

Position Statement of the National Ethics Commission (C.N.E.) on the vulnerability of certain people caused by the COVID-19 crisis

(23 July 2020)

Any pandemic, and therefore also that of COVID-19, generates most and foremost sick people, patients and, in many tragic cases, also deaths. It highlights different types of vulnerability (from the Latin “*vulnus, -eris, n.*”, injury) which differ from the injuries it inflicts or is likely to inflict on its victims. There are those who are (more or less strongly) apprehensive about the disease and, if applicable, its evolution, those who are (more or less) at risk of getting sick, those who become victims of contagion (with or without symptoms), those who fall seriously or even very seriously ill, and those for whom the disease is lethal.

Any disease causes *vulnerability* by nature, but the brutality, the unpredictability, the anonymity of COVID-19, not to mention the agonizing climate created by some media and social networks have impacted and shattered humanity, which will for a long time bear the scar from this.

About 14.5% of the population, or some 90,000 people, are currently vulnerable only because of their age.¹ Adding to this people of all ages with specific diseases,² one is tempted to believe that a large part of the population living in Luxembourg should be qualified as “vulnerable”.

Any illness reveals vulnerabilities with all the differentiation it requires: thus, the middle-aged person and/or suffering from comorbidities who tested positive for coronavirus is exposed to continuous and traumatic stress due to the obsessive uncertainties about the course of the disease, the chances of recovery and even the probability of survival. Even the healed person is not immune to nagging reflections that *de facto* keep such person in a vulnerable state and with potential long-term sequels. Research so far was not able to issue a formal decision on effective immunization.

The C.N.E. wanted to go beyond the evidence that *sick people* are the first to be affected by this scourge and also focus on the many victims whose injury may appear more “collateral” but is nevertheless felt as very painful. These damages, which the C.N.E. recommends mitigating as much as possible, relate to very different categories of people, often less prominent, but nevertheless quite numerous, and raise concern about the societal consequences of their possible trauma.

¹ People aged 65 or more on 1 January 2020 (Source : Statec)

http://www.statistiques.public.lu/stat/TableViewer/tableView.aspx?ReportId=12854&sCS_ChosenLang=fr.

² See : « Recommandations sanitaires temporaires de la Direction de la santé dans le cadre de la crise sanitaire liée au COVID-19 à l’attention des activités d’aide et d’assistance dans l’éducation », Ministry of Health, version of 11 June 2020, <https://sante.public.lu/fr/espace-professionnel/recommandations/direction-sante/000-covid-19/000-covid-191-annexes/recommandations-sanitaires-aide-assistance-education.pdf>.

1. Assessing the actions taken so far

In the current situation, a series of measures, some of which resulted in a restriction of fundamental rights, were put in place in absolute urgency starting in mid-March 2020. During the pandemic, they were modified or adapted, relaxed or lifted as the pandemic evolved.

These adaptations, including those resulting from the evaluation of the effectiveness of the various measures, should be considered in the light of the progress of continuously updated medical knowledge as well as the increased availability and quality of protective means. It is essential to anticipate and prevent as much as possible the negative effects of the measures that are envisaged and at the same time ensure that these measures won't lead to discrimination or stigmatization.

While binding containment measures to try to slow the spread of the virus may seem drastic and exaggerated in the opinion of some, society as a whole must show solidarity with vulnerable people even if the price to be paid is the partial and temporary restriction of the freedoms of each and every one. It is essential that everyone, including young people, is aware of this duty and the absolute necessity of combating this virus.

In this fight, it is paramount to create a climate of trust in uncertain times. Understanding and adhering to binding measures on the part of the population can only be based on enlightened and enlightening communication. Integration and acceptance of the need for restrictive measures and the resulting renunciations depend on this effort of explanation and involvement.

The decision of the confinement was communicated to the public in an exemplary manner (« *Bleift doheem !* »). The urgency and motivations of the liberticidal restrictions were conveyed in a clear, professional and serene way. It is also thanks to this approach that both the public and the media have accepted and followed the instructions with a discipline that seems to have been essential to stem a very disturbing first wave during the second half of March 2020. Similarly, the explanations on the leaflets distributed to all households were clear, concise and practice-oriented. The information campaigns launched by the Government, but also in the press and by professional associations - disseminated as well through the new media - have clearly paid off. Only the initial miscommunication, in Luxembourg and in Europe, about the now undisputed usefulness of protective masks has left its marks by somewhat undermining public confidence in the information provided by scientists and politicians. The Government's *mea culpa* has resulted in its decision to provide protective masks for personal use to all residents and border residents and should therefore be particularly highlighted.

