation of minority political representatives in every authority and in every future government of Montenegro a generally accepted and unwritten political rule.

It is also very important that I address the issue of rule of law and fight against crime and corruption in Montenegro. I emphasise that recently the Venice Commission stated that there is a true need for reform, and in that process our party demonstrated its readiness to reach the best legal solutions through cooperation with the European Commission and the Council of Europe, of course meaning the Venice Commission.

That being said, it is important to understand that it is absolutely necessary for personnel and generational changes to happen within the judiciary and prosecutor's office. If this does not happen, or if it is delayed too long, I am afraid that any future reform will lose its meaning and we will not have the needed results.

In this regard, on behalf of Democratic Montenegro, and in many others like respect for human rights and freedoms, media freedoms, electoral reform, environmental protection, sustainable development and so on, we emphasise our readiness to conduct a dialogue, to work together to find adequate solutions to all challenges.

Dialogue along with mutual respect and understanding is the only way to overcome all the challenges we are facing today and we are fully committed to that approach.

Thank you for your attention. Thanks to the co-rapporteurs.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Mr Dragan KRAPOVIĆ.

Now we'll hear from another voice from Montenegro, Ms Maja VUKIĆEVIĆ, please.

No voice? We can't hear anything. Try again. We can't hear. Pity, pity. Try again, yes, that's a good idea, yes, to try and have a new connection. Here once again, we can see you. We cannot hear you. You should refresh your request to speak. Try to do that once again. Once again, request to speak. Now, yes... we have patience for you. We can see you, but... Try to press F5 and start once again. No, we cannot hear anything from you. Madam, you should... you must refresh your page with F5. Press F5. Madam, madam, we are wasting time. We will hear from you later on.

Now we'll go to Ms Suzana LEP ŠIMENKO, but we will return to Ms Maja VUKIĆEVIĆ later on.

Now Slovenia, Ms Suzana LEP ŠIMENKO.

Ms Suzana LEP ŠIMENKO (Slovenia, EPP/CD): Thank you Chair, dear colleagues,

First, allow me to congratulate the rapporteurs for their work. I also welcome the Monitoring Committee's acknowledgement of the substantial progress Montenegro has made since the adoption of the last report on the post-monitoring dialogue in 2015.

In my intervention, I would like to refer only to one specific paragraph in the report of the co-rapporteurs, the content of which, as it is now, might not be properly understood. It concerns paragraph 37 in the chapter "The Law on Freedom of Religion" where there is a sentence between the sentences with footnotes 25 and 26 that reads as follows:

"This discrimination would be the latest of many inflicted on Serbs, not only in Montenegro, but also in other neighbouring countries", which is then explained in footnote 26 as follows:

"The Serbian member of the collegial Presidency of Bosnia and Herzegovina, Mr Milorad Dodik, mentioned that Serbs' rights were also threatened in Slovenia, where they cannot obtain the status of national minority".

As this explanation is now placed under the chapter on freedom of religion, it could be understood in the sense that Serbs in Slovenia are deprived of their religious rights, which cannot be further from the truth.

I suggest that this sentence in paragraph 37 be deleted. Also, it has no direct connection to the subject of the main theme, which is honouring the obligations and commitments by Montenegro in the field of freedom of religion.

Just to clarify the situation to which the quoted statement refers: our constitution speaks of autochthonous national minorities, that is people who live in the same settlement area as in the past, but have been cut off from their kin states by the borders.

Serbs, on the other hand, immigrated to Slovenia in the context of labour migration. They are not considered an autochthonous national minority, as for example Hungarians and Italians are, but still enjoy all other rights provided by the constitution.

Thank you very much.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much.

Now we will try to go to Montenegro, with Mr Predrag SEKULIĆ.

Hopefully we can hear you and see you also, particularly here. Is the connection working? It seems to be also because of the interpretation, etcetera, that I must leave two other speakers out. Hopefully Mr Predrag SEKULIĆ we can hear from you. (It's over?).

It would be useful to have somebody from Montenegro anyhow.

(Neither, no?) I would like to have one Montenegrin. Either, or.

Mr Predrag SEKULIĆ, is it now good? Mr Predrag SEKULIĆ, you are the last speaker.

Unfortunately we will have to stop after you, but we wanted to listen to another speech from Montenegro, please.

Mr Predrag SEKULIĆ (Montenegro, SOC): Maybe it's better my colleague Ms Maja VUKIĆEVIĆ.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): You decide. It can be either one of you.

Mr Predrag SEKULIĆ (Montenegro, SOC): Ms Maja VUKIĆEVIĆ, please.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): You are in the same room. It's a pity that we could not hear from you.

So Ms Maja VUKIĆEVIĆ, now we can both see and hear you; at least we could hear Mr Predrag SEKULIĆ. (No, no).

