



European
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COUNCIL
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19/11/2012

RAP/RCha/SLK/III(2013)

EUROPEAN SOCIAL CHARTER

3rd National Report on the implementation of
the European Social Charter

submitted by

**THE GOVERNMENT OF THE SLOVAK
REPUBLIC**

(Articles 3, 12, 13, 14, 23
and 30 for the period
01/01/2008 – 31/12/2011)

Report registered by the Secretariat on 19 November 2012

CYCLE 2013

**MINISTRY OF LABOUR, SOCIAL AFFAIRS AND FAMILY
OF THE SLOVAK REPUBLIC**

The European Social Charter (revised)

The Report of the Slovak Republic

on the implementation of the European Social Charter (revised)

(for the reference period of 1 January 2008 – 31 December 2011:

ratified provisions of Articles 3, 11, 12, 13, 14, 23, 30 of the Revised Charter)

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Article 3 – The right to safe and healthy working conditions

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

1. to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment;
2. to issue safety and health regulations;
3. to provide for the enforcement of such regulations by measures of supervision;
4. to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

Appendix to Article 3§4

It is understood that for the purposes of this provision the functions, organisation and conditions of operation of these services shall be determined by national laws or regulations, collective agreements or other means appropriate to national conditions.

Article 3(1)

Improvements in occupational safety and health and the protection of employees against the negative effects of work are part of the national policy of the Slovak Republic.

The main statutes implementing employees' constitutional right to satisfactory working conditions including the right to occupational safety and health protection are the Labour Code, act no. 124/2006 Coll. on occupational safety and health and amending certain acts, as amended (hereinafter only "act no. 124/2006 Coll.") and act no. 355/2007 Coll. on the protection, support and development of public health and amending certain acts, as amended (hereinafter only act no. 355/2007 Coll.).

The above legislation lays down a system of occupational protection measures by which employers create and maintain working conditions that ensure occupational safety and health (hereinafter only "OSH") for employees at work and that sustains workers health and ability to perform work. The use of such a system provides a satisfactory and sustainable quality of life for employees and contributes to correct relations between employer and employee. These are an important pillar and prerequisite for the economic development of the organisation.

The core mission of the labour inspection authorities is to promote occupational protection for employees and the comprehensive performance of state administration in the area of labour inspection in accordance with the provisions of section 2 of act no. 125/2006 Coll. on labour inspection and amending act no. 82/2005 Coll. on illegal work and illegal employment and amending certain acts, as amended (hereinafter only "act no. 125/2006 Coll.")).

The system of labour inspection bodies laid down by act no. 125/2006 Coll. is made up of the Ministry of Labour, Social Affairs and Family of the Slovak Republic (hereinafter only the "MLSAF"), the National Labour Inspectorate based in Košice (hereinafter only the "NLI") and eight labour inspectorates. The seats and territories of the labour inspectorates are

the same as the seats and territories of the administrative regions. The NLI is the state administration authority for labour inspection, which directs and supervises the labour inspectorates and rationalises the working methods of the labour inspectors.

Labour inspection activity involves supervision of compliance with legislation and other regulations for ensuring OSH including the safety of technical equipment and environmental factors and supervision related to employment relations (the commencement, change and termination of employment, the working conditions of employees including the working conditions of women, young people and people with disabilities, legislation on the civil service, collective bargaining etc.), compliance with legislation regulating the prohibition of illegal work and illegal employment, pay regulations and obligations resulting from collective agreements and also supervision of the employer's duty to conclude an agreement and pay contributions to supplementary old-age pension savings for selected employees (exhaustively defined).

Further labour inspection powers are defined in act no. 261/2002 Coll. on the prevention of major industrial accidents and amending certain acts, as amended. Labour inspection activities under this act include special activities for the prevention of major industrial accidents carried out under the coordination of the Slovak Inspectorate of the Environment.

The NLI and labour inspectorates also have competences under act no. 67/2010 Coll. on the conditions applicable to the placing on the market of chemical substances and chemical mixtures, amending certain acts (the chemicals act).

The labour inspection authorities carry out market supervision of certain products at their time of commissioning, in particular under act no. 264/1999 Coll. on the technical requirements for products and on compliance assessment and amending certain acts, as amended (hereinafter only “act no. 264/1999”).

The labour inspectorates supervise compliance with social legislation in transport (hereinafter only “SLinT”) under act no. 462/2007 Coll. on the organisation of working time in transport, amending act no. 125/2006 Coll. on labour inspection and amending act no. 82/2005 Coll. on illegal work and illegal employment, amending certain acts, as amended by act no. 309/2007, as amended. The NLI performs the Slovak Republic's reporting duties in connection with such supervision to bodies of the European Union and individual Member States.

State administration in the area of public health is regulated by act no. 355/2007 Coll. on the protection, support and development of public health and amending certain acts, as amended (hereinafter only “Act No. 355/2007 Coll.”), which is intended to provide for primary prevention, the protection and promotion of health and to ensure healthy living conditions for communities and healthy working conditions for workers.

General state administration functions in the above areas are performed by the following public health authorities: the Ministry of Health of the Slovak Republic, the Public Health Authority of the Slovak Republic and the Regional Public Health Offices. The Ministry of Defence of the Slovak Republic, the Ministry of Interior, the Ministry of Transport, Construction and Regional Development of the Slovak Republic and the Slovak Information Service also act as public health authorities in specific areas.

State administration under the Ministry of Health is carried out on the regional level by 36 Regional Public Health Offices, for which the 8 Regional Public Health Offices in the seats of the administrative regions provide technical and methodological guidance in the protection, support and development of public health.

In the area of occupational health protection, the public health authorities systematically supervise employers' compliance with their duties to protect employees' health under act no. 355/2007 Coll. and government regulations, which are harmonised with European Community law and regulate individual factors harmful to health in the work environment. They supervise on an ongoing basis compliance with measures to prevent or limit occupational diseases. In performing state health supervision (hereinafter "SHS") in workplaces, they identify and objectively define deficiencies in compliance with employers' obligations under legislation on occupational health protection and impose penalties on employers within the scope of their competence. As part of an SHS inspection of an employer, the public health authorities check the performance of the occupational health service (hereinafter only "OHS").

The public health authorities also perform specialised functions for the monitoring of employees' health condition in relation to working conditions. At the request of a clinical department of occupational medicine, they identify the causes of occupational damage to the health of employees, survey and evaluate the working environment and working conditions of employees for the occurrence of occupational damage to health in workplaces where suspected occupational illnesses are reported.

The public health authorities coordinate the performance of SHS relating to working conditions with the labour inspection authorities, performing joint workplace inspections focussing on problems connected with the protection of occupational safety and health. The public health authorities investigate occupational protection of health to prevent occupational illness and work-related illnesses, and the labour inspection authorities focus on occupational safety and the prevention of occupational accidents.

The definition, implementation and regular review of domestic policy on occupational safety and health and the work environment is carried out through conceptions of occupational safety and health approved by the government of the Slovak Republic for a set period.

A variety of programmes and activities to improve occupational safety and health have been prepared in the 2008–2012 period in cooperation with the social partners and in accordance with the strategic objectives set by the European Commission in the document "Improving quality and productivity at work: Community strategy 2007–2012 on health and safety at work"; Slovakia's aim in these programmes and projects is to reduce the overall rate of occupational injuries per 100 000 employees by 25%.

The Conception of occupational safety and health (hereinafter only the "Conception of OSH") in the Slovak Republic for the years 2008 to 2012 was approved by government resolution no. 114 of 20 February 2008 and implements the strategy of the European Commission "Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work". The Conception of OSH formulates measures and tasks to support further improvements in care for employees with regard to occupational safety and health in the workplace. The proposed measures were discussed with experts from the social partners,

the state authorities and education and research institutions in the Coordination Committee for Occupational Safety and Health. The implementation of the tasks and measures laid down in the Conception of OSH will create conditions for more effective reduction of the number of occupational injuries of employees and natural persons who carry on a business and are not employers (sole traders).

The measures by which the Conception of OSH proposes to achieve its ambitious objective are the proper enforcement of legislation, support for small and medium enterprises in ensuring compliance with legislation, adaptation of the legal framework to development and its simplification, especially as it affects small and medium enterprises, support for the development and implementation of national strategies, support for change in the behaviour of employees and employers' approaches that benefit health, the development of methods for identifying new risks and improvements in the monitoring of progress.

Article 3(2)

In the Slovak Republic the area of occupational safety and health is covered by an extensive system of legislation and other regulations designed to ensure health and safety at work. The basic legislation governing occupational safety and health includes the following:

1. *The Constitution of the Slovak Republic (article 36[c])*
2. *The Labour Code (act no 311/2001 Coll., as amended),*
3. *Act no. 124/2006 Coll. on occupational safety and health and amending certain acts, as amended,*
4. *Act no. 125/2006 Coll. on labour inspection and amending act no 82/2005 Coll. on illegal work and illegal employment and amending certain acts, as amended,*
5. *Act no. 355/2007 Coll. on the protection, support and development of public health and amending certain acts, as amended.*
6. *Act no. 437/2004 Coll. on compensation for pain and compensation for impaired social life and amending act of the National Council of the Slovak Republic no. 273/1994 Coll. on health insurance, the financing of health insurance, the establishment of the General Health Insurance Fund (Všeobecná zdravotná poisťovňa) and on the establishment of ministerial, sectoral, enterprise and civil health insurance funds, as amended,*
7. *government regulation no. 117/2002 Coll. on the minimum safety and health requirements for employees engaged in mining or the extraction of unlisted minerals,*
8. *government regulation no. 272/2004 Coll. establishing a list of types of work and workplaces prohibited for pregnant women, mothers who have given birth within the last nine months and breast-feeding women, a list of types of work and workplaces associated with specific risks for pregnant women, mothers who have given birth within the last nine months and breast-feeding women and establishing certain duties for employers employing such women,*

9. *government regulation no. 286/2004 Coll. establishing a list of types of work and workplaces prohibited for young employees and establishing certain duties for employers who employ young employees.*
10. *Government regulation no. 276/2006 Coll. on minimum safety and health requirements in work with display units,*
11. *Government regulation no. 281/2006 Coll. on minimum safety and health requirements for the manual handling of loads,*
12. *Government regulation no. 387/2006 Coll. on requirements for signage for the purposes of occupational safety and health,*
13. *Government regulation no. 391/2006 Coll. on minimum workplace safety and health requirements,*
14. *Government regulation no. 392/2006 Coll. on minimum safety and health requirements in the use of work resources,*
15. *Government regulation no. 393/2006 Coll. on minimum safety and health requirements to ensure occupational safety and health in potentially explosive atmospheres,*
16. *Government regulation no. 395/2006 Coll. on minimum requirements for the provision and use of personal protective equipment at work,*
17. *Government regulation no. 396/2006 Coll. on minimum safety and health requirements for building sites,*
18. *decree of the Ministry of Health no. 544/2007 Coll. on the particulars of health protection against occupational exposure to heat and cold,*
19. *decree of the Slovak Occupational Safety Office (hereinafter "SOSO") no. 86/1978 Coll. on checking, inspection and testing of gas equipment as amended by decree of the Occupational Safety Office of the Slovak Republic (hereinafter "OSO") no. 74/1996 Coll.*
20. *SOSO decree no. 51/1981 on ensuring the safety of work and technical equipment in inland navigation,*
21. *SOSO decree no. 59/1982 Coll. establishing basic requirements for ensuring the safety of work and technical equipment as amended by SOSO decree no. 374/1990 Coll. and SOSO decree no. 484/1990 Coll.*
22. *SOSO decree no. 25/1984 Coll. on ensuring the safety of work in low pressure boilers as amended by OSO decree no. 75/1996 Coll.,*
23. *SOSO decree no. 43/1985 Coll. on ensuring the safety of work with hand-held motorised chainsaws,*

24. *decree of SOSO and the Slovak Mining Office (hereinafter only "SMO") no. 93/1985 Coll. on ensuring the safety of work in static containers for bulk materials.*
25. *decree of SOSO and SMO no. 374/1990 Coll. on the safety of work and technical equipment in construction work,*
26. *decree of SOSO and SMO no. 208/1991 Coll. on the safety of work and technical equipment in the operation, maintenance and repair of vehicles,*
27. *decree of the Ministry of Labour, Social Affairs and Family no. 718/2002 Coll. on ensuring occupational safety and health and the safety of technical equipment,*
28. *Decree of the Ministry of Labour, Social Affairs and Family no. 500/2006 Coll., laying down the model form for reporting an occupational injury,*
29. *decree of the Ministry of Labour, Social Affairs and Family no. 356/2007 Coll., specifying the requirements and extent of educational activities, on education plans, the keeping of required documentation and the testing of the knowledge of participants in education activities*
30. *SOSO measure no. 7/1971 Ú. v. SSR on occupational safety in the operation of radar in the SSR,*
31. *measure of the SOSO and SMO no. 11/1975 Ú. v. SSR on explosive-actuated fastener driving tools.*

The issue of ensuring occupational safety and health is also addressed through legislation of the Slovak Republic regulating specific areas, e.g.:

1. *act of the Slovak National Council no. 51/1988 Coll. on mining activity, explosives and on the state mining administration, as amended,*
2. *SMO decree no. 21/1989 Coll. on occupational safety and health and operational safety in mining and activities conducted underground using mining techniques,*
3. *SMO decree no. 29/1989 Coll. on occupational safety and health and operational safety in mining and activities conducted on the surface using mining techniques,*
4. *SMO decree no. 50/1989 Coll. on occupational safety and health and operational safety in the treatment and refining of minerals.*
5. *act no. 264/1999 Coll. on the technical requirements for products and on conformity assessment and amending certain acts, as amended,*
6. *act no. 67/2010 Coll. on the conditions applicable to the placing on the market of chemical substances and chemical mixtures, and amending certain acts (the chemicals act),*
7. *act no. 261/2002 Coll. on the prevention of major industrial accidents and amending certain acts, as amended,*

8. *act no. 315/2001 Coll. on the Fire and Rescue Service, as amended,*
9. *act no. 461/2003 Coll. on social insurance, as amended,*
10. *government regulation no. 513/2001 Coll. laying down detailed technical requirements and compliance assessment procedures for simple pressure vessels as amended by government regulation no. 328/200 Coll.,*
11. *government regulation no. 571/2001 Coll. laying down detailed technical requirements and compliance assessment procedures for lifts, as amended,*
12. *government regulation no. 576/2002 Coll. laying down detailed technical requirements and compliance assessment procedures for pressure vessels, amending government regulation no. 400/1999 Coll. laying down detailed technical requirements as amended, as amended by government regulation no. 329/2003 Coll.*

The preparation of material proposals relating to the above legislation always includes cooperation with representatives of employers' and employees' organisations and practical specialists.