Thus, the lessons of the first phase confirm that, in times of crisis, accurate, transparent, understandable and continuous information from politicians (poster campaigns, video/radio clips, etc.), as well as from the media (print, radio and television, etc.) are essential. Content conveyed by social networks, on the other hand, must be subjected to intense and ongoing critical analysis - without however muzzling free thinking and reflection - to limit or even cancel the partly harmful effects of conspiracy theories.

Clearly, deconfinement has proven to be much more difficult to communicate, not least because its messages changed with the pace of statistics. Given the evolution of the numbers of new

infections and the number of people who died because of the virus, some part of the public seems to have hastily believed that the crisis was ending while the danger remained. At the end of the radical containment, essential precautionary measures were forgotten much too quickly. It was even possible to observe some sort of denial of the danger out of pure opposition, or even incomprehension. At the time of the rise of a second wave of infections, it becomes apparent that the persistence of the danger and the presence of the virus in our society must be constantly recalled by public bodies, the press and associations, regardless of statistics at any given moment. This is a long-term fight and the public must be aware of it.

In Luxembourg, the Government has opted for a large-scale testing strategy for residents and border residents. Unfortunately, this unique and beneficial approach was accompanied by uncertainties in communicating the consistency between a general strategy and the actual implementation. The Government also seems to publicly be hesitant about the need or even the usefulness of a computer tracking application and is now facing an upsurge in infections without having prepared the public for this option. Finally, the press and then the political opposition complained to be incompletely informed about the results of the tests and the figures of new infections. This criticism proved relevant when the simplistic statistical presentation and its incompatibility with the standards of other countries led to new preventive measures taken against us by our European neighbours.

The C.N.E. underlines that with the evolution of the crisis, communication becomes both increasingly difficult and increasingly important. This challenge should not be taken lightly, and its importance is not merely of political type. A loss of the public's confidence in the reliability of the information provided would deprive public health authorities of a key lever in controlling the pandemic.

The C.N.E. believes that it is imperative to promote honest and open communication as well as accessible information campaigns that avoid discrimination and stigma. The Commission believes that any measure that is supposed to create a climate of transparency and commitment helps to empower citizens and limit conspiracy theories.

2. The diversity of the consequences generated by the health crisis

The consequences for certain groups of people and individuals differ depending on their health, occupation, experience, status, attitude, etc. However, containment can be found to be equivalent to isolation or even social exclusion for certain categories of vulnerable people. People in charge of geriatric care facilities, youth homes, nurseries and “maisons-relais” and, above all, schools, secondary schools and other training facilities have to ensure that human contact is preserved. Maintaining contacts, in times of a health crisis, must be warranted by all possible means.

2.1 People exposed because of their profession

2.1.1 Medical and health care staff

With regard to COVID-19 health professionals who are dedicated to treating and curing, have become exposed, at risk, finding themselves vulnerable in turn, first because of their direct and continuous contact with infected or potentially infected people, secondly because of a very heavy workload, which can lead to both emotional and physical exhaustion.

Working under difficult conditions, with many uncertainties and constant paradigm shifts generated new situations, for which these professionals frequently were not trained, and which are likely to generate acute trauma and a prolonged post-traumatic experience.

The initial shortage of personal protective equipment, either in hospitals and emergency services, or in care centres and/or facilities for the elderly and dependent people, exposed front-line staff to real and anxiety-inducing infectious risks.

Some health professionals were thrown from one day to the next at the front, exposed to mis-identified risks, fearing to infect their loved ones. Many perceived major constraints and stress that they could not escape as they were bound by their sense of duty and sometimes pushed to exhaustion by their initial and intact vocation.

Despite these demanding and even extreme working conditions, solidarity was expressed through the example of several thousand health professionals initially not working in a hospital environment and enrolling, requisitioned by the State, in the national health reserve, or even volunteering.