Ms Maja VUKIĆEVIĆ (Montenegro, NR): Thank you.

I hope you can hear me now.

I have carefully read your report and I agree that we still have some problems in key areas as you have noticed. The Montenegrin judiciary has long been identified as the main problem. As you have noted, several judges have been elected in more than two permitted terms, whereas at the moment there are also more than forty judges who formally meet the conditions for retirement.

I agree that there were several court decisions which annulled the illegal decisions of the former authorities. On the other hand, there have also been many situations where the courts have dealt with political opponents of the former regime. We have had several fabricated cases against opposition politicians, against journalists, and against people who opposed the authorities.

As you have noticed, corruption was a big problem in Montenegro. Both affairs you mentioned, the audio affair and the envelope affair, have not been resolved.

We planned on adopting two laws in the field of prosecution, but after receiving the opinion of the Venice Commission, that was not carried out. Taking into the account the recommendations of the Commission, the changes to the current law on the state prosecution service were suggested. That law will soon be in the official procedure.

I must mention that the changes in the prosecution are necessary in order for Montenegro to cope with organised crime and corruption effectively.

The prosecutorial organisation has long been privatised and under the political influence of the former regime.

The fabricated assumptions that the proposed laws were directed against the chief special prosecutor are simply not true. We have nothing against the institution of a special prosecutor, but the fact is that the special prosecutor's office is in great need for new management. The evidence for this claim arises from the fact that not enough has been done for fighting against crime and corruption.

We welcome all the suggestions from our European partners, but we also hope that you understand the desperate need for change in this area in Montenegro.

As you noted, two key events that marked the previous year were peaceful protests against the law on freedom of religion and parliamentary elections.

There was a change of government in the elections, and apart from a few incidents that were mostly staged, there were no other tensions.

We adopted changes to the law on freedom of religion. The voting has had to be held twice, after the president refused to sign the law. The new law on freedom of religion is much better, fairer and protects the property of all religious communities.

Regarding the part related to the non-canonical Montenegrin Orthodox Church, which exists in Montenegro as a non-governmental organisation, I cannot agree with the statement about the number of people who are followers of that organisation. That number certainly doesn't exceed five per cent of the population of Montenegro.

Even with some problems and slow progress in the main areas, I believe reason for optimism exists. As the new parliamentary majority, we are ready to work together to solve the problems that burden Montenegro's European path, to which we are all committed.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much.

I am really sorry I must leave two other people who were on the list out.

Anyhow, we heard to people from Montenegro.

The debate is now closed.

I allow now the rapporteur Mr Damien COTTIER to react.

3 minutes maximum.

Mr Damien COTTIER (Switzerland, ALDE, Co-Rapporteur): Thank you very much, Chair.

Listening to the rapporteurs of the groups, I think that the general conclusion is that, basically, this is a mixed picture.

A lot of progress has been made and it should be welcomed and stressed, and the colleagues who have spoken along these lines are right to do so - we should be quite strongly supporting it. Yet there is still a long way to go and we must make that journey together.

Mr Sokratis FAMELLOS, for example, spoke of the political will to make reforms; much has been said about dialogue and its respect, and common endeavour, and that is the spirit that this Assembly and the co-rapporteurs want to continue to work.

We call on the government of Montenegro to consult further on these major reforms before they are actually tabled. There have now been two occasions with major reforms where there has not been prior consultation, and they have triggered a reaction, and the consultations have only then led to corrections. It would be more effective and more desirable to do things the other way round.

With regard to Ms Maja VUKIĆEVIĆ, you referred to a footnote; in fact, the chapter to which you refer describes the position of the Serbian leaders, who have given a number of arguments, to which we refer, and then the following chapter gives the position of the Montenegrin authorities. So it is not the rapporteurs or the Assembly who are speaking there. It is simply a description of the debate as it happened. I therefore do not believe that there are any corrections to be made.

That is all, Chair. With regard perhaps to the last remark, of what Mr Predrag SEKULIĆ said, we understand the intention - and the Venice Commission stressed the intention of the Montenegrin authorities to strengthen the public prosecutor's office and the special prosecutor's office. The wish of this Assembly is for the fight against corruption to be more effective; the way you do it is also extremely important. The opinions of the Venice Commission are crucial in that regard.

Thank you for this debate. Thank you for these interventions from everyone.

As this is a mixed picture, the aim now is to work together through dialogue and with respect. That is the spirit in which the rapporteurs wish to continue this post-monitoring dialogue.

Thank you.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much, Mr Damien COTTIER.

You made your statement very quickly.

I appreciate that because we are overtime already.

Now Ms Azadeh ROJHAN GUSTAFSSON, vice-Chair of the Committee, would you like to speak?

One minute sorry. One minute 15 seconds I will allow.