The Slovak Republic is also bound by:

- Convention of the International Labour Organisation no. 155 of 1981 concerning Occupational Safety and Health and the Working Environment – decree no. 20/1989 Coll. and point 51 of notice no. 110/1997 Coll.,

- Convention of the International Labour Organisation no. 176 of 1995 concerning Safety and Health in Mines – notice no. 110/1999 Coll.,

- Convention of the International Labour Organisation no. 167 of 1988 concerning Safety and Health in Construction – notice no. 433/1991 Coll. and point 57 of notice no. 110/1997 Coll.,

- Convention of the International Labour Organisation no. 184 of 2001 concerning Safety and Health in Agriculture – notice no. 385/2003 Coll.,

- Convention of the International Labour Organisation no. 161 of 1985 concerning Occupational Health Services – decree no. 145/1988 Coll. and point 54 of notice no. 110/1997 Coll.,

- Convention of the International Labour Organisation no. 13 of 1921 concerning the Use of White Lead in Painting – no. 74/1924 Coll. and point 54 of notice no. 110/1997 Coll.,

- Convention of the International Labour Organisation no. 115 of 1960 concerning the Protection of Workers against Ionising Radiations – notice no. 465/1990 Coll. and point 38 of notice no. 110/1997 Coll.,

- Convention of the International Labour Organisation no. 136 of 1971 concerning Protection against Hazards of Poisoning Arising from Benzene – decree no. 26/1981 Coll. and point 46 of notice no. 110/1997 Coll.,

- Convention of the International Labour Organisation no. 139 of 1974 concerning Prevention and Control of Occupational Hazards caused by Carcinogenic Substances and Agents – notice no. 408/1991 Coll. and point 47 of notice no. 110/1997 Coll.

- Convention of the International Labour Organisation no. 148 of 1977 concerning the Protection of Workers against Occupational Hazards in the Working Environment Due to Air Pollution, Noise and Vibration – notice no. 444/1991 Coll. and point 50 of notice no. 110/1997 Coll.,

- Convention of the International Labour Organisation no. 120 of 1964 concerning Hygiene in Commerce and Offices – notice no. 403/1991 Coll. and point 40 of notice no. 110/1997 Coll.

Article 3(3)

Supervision of compliance with legislation and other regulations on occupational safety and health and the safety of employers' technical equipment, and supervision of compliance with labour law in particular as regards the establishment, amendment or termination of employment relationships, the working conditions of employees, pay regulations and obligations resulting from collective agreements is carried out by labour inspection authorities in accordance with act no. 125/2006 Coll. on labour inspection and amending act no. 82/2005 Coll. on illegal work and illegal employment and amending certain acts, as amended (hereinafter only "act no. 125/2006 Coll."). This act replaced the previous acts governing the performance of labour inspection.

The state administration authorities for labour inspection are the Ministry of Labour, Social Affairs and Family, the National Labour Inspectorate and the 8 regional labour inspectorates.

Labour inspection is performed at all workplaces of employers and sole traders without other employees including workplaces situated on private land and in the dwellings of natural persons, and in all premises where home workers perform agreed work and in which an employee performs work under an agreement on work performed outside employment.

Labour inspection in workplaces of the Ministry of Interior of the Slovak Republic, the Police Force, the Fire and Rescue Service, the Ministry of Defence of the Slovak Republic, the armed forces of the Slovak Republic, the Prison and Justice Guards Corps of the Slovak Republic, the Railway Police and the Customs Administration of the Slovak Republic is performed by their respective labour inspection bodies.

Supervision of compliance with occupational safety and health regulations in these workplaces is carried out by special bodies under special regulations (act no. 355/2007 Coll. on the protection, support and development of public health and amending certain acts, as amended by act no. 140/2008 Coll., act of the Slovak National Council no. 51/1988 Coll. on mining activity, explosives and on the state mining administration, as amended, act no. 73/1998 Coll. on the state service of personnel of the Police Force, the Slovak Information

Service, the Prison and Justice Guards Corps of the Slovak Republic and the Railway Police, as amended).

State supervision of compliance with the provisions of act no. 355/2007 Coll. and other generally applicable legislation on the protection of health at work is performed by public health authorities, in particular the employees of the Public Health Authority of the Slovak Republic and employees of the Regional Public Health Offices and in certain areas of responsibility of the Ministry of Defence, the Ministry of Interior and the Ministry of Transport, Construction and Regional Development by specialised employees of the Ministry of Defence, the Ministry of Interior and the Ministry of Transport, Construction and Regional Development. Public health authorities perform state health supervision of healthy working conditions, order measures, issue decisions and instructions for the rectification of identified deficiencies and impose penalties. They coordinate inspection of healthy working conditions with the activities of the state administration authorities for labour inspection.

Under section 39 (and others) of act no. 51/1988 Coll. on mining activity, explosives and on the state mining administration, as amended, the bodies of the state mining administration (the Central Mines Office and its subordinate Local Mines Offices) perform supervision of compliance with the act and regulations issued under it and other generally applicable legislation on occupational safety and health, the safety of technical equipment, fire safety underground and working conditions in organisations performing mining activities or activities using mining techniques and in the construction of explosives and the use of explosives for demolition and pyrotechnic work.

Specialised state supervision of occupational safety and health and fire safety is performed by the service office for the performance of state service by personnel of the Police Force, the Slovak Information Service, the National Security Authority, the Prison and Justice Guards Corps, the Railway Police, under the provisions of section 138/1998 Coll. on the state service of personnel of the Police Force, the Slovak Information Service, the Prison and Justice Guards Corps and the Railway Police, as amended.

Specialised state supervision of occupational safety and health in the performance of the state service of customs officers is performed by the supervision body of the Customs Directorate pursuant to section 130 of act no. 200/1998 Coll. on the state service of customs officers and amending certain acts, as amended.

Supervision of workplaces of the Ministry of Defence and the armed forces of the Slovak Republic, including technical equipment of the Ministry of Defence, is performed by the labour inspection of the Ministry of Defence pursuant to section 2(4) of act no. 125/2006 Coll. Supervision by the labour inspection of the Ministry of Defence is carried out in accordance with the approved conception of OSH and is regulated by generally applicable legislation, internal standards and OSH guidelines issued by the labour inspection.

Labour inspection under the act is not carried out in workplaces of the Military Intelligence, the Slovak Information Service and the National Security Authority, in protected areas of the Ministry of Foreign Affairs of the Slovak Republic and in the workplaces of natural persons and legal entities who enjoy diplomatic privileges and immunities.

Section 192 of the Criminal Code (Act No. 300/2005 Coll., as amended) defines the crime of Coercion:

(1) Whoever coerces another to do something, omit something or suffer something, exploiting his or her material need or urgent non-material need, or distress caused by his/her adverse personal circumstances, shall be punished by imprisonment for up to three years.

(2) An offender shall be sentenced to imprisonment of one year to five years if they commit the crime defined in paragraph (1)

e) by denying an employee in employment or an equivalent labour relationship **the right to occupational safety and health** to leave for recreation or the provision of legally mandated special working conditions for women and young employees.

(3) An offender shall be sentenced to imprisonment of four years to ten years if they commit the crime defined in paragraph (1)

a) and thereby cause severe injury or death, or

b) thereby cause significant damage

(4) An offender shall be sentenced to imprisonment of ten years to twenty-five years or life imprisonment if they commit the crime defined in paragraph (1)

a) and thereby cause very extensive damage

b) and thereby cause the death of more than one person

c) as a member of a dangerous group, or

d) during a state of crisis

1. Findings of inspections by the Labour Inspectorate

The total number of labour inspections carried out in 2011 was 78 916. This was 45.5% more than in 2010. The most frequent inspections were for OSH (24 452) and social legislation in transport (17 394) followed by inspections for illegal employment (19 148 – 20% higher than in 2010). 11 666 checks related to employment relationships, which was 5.65% less than in 2010. The largest increase in activity (175.45%) was in market supervision, with a total of 6 159 market inspections. The Nitra Labour Inspectorate is responsible for inspection of nuclear power plants on the national level and carried out 97 inspections in these workplaces, 33 of which related to OSH.

1.1 Findings in OSH

The largest number of deficiencies (14 443) were found in connection with the operation and technical condition of listed technical equipment (hereinafter only “LTF”), which is slightly more than in 2010, by 3.14%. On the other hand, irregularities in employment relations fell by 5.08% to 8 333 cases. In the area of OSH, a large number of deficiencies were found in operational buildings (10 170), in compliance with the provisions of working conditions (9 013) and in the establishment or functioning of OSH management systems (7 189).

If violations are broken down according to the Statistical Classification of Economic Activities, the largest number of violations was found in the industrial manufacturing sector (11 277); this was 11% lower than in 2010. Large numbers of deficiencies were found in retail, wholesale and the repair of motor vehicles (11 057) and in transport and storage (9 061). The number of deficiencies was 6.27% higher than in 2010, partly as a result of a significant increase in the number of inspections.

1.2 Findings in the area of market supervision

Compared to 2010 when the number of inspections in market supervision was 2 236, the total for 2011 was 6 159, which amounts to an increase of 275.45%. The largest number of labour inspections were advisory activities, amounting to 3 077 which was 275.22% more than the 1 118 activities in 2010. There was an even greater increase in participation in final inspection proceedings, which increased by 317.79% from 798 in 2010 to 2 536.

Labour inspection in the area of market supervision found 1 141 deficiencies in 2011. Of these, 116 were serious deficiencies. No fines were imposed in market supervision since in final inspection approval is given after the rectification of the identified defects.

1.3 Findings in the area of employment relations

In comparison with 2010, when 12 364 inspections were carried out, the number of inspections of employment relations in 2011 was 11 666, which was 5.65% less in percentage terms. The largest increase in inspections in 2011 was participation in extraordinary checks, of which there were 1 024, which is 660 or 55.15% more than in 2010. The largest number of labour inspection activities were advisory activities, amounting to 5 833 which was 5.61% less than the 6 180 activities in 2010.

In 2011 there were 19 148 inspections in the area of illegal employment, which was 19.95% more than in 2010 when there were 15 963 inspections of this type. The largest increase in inspections in 2011 was participation in extraordinary checks, of which there were 1 825, which is 420 or 334.52% more than in 2010. The largest number of labour inspections were advisory activities, amounting to 9 574 which was 19.96% more than the 7 981 activities in 2010. Compared to the 673 complaints submitted in 2010, the 898 complaints dealt with by inspections for illegal work and illegal employment amount to an increase of 33.43%.

1.4 Findings in the area of social legislation in transport

A total of 20 374 deficiencies were found in workplaces and on roads. The most frequent deficiencies found by checks for compliance with the law were non-compliance with minimum daily rest time (6 687 deficiencies), failure to take breaks when driving – driving more than 4.5 hours without a break or with a too short break (6 072 deficiencies), non-compliance with the daily limit for driving time (2 428 deficiencies) and failure to submit cards or output from digital tachographs for the previous 28 days (2 120 deficiencies).

1.5 Corrective measures imposed by labour inspection bodies

Based on the results of labour inspection labour inspectors proposed technical, organisational and other measures to improve conditions, ordered the rectification of identified deficiencies by set deadlines and imposed spot fines in accordance with act of the Slovak National Council no. 372/1990 Coll. on offences, as amended. They also ordered the performance of measurements, inspections and testing for example testing for alcohol and other narcotic substances and ordered measures to ensure OSH through opinions submitted in permission and final inspection proceedings.

If it was necessary for investigation of an incident, they ordered the conservation of a workplace or part thereof in its original condition until the completion of the investigation and documentation and issued decisions prohibiting activities in urgent and serious cases where necessary to protect the life and health of employees.

If an inspection finds infringements of regulations that are within the material competence of other bodies, the findings are forwarded to the competent body (for example, when performing a labour inspection intended to prevent a major industrial accident).

Labour inspectors issued a total of 938 prohibition decisions in 2011 (which was 275 less than the previous year). 800 cases of illegal employment were detected, which was 76 less than in 2010. 70 prohibition decisions were issued against the operation of other machinery and equipment, 35 prohibition decisions were issued for unlicensed work or working without technical competence and 15 prohibition decisions related to listed technical equipment.

1.5 Penalties imposed by labour inspection bodies

In 2011 a total of 2 367 final decisions on the imposition of fines were issued (1 668 more than in the previous year) for a total amount of EUR 1 735 995 (EUR 996 785 more than in 2010).

The most frequent type of fine imposed (1 783 cases), amounting in total to EUR 680 673, was for infringements of employment legislation, 280 fines were imposed for infringements of OSH regulations and 247 fines were imposed in connection with the identified legal employment.

A total of 1 327 fines were imposed in the area of transport for a total amount of EUR 285 391 (which was EUR 69 431 more than in the previous period).

1 627 fines were imposed in response to complaints from employees.

Based on the results of investigations of occupational injuries and major industrial accidents, or the risk thereof, inspectors imposed 87 fines amounting in total to EUR 244 112.

The number of fines for serious violations in the area of OSH was 444 for a value of EUR 385 032.

Labour inspection authorities imposed fines on 33 individuals (which was 13 less than in 2010) for a total amount of EUR 14 730.

The labour inspection authorities imposed a total of 2 623 spot fines on individuals with a total value of EU 179 450. Compared to the previous year, the number of spot fines increased by 2 121 and the total amount grew EU 155 811.

1.7 Findings and trends in occupational accidents and occupational illnesses in 2011.

Labour inspectors investigated 430 occupational accidents in 2011. Investigation of the causes of accidents took together 14 108 hours, which was 5.13% of the total time spent on inspection activities.

In organisations coming under the competence of the labour inspection authorities there were 39 serious occupational accidents resulting in death in 2011. The number of fatal accidents was 9 less than in 2010 (a fall of 18.75%). In the year under discussion there were 1 828 occupational accidents that had a severe impact on health or indicated or resulting in incapacity for work lasting at least 42 days, of which 137 involved a severe impact on health and 1 691 involved expected or actual incapacity for work lasting at least 42 days. Compared to 2010 there were 184 less occupational accidents in 2011 that had a severe impact on health or indicated or resulting in incapacity for work lasting at least 42 days (a 9.14% reduction). The number of registered occupational accidents recorded by the labour inspection information system (ISOP) for 2011 amounted in total to 6 947, which was 169 less cases than in 2010 (a reduction of 2.37%).

If serious occupational accidents are analysed by the main economic activity of the employer, fatal accidents in 2011 are found to have occurred most frequently in industrial manufacturing (9 accidents – 23.08% of all fatal accidents) and in transport and warehousing (9 accidents – 23.08%). In the case of accidents that had a severe impact on health or indicated or resulting in incapacity for work lasting at least 42 days the largest number of accidents was recorded in industrial manufacturing (691 cases – 37.80%), in retail and wholesale (209 cases – 11.43%) and in transport and warehousing (208 cases – 11.38%).

The most important characteristics of accidents are the sources and the causes of occupational accidents. The statistics for these areas in ISOP show that the majority of fatal occupational accidents (74.36%) related to two main groups of sources – means of transport (18 cases – 46.15%) and work or road transport facilities from which persons fell (11 cases – 28.21%). In the case of occupational accidents that had a severe impact on health or indicated or resulting in incapacity for work lasting at least 42 days, the most frequent of source was work or road transport facilities from which persons fell (730 cases – 39.93%), handling, falls or sharp edges of objects and loads, and similar (384 cases – 21.01%) and machinery – engines, auxiliary machinery and cutting machinery (234 cases – 12.80%).

Statistics on the sources of registered occupational accidents recorded in ISOP for 2011 indicate that most accidents related to handling, falls or sharp edges of objects and loads, and similar (2 170 cases – 31.24%). The next most numerous context was injuries resulting from falls in the workplace or circulation areas, from stairs and ladders (1 806 – 26.00%).

The most frequent cause of fatal occupational accidents was, after unidentified causes (events for which investigations were not completed and traffic accidents) use of dangerous procedures or working methods including unauthorised activities (9 cases – 23.08%). In the case of occupational accidents that had a severe impact on health or indicated or resulting in incapacity for work lasting at least 42 days, the main causes were deficiencies in personal requirements for the performance of work at the time of the accident (various indispositions, inattention, etc.) and routine risks of work (1 210 cases – 66.19%).

The most frequent cause of registered occupational accidents were deficiencies in personal requirements for the performance of work at the time of the accident (various indispositions, inattention, etc.) and routine risks of work (5 246 cases – 75.51%) followed by dangerous actions of injured employees – use of dangerous procedures or working methods including unauthorised activities (354 cases – 5.10%).

In 2011 there were 73 cases of occupational illnesses treated in subjects falling under the competence of the labour inspection authorities. No major industrial accident was recorded in the period concerned.

1.8 Evaluation of labour protection findings in the Slovak Republic in 2011

The findings of labour inspections carried out in 2011 show that labour inspections have contributed to an improvement of the situation from the previous year in the area of OSH in inspected subjects and, what is most important, have helped to reduce occupational accident rates. With regard to supervision of compliance with act no. 82/2005 Coll., there has been a significant fall in the number of employers' violations of this act. This reduction was influenced in particular by an increase in the number of inspections and their reporting in the media and a change in legislation making employment illegal only when a natural person is not registered with the social insurance agency before the start of the inspection (under previous legislation, failure to register a natural person in the register of insured persons was a violation of the prohibition of illegal employment if the person was registered but was registered late – this change was introduced by the amendment of act no. 82/2005 Coll. that came into effect on 20 July 2011). Another reason was an increase in the legal awareness of employers who use the possibilities for work under agreements provided by the Labour Code for short-term or seasonal work. A strong motivating factor is the legal fact under which subjects who have been found to have committed illegal employment in a relevant period cannot draw contributions from EU funds, shall not receive state subsidies and cannot bid for public contracts.

In the period in question labour inspectors also promoted the practical requirements of new legislation so that employers complied with them as soon as possible. The number of legislative changes was reflected in increased consultation, which was provided via all available means. As regards preventative activity, a positive evaluation was given to the free monthly lectures organised at each labour inspectorate, which focus on various areas of labour inspection.

Labour inspectors provided information on labour inspection and its requirements aimed at a broad professional audience through consultation and publications (11 promotional publications on topics related to OSH and employment), participation in meetings with employers, public and state institutions, the organisation of free seminars for employers at labour inspectorates, participation in specialised seminars organised by licensed education providers and the provision of information to the media, which helped to increase legal awareness and improve the situation in labour inspection.

The measures imposed by labour inspectors at the end of supervision activities motivated employers to rectify the identified deficiencies. In serious cases inspectors used their power to prohibit the use of dangerous equipment and activities and also imposed fines on employers to promote correction of deficiencies. Legislative changes were proposed and adopted based on experience in implementing legislation on the operation of a Safety Technical Service; e.g. if the licence of a natural person or legal entity to operate a Safety Technical Service is revoked, the former licence holder should be allowed to apply for a new licence only after a set period.

2. Findings of inspections by public health bodies

In 2011 public health bodies carried out state health supervision (hereinafter only “SHS”) of 21 501 subjects, mainly natural persons licensed to carry on business activities and legal entities with up to 9 employees.

A positive finding is increased cooperation between employers and occupational health services (hereinafter only “OHS”) providing employers with professional supervision of employees’ working conditions from the perspective of health protection. Some employers continue to have a negative attitude to occupational health services because they see compliance with this legislative duty as an excessive financial burden.

Other factors that helped to improve working conditions were the effective performance of state health supervision by the public health authorities, better communication with businesses and employers’ respect for penalties.

2.1 Measures of the public health authorities to eliminate deficiencies identified by state health supervision including penalty measures

The public health authorities issued 928 orders and measures to eliminate identified deficiencies based on SHS.

The penalties imposed on sole traders and legal entities for non-compliance with legislation on the protection of health at work included fines and the implementation of decisions. The most penalties were imposed for violations of legal duties in the area of public health under section 57 of act no. 355/2007 Coll. The Regional Public Health Offices (RPHO) in Slovakia imposed 121 fines for a total amount of EUR 86 649. When a histology laboratory exceeded the limits for formaldehyde in the workplace, the competent public health authority imposed a measure under section 55 of act no. 355/2007 Coll. (prohibition of activity).

In 2011 penalties were most frequently imposed for the following administrative infractions:

- commissioning work premises without the issuing of a decision giving the approval of a public health authority,
- non-compliance with the duty to evaluate health risks and prepare a risk assessment,
- violation of the duty to prepare operational regulations, to submit them for approval or proposal of amendments by the competent public health authority,
- removal of material containing asbestos without a licence issued by the Public Health Authority of the Slovak Republic (hereinafter the “PHA SR”) for the performance of this activity,
- non-provision of qualitative and quantitative findings (objective measurements) for factors harmful to health in the work environment.

2.2 Hazardous work

Hazardous work is work in which there is an increased risk of harm to the health of employees at work. When registering such work, an employer must perform a wide range of duties relating to occupational health protection such as taking preventative measures to reduce or eliminate occupational risks to health, increased medical supervision by an occupational health service including targeted preventative medical checks relating to work performed for the employer.

The PHA SR keeps a central register of hazardous work, i.e. it summarises and processes data on hazardous work that the individual RPHO in Slovakia record for their district or region based on decisions issued by the public health authority.

In 2011 as in previous years the number of workers performing hazardous work continued to decline. This reduction was caused by the current economic situation and changes in employment relationships. In 2011 a total of 93 242 employees (of whom 21 057 were women) performed hazardous work. The large reduction from 2010 (by 9 809 employees) was caused by the transition to a new program for recording risks, which required the re-entry of data and a new “stock taking” of hazardous work in each region.

The most frequent risk factor in the work environment in 2011 was noise. In total, 78 970 employees, i.e. 84.6% of all employees performing hazardous work, were exposed to excessive noise, which was 7 357 less employees than in 2010. A fall in the total number of employees in both risk categories was found by comparison with 2010. The order of other factors of work and the work environment in terms of the number of employees at risk was as follows: chemicals were a risk factor for 24 588 employees (26.4%), ionising radiation was a risk factor for 5 678 employees (6.1%), vibration for 4 526 employees (4.9%), physical burdens for 4 125 employees (4.4%) and exposure to heat and cold for 3 535 employees (3.8%). In most of the listed factors (besides physical burdens), there was a fall in the number of employees at risk.

The only factors of work and the work environment where there was a slight rise compared to 2010 were electromagnetic radiation (by 35 employees) and employees exposed to excessive physical load (by 562 employees).

If the employees at risk in 2011 are analysed in terms of the main activity of the firm, the most employees engaged in hazardous work worked in industrial manufacturing (64 655 employees, of whom 12 093 were women) and in healthcare and social work (8 435 employees, of whom 6 804 were women). In most sectors of the economy there was a fall in the number of employees at risk compared to 2010 with the exception of the following industries: electricity, gas and steam transmission, transport and telecommunications, specialised, scientific and technical activities and administration, auxiliary services and education, where there was a slight increase in the number of employees exposed to hazards in 2011.

The largest proportion of hazardous work performed by women (80.1% of the total number of employees performing hazardous work in the given sector of the economy) continued to be healthcare as in previous years, due to the employment structure of this sector of the economy.

2.3 Occupational diseases

In 2011 there were 373 reported cases of occupational diseases and professional poisoning in Slovakia, with women being affected in 155 newly identified cases (41.6%). In comparison with 2010 (when 436 occupational illnesses were reported) the numbers for 2011 show 63 less cases, which is the lowest number of reported occupational illnesses in the last 15 years.

As in previous years the largest proportion of occupational diseases were diseases of the bones, joints, tendons and nerves in limbs resulting from long-term, excessive and imbalanced load on the upper limbs; there were 162 reports under this category making up 43.4% of the total number of reported occupational diseases. In the context of data for the years 2006–2010, 2011 continued a rising trend in this most frequent class of occupational illnesses.

In contrast to previous years, the second most frequent occupational illness, a long way behind illnesses of the limbs resulting from long-term, excessive and imbalanced load was infectious diseases and parasitic diseases, including diseases transmissible from animals to humans, which accounted for 50 reported occupational illnesses, of which the most frequently reported, as in 2009 and 2010 were infectious and parasitic diseases (76%). In comparison with 2009 and 2010 there was an increase of 10 cases, which also increased the share of the total number of reported occupational illnesses (13.4%).

The next most frequently occurring occupational illnesses, accounting for 45 reported cases, were blindness and hearing failure, which accounted for 12% of occupational diseases. In comparison with previous years and the year 2010, there were 9 less occupational diseases, which is a fall of 3.5% in percentage terms.

Diseases of the bones, joints, muscles, veins and nerves caused by work with vibrating tools accounted for 40 reported occupational diseases in 2011, which was 10.7% of total occupational diseases in Slovakia. In comparison with 2010, when it was the second most reported occupational disease there were 35 less reported cases (6.7%)

In the class of occupational diseases of the respiratory system there was a sharp fall in occupational bronchial asthma from 2010 to 2011, with 12 cases of the most common occupational disease of the respiratory system in 2011. In 2011 there was the first report of lung cancer in combination with lung silicosis.

The regions with the highest rate of occupational disease in 2011 were Košice Region (132 occupational diseases), Žilina Region (93 occupational diseases) and Banská Bystrica Region (74 occupational diseases).

2.4 Evaluation of findings relating to occupational health protection in Slovakia in 2011

In 2011 the public health authorities continued to give special attention to workplaces in which employees perform hazardous work; in state medical supervision it monitored employees' working conditions, their level of exposure and the implementation of measures by employers. The RPHO in Slovakia ordered employers to take effective protective and preventative measures to eliminate hazards or mitigate them to the greatest possible extent, including arranging appraisals of employees' health capacity for work and the performance of preventative medical checks by OHS physicians. One of the indicators that employers have effectively implemented preventative and protective measures in connection with occupational health is the fall in the number of employees performing hazardous work compared to the previous year. The number of employees performing hazardous work is 61 655 less than in 1995, a fall of 39.8%.

There has been a parallel downward trend in occupational diseases, with 228 less reported cases than in 1995, i.e. a reduction of 38% (in 1995 there were 601 occupational

illnesses compared with 373 cases in 2011). The number of occupational diseases reported in 2011 was 14% less than in the previous year (373 occupational illnesses in 2011 compared to 436 cases in 2010).

In 2011 the occupational health services began to play an important role in occupational health protection; these organisations provide health supervision in the workplace, ensure primary care for the health of employees in the workplace, where their main function is to prevent occupational diseases. The OHS monitors the working environment and employees' health through targeted medical preventative check-ups in which they systematically check for the initial symptoms of work-related health conditions in employees.

In 2011 the majority of employers obtained occupational health services from external contractors, concluding a contract with a legal entity or natural person with their own team of specialised medical personnel and a licence to provide occupational health services. As at 31.12.2011 there were 86 legal entities and natural persons operating OHS teams providing occupational health services under contract and licences issued by the PHA SR. In the case of some employers with up to 50 employees that had not registered hazardous work, supervision of working conditions was carried out by 14 doctors independently and 3 public health workers with the required specialisation.

In accordance with its competences, the PHA SR checks compliance with the conditions under which legal entities and natural persons have been licensed to act as contractors to provide occupational health services under contract. Between September 2007 and 31.12.2011 the PHA SR carried out checks of 88 legal entities and natural persons, of which 20 took place in 2011. The RPHO in Slovakia also carried out inspection of the extent of occupational health services in employers' workplaces as part of state medical supervision.

The RPHO in Slovakia have incorporated the WHO Healthy Workplaces framework into their activities since 1994. The aim is the long-term maintenance of employees' ability to perform work by influencing the determinants of health (occupational, environment and social determinants and lifestyle factors). Selected RPHOs carried out analyses of the work environment including objective identification of risk factors, evaluated the level and effectiveness of measures to prevent the occurrence of work-related illness, monitored and evaluated employees' health condition using objective examination of lifestyle risk factors (anthropometric indicators, measurement of blood pressure, measurement of major biochemical factors in the blood – cholesterol, triglycerides, glucose) and questionnaires. The results of these analyses were used to design and implement intervention programmes aimed at improving employees' work environment and health condition (e.g. strategies to discourage smoking, non-pharmacological means of influencing blood pressure). Personnel of selected RPHOs provided advice to employers and employees on occupational health protection, prepared and distributed health education materials and made visits to give health advice.

Article 3(4)

The general duties of the employer under section 6 of act no. 124/2006 Coll. include the duty of the employer to have regard for employees' health condition and abilities, their age, qualifications and technical competence pursuant to legislation and other regulations on occupational safety and health when assigning employees to work and not to allow them to perform work that is incompatible with their health condition and abilities, or for which they

do not have the necessary age, qualifications or proof of technical competence in accordance with legislation and other regulations on occupational safety and health. The employer is obliged to ensure medical supervision via an occupational health service including medical preventative check-ups relating to work at regular intervals having regard for the character of the work and working conditions in the workplace and also at the employee's request.

Section 21 of act no. 124/2006 Coll. defines preventative and protective services for the purposes of the act as professional services provided to an employer who is obliged to provide them for all employees, and which are connected with the selection, organisation and performance of professional tasks to ensure occupational safety and health, in particular the prevention of risks including psycho-social risks and protection against them. The employer must designate a sufficient number of qualified employees, with whom the employer has an employment or equivalent relationship, to perform the preventative and protective duties of the safety technical service and occupational health service. An employer for which preventative and protective services are provided by its own qualified employees must have the necessary equipment and tools for this work.

If an employer decides that in view of the size of the organisation, the number of employees, working conditions, the extent, character and distribution of hazards and their associated risks, it does not have sufficient qualified staff, it must conclude a contract to obtain preventative and protective services from one or more natural persons or legal entities licensed to provide preventative and protective services as a contractor.

The safety technical service and occupational health service can be provided under contract only by a natural person or legal entity that has been licensed to provide a safety technical service by the National Labour Inspectorate or to provide an occupational health service by the Public Health Authority of the Slovak Republic. A sole trader without employees can provide a safety technical service under contract without a licence if he/she is a safety technician or authorised safety engineer.

Section 26(1) of act no. 124/2006 Coll. lays down the following duties as part of the provision of the occupational health service for an employer:

- a) to cooperate in the detection of hazards and to evaluate health hazards representing a risk for the health of employees at work,
- b) to evaluate factors in the working environment and the state of working conditions that could affect employees' health,
- c) to support employees' adaptation to work,
- d) to advise the employer and employees in particular with regard to the planning and organisation of work and rest, including the arrangement of workplaces and jobs, technologies and substances used in work with potentially harmful health effects, the protection and positive influencing of health, hygiene, the physiology and psychology of work and ergonomics including individual and collective protective equipment.
- e) to participate in
 1. the preparation of employee health protection and support programmes, programmes to improve working conditions and the evaluation of new equipment and technology from a health perspective,
 2. working rehabilitation measures,
 3. analyses of work incapacity, occupational illness, work-related illness and health risks,

- 4. organisation of the first aid system for cases endangering the life or health of employees,
- 5. arrangements for reconditioning stays,
- f) to provide first aid training for employees
- g) to cooperate in the provision of information, training and education that can positively influence health, hygiene, the physiology and psychology of work and ergonomics, and
- h) to perform medical preventative check-ups relating to work for the purposes of assessing health capacity for work.

If an employer has less than 19 employees and they perform category one or two work, the tasks of the occupational health service under section 26(1)(a) to (d), (e)(1) and (g) of act no. 124/2006 Coll. may be performed individually by a physician specialised in occupational healthcare, preventative occupational healthcare and toxicology, occupational health services and public health or an assistant who has completed higher education in public health or higher vocational education as a certified hygiene and epidemiology assistant with a specialisation in occupational healthcare with whom the employer has entered into an employment or equivalent relationship.

Section 31 of act no. 355/2007 Coll. defines the categorisation of work according to the evaluation of expected health risks as follows:

(1) Assignment to one of four categories according to the level and character of the factors of work and the working environment that could affect employees' health, based on changes in employees' health condition.

(2) Category one covers work in which there is no risk of damage to an employee's health due to work or the work environment.

(3) Category two covers tasks in which, allowing for risk, there is no expectation of damage to health, in particular

a) work in which factors of work and the working environment do not exceed the limits laid down by applicable regulations,

b) work in which the risk factor is ionising radiation but construction, technical and organisational measures guarantee that employees' exposure to radiation, even in the event of long-term exposure, will not exceed the radiation limits for workers laid down by applicable regulations.

(4) Category three covers

a) work in which technical measures do not reduce the employee's exposure to factors of work and the working environment below the set limit and the reduction of risk requires organisational measures and other specific protective measures including the use of personal protective equipment,

b) work in which technical measures reduce the employee's exposure to factors of work and the working environment below the set limit but the combination and interaction of factors of work and the working environment may be harmful to health,

c) work for which limits are not set but exposure to factors of work and the working environment may be harmful to employees' health,

d) work performed in a controlled zone in which the level and variability of radiation parameters makes it necessary that in order to prevent employees' exposure exceeding limits, personal protective equipment must be used and additional technical, organisational or other specific protective measures must be taken.

(5) Work in category four, which may be performed only exceptionally and for a period no longer than one year, includes

a) work in which it is not possible for technical or organisation measures to reduce an employee's exposure to factors of work and the working environment to the set limits, exposure to factors of work and the working environment exceed the limits, changes in employees' health are detected that are related to active factors and it is necessary to take technical measures and other specific protective measures including the use of personal protective equipment,

b) work in which the rate of exposure to individual factors of work and the working environment is in category three but the mutual combination of factors of work and the working environment increases the risk of harmful effects on health,

c) work performed in activities that produce radiation, in which workers' exposure to radiation exceeds irradiation limits and this irradiation has been positively assessed by a public health authority pursuant to section 13(5)(a)(7).

(6) Hazardous work is work categorised in categories three and four. The Regional Public Health Office decides on the categorisation of work in categories three and four at the proposal of an employer or on its own initiative.

In the case of a healthcare provider whose employees carry out work categorised as category one or two, occupational health service tasks under section 26(1) of act no. 124/2006 Coll. may be provided by one or more qualified health-care workers with whom the provider has an employment relationship or equivalent relationship; a natural person providing health care can perform occupational health service tasks himself/herself.

Under section 30 of act no. 355/2007 Coll., employers are obliged to provide for the assessment of their employees' health capacity for work. The assessment of employees' health capacity for work is based on the results of medical preventative check-ups in relation to work and the results of a risk assessment for exposure to factors of the work and working environment of employees performing work categorised in category three or four, a sole trader who does not employ other natural persons and performs work categorised in category three or four, and employees and other natural persons for whom capacity for work is required under applicable legislation.

Medical preventative check-ups relating to work in categories three or four are performed by physicians of the occupational health service specialising in the area of occupational medicine, clinical occupational medicine and clinical toxicology, and occupational health services for employees, sole traders without other employees and

applicants for such work. Other additional preventative tests may be carried out by physicians with other specialisations at the request of the occupational health service physician.

In the case of job applicants, employees and sole traders without other employees applying for or performing work in categories one and two for whom confirmation of health capacity is required under applicable legislation, medical preventative check-ups are performed by physicians specialising in occupational medicine, clinical toxicology and occupational health services, and by physicians specialising in general medicine or general care for children and adolescents who are not occupational health service physicians.

Medical preventative check-ups in connection with work are performed by an occupational health service physician once every two years in the case of an employee or a sole trader without other employees performing work in category three, once a year in the case of an employee or a sole trader without other employees performing work in category four and in the case of a worker in category A defined in government regulation no. 345/2006 Coll. on basic safety requirements to protect the health of workers and civilians against ionising radiation.

Medical preventative check-ups relating to work in categories three and four with risk factors that have delayed effects are carried out once every three years.

Particulars of the scope and content of the occupational health service, the composition of the team of experts providing the occupational health service and on their professional qualification requirements are laid down in decree of the Ministry of Health no. 292/2008 Coll. on the particulars of the scope and content of the occupational health service, the composition of the team of experts providing it and their professional qualification requirements.

The Public Health Authority or a Regional Public Health Office may order an employer or a sole trader without other employees to perform special medical preventative check-ups in connection with work if there is a major change in factors of the work or the working environment or in risk level, or if there are major changes in the health of employees or a sole trader without other employees that is linked to the performed work.

Costs incurred in connection with the appraisal of health capacity for work including costs incurred in connection with the appraisal of health capacity for work before the conclusion of an employment contract or equivalent labour relationship and after the termination of employment or an equivalent labour relationship shall be borne by the employer or sole trader without other employees.

The Slovak Republic is bound by:

Convention of the International Labour Organisation no. 161 of 1985 concerning Occupational Health Services – decree no. 145/1988 Coll. and point 54 of notice no. 110/1997 Coll.

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

Article 11(1)

Health is one of the most important of human values.

The World Health Organisation (WHO) defines health as follows: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

The objectives laid down in this provision of the health care charter are fulfilled and implemented through the activities of the Ministry of Health of the Slovak Republic, the Public Health Authority of the Slovak Republic, the Regional Public Health Offices and providers of healthcare implementing the conception of State Health Policy, which formulates the long-term and short-term objectives, strategies and priorities of the state for the promotion, protection, ensuring and improvement of the health of the population and the provision of healthcare for citizens.

Individual tasks within the State Health Policy are developed and implemented through projects and programmes under the National Health Support Programme (hereinafter only the “NHSP”). The programme is based on the WHO policy – “Health 21” – health for the European Region for the 21st century. The strategy of the NHSP is based on the results of monitoring of the health condition of the inhabitants of the Slovak Republic and also the results of the health awareness of the population. The NHSP is an integrated programme involving all sections of society including other departments of state, state administration and self-government bodies, non-governmental organisations, businesses and other organisations, which means that it ensures a high level of health protection.

The Public Health Authority of the Slovak Republic builds on the activities of the World Health Organisation for chronic disease prevention under the motto “Health for all”. Eliminating known risk factors is an important part of preventing many multifactorial non-infectious diseases and makes a large contribution to reducing mortality rates and consequently also morbidity rates for particular diseases by improving the health condition of the population.

The Public Health Authority of the Slovak Republic implements various forms of prevention in the area of the protection, support and development of public health (e.g. health education through lectures, the preparation and publication of written material, media activities and a wide range of education programmes and projects).

The Public Health Authority of the Slovak Republic participates in the implementation of individual points of the State Health Policy and the National Health Support Programme, the most recent of which is the National Obesity Prevention Programme. It also cooperated with bodies in other areas of government in the development of the National Plan for Care for Children and Adolescents for the Years 2008–2015.

The framework for healthcare provision in Slovakia is defined by act no. 578/2004 Coll. on healthcare providers, health workers and professional organisations in the health service, and amending certain acts, and act no. 581/2004 Coll. on health insurance companies, supervision of healthcare and amending certain acts. A health insurance system was introduced in Slovakia in 1993 which combines social security and health insurance. It is a compulsory system in which citizens are insured by a third party – an insurance company (i.e. not directly by the state), to which the citizens pay regular contributions.

Participation in a public health insurance programme is mandatory for the entire population of Slovakia. This means that the programme is based on a system of mandatory insurance. The obligation to have health insurance and pay the mandatory contribution to public health insurance is defined in act no. 580/2004 Coll. on health insurance and amending act no. 95/2002 Coll. on insurance and amending certain acts.

The financing of health insurance in Slovakia is based on contributions paid by the economically active, i.e. employees and traders. There are three streams of contributions – contributions levied from pay or profits, state taxes, which pay the contributions of the unemployed and economically inactive and cash payments for medicine and certain medical services and products.

Healthcare is provided through a network of inpatient and outpatient facilities from which each insurance company orders a certain number of medical procedures.

Health insurance is managed by health insurance companies. As of December 31, 2011 there were three health insurance companies in Slovakia: Všeobecná zdravotná poisťovňa, a. s., in which the state is the shareholder; and two private health insurance companies – Dôvera, a. s. and Union, a. s. Health insurance companies are obliged to provide healthcare for the people they insure by concluding contracts with individual healthcare providers. The Health Care Surveillance Authority is an independent body that supervises the correct provision of health care and public health insurance.

Article 11(2)

Advisory activity relating to the prevention of disease and other health disorders is regulated by act no. 355/2007 Coll. on the protection, support and development of public health and amending certain acts.

Section 14 defines advisory activity as follows:

(1) The Public Health Authority and the Regional Public Health Offices perform advisory activities for the support and protection of health and establish and operate advice centres for the protection and support of health.

(2) The objective of advice centres for the protection and support of health is to reduce the incidence of health risks through general and specialised advice to bring about positive changes in lifestyle making use of scientifically verified findings and methods in the area of medicine and public health.

(3) General advice comprises active research and determination of risk factors for cardiovascular diseases, cancers and other chronic non-communicable diseases and the communication of information in a comprehensible form on the principles of a healthy lifestyle and motivation to make positive changes to prevent the most serious chronic non-communicable diseases.

(4) Specialised advice is aimed at the prevention of the most serious non-communicable diseases by influencing lifestyle risk factors such as smoking, inadequate physical activity, incorrect nutrition, obesity and stress.

(5) Advice centres for the protection and support of health provide advice for individuals, groups and the general public as a whole.

Health advice centres in the public health offices are managed in accordance with the law; their establishment and operation are financed from the state budget or the budget of municipalities and self-governing regions.

The frequency and content of regular health check-ups covered by public health insurance are regulated by section 2 of act no. 577/2004 Coll. on the scope of healthcare covered by public health insurance and the reimbursement of services related to the provision of healthcare as follows:

a) nine preventative check-ups for a person insured by public health insurance (hereinafter only an “insured person”) up to one year of age by a physician specialising in paediatrics, at least three of which shall take place within three months of birth,

b) one preventative check-up for an insured person aged 18 months by a physician specialising in paediatrics,

c) one preventative check-up per two years for an insured person aged from three years to eighteen years by a physician specialising in paediatrics,

d) one preventative check-up for an insured person every two years for an insured person over eighteen years of age by a physician specialising in general medicine or a physician specialising in general care for children and adolescents,

e) two preventative check-ups by a dentist per year for an insured person under the age of eighteen years,

f) one preventative check-up by a dentist per year for an insured person over the age of eighteen years,

g) two preventative check-ups by a dentist for a pregnant insured person ,

h) one preventative check-up per year by a physician specialising in gynaecology and obstetrics for female insured persons from eighteen years of age or from first pregnancy,

- i) one preventative check-up by a physician specialising in gynaecology and obstetrics per month and one preventative check-up six weeks after giving birth for a pregnant insured person,
- j) one preventative check-up per three years by a physician specialising in urology for an insured person aged over fifty years,
- d) one preventative check-up for an insured person per year for an insured person over eighteen years of age who is a registered blood donor or organ and tissue donor by a physician specialising in general medicine or a physician specialising in general care for children and adolescents,
- l) preventative check-ups and compulsory regular vaccination of persons who have reached a set age, compulsory vaccination of persons exposed to increased risk from certain infections, and compulsory extraordinary vaccination in the scope set or ordered by state administration authorities for public health to protect health and prevent infectious diseases,
- m) one preventative colonoscopy of the rectum and large intestine per ten years for an insured person over the age of fifty years or every five years for an insured person at increased risk of colorectal cancer without age limit, performed by a physician specialising in gastroenterology or a physician with a certificate in diagnostic and surgical colonoscopy.

Support for health in Slovakia is a process that enables individuals and communities to take responsibility for their own health. Health support activities cover the following areas:

- monitoring indicators of health condition and health awareness in the population, risk factors affecting health, relations between health determinants and the health of the population,
- health support for elderly persons,
- health support for disadvantaged communities,
- prevention of excessive consumption of alcohol, reduction in the harm caused by tobacco and addictive substances,
- preparation, coordination, implementation and evaluation of national programmes for the support and protection of health aimed at selected target groups in the population.

National programmes and activities of the Public Health Authority of the Slovak Republic (PHA SR) supporting health:

1. National Health Support Programme

An integrated programme bringing together all sections of society. It focuses on a number of health determinants and the following objectives:

- A) A healthy lifestyle,
- B) Care for health,
- C) Healthy eating,
- D) Alcohol, tobacco, drugs,
- E) Accident prevention,
- F) Healthy families,
- G) Healthy working conditions,
- H) Healthy living conditions,
- I) Lower incidence of infectious diseases,
- J) Physical movement.

2. Programme to support the health of disadvantaged communities

The second stage of this programme began in 2010. The PHA SR coordinates the implementation of this programme by 30 health education community workers (HECW) in 12 Regional Public Health Offices in Slovakia. In 2010 the HECW continued the dissemination of elementary health education and information through field work in 122 segregated and separated Roma settlements and locations. Their educational and awareness-raising activities focused on specific health-related topics: personal hygiene, caring for your own health, food handling, food hygiene, reproductive and sexual health, preventing the spreading of infectious diseases and parasitic diseases, the environment, domestic hygiene, prevention of accidents and injuries, healthcare, childcare.

10 743 inhabitants of segregated and separated Roma communities and locations were vaccinated at the proposal of the HECW in 2010. The number of persons for whom physicians performed preventative check-ups at a HECW's recommendation was 4 884. A total of 36 672 persons received education. Health insurance cards were arranged for 1 498 inhabitants of Roma communities at the request of a HECW. Child advisory services visited 3 534 persons at the request of HECW.

3. National Tobacco Control Programme

Since 2007 this programme has sought to provide a framework for measures on the national and regional level promoting respect for life, a reduction in the prevalence of smoking and protection of current and future generations against the effects of smoking and second-hand smoke. The aim of the programme is to facilitate and support a multi-sector and evidence-based policy to reduce demand for tobacco products and their supply. It should also contribute to the development of tobacco-free environments.

The principal objective is to reduce the number of smokers such that the number of those who stop smoking is doubled and to ensure the right of citizens to breathe air without tobacco smoke.

4. National Obesity Prevention Programme

In 2010 a report was drawn up on the implementation of the National Obesity Prevention Programme, which the government approved on 12 January 2011. Methodological instructions were then issued for the monitoring of health awareness and the eating habits of children and parents for use in the project "School Fruit Scheme". This project aims to improve the eating habits of children in nurseries and primary schools. The project includes input and output monitoring, which will be evaluated in the near future.

5. National Programme of Care for Children and Adolescents in the Slovak Republic for the years 2008-2015 (NPCA)

This is an integrated programme based on seven core priorities whose objectives are achieved through interdepartmental cooperation and cooperation with non-governmental organisations.

The basic objective of the NPCA is to ensure adequate care for the health of children and adolescents in Slovakia in accordance with the latest findings and recommendations of WHO and the European strategy which are incorporated in legislation regulating the provision of healthcare for children and adolescents in Slovakia. The PHA SR

participates in the implementation of individual tasks under the NPCA throughout the year and prepares documents for the Ministry of Health that will be incorporated into a report to the government.

6. National Anti-drug Strategy for the Period 2009–2012

This strategy includes interventions intended to reduce drug supply and demand. For this purpose the PHA SR participates in a project of the Police Force of the Slovak Republic for the prevention of crime caused by the use of addictive substances “Make the right choice”, implemented as a touring interactive exhibition; 11 Regional Public Health Offices participated in the project based on cooperation between the PHA SR and the Ministry of Interior.

Programmes and projects of the Regional Public Health Offices (RPHO):

1. Maternity Centres

This programme has operated continuously since 2004 and aims to improve the health of the population by providing education for young mothers and their families on the topic of healthy lifestyle.

2. Health education activities for pre-school children (dental hygiene)

In this project questionnaires are being processed to determine the knowledge, attitudes and behaviour of children and their parents in relation to dental hygiene issues including questions on the popularity of sweets and sweet meals with children in nursery schools, care for teeth and the influence of diet on the condition of teeth, which were the basis for the evaluation report. A final report on Monitoring of the Health Condition of Oral Hygiene will be drawn up and submitted.

3. I am over 65 and I'm glad that I have a healthy lifestyle

In 2010 the PHA SR carried out statistical evaluation and processing of cross-sectional study intended for school-children and students, the public and senior citizens on the topic of “Elderly persons and society”. The PHA SR transferred the statistically evaluated data to RPHO in Trenčín for preparation of the final report for the project, which will then be published on the website of the PHA SR.

4. CINDI Slovakia, National Programme for the Prevention of Cardiovascular Disease

The main objective of this programme is to reduce the overall mortality and incidence rates in Slovakia for cardiovascular disease.

The ultimate long-term objective of the CINDI programme is to reduce the overall death rate in Slovakia, in particular the rate of premature death, i.e. death before the age of 65 years, caused by cardiovascular disease and cancer. A parallel long-term objective is to increase median life length, especially for men. In the medium term the programme aims to reduce incidence and morbidity rates for cardiovascular diseases. The short-term objectives of the programme focus on reducing the number of persons with lifestyle risk factors that lead to biological risk factors for cardiovascular disease and cancers, in particular smoking, unhealthy diets, insufficient physical activity, alcohol abuse and inability to cope with stress.

Article 11(3)

Slovakia has fully functional measures in place for the effective implementation of the right to health in the area of infectious disease prevention. They are laid down by the provisions of act no. 355/2007 Coll. on the protection, support and development of public health and amending certain acts.

Epidemiological surveillance in Slovakia is performed by the epidemiology departments of the Regional Public Health Offices. They are also tasked with monitoring fulfilment and effectiveness of measures required by law in the area of infectious disease epidemiology and performed as part of State Health Supervision of epidemiology. These tasks include checking compliance with the duty to report infectious diseases, checking ordered extraordinary and regular vaccination, isolation, quarantine measures, disinfection, disinfestation and rodent control at an infection focus, checking of epidemiological hygiene measures in healthcare facilities, checking measures to prevent the spread of diseases transmissible from animals to humans, compliance with conditions laid down for occupational activities or the prohibition of occupational activities for persons ill with a transmissible disease, suspected of such an illness or excluding germs, checking conditions laid down for the performance of required epidemiological activities.

In the opinion of the Ministry of Health of the Slovak Republic, the epidemiological situation in Slovakia was good in the period covered by this report. The consistent implementation of the immunisation programme enabled us to maintain zero or only sporadic incidence of diseases that can be prevented by vaccination.

Slovakia has followed a unified National Immunisation Programme (NIP) since 1986. The objective of the NIP is to eliminate or eradicate the incidence of communicable diseases by the thorough rigorous and effective immunisation of children and adults. The programme also includes checking of vaccination, monitoring of side effects of vaccination, evaluating the immunity of the population and tracking outbreaks of infection. The programme is carried out in accordance with WHO recommendations and the practice of EU Member States. Universal immunisation is carried out for 11 infectious diseases.

The NIP includes an annual check of the immunisation of the population. Its objective is to determine the level of collective immunity in the Slovak population against selected communicable diseases that can be prevented by immunisation (The WHO recommends achieving 95% collective immunity). The national results for immunisation are favourable from this point of view because immunisation of children is in the range 97.6% to 99.4%.

The measures laid down in act no. 355/2007 Coll. on the protection, support and development of public health and amending certain acts are fully in accordance with target 7 of the WHO document Health21 “By the year 2020, the adverse health effects of communicable diseases should be substantially diminished through systematically applied programmes to eradicate, eliminate or control infectious diseases of public health importance”. They concern the protection of public health, reductions in illness and mortality rates, the reinforcement of health and its quality for individuals and the population as a whole.

Measures to prevent epidemic diseases are based on the framework of act no. 355/2007 Coll. on the protection, support and development of public health and amending of certain acts.

The Public Health Authority of the Slovak Republic cooperates with the World Health Organisation and the European Commission in the following projects for accident prevention:

- EUNESE (prevention of accidents affecting the elderly),
- Health-education intervention on injury prevention (prevention of accidents affecting school-age children),
- Support for health in maternity centres (project aimed at reducing a number of non-communicable diseases including accidents involving parents).

The Public Health Authority of the Slovak Republic cooperates with the Ministry of Transport, Construction and Regional Development of the Slovak Republic to ensure the safety of road traffic.

As is stated in Article 11(2), other protective and preventive measures include:

National programmes and activities of the Public Health Authority of the Slovak Republic (PHA SR) supporting health:

1. National Health Support Programme

An integrated programme bringing together all sections of society. It focuses on a number of health determinants and the following objectives:

- K) A healthy lifestyle,
- L) Care for health,
- M) Healthy eating,
- N) Alcohol, tobacco, drugs,
- O) Accident prevention,
- P) Healthy families,
- Q) Healthy working conditions,
- R) Healthy living conditions,
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The National Programme of Care for Children and Adolescents in the Slovak Republic for the years 2008-2015 includes accident prevention.

The main legislation regulating preventative and protective measures include:

- 1. Act No 355/2007 Coll. on the protection, support and development of public health and amending certain acts, as amended;*
- 2. Government regulation no. 85/2007 Coll. amending government regulation no. 340/2006 Coll. on the protection of persons' health against the adverse effects of ionising radiation during medical treatment,*
- 3. Government regulation no. 555/2006 Coll. amending government regulation no. 115/2006 Coll. on minimum health and safety requirements to protect employees and against risks connected with exposure to noise,*
- 4. Decree of the Ministry of Health no. 504/2006 Coll. on methods for reporting, registering and recording occupational diseases and the risk of occupational disease,*

5. *Decree of the Ministry of Labour, Social Affairs and Family of the Slovak Republic no. 500/2006 Coll., laying down the model form for reporting an occupational injury,*
6. *Government regulation no. 391/2006 Coll. on minimum safety and health requirements for building sites,*
7. *Government regulation no. 395/2006 Coll. on minimum requirements for the provision and use of personal protective equipment at work,*
8. *Government regulation no. 393/2006 Coll. on minimum safety and health requirements to ensure occupational safety and health in potentially explosive atmospheres,*
9. *Government regulation no. 392/2006 Coll. on minimum safety and health requirements in the use of work resources,*
10. *Government regulation no. 391/2006 Coll. on minimum workplace safety and health requirements,*
11. *Government regulation no. 387/2006 Coll. on requirements for signage for the purposes of occupational safety and health,*
12. *Government regulation no. 356/2006 Coll. on the protection of employees' health against risks relating to occupational exposure to carcinogenic and mutagenic factors,*
13. *Government regulation no. 355/2006 Coll. on the protection of employees against risks relating to occupational exposure to chemical factors,*
14. *Government regulation no. 348/2006 Coll. on requirements to ensure control of highly active sources and orphan sources of radiation,*
15. *Government regulation no. 346/2006 Coll. on requirements to ensure protection against radiation for workers exposed to the risk of ionising radiation during activity in controlled areas,*
16. *Government regulation no. 329/2006 Coll. on minimum health and safety requirements to protect employees and against risks connected with exposure to an electromagnetic field,*
17. *Government regulation no. 281/2006 Coll. on minimum safety and health requirements for the manual handling of loads,*
18. *Government regulation no. 276/2006 Coll. on minimum safety and health requirements in work with display units,*
19. *Government regulation no. 253/2006 Coll. on the protection of employees against risks relating to occupational exposure to asbestos,*

20. *Government regulation no. 145/2006 Coll. amending government regulation no. 40/2002 Coll. on health protection against noise and vibration, as amended,*
21. *Act no. 124/2006 Coll. on occupational safety and health and amending certain acts,*
22. *Government regulation no. 629/2005 Coll. amending government regulation no. 416/2005 Coll. on minimum health and safety requirements to protect employees and against risks connected with exposure to vibrations,*
23. *Act no. 479/2005 Coll. amending act no. 50/1976 Coll. on land-use planning and the building code (the building act) as amended and amending certain acts,*
24. *Government regulation no. 43/2005 Coll. establishing the particulars of strategic noise maps and action plans for protection against noise,*
25. *Decree of the Ministry of Interior no. 699/2004 Coll. on the provision of buildings with water to extinguish fires,*
26. *Act no. 541/2004 Coll. on the peaceful use of nuclear energy (the nuclear act) and amending certain acts,*
27. *Government regulation no. 272/2004 Coll. (recast) establishing a list of types of work and workplaces prohibited for pregnant women, mothers who have given birth within the last nine months and breast-feeding women, a list of types of work and workplaces associated with specific risks for pregnant women, mothers who have given birth within the last nine months and breast-feeding women and establishing certain duties for employers employing such women,*
28. *Decree of the Ministry of Interior no. 142/2004 Coll. on fire prevention measures in the construction and the use of operating facilities and other premises in which coatings are applied to products.*
29. *596/2002 – full text of act of the National Council of the Slovak Republic no. 272/1994 Coll. on the protection of human health.*

Article 12 – The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;
4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
 - a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
 - b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

Appendix to Article 12§4

The words “and subject to the conditions laid down in such agreements” in the introduction to this paragraph are taken to imply *inter alia* that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

Article 12(1)

A system of social security is currently established and maintained in Slovakia.

The system is governed by the following legislation:

Article 39(1) of the Constitution of the Slovak Republic – “Citizens have the right to adequate material provision in old age, in the event of work disability, as well as after losing their provider.”

This Constitutional provision is implemented through the following legislation:

1. act no. 461/2003 Coll. on social insurance, as amended,
2. act no. 462/2003 Coll. on income compensation during an employee’s temporary incapacity for work and amending certain acts, as amended,
3. act no. 43/2004 Coll. on old-age pension savings and amending certain acts, as amended,
4. act no. 650/2004 Coll. on supplementary pension savings and amending certain acts, as amended,
5. act no. 328/2002 Coll. on social security for police officers and soldiers and amending certain acts as amended.

6. act no. 274/2007 Coll. on pension supplements for political prisoners as amended by act no. 272/2008 Coll.

Act No 461/2003 Coll. on social insurance, as amended, defines the coverage of social insurance as follows:

a) sickness insurance as insurance against the loss or reduction of income from gainful activities and to provide income compensation in the event of temporary incapacity for work, pregnancy or maternity,

b) pension insurance, as follows:

1. old-age pension insurance as insurance to provide an income in old-age and in case of death,

2. disability insurance as insurance against the loss of the ability to perform gainful activity in the event of a long-term adverse change in the insured person's health condition and in case of death,

c) accident insurance as insurance against harm to health or death resulting from an occupational accident, service accident or occupational disease,

d) guarantee insurance as insurance against the employer's inability to satisfy an employee's claims and to pay contributions to old-age pension savings that the employer has not paid to the basic fund for contributions to old-age pension savings,

e) unemployment insurance as insurance against the loss of income from activity as an employee as a result of unemployment; unemployment benefit is paid to provide an income during unemployment.

Act no. 462/2003 Coll. on income compensation during an employee's temporary incapacity for work and amending certain acts, as amended, provides that for the first ten days of temporary incapacity for work, income compensation is paid to an employee by an employer subject to the same conditions as govern the payment of sickness benefit such that for the first three days of temporary incapacity for work compensation is paid at the rate of 25% of the employee's daily assessment basis and from the fourth to tenth days at the rate of 55% of the employee's assessment basis, whereas a collective agreement may set income compensation at a rate of up to 80% of the daily assessment basis.

Act no. 43/2004 Coll. on old-age pension saving and amending certain acts, as amended, defines old-age pension saving, regulates the scope of old-age pension saving, legal relations in the operation of old-age pension saving, the organisation of old-age pension saving, the financing of old-age pension saving and supervision of the operation of old-age pension saving (the second pillar of the pensions system).

Act no. 461/2003 Coll. on old-age pension saving and amending certain acts, as amended, defines old-age pension saving as saving on a saver's personal account for the purpose of providing, in combination with old-age pension insurance under applicable legislation (act no. 461/2003 Coll. on social insurance, as amended), an income in old age and for survivors in the event of the saver's death.

Act no. 650/2004 Coll. on supplementary pension saving and amending certain acts, as amended, regulates supplementary pension saving, the organisation, financing and operation of supplementary pension saving, supervision of the operation of supplementary pension saving and the transformation of supplementary pension insurance companies (third pillar of the pension system).

Act no. 650/2004 Coll. on supplementary pension savings and amending certain acts, as amended, defines supplementary pension saving as:

- a) the accumulation of contributions to supplementary pension saving from participants in supplementary pension saving and employers for the purpose of enabling the participant in supplementary pension saving to obtain an additional pension income in old age and additional pension income on terminating work categorised by decision of a health protection authority in category three or four, or on termination of work in the case of an employee who is a dance artist,
- b) disposal of assets in a supplementary pension fund in accordance with act no. 650/2004 Coll. on supplementary pension savings and amending certain acts, as amended,
- c) payment of supplementary pension saving benefit.

The payment of contributions by an employer and the amount of the contributions can be agreed in a collective agreement in the scope laid down by act no. 650/2004 Coll. on supplementary pension savings and amending certain acts, as amended. If no trade union operates in the employer's undertaking, the employer may agree on the payment of contributions and the amount thereof with authorised representatives of employees.

Act no. 328/2002 Coll. on the social security of police officers and soldiers and amending certain acts, as amended, defines the social security of police officers and professional soldiers (act no. 346/2005 Coll. on the state service of professional soldiers in the armed forces of the Slovak Republic and amending certain acts, as amended) as follows:

- a) sickness benefit,
- b) accident benefit,
- c) completion-of-service benefit and
- d) social security services.

For the purposes of act no. 328/2002 Coll. on the social security of police officers and soldiers and amending certain acts, as amended, (hereinafter only "act no. 328/2002 Coll.") police officer means a member of the Police Force, the Fire and Rescue Service, the Mountain Rescue Service, the Slovak Information Service, the National Security Authority, the Prison and Justice Guards Corps, the Railway Police or a customs officer, unless act no. 328/2002 Coll. stipulates otherwise.

For the purposes of act no. 328/2002 Coll. professional soldier also covers a soldier in extraordinary service (section 2(e) of act no. 570/2005 Coll. on military service and amending certain acts, as amended by act no. 518/2007 Coll.).

Article 12(2)

The requirement to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the Council of Europe European Code of Social Security of 1964 is expressed in article 2 of the code.

Article 2(1)(a) to (d) of the European Code of Social Security (ECSS) states that every Contracting Party must comply with Part I of the ECSS – General Provisions. From Part II to Part X of the ECSS (Part II – Medical care, Part III – Sickness benefit, Part IV – Unemployment benefit, Part V – Old-age benefit, Part VI – Work accident and occupational disease benefit, Part VII – Family benefit, Part VIII – Maternity benefit, Part IX – Invalidity benefit, Part X – Survivors’ benefit) at least six parts, provided that Part II – Medical care shall count as two Parts and Part V – Old-age benefit shall count as three Parts. The Contracting Parties shall comply with the relevant provisions of Part XI – Standards to be complied with by periodical payments and Part XII – Common provisions and the provisions of Part XIII – Miscellaneous provisions.

This means that compliance with the requirement of article 12(2) of the Charter to maintain the social security system at a satisfactory level, **at least equal to that necessary for the ratification of the European Code of Social Security**, it is necessary to fulfil at least the conditions for ratification of the ECSS (article 2(1)(a) to (d) of the ECSS with reference to article 2(2)(a) of the ECSS).

Part II of the ECSS – Medical care

Legislation on health insurance covers medical care for 100% of “protected persons” specified in Part II of the ECSS (articles 7 to 12), i.e. employees, sole traders and residents in the Slovak Republic, for whom the minimum level is actually much lower.

Act no. 580/2004 Coll. on health insurance and amending act no. 95/2002 Coll. on insurance and amending certain acts, as amended, defines persons covered by public health insurance as follows:

“Section 3

Personal coverage of public health insurance

(1) For the purposes of this act an insured person is a natural person who is obligatorily or voluntarily insured by public health insurance pursuant to this act (hereinafter only “insured under public health insurance”).

(2) A natural person who is a permanent resident of the Slovak Republic is obligatorily insured under public health insurance; this shall not apply if

a) the person is employed:

1. abroad and has health insurance in the territory of the state in which he/she is employed,

2. in a service office or its subsidised organisation, who is sent as part of service to perform tasks abroad for a period longer than six consecutive calendar months and who has health insurance abroad or commercial insurance of medical costs for the

period of residence abroad under an agreement with the employer; this shall also apply to a spouse and children who accompany the person to a place of temporary service abroad under an agreement between the employer and the natural person,

b) the person carries on business as a sole trader abroad and has health insurance in the territory of the state in which he/she carries on business,

c) is a long-term resident of a foreign country and has health insurance in the country; a person is a long-term resident of a foreign country if he/she lives there for more than six consecutive calendar months.

(3) A natural person is also obligatorily insured under public health insurance if he/she is not a permanent resident of the Slovak Republic and is not insured in another Member State of the European Union or in a state party to the Agreement on the European Economic Area or the Swiss Confederation and

a) he/she is employed by an employer who has its registered office or a permanent establishment in the territory of the Slovak Republic; this shall not apply if he/she is employed in the Slovak Republic by an employer that enjoys diplomatic privileges and immunity under international law,

b) he/she carries on a business as a sole trader in the territory of the Slovak Republic,

c) he/she has been granted asylum,

d) he/she is a student from another Member State or a foreign student studying at a school in the Slovak Republic under an international treaty by which the Slovak Republic is bound,

e) he/she is a foreign minor who is present in the territory of the Slovak Republic without a legal representative or natural person responsible for his/her upbringing and who receives care in a facility where he/she has been placed by a court decision,

f) he/she is a foreigner detained in the territory of the Slovak Republic,

g) he/she is held on remand or is serving a sentence of imprisonment,

h) he/she is a dependent family member born to an insured person in another Member State.

(4) For the purposes of this act health insurance in a foreign country means a system of health insurance financed through contributions to health insurance or the tax system of the foreign country; in the case of states that are not Member States, this term includes commercial insurance of treatment costs.

(5) For the purposes of this act permanent establishment means a permanent location or facility for the performance of activities through which the employer carries on all or a part of its activities in the territory of the Slovak Republic, in particular the location from which the employer's activity is organised, a branch, office, workshop, workplace, sales outlet, technical facility or site for the surveying or extraction of natural resources.

(6) A location or facility for the performance of activities is deemed permanent under subsection (5) if it is used systematically or repeatedly for the performance of activities. In the case of an activity carried out only once, the location or facility in which the activity is carried out shall be deemed permanent if the duration of the activity is over six months, either continuously or in a number of stages at any time within twelve consecutive months. A building site or the location of implementation of construction projects and assembly projects is deemed a permanent establishment on if activities there have a duration greater than six months.

(7) For the purposes of this act a permanent establishment is also a natural person acting in the name of the employer who systematically or repeatedly negotiates or concludes agreements on the employer's behalf under power of attorney. A natural person acts in the name of an employer if he/she acts on the employer's instructions and the employer checks the results of the natural person's activity and bears the commercial risk thereof.

(8) A person is not insured under public health insurance if he/she is insured under health insurance abroad other than in Member States and acts for an employer who has its registered office in the Slovak Republic as the director of a limited liability company, a member of a statutory body, a member of the administrative board, a member of the supervisory board, a member of a control commission or a member of another self-governing body of a legal entity or as a limited liability partner, a limited partner in a hybrid partnership (*komanditná spoločnosť*) or member of a cooperative. Such a natural person is not entitled to reimbursement of healthcare in the scope laid down by applicable legislation.

Section 9(2), (3) and (4) of act no. 580/2004 Coll. on health insurance and amending act no. 95/2002 Coll. on insurance and amending certain acts, as amended, which guarantees payment only of costs for medical treatment in life-threatening cases if the insured person has not paid insurance contributions for a period laid down by law or has submitted more than one application for health insurance to a health insurance company.

Conclusion: Part II of the ECSS (articles 7 to 12) – Medical care can be ratified by the Slovak Republic and therefore also to articles 34, 35 and 49 of the ECSS. All protected persons receive the full scope of medical care specified in Part II of the ECSS (articles 7 to 12) and articles 34, 35 and 49 of the ECSS under act no. 577/2004 Coll. on the scope of health care covered by public health insurance and on payments for services connected with the provision of health care, as amended.

With regard to Parts III to XIII of the ECSS:

Calculation of replacement rates in 2011:

Basic data

AME = average monthly earnings in the economy of the Slovak Republic

PIR = pension increase (indexing) rate as a percentage

CPI = consumer price index (inflation) as a percentage

ESB = earnings of standard beneficiary

Year	2003 (SKK)	2004 (SKK)	2005 (SKK)	2006 (SKK)	2007 (SKK)	2008 (SKK)	2009 (EUR)	2010 (EUR)	2011 (EUR)
AME	14 365	15 825	17 274	18 761	20 146	21 782	744.5	769	786
PIR	-	7.33	8.90	5.95	6.25	5.00	6.95	3.05	1.80
CPI	-	7.5	2.7	4.5	2.8	4.6	1.6	1.0	3.9
ESB			21 593	23 451	25 183	27 228	930.6	961.3	982.5

This data shows that during the eight year period 2004–2011 average monthly earnings in the Slovak economy grew by 65.2% compared to 2003 ($786 / 475.8 = 1.6519$), pensions increased by 55% ($1.0733 * 1.089 * 1.0595 * 1.0625 * 1.05 * 1.0695 * 1.0305 * 1.018 = 1.55$) and consumer prices grew by 32.27% ($1.075 * 1.027 * 1.045 * 1.028 * 1.046 * 1.016 * 1.01 * 1.039 = 1.3226$)

The earnings of the standard beneficiary are 1.25 times average earnings in the Slovak economy (article 65(6)(c) of the ECSS – “For the purpose of this article, a skilled manual male employee shall be a person whose earnings are equal to 125 per cent of the average earnings of all the persons protected”).

Part III (articles 13 to 18) of the ECSS – Sickness benefit

Contingency covered – illness

Protected persons – prescribed classes of employees, constituting not less than 50 per cent of all employees:

Percentage coverage = $(100 * a) / (b + c)$

sickness insurance

a	b	c	b + c
2 049 417	2 317 500	380 791	2 698 291

% coverage = **75.95%**

a = average monthly number of insured persons

b = average monthly number of employees

c = average monthly number of registered unemployed

A standard beneficiary – a man with a wife and two children – at least 45% (article 65 of the ECSS in combination with articles 13 to 18 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries).

Replacement rate = $(D + E) / (C + E)$

C = net earnings in 2011 (with two dependent children)

D = amount of sickness benefit for January 2011

E = family benefits (with two dependent children)

C = gross earnings – (tax + contributions)

$$C = 1.25 * 786 - 152.39 = 982.5 - 152.39 = 830.11$$

$$D = 3 * 0.25 * DAB + (31 - 3) * 0.55 * BAB$$

$$DAB = \text{daily assessment basis} = 12 * 1.25 * 786 / 365 = 31.6027397$$

The DAB is rounded upwards to four decimal places = 31.6028

$$D = 510.38522$$

D after conversion to Euros (rounded to one decimal place upwards) = 510.4

$$E = 2 * 22.01 = 44.02$$

$$\text{Replacement rate} = (510.4 + 44.2) / (830.11 + 44.2) = 63.4 \%$$

Under article 65 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries, sickness benefits shall be at a rate of at least 45%. The above calculation shows that the replacement rate in Slovakia is 63.4%

The ECSS allows sickness benefit to be made contingent upon a qualifying period that may be considered necessary to preclude its abuse. The social insurance act requires 270 days of sickness insurance for a voluntarily insured person.

The ECSS allows the benefit to be limited to 26 weeks. The social insurance act allows sickness benefit to be claimed for up to 52 weeks.

Furthermore annex no. 2 to the ECSS allows as a supplementary service or benefit sickness benefit which may not be limited to less than 52 weeks per case. Under the social insurance act, if a social event – illness lasts 52 weeks, sickness benefit is paid for 52 weeks.

Conclusion: Part III of the ECSS (sickness benefit) can be ratified by the Slovak Republic.

Part IV of the ECSS – Unemployment benefit

Contingency covered – unemployment

Protected persons – prescribed classes of employees, constituting not less than 50 per cent of all employees:

$$\text{Percentage coverage} = (100 * a) / (b + c)$$

Unemployment insurance

a	b	c	b + c
1 616	2 351		2
370	400	389 264	740 664

$$\% \text{ coverage} = 58.98 \%$$

a = average monthly number of insured persons

b = average monthly number of employees

c = average monthly number of registered unemployed

A standard beneficiary – a man with a wife and two children – at least 45% (article 65 of the ECSS in combination with articles 19 to 24 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries).

$$\text{Replacement rate} = (D + E) / (C + E)$$

C = net earnings in 2011 (with two dependent children)

D = amount of unemployment benefit for January 2011

E = family benefits

C = gross earnings – (tax + contributions)

$$C = 1.25 * 786 - 152.39 = 982.5 - 152.39 = 830.11$$

$$D = 31 * 0.5 * \text{DAB}$$

$$\text{DAB} = \text{daily assessment basis} = 12 * 1.25 * (930.6 + 961.3 + 982.5) / ((3 * 365) = 31.667671$$

The DAB is rounded upwards to four decimal places = 31.6677

$$\text{Daily benefit} - 0.5 * 31.6677 = 15.83385$$

Daily benefit after conversion to Euros (rounded to one decimal place upwards) = 15.8

$$D = 31 * 15.83385 = 490.85$$

$$E = 2 * 22.01 = 44.02$$

$$\text{Replacement rate} = (490.85 + 44.02) / (830.11 + 44.02) = 61.2 \%$$

Under article 65(1) of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries, unemployment benefit shall be at a rate of at least 45%. The above calculation shows that the replacement rate in Slovakia is 61.2%

The ECSS allows unemployment benefit to be made contingent upon a qualifying period that may be considered necessary to preclude its abuse. The social insurance act requires two years of unemployment insurance in the three years before registration as a jobseeker or in the four years before registration as a jobseeker in the case of a seasonal employee.

The ECSS allows the benefit to be limited to 13 weeks (approximately 3 months). The social insurance act allows unemployment benefit to be claimed for up to 6 months or 4 months in the case of seasonal employees.

Furthermore annex no. 2 to the ECSS allows as a supplementary service or benefit unemployment benefit which may not be limited to less than 21 weeks within a 12 month period. The social insurance act provides that as long as the social event – unemployment continues, unemployment benefit is paid for up to 6 months (approximately 26 weeks).

Conclusion: Part IV of the ECSS (unemployment benefit) can be ratified by the Slovak Republic.

Part V of the ECSS – Old-age benefit

Contingency covered – old age

Under the ECSS the prescribed age must not be more than 65 years. The social insurance act sets 62 years as the retirement age.

Protected persons – prescribed classes of employees, constituting not less than 50 per cent of all employees:

$$\text{Percentage coverage} = (100 * a) / (b + c)$$

pension insurance

a	b	c	b + c
2 194	2 317		
949	500	380 791	2 698 291

% coverage = **81.35%**

a = average monthly number of insured persons

b = average monthly number of employees

c = average monthly number of registered unemployed

A standard beneficiary – a man with a wife and two children – at least 40% (article 65 of the ECSS in combination with articles 25 to 30 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries) and according to annex no. 2(8) of the ECSS – at least 50% of the benefit specified in article 28 with reference to article 65 and the schedule to Part XI of the ECSS (i.e. at least 20% of 40% of the minimum replacement rate)

Replacement rate = $(D + E) / C$

C = net wage in 2011 (with no dependent children)

D = amount of old-age pension for January 2011

E = spousal pension according to statistics in 2011

C = gross earnings – (tax + contributions)

$C = 1.25 * 786 - 236.94 = 982.5 - 236.94 = 745.56$

E = 19

Calculations based on 30 years of insurance

$D(30) = 1.25 * 30 * 9.748368 = 365.5638$

D(30) after conversion to Euros (rounded to one decimal place upwards) = 365.6

Replacement rate = $(365.6 + 19) / 745.56 = 51.59 \%$.

The above calculation shows that the replacement rate in Slovakia is 51.59%

The ECSS prescribes a qualifying period of 30 years payment of contributions or employment with a reduced benefit for persons who have completed a 15 year qualifying period. The social insurance act prescribes 15 years of pension insurance to qualify for an old-age pension.

The ECSS requires that old-age benefit should be granted throughout the contingency covered. Under the social insurance act, an old-age pension is paid throughout the contingency covered (old age – after reaching retirement age).

Conclusion: Based on a calculation for 30 years of insurance of a person who is a standard beneficiary in old age and whose earnings are equal to 125% of the average earnings of all protected persons, the replacement rate for the standard beneficiary is

51.59%. The ECSS requires a 40% replacement rate for the standard beneficiary in old age. Part V of the ECSS (old-age benefit) can be ratified by the Slovak Republic.

Part VI of the ECSS – employment injury and occupational disease benefit

Contingency covered – employment injuries and occupational diseases

Protected persons – prescribed classes of employees, constituting not less than 50 per cent of all employees:

accident insurance

a	b	c	b + c
1 966 343	2 351 400	389 264	2 740 664

% coverage = **71.75%**

a = average monthly number of insured persons

b = average monthly number of employees

c = average monthly number of registered unemployed

A standard beneficiary – a man with a wife and two children – at least 50% (article 65 of the ECSS in combination with articles 31 to 38 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries).

Replacement rate = $(D + E) / (C + E)$

a. replacement rate during incapacity for work

C = 830.11 (as in Part III)

D = $31 * 0.8 * DAB$

The DAB is rounded upwards to four decimal places = 31.6028 (as in Part III)

D after conversion to Euros (rounded to one decimal place upwards) = 798

Replacement rate = $(798 + 44.02) / (830.12 + 44.02) = 96.32 \%$.

b) replacement rate during partial or complete loss of work capacity

1. replacement rate during partial loss of work capacity

C = 830.11 (as in Part III)

D = $30.4167 * 0.8 * DAB * LWA$

LWA = lost work ability = 0.70

The DAB is rounded upwards to four decimal places = 31.6028 (as in Part III)

D after conversion to Euros (rounded to one decimal place upwards) = 538.4

Replacement rate = $(538.4 + 44.02) / (830.11 + 44.02) = 66.63 \%$.

2. replacement rate during complete loss of work capacity

C = 830.11 (as in Part III)

D = $30.4167 * 0.8 * DAB * LCW$

LCW = lost capacity for work = 1.00

The DAB is rounded upwards to four decimal places = 31.6028 (as in Part III)

D after conversion to Euros (rounded to one decimal place upwards) = 783

Replacement rate = $(783 + 44.02) / (830.11 + 44.02) = 94.61 \%$.

The above indicates that during a 100% or 70% loss of work ability the replacement rate is greater than the minimum 50% required by the ECSS.

It should be noted in connection with benefit for employment injuries and occupational diseases that the medical treatment prescribed by the ECSS is not provided from accident insurance but from health insurance.

It should also be highlighted that accident insurance is an extension of disability insurance and sickness insurance whereby if an insured person is not entitled to benefit from these pensions, the contingency will be fully covered from accident insurance.

The ECSS prescribes vocational rehabilitation as a means of re-establishing handicapped persons in suitable work. The social insurance act includes a legal framework for the provision of vocational rehabilitation but due to the non-existence of rehabilitation centres it is impossible to implement it in practice.

The ECSS requires that benefit for employment injuries and occupational diseases cover also the loss of support suffered by the widow or children in the event of the death of a breadwinner. The social insurance act allows survivors to receive injury benefit but only if the injured party who died as a result of an occupational accident or occupational disease was, at the time of death, obliged by court decision to pay maintenance and at the time of death had not reached retirement age or been awarded an early pension. The duty of a husband to pay maintenance to his wife, or parents to their children is based on the act on the family and is ordered by courts only sporadically.

Under the social insurance act survivors are paid a lump sum, the maximum amount of which was EUR 47 322.20 in 2011. As this benefit is not paid periodically, as the ECSS requires, the replacement rate is not quantified.

Conclusion: In view of the above it is questionable whether Part VI of the ECSS (benefit for employment injuries and occupational diseases) is ratifiable by the Slovak Republic.

Part VII Family benefit

With reference to the social security system in Slovakia, the term “family benefits” is taken to cover state social benefits provided to families with children within the state social assistance system. The system includes the following benefits:

- child allowance,
- supplement to a child allowance,
- parental allowance,
- childbirth allowance,
- supplement to the childbirth allowance,
- contribution to parents to whom three or more children are born at once or who have twins twice in two years,
- childminding allowance,

- substitute maintenance,
- allowance to support substitute care of a child,
- funeral allowance.

The national legislation regulating these matters is as follows:

1. Act no. 600/2003 Coll. on the child allowance and amending act no. 461/2003 Coll. on social insurance, as amended,
2. Act no. 280/2002 Coll. on the parental allowance, as amended,
3. Act no. 235/1998 Coll. on the childbirth allowance, on the contribution to parents to whom three or more children are born at once or who have twins twice in two years and amending certain acts, as amended,
4. Act no. 238/1998 Coll. on the funeral allowance, as amended,
5. Act no. 627/2005 Coll. on the allowance to support substitute care of a child, as amended by act no. 561/2008 Coll.
6. Act no. 201/2008 Coll. on substitute maintenance and amending act no. 36/2005 Coll. on the family and amending certain acts as amended by finding of the Constitutional Court of the Slovak Republic no. 615/2006 Coll. as amended by act no. 554/2008 Coll.
7. Act no. 561/2008 Coll. on the contribution to care for a child and amending certain acts, as amended
8. Act no. 571/2009 Coll. on the parental allowance and amending certain acts, as amended
9. Act no. 274/2007 Coll. on pension supplements for political prisoners
10. Act no. 544/2010 Coll. on subsidies within the competence of the Ministry of labour, social affairs and family
11. Act no. 592/2006 Coll. on the provision of a Christmas bonus to certain recipients of pensions and amending certain acts, as amended

The government of the Slovak Republic can adjust the amount of the child allowance, the supplement to a child allowance, the contribution on the birth of a child and the contribution to parents to whom three or more children are born at once or who have twins twice in two years and the funeral allowance by a government regulation issued by 1 September of the current calendar year.

The amount of selected allowances is set by measures issued by the Ministry of Labour, Social Affairs and Family, mostly by 1 September of the calendar year, e.g. in 2011 the amount of the parental allowance set by measure of the Ministry of Labour, Social Affairs and Family no. 267/2008 Coll. setting the amount of the parental allowance was EUR 194.70 per month.

Article 44 of the ECSS

Article 44 of the ECSS states that the total value of the benefits granted in accordance with Article 42(a) of the ECSS to the persons protected shall be such as to represent 1.5% of the wage of an ordinary adult male labourer as determined in accordance with the rules laid down in Article 66, multiplied by the total number of children of all residents.

Article 41(b) of the ECSS defines persons protected for the purposes of family benefits as prescribed classes of the economically active population constituting not less than 20% of all residents.

In accordance with article 41(b) of the ECSS it is possible to define persons protected as a subset of the economically active population. According to article 41(b) of the ECSS the prescribed classes of the economically active population shall constitute not less than 20% of all residents. The overall percentage of residents of Slovakia who were economically active in 2011 was 59.1%.

Family benefit provided under article 42(a) of the ECSS means a child allowance, which is a regular monthly payment (a periodical payment) provided in financial form to every person protected.

In accordance with the rules laid down in article 66 of the ECSS the wage of the ordinary adult male labourer used to determine the total amount of family benefits – child allowance is the average gross monthly wage of an assistant, unskilled employee, which according to the findings of the Statistical Office of the Slovak Republic was EUR 462 in 2011. (The research of the Statistical Office into wage structure in Slovakia in 2011 included calculation of the average gross monthly wage the main categories of employment, one of which, in terms of employee qualification was assistant, unskilled employees in various sectors of the economy including the manufacture of machinery other than electrical machinery. This data point is the closest to the requirement laid down in article 66(4)(a) of the ECSS).

Article 44 of the ECSS

Year 2011:

According to article 44 of the ECSS the total value of benefits shall be such as to represent 1.5% of the above wage (1.5% of EUR 462 = EUR 6.93) multiplied by the total number of children of all residents of Slovakia (1 159 030). In 2011 child allowances paid from the state budget amounted to EUR 310 192 131 while the funds required to meet the criteria of article 44 of the ECSS would be EUR 8 032 077.90 (family benefit – the child allowance should be EUR 6.93 per month according to the criteria of article 44 of the ECSS; under act no. 600/2003 Coll. on the child allowance and amending act no. 461/2003 Coll. on social insurance in Slovakia the benefit amounts to EUR 22.01 per month per child).

Conclusion: Part VII of the ECSS (family benefit) can be ratified by the Slovak Republic.

Part VIII of the ECSS – Maternity benefit

Covered contingency – maternity

Protected persons – prescribed classes of employees, constituting not less than 50 per cent of all employees

sickness insurance

a	b	c	b + c
2 049 417	2 317 500	380 791	2 698 291

% coverage = **75.95%**

A standard beneficiary – a woman – at least 45% (article 65 of the ECSS in combination with articles 46 to 52 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries and point 10 of annex no. 2 of the ECSS – provision of maternity benefit without qualifying period).

Replacement rate = D / C

C = net wage in 2011 (with no dependent children)

D = amount of maternity benefit for January 2011

C = gross earnings – (tax + contributions)

$C = 1.25 * 786 - 227.96 = 982.5 - 227.96 = 754.54$

$D = 31 * 0.65 * \text{DAB}$

$\text{DAB} = \text{daily assessment basis} = 12 * 1.25 * 769 / 365 = 31.6027397$

The DAB is rounded upwards to four decimal places = 31.6028

$D = 587.81208$

D after conversion to Euros (rounded to one decimal place upwards) = 587.9

Replacement rate = $587.9 / 754.54 = 78.86 \%$.

According to the above formula the replacement rate is 78.86% and the ECSS requires at least 45%.

It should be noted in connection with maternity benefit that the medical treatment prescribed by the ECSS is not provided from sickness insurance but from health insurance.

The ECSS allows maternity benefit to be made contingent upon a qualifying period that may be considered necessary to preclude its abuse. The social insurance act requires 270 days of sickness insurance for a voluntarily insured person.

Benefits in the form of periodical payments may be limited to 12 weeks under the ECSS unless a longer period of abstention from work is required or authorised by national laws or regulations. In this case periodical payments cannot be limited to a period less than such longer period. The social insurance act allows maternity benefit to be claimed for a period as long as maternity leave defined in the Labour Code (the basic period is 34 weeks, in the case of a protected person who is a single parent 37 weeks, where two or more children are born at once and the protected person cares for two of them, 43 weeks).

Conclusion: Part VIII of the ECSS (maternity benefit) can be ratified by the Slovak Republic.

Part IX of the ECSS – Invalidity benefit

Covered contingency – invalidity

Protected persons – prescribed classes of employees, constituting not less than 50 per cent of all employees:

Percentage coverage = $(100 * a) / (b + c)$

pension insurance

a	b	c	b + c
2 194	2 317		
949	500	380 791	2 698 291

% coverage = **81.35%**

- a = average monthly number of insured persons
- b = average monthly number of employees
- c = average monthly number of registered unemployed

A standard beneficiary – a man with a wife and two children – at least 40% (article 65 of the ECSS in combination with articles 53 to 58 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries) and according to annex no. 2(11) of the ECSS – at least 50% of the benefit specified in article 56 with reference to article 65 and the schedule to Part XI of the ECSS (i.e. at least 20% of 40% of the minimum replacement rate)

Standard beneficiary = man with a wife and two children

Replacement rate = $(D + E) / (C + E)$

C = net earnings in 2011 (with two dependent children)

D = amount of invalidity pension for January 2011

E = family benefits

C = 830.11 (as in Part III)

D = 365.6 (as in Part V with 30 years of insurance)

E = $2 * 22.01 = 44.02$

Replacement rate = $(365.6 + 44.02) / (830.11 + 44.02) = 46.86\%$.

The above formula shows that with a full invalidity pension, whose amount is not set according to the percentage reduction in the protected person's ability to perform gainful activity, the replacement rate is greater than the threshold set by the ECSS.

The ECSS prescribes a qualifying period of 15 years payment of contributions or employment with a reduced benefit for persons who have completed at least a 5 year qualifying period. The social insurance act sets a qualifying period for an invalidity pension of fifteen years of pension insurance for a protected person over the age of 45 years; for younger protected persons the qualifying period of contributions is shorter or may not be required at all.

The ECSS requires that invalidity benefit is paid throughout the contingency or until old-age benefit becomes payable. Under the social insurance act an invalidity pension is paid for the duration of the invalidity (for life). When a beneficiary of an invalidity pension meets the conditions for payment of old-age benefit or early old-age benefit, he/she may apply for an old-age pension or an early old-age pension. In this case the higher of the two benefits is paid.

Conclusion: Part IX of the ECSS (invalidity benefit) can be ratified by the Slovak Republic.

Part X of the ECSS – Survivors' benefit

Covered contingency – survival

Protected persons – spouses and children of breadwinners in prescribed classes of employees constituting not less than 50% of all employees:

$$\text{Percentage coverage} = (100 * a) / (b + c)$$

pension insurance

a	b	c	b + c
2 194	2 317		
949	500	380 791	2 698 291

$$\% \text{ coverage} = \mathbf{81.35\%}$$

a = average monthly number of insured persons

b = average monthly number of employees

c = average monthly number of registered unemployed

A standard beneficiary – a widow with two children – at least 40% (article 65 of the ECSS in combination with articles 31 to 38 of the ECSS and the schedule (table) to Part XI of the ECSS – Periodical payments to standard beneficiaries and annex 2(12) of the ECSS – Survivors' benefit).

$$\text{Replacement rate} = (D + E) / (C + E)$$

C = net earnings in 2011 (with two dependent children)

D = amount of survivors' benefit

E = family benefits

C = 830.11 (as in Part III)

D = WP + 2*ORP (widow's pension and two orphans' pensions)

A widow's pension is 60% of EUR 365.6 and an orphan's pension is 40% of EUR 365.6. The aggregate for all pensions must not exceed EUR 365.6 and therefore D = EUR 365.6.

$$\text{Replacement rate} = (365.6 + 44.02) / (830.11 + 44.02) = 46.86\%.$$

The ECSS prescribes a qualifying period of 15 years payment of contributions or employment with a reduced benefit for persons who have completed at least a 5 year qualifying period. The social insurance act lays down as a qualifying condition for a widow's pension, widower's pension or orphan's pension (full, there is no reduced rate) that the protected person who was a breadwinner, at the time of death qualified for an old-age pension or had completed the necessary number of years of pension insurance to qualify for an invalidity pension, or had been granted an old-age pension, or died as a result of an occupational accident or occupational disease. The maximum qualifying period is 15 years of pension insurance but may be less or there may be no qualifying period at all (e.g. in the event of death due to an occupational accident or occupational disease).

The ECSS requires that survivors' benefit should be granted throughout the contingency covered. The covered contingency includes the loss of support suffered by a widow or children as a result of the death of the breadwinner. In the case of a widow, the right to benefit may be made conditional on her being presumed, in accordance with national laws

or regulations, to be incapable of self-support. National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount, and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

Under the social insurance act a widow's/widower's pension is granted to a widow/widower usually for one year, longer periods are granted only in cases specified in law (if the widow/widower cares for a dependent child, is an invalid with impairment of the ability to perform gainful activity greater than 70%, has brought up at least 3 children, is aged 52 years or over and has brought up at least 2 children, has reached retirement age). Capacity for self-support is not checked. An orphan's pension is granted to dependent children at most to the age of 26 years. In no case is the right to survivors' benefits made conditional on achieving a certain income level.

Conclusion: Part X (survivors' benefit) of the ECSS is not ratifiable by the Slovak Republic because even though the ECSS requires only a 40% replacement rate for the standard beneficiary of survivors' benefit it also requires that this benefit is provided throughout the contingency and the Slovak Republic does not fulfil this condition.

Article 12(3)

The general system of social insurance implemented by act no. 461/2003 Coll. on social insurance, the old-age pension saving system introduced by act no. 43/2004 Coll. on old-age pension saving and amending certain acts and the system of supplementary pension saving implemented by act no. 650/2004 Coll. on supplementary pension saving and amending certain acts is a qualitatively and conceptually new system designed to maintain the existing level of social security and prevent any worsening of residents' social situation despite the adverse demographic trend. The social insurance system is also being developed and reformed in accordance with obligations that the Slovak Republic has as a result of its membership of international organisations and international treaties by which the Slovak Republic is bound.

Article 12(4)

All the bilateral agreements that the Slovak Republic has concluded in the area of social security are based on the following principles:

- Equality of the citizens of both states.
- Accumulation of insurance periods.
- Exportability of benefits.
- The principle of insurance in only one state.

Bilateral agreements on social security

Because the Slovak Republic became a Member State of the EU on 1 May 2004, from its accession to the EU on 1 May 2010, its relations with other Member States in the area of social security were no longer governed by bilateral agreements but Regulation (EEC) No

1408/71 of the Council of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community.

The Slovak Republic has also concluded bilateral agreements on social security with some states that are not Member States of the European Union. The Slovak Republic took over obligations resulting from bilateral agreements concluded by the former Czech and Slovak Federal Republic (the Czechoslovak Republic) on the basis of succession.

Since 1 May 2010 social security matters in the territory of the Slovak Republic and the other Member States have been governed by the new coordination regulations Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems and Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems.

Under article 8 of Regulation (EC) No 883/2004 of the European Parliament and of the Council on the coordination of social security systems, all conventions and agreements on social security applicable between EU Member States falling under the scope of the above regulation are replaced by it. Certain provisions of social security conventions entered into by the Member States before the date of application of this Regulation shall, however, continue to apply provided that they are more favourable to the beneficiaries or if they arise from specific historical circumstances and their effect is limited in time. These provisions are included in Annex II of regulation 883/2004.

Applicable provisions of social security agreements

Slovakia – Czech Republic	Articles 12, 20 and 33 of the Convention on Social Security of 29 October 1992 Article 29(1), second and third subparagraphs of the Agreement of 12 September 2002
Slovakia – Germany	
Slovakia – Hungary	Article 34(1) of the Convention on social security of 30 January 1959
Slovakia – Austria	Article 34(3) of the Convention of 21 December 2001 on Social Security
Slovakia - Luxembourg	Article 50(5) of the Convention on Social Security of 23 May 2002

The bilateral social security agreements in force that Slovakia continues to apply include:

- *Agreement between the Slovak Republic and Australia on social security and the Implementing agreement on the agreement of 2010*, in force from 1 January 2012.
- *Agreement between the Slovak Republic and the Republic of Croatia on social security and the Implementing agreement on the agreement of 1997*, in force from 1 January 1998.
- *Agreement between the Slovak Republic and the State of Israel on social security and the Implementing agreement on the agreement of 2010*, in force from 1 January 2012.

- *Agreement between the Czechoslovak Republic and the Federal People's Republic of Yugoslavia on social insurance of 1975 (implemented on the basis of succession), in force from 1 December 1957.*
- *Agreement between the Slovak Republic and Canada on social security and the Administrative agreement on implementation of the agreement of 2002.*
- *Agreement between the Slovak Republic and the Republic of Korea on social security and the Implementing agreement on the agreement of 2009, in force from 1 March 2010.*
- *Agreement between the Czechoslovak Republic and the Union of Soviet Socialist Republics on social security and the Protocol to the Agreement of 1959 (note: implemented on the basis of succession), in force from 1 July 1960.*
- *Agreement between the Slovak Republic and Ukraine on social security of 2000, in force from 1 January 2002 and the Agreement between the Slovak Republic and Ukraine on the amendment of the Agreement between the Slovak Republic and Ukraine on social security of 2007, in force from 1 July 2009.*
- *Agreement between the government of the Slovak Republic and the government of Quebec on social security and the Implementing agreement of 2003, in force from 1 August 2005.*

Social security agreements that are in preparation include:

- Social security agreement between the Slovak Republic and Montenegro
- Social security agreement between the Slovak Republic and the Republic of Macedonia
- Social security agreement between the Slovak Republic and the United States of America
- Social security agreement between the Slovak Republic and the Russian Federation
- Social security agreement between the Slovak Republic and the People's Republic of China
- Social security agreement between the Slovak Republic and the Republic of Serbia
- Social security agreement between the Slovak Republic and Japan

Multilateral social security agreements to which the Slovak Republic is a contracting party:

1. Convention of the International Labour Organisation no. 102 of 1952 concerning Minimum Standards of Social Security – notice no. 461/1991 Coll. and point 36 of notice no. 110/1997 Coll.

2. Convention of the International Labour Organisation no. 128 of 1967 concerning Invalidity, Old-Age and Survivors' Benefits – notice no. 416/1991 Coll. and point 44 of notice no. 110/1997 Coll.

3. Convention of the International Labour Organisation no. 130 of 1969 concerning Medical Care and Sickness Benefits – notice no. 537/1990 Coll. and point 45 of notice no. 110/1997 Coll.

4. Convention of the International Labour Organisation no. 183 of 2000 concerning the revision of the Maternity Protection Convention (Revised), 1952 – notice no. 190/2002 Coll.

Article 13 – The right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

Article 13(1)

The main law on social assistance for disabled persons in Slovakia is act no. 447/2008 Coll. on cash benefits to compensate for disability and amending certain acts, which entered into effect on 1 January 2009. The objective of this law is to preserve, restore or develop the ability of individuals and their families to lead an independent life, to create conditions for and support the integration of individuals and their families into society with their active participation and to overcome or mitigate the social consequences of disability.

For the purposes of the act, the social consequences of disability mean disadvantages that a person with disabilities has in comparison with a healthy person of the same age, sex and subject to the same conditions. The forms of compensation are cash benefits that are paid individually or in various combinations but always depending on individual need.

Compensatory cash benefits can be paid to a person with a disability on satisfaction of the conditions laid down by law; a person with a disability is a person whose level of functional impairment is found to be at least 50% according to WHO criteria. The dependency of a person with a disability on a specific cash benefit is based not only on the person's disability but also on non-medical criteria (the person's personality, their family and broader economic circumstances). Social assessment is carried out by social workers in cooperation with other specialists (e.g. an ergonomist, architect) with the participation of the individual being assessed, who has the right to present their needs and proposals for resolving their social disadvantages. Based on a broad understanding of the person's social situation, a package of compensation measures in the areas of mobility, communication, activities of daily living and housework and increased costs, is put together as is found to be most suitable.

Persons with disabilities can receive a cash allowance for personal assistance, a cash allowance for the purchase of aids, a cash allowance for training in the use of aids, a cash allowance for the modification of aids, a cash allowance for repair of aids, a cash allowance for the purchase of lifting equipment, a cash, a cash allowance for the purchase of a car, a cash allowance for the modification of a car, cash allowance for transport, cash allowance for modification of a flat, cash allowance for modification of a family house, cash allowance for modification of a garage, cash allowance to compensate for increased expenditure and a cash allowance for care.

Cash benefits to compensate for the social consequences of severe disability under the act on compensatory cash benefits are financed from the state budget. Compensatory cash benefits are provided in varying amounts depending on the type of benefit and the income and property of the person with a disability. The rights laid down in the act on cash benefits to compensate for severe disability are guaranteed equally to all in accordance with the principle of equal treatment laid down by act no. 365/2004 Coll. on equal treatment in certain areas and on protection against discrimination and on the amendment of certain acts (the anti-discrimination act).

Adequate assistance and necessary care for persons without adequate resources who are in an adverse social situation can also be provided under act no. 448/2008 Coll. on social services and amending act no. 455/1991 Coll. on trade licensing (the trade licensing act), as amended, which entered into effect on January 01, 2009 and established a new framework for the provision of social services. The social services act replaced the legal framework for social assistance in the area of social services laid down by act no. 195/1998 Coll. on social assistance, as amended, which no longer provided an adequate basis or framework for the delivery and financing of social services.

The act divides social services into a number of groups according to the character of the adverse social situation or the target group for which they are intended. These are social services intended to ensure necessary conditions for performing activities of daily living, social services supporting families with children, social services for persons with disabilities, adverse health conditions or persons over retirement age, social services using telecommunications technologies and auxiliary services.

Every social service includes social advice, which can also be provided separately. The first level is basic social advice including an assessment of the character of the problem, the provision of basic information on opportunities to deal with it and recommendation or arrangement of further assistance. A higher level is specialised social advice including identification of the causes, character and extent of the problems of an individual, family or community and the provision of professional assistance for the specific case.

The law guarantees the financial accessibility to beneficiaries of social services provided in the public interest by public providers or non-public providers from which municipalities and self-governing regions obtain social services; it stipulates that payments for social services must not be disproportionate to the recipient's income and property. Beneficiaries are guaranteed that after payment of the cost of social services they will retain a part of their income determined with reference to the subsistence minimum, which is increased by index each year. The amount of income retained after payment for social services depends on the type and extent of social services provided. This means that if a client is unable to pay the full price, he/she pay nothing or a reduced amount such that after payment he/she retained the set percentage or multiple of the subsistence minimum. For community care services it is 1.3 times the subsistence minimum, for outpatient social services in a facility 70% of the subsistence minimum, for weekly residence in a facility 50% of the subsistence minimum and for permanent residence in a facility at least 20% of the subsistence minimum. This means that clients can receive social services that they depend on even if their income and the income of their family (parents or children) is insufficient to pay the set costs.

The social services act in effect from January 01, 2009 made it possible to provide healthcare in the form of certain nursing activities in selected social services facilities

(facilities for the elderly, nursing service facilities, social service homes, and specialised facilities). Treatments provided by nurses meeting the qualification requirements for medical professions are regulated by decree of the Ministry of Health no. 109/2009 Coll. The social services act also made it possible to provide social services in institutional healthcare facilities that satisfy the conditions for providing social services.

In accordance with article 39(2) of the Constitution of the Slovak Republic, whoever is in material need has the right to assistance necessary to ensure basic living conditions. The particulars of the application of this right are laid down in act no. 599/2003 Coll. on material need assistance and amending certain acts as amended. The act defines material need as a state in which the income of a person and jointly assessed persons are insufficient to provide the subsistence minimum specified by the act on the subsistence minimum no. 601/2003 Coll., as amended, and the person and jointly assessed persons are unable to secure or increase their income by their own efforts. Persons in material need are assisted by benefits and allowances in material need. The amount of material need benefit is set at a fixed amount based on the number of jointly assessed persons. Allowances are paid in addition to the basic benefit for activation, protection, housing and healthcare. The amount of material need benefit and allowances is set by government regulation. Material need assistance can be claimed by a written application to the competent state body for the applicant's place of permanent residence.

Proceedings on the assessment of material need, the provision of basic living conditions and material need assistance in the form of benefit and allowances are governed by the general law on administrative proceedings – act no. 71/1967 Coll. on administrative proceedings, as amended. This means that entitlement to benefit and allowances in material need is established by the final decision of a competent body. Proceedings take place in two instances: the competent body for first instance proceedings is the office of labour, social affairs and family for the applicant's place of permanent residence and the appeals body is the Central Office of Labour, Social Affairs and Family.

Final decisions are subject to judicial review in accordance with applicable legislation, in this case the Code of Civil Procedure (sections 244 to 250k).

Citizens can request assistance in enforcing their rights in accordance with act no. 327/2005 Coll. on the provision of legal aid to persons in material need, in effect from January 01, 2006.

The government may issue a regulation each year with effect from September 01 adjusting the amount of the basic benefit at all levels and also the amount of the allowances. The most recent adjustment has been in effect since September 01, 2009. Material need assistance is financed from the state budget.

In matters relating to the assurance of basic living conditions and assistance in material need, the same rights as a citizen has also belong to foreigners, stateless persons, persons granted asylum, foreigners granted subsidiary protection, de facto refugees with residence in the territory of the Slovak Republic by permission of the competent authority and foreign Slovaks with residence in the territory of the Slovak Republic if they are not provided with assistance under international treaties by which the Slovak Republic is bound.

Under section 11 of act no. 576/2004 Coll. on health care, services connected with the provision of health care and amending certain acts, as amended, everyone has the right to receive healthcare free of charge. The right to the provision of healthcare is guaranteed equally to all in accordance with the principle of equal treatment in healthcare laid down by applicable legislation. In accordance with the principle of equal treatment, the law prohibits discrimination on grounds of sex, religious or other belief, racial, marital status or family status, skin colour, language, political or other opinion, trade union activities, national or social origin, disability, age, property, lineage or other status.

The exercise of rights and duties resulting from this act must be in accordance with accepted principles of morality. No one shall abuse these rights and duties to harm another person. A person must not be persecuted in connection with the exercise of his/her rights nor may he/she be sanctioned for filing a complaint, suit or criminal charges against another person, healthcare worker or provider. Whoever believes that their rights or legally protected interests have been infringed as a result of non-compliance with the principle of equal treatment may seek legal protection in court in accordance with applicable legislation. A healthcare provider must not sanction or disadvantage a person because the person seeks to enforce their rights under this act. Everyone has the right to a free choice of healthcare provider.

Article 13(2)

The legislation and practice of the Slovak Republic mentioned in the commentary on article 13(1) of the Charter also apply to article 13(2) of the Charter. The right to social and medical assistance is applied in the Slovak Republic in such a way as ensures that persons receiving such assistance shall not suffer any diminution of their political or social rights. We repeat the information stated in 13(1) below.

The main law on social assistance for disabled persons in Slovakia is act no. 447/2008 Coll. on cash benefits to compensate for disability and amending certain acts, which entered into effect on 1 January 2009. The objective of this law is to preserve, restore or develop the ability of individuals and their families to lead an independent life, to create conditions for and support the integration of individuals and their families into society with their active participation and to overcome or mitigate the social consequences of disability.

For the purposes of the act, the social consequences of disability mean disadvantages that a person with disabilities has in comparison with a healthy person of the same age, sex and subject to the same conditions. The forms of compensation are cash benefits that are paid individually or in various combinations but always depending on individual need.

Compensatory cash benefits can be paid to a person with a disability on satisfaction of the conditions laid down by law; a person with a disability is a person whose level of functional impairment is found to be at least 50% according to WHO criteria. The dependency of a person with a disability on