The unique situation of the Grand Duchy of Luxembourg has brought to light the fragility of its healthcare system, largely dependent on foreign work force, with more than two-thirds of non-Luxembourg health care workers and 50% of doctors often living abroad. Aware of this threat with the risk of border closures, the Government asked hotel operators to offer temporary accommodation to border residents working in the medical and health care sectors. Childcare facilities were set up in the vicinity of hospitals to accommodate the children of hospital staff.

The C.N.E. welcomes the protection of vulnerable people, but also the safety and support of medical and health care personnel who are of great importance. It would like to stress that services in these areas of systemic importance should be valued accordingly.

The Commission notes the importance of valuing health workers and the humane approach of hierarchies towards their staff, providing for a flexible arrangement of their working and career conditions, so as to make this job attractive for younger generations and limit early departures. In this context, a media campaign to promote health professions would be welcome.

Therefore, the C.N.E. acknowledges the idea of a project for a French-Luxembourgish cross-border high school for health professions.

2.1.2 People working in “essential” fields

Right from the beginning of the confinement certain professions such as, among others, bus or taxi drivers, cashiers and supermarket employees, cleaning staff, security services, police officers, pharmacy staff, etc were forced to continue to perform their jobs considered vital to provide supplies to those who were confined, the transport of goods and people, the cleaning of public administrations, of private households, companies, hospitals, the protection of individuals and goods and to ensure that public order is respected.³

Due to the nature of their task and employment, they had no choice but to continue to work in contact with the public as telework was obviously not an option. Thus, they had to face, on a daily basis, not only a situation described as very alarming by the experts, but also live in a climate of anxiety.

These people whose tasks often lack proper recognition not only had to face, from one day to another, an unknown situation, without being able to assess the actual danger and risks of it, but due to supply problems, minimized at the time, they were not sufficiently equipped, at least at the beginning of the epidemic, with protective gear.

Every day their jobs put them in close contact with people and the potential or actual risk of contracting the disease because they could not comply with the rules of physical distancing (term that the C.N.E. prefers to that of *social* distancing) or protect themselves due to the near absence of protective means.

Not only were these people initially not adequately protected, valued and rewarded in their efforts, but they were not even listed as a priority for testing and receiving protective equipment.

³ At the beginning of the deconfinement this category would also include teaching staff, of which the C.N.E. acknowledges the merits, and obviously, the pupils and student.

The C.N.E. recommends that people working in areas of systemic importance should be recognized and that their work should be properly valued. As a preventive measure for future epidemics or pandemics, care must be taken to provide those at risk with protective equipment (to be renewed regularly). Training tailored to the specific risks involved and the correct use of protection means must be warranted.

In addition, it is necessary to define in *advance* people of reference and trust for those concerned, so that they feel, from the beginning, supervised and valued.

It is also obvious that these people, as well as their loved ones, must have priority access to tests, to protect and reassure them.

2.2 Elderly people and people with pre-existing of comorbid conditions risking a serious and fatal course of the disease if infected

The Government, through its Minister of Health, defines who the vulnerable people are: “*Vulnerable people are people over the age of 65 or those who already suffer from one of the diseases listed below [...]*” (i.e. diabetes, cardiovascular disease, chronic respiratory diseases, cancer, immune weakness due to disease or therapy and massive obesity).⁴ By using the age of 65 as a reference, the Government referred to international standards, including those of the World Health Observatory. However, in light of the experiences gathered and in the expectation of an effective vaccine, consideration should be given in the future to reviewing the relevance of this age limit.

Freedoms particularly impacted by restrictive measures are the freedom of individual self-determination, whether it is in terms of private and professional travel or leisure activities, from the freedom of assembly to the right to die in dignity. This was particularly felt in retirement homes and similar institutions as well as in hospitals and care homes.

People who were vulnerable because of their age and/or pre-existing illness could find themselves doubly isolated and confined, i.e. in a place that is not necessarily their usual environment (retirement home/hospital) *and* because they were deprived of what is often considered as the ultimate bulwark against the inevitable, the comfort of their loved ones. The latter - a dramatic fact - were deprived of the right to support their sick and/or dying relatives.

In order to protect them as much as possible from getting infected by the virus, the authorities recommended to these people, as well as to the elderly, to stay at home as much as possible and to go out only if strictly necessary. Unfortunately, home care services were regularly unable to provide their services at the usual and required pace. The result is a great uncertainty and deep concern for these people and their loved ones especially since no one can predict today how long these measures of physical distance, barrier gestures, etc. will continue. Therefore, it is important, in addition to physical protective measures, to provide adequate,

⁴ <https://msan.gouvernement.lu/fr/dossiers/2020/corona-virus.html>.

sufficient and permanent psychological supervision for those people with increased risk who are already suffering from a disease.

The situation of those who have chosen an early death is not yet clarified. In this context, it is important to ensure that all end-of-life provisions are taken into account. The right to die in dignity is legally recognized; no regulation was taken to abolish or suspend it. If directives with this regard are available, they also clarify how medical treatment measures are applied in crisis situations or not.

Any deprivation of contact and support from relatives can lead to numerous psychological traumas and it will be necessary to find means to ensure that these scenarios won't happen again. It is therefore recommended to develop specific protocols for these cases, i.e. the visit to the sick/dying, the right to die in dignity, the conduct of funerals. It will also be necessary to ensure that these protocols apply uniformly to all institutions instead of leaving this decision to every institutions, which could lead to arbitrary and therefore potentially liberticidal discrimination.

Visiting rooms should be created or set up in hospitals and homes (and integrated into the planning and construction of new infrastructures) as well as meeting places for residents and their families, complying with all required hygiene rules. The decision on end-of-life visits and/or care rests with residents and relatives of all ages, excluding children from such visits constitutes an unacceptable discrimination.

The Commission recommends that the relevant institutions and services develop specific procedures so that relatives may visit the sick and dying, as well as for maintaining the right to die in dignity and the conduct of funerals and ensure that these procedures are always adapted to the current situation taking into account, as far as possible, the last wishes of the deceased and family aspirations.

The C.N.E. stresses the importance of compliance with directives and end-of-life provisions.

2.3 Persons who may be confronted with overwhelming physical, psychological or social situations as a result of the implemented measures

Children and adolescents, like their parents, found themselves in an extraordinary situation as a result of the actions taken in the context of the pandemic. Distance education and the closure of nurseries can have particularly serious consequences. As a result, children and adolescents of all ages have lost their usual means of contact and communication with their peers, guardians and teachers and have become dependent on the introduction of new virtual communication platforms, which means that parents or guardians must have the necessary computer and digital equipment and be able to make it accessible to their children.

Thus, all measures relating to childcare and education must be constantly monitored and reassessed to determine to what extent they enable children to actually make learning progress and to maintain their social contacts by virtual means. It is not only a question of avoiding school dropouts but also to cover the increasingly divergent educational paths and developments especially for students with special needs and/or from disadvantaged social backgrounds. Learning deficits accumulated during the crisis should be addressed through systematic, free and professional offers.

The situation is somewhat different for young people aged 12 and more who frequently grew up with the new media. Containment measures no longer allowed them to take the ties created on the social media into the physical world. For adolescents especially, because of the great importance of peer groups for their social, psychological and physical development, physical meetings cannot be replaced or compensated by intensified family or home contact. In this context, it is all the more important that teachers and educators proactively establish and maintain their contacts with young people.

In times of deconfinement and relaxation of measures (pre-schools, kindergartens, nurseries, day-care facilities, maisons relais, etc.), it is essential to ensure that the social relationships that existed before the pandemic are taken into account when assigning children to different groups in the nursery or kindergarten, especially for children up to the age of six. This should apply not only to children's contacts with each other, but also with the educational staff. Since contact between different groups may be limited to play areas, segregation effects, e.g. between genders, should be avoided. A new adaptation process must also be planned for children in day-care.

In short, it is essential to avoid social isolation of children, a condition that has long-term consequences and may cause permanent damage. The requirements for parents, who often have to provide for the household and the education of their children, should also be limited, as they are now also responsible for the children's learning progress. Especially women risk re-adopting traditional gender roles and remaining locked in these roles in the post-pandemic time.

The Commission approves the Government's commitment to provide free support in computer and educational material, especially for large families or families in need, allowing all children to attend distance education.

The C.N.E. considers it essential to absorb educational deficits accumulated during the crisis through systematic, free and professional offers and to avoid social isolation of children, which may have long-term consequences.

In order to avoid an increase in the dropout rate, the C.N.E. stresses the need to use the holiday months to prepare for a return to school under the sign of COVID, to provide adequate computer tools without social or economic discrimination as well as training for teachers and parents to get used to these new ways of teaching.

2.4 People, who because of their precarious living conditions before the crisis, are at risk of being infected

Due to the often precarious living conditions that existed before the pandemic, the risks incurred by some people and groups of people have increased. The reduced size of accommodations is an important factor especially as it becomes increasingly apparent that contagions occur mainly in closed rooms.

For people living in closed structures such as prisons, but also in homeless structures, refugee housing, etc. it is often not possible to respect a safe distance due to the spatial situation, for example, if kitchens or sanitary facilities are shared and therefore used by more people. The prohibition of visits in the context of the pandemic leads to stressful isolation with all the social, psychological and physical consequences for people who are already living in precarious conditions.

In the case of drug addicts, in addition to ensuring the continuity of therapeutic treatments and counselling activities it is important, for example, to maintain methadone programs (to avoid drug related crime) and adapt them to the new circumstances generated by the crisis.

Offers and programmes to help people out of prostitution must also be maintained. Since it is not possible to respect safe distances during the practice of this profession, existential protection measures are just as necessary for them, as for example, for waiters, hairdressers or anyone working in the service sector in direct contact with other people. In general, the frequency of tests should be in proportion to the physical proximity of professionals with their clients.

National coverage of shelters for people at risk of violence, drug addicts, people at risk of suicide, asylum seekers, refugees and the homeless should also be provided.

Forced containment should not be imposed on these individuals when they are infected, solely because of their vulnerable status due to their precarious living situation.

The C.N.E. recommends adapting existing therapeutic and social programs to the new circumstances generated by the crisis. In addition, adequate, sufficient and permanent psychological assistance and supervision for those at increased risk should be warranted.

2.5 People who are suffering from the economic consequences of the crisis

The forced paralysis of society has led to an unprecedented economic collapse and triggered a series of destruction of businesses and jobs that will wipe out the income base of millions of people in Europe alone. Luxembourg will also inevitably be impacted and already is. First of all, the self-employed, mainly in trade, services and culture, who lost their revenues overnight and are often less protected by social security systems. Then there are the increasing number of unemployed due to the large number of companies that are deprived of activities and customers. They are often better protected by unemployment insurance for the first period of time but will in any case see their incomes drop. Finally, there are the partial unemployed who

see their wages decrease. All of them are deprived of work and daily structure, all face an uncertain future with the fears that go with. This feeling of fragility may also reach people who remain at work. Thus, self-employed persons who resume their activities will fear that they will not return to the previous level of activity and employed people will live in anguish that their company may not be able to maintain its pace of orders and number of jobs. All these developments obviously impact family incomes and budgets, but they also mean a lack of occupation giving meaning to people's lives. Finally, it is a generalized insecurity that settles, first in the households and in society thereafter. Indeed, a sense of precariousness, which touched a segment of the population before the crisis, now risks becoming more widespread and reaching the middle classes and with them the foundations of society.

On the other hand, many young people were not able to complete their vocational training under the conditions originally planned and find themselves insufficiently qualified in a labour market with a fairly limited supply of jobs. As a result, they may be hired in less valorising positions from which they will find it difficult to move on, resulting in life-long disadvantages.

Such a situation carries obvious political risks. These dangers can be reduced by social policy measures that go beyond the field of competence of the C.N.E. But it is essential to note that honest and open communication and permanent social dialogue can unite people around a problem, which is recognized by all as a shared misfortune. A sense of participation and common belonging must be communicated and hopefully lived by politicians and the organisations of civil society. Even more than in normal times, it is important to make a fair distinction between the indispensable debates on a shared problem and the divisions among the segments of the population.

The C.N.E. recommends that social policy should focus on assisting and supporting the unemployed as well as on integrating or reintegrating them in the world of employment.

The social and political virtues of active and permanent social dialogue will be essential to control the situation. Training will need to be emphasised as a way to adapt workforce to a changing economy. Starting in autumn 2020, guidance for young people, currently in training or at the end thereof and unemployed, requires special attention because they will have to bear the weight of a generation marked by a difficult entry into working life.

3. New inequalities

In the crisis, already existing social inequalities are becoming much more visible and new social inequalities are emerging. Containment measures and Government allowances have created extremely disparate, even arbitrary, situations. While some were exempted from work on 100% of their salaries, others were paid 80% on partial unemployment, others still on sick leave or on family leave received their full salary. While the self-employed are fighting for survival, employees are paid by the State. While some raise children at the expense of national solidarity, others raise them at their own expense. While some expose themselves every day to the illness while working, others receive their full salary without direct consideration and worry about the preservation of their rights to take leave of absence.

Of course, no one wanted or organised these differences in treatment, which are the result of measures that, as the situation evolves, are desperately trying to counter the most urgent issues. But it is certain that they involve blatant injustices with their amount of frustration.

In addition to traditional social inequalities, these inequalities of a new type are added to the threats to social cohesion. For obvious financial reasons, not all inequalities can be resolved by upward convergences. But the Government is well advised to openly express these realities and to point out that the privileges of statutes, if they already exist, cannot be accentuated by cementing the rights acquired for some and the duties without recognition for others. This observation is all the more important to the C. N. E.. as it is often - not always - professionals deprived of a high social status, who have carried out their duties under antagonizing conditions.

The C.N.E. recommends strengthening solidarity action and ensuring that the privileges of statutes are not accentuated by the crisis. In a situation of a potential limitation of public financial resources, a broad social policy is to be avoided as it would include already well-off sections of the population while very real needs may soon appear among people who are disadvantaged or threatened by unemployment. If losses of purchasing power were imposed by the circumstances, they should first hit those who do not already live in a precarious situation. When supporting people impacted by the crisis, the State must ensure that such support does not become the source of injustice and inequality.

4. Other effects of the crisis

First of all, we can be pleased that consistent adherence to the rules of distance and hygiene has led to a significant decrease in other infectious diseases (as for instance influenza).

During the crisis, many companies and service sectors were driven to create telework possibilities, counselling and support centres as well as medical practices have held online consultations. These new ways of working and providing services proved to be effective during the crisis all the more so since they contributed to reduce the movement of people and as a corollary, to a more modest and healthier lifestyle, although the Commission is aware that some inequalities were generated and that certain groups of people were unable to take advantage of these possibilities.

The crisis also revealed new solidarities whether at the level of family, friends or simply the neighbourhood. The feeling of vulnerability and forced distancing have led to reflexes of altruism and sympathy less common in times of usual comfort. It seems that the Grand Duchy, despite the cosmopolitan nature of its population, has preserved solidarity and a relative cohesion. Of course, not everyone has the chance to enjoy it equally, but there were many examples that all represent positive surprises.

Many commentators from civil society and politics raised questions about the vulnerability of our highly developed societies to unexpected threats of the kind that struck us this year. Beyond

the issues of the supply of medicines and hospital equipment, the value chains of globalization were questioned more generally and accused of exacerbating the crisis.

In addition, there has been increased awareness of the environment or threats of natural disasters. At least in the first stage, the issue of a necessary move to a lifestyle more adapted to human dimensions, without being blindly anthropocentric, was publicly perceptible.

Finally, it is clear that a society must learn from its experiences and will do so all the more voluntarily as it feels hurt by the events it experienced. Politics will have to respond to the demand for greater resilience to future crises, including climate change.

The C.N.E. recommends reassessing new forms of telework.

The Commission recommends drawing the first conclusions of this crisis now, so as not to forget the lessons that are required to resist future scourges .

5. Institutional solidarity

After the global financial crisis of 2008, the COVID-19 crisis is the second of this century in which social safety systems have to play a major role. By preventing thousands of people from falling into unemployment without income or health insurance, they not only preserve the most disadvantaged, but they also have a stabilizing effect and provide economic resilience. They are the very first protective bulwark for the most vulnerable in society and give security to all others. The European model that tries to smooth crises in this way has once again shown its undeniable qualities. Especially at this time of health crisis, the financing of the health system *through* health insurance has proven to be extremely effective and has so far been a major asset in maintaining a high level of care despite the severity of the epidemic.

It is important to reaffirm this evidence, because habit leads to the fact that the merits of Social Security are often ignored. The beneficiaries too often see it as a debtor of social rights, when we should all feel responsible for its preservation and sustainability. One would sometimes wish for increased public awareness that fair behaviour by everyone in their use of the system is a condition of its survival.

The Commission considers it important to point out that the irresponsible use of the social system is likely to jeopardize it and that legally organised solidarity also implies a responsibility of each and every one.

The C. N. E. reaffirms the benefits of universal and mandatory social protection.