Ms Azadeh ROJHAN GUSTAFSSON.

Ms Azadeh ROJHAN GUSTAFSSON (Sweden, SOC, Second Vice-Chairperson of the Committee on the Honouring of Obligations and Commitments by Member States of the Council of Europe): Thank you.

As you know, Montenegro is one of the three countries with which the Assembly is engaged in a post-monitoring dialogue. The other two being North Macedonia and Bulgaria.

In its resolution on Montenegro, the Assembly has put clear conditions for Montenegro to fulfil the wanted to post monitoring dialogue to come to an end.

Although the co-rapporteurs have noted some progress, they have not proposed to close the post-monitoring dialogue. The Monitoring Committee unanimously supported their view.

I urge our Montenegrin colleagues to use this opportunity to demonstrate that they want to address the four key areas identified by the Assembly and that they want to end the post-monitoring dialogue. This way Montenegro will continue to play its small role in the region.

Thank you very much.

Vote: Post-monitoring dialogue with Montenegro

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thank you very much. That was really quick.

Now we move to the decision-making side of the whole issue.

The debate is totally closed.

The Monitoring Committee has proposed this resolution with seven amendments.

Since Amendments 2, 3, 4, 5, 6 and 7 were unanimously approved by the Committee, I would like to ask, are there any objections about those six amendments that were made? If not, no opposition or objections, those have been approved unanimously.

So seven amendments were agreed.

In terms of Amendment 1, it was also adopted unanimously by the Committee. However, as it is the subject of a sub-amendment, it will be discussed in the usual way.

Now we will move to Amendment 1.

I will ask Mr Damien COTTIER on behalf of the Monitoring Committee, would you like to support the Amendment 1?

Mr Damien COTTIER (Switzerland, ALDE, Co-Rapporteur): Thank you, Mr President. I would like to take into account the recommendations of the Venice Commission and to emphasise what we said earlier in the report and what several speakers have said today about the importance of implementing this opinion in the context of the ongoing reforms of the public prosecutor's office, so as not to favour the efficiency of the public prosecutor's office to the detriment of the rule of law and the independence of the judiciary.

So, as this debate is extremely topical, I think it is important to bring this issue up to date and, moreover, we support Mr Stefan SCHENNACH's sub-amendment, which goes further in the direction of clarifying and updating the text.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thanks.

Now I call Mr Stefan SCHENNACH to support the sub-amendment.

Please, the floor is yours.

Mr Stefan SCHENNACH (Austria, SOC): Thank you very much.

I'm presenting a sub-amendment from a lot of invites from all of the groups we have in the house. Especially after our discussion with the Venice Commission and after the report of the Venice Commission we want to add that there is a risk of politicisation of the members of the Prosecutorial Council.

I know that our rapporteurs, both, are in favour of that and so I want to present and ask you to support it as it was also supported in the Monitoring Committee.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Thanks a lot.

Is there anybody else who would like to support?

No, it's not necessary. Now it's only a question of what the opinion of the Committee is.

Can you maybe, rapporteur, indicate what the opinion of the Committee is on the sub-amendment?

Mr Damien COTTIER (Switzerland, ALDE, Co-Rapporteur): In principle, I believe it is the Chair of the committee who should say so, but the committee supported the sub-amendment unanimously minus one vote.

Mr Kimmo KILJUNEN (Finland, SOC, President of the Assembly): Okay. That's fine.

Then I shall now put the amendment to the vote.

Sorry. Obviously.

I will now put the sub-amendment to the vote first and then the amendment.

Sub-amendment to the vote.

The vote is open.

Okay. The vote is closed.

The result: It's approved with a clear majority.

Now we come to the main Amendment 1.

Does anybody wish to speak against Amendment 1 as approved, as changed? What is the Committee's opinion?

Supposedly yes. Yes. It's very clear.

Now we will put Amendment 1 as approved earlier to the vote.

The vote is open.

The vote is closed.

Result: It was approved with a great majority.

Now we will move to the last stage of the whole process concerning the whole resolution itself, as amended with these seven amendments.

You know the procedure.

The overall vote concerning this report is declared open.

The vote is closed.

Result: The resolution on Montenegro is clearly approved.

Thanks very much.

The item is ended. Now we are in a very very final stage. Thanks very much. It has been a long, long day. Thanks for your participation.

The Assembly will hold the next meeting tomorrow morning starting at 9 a.m. The agenda was already approved on Monday.

I remind you tomorrow the first item of business is a communication from the Committee of Ministers. After that we'll continue with the Navalny debate as you can expect. So today, thanks a lot once again.

The sitting is adjourned. We'll see you tomorrow at 9 a.m.

Thanks very much to the interpreters. Thanks very much. You worked very late. Indeed, ten minutes extra. Super. Thanks.

The sitting is closed at 7.40 p.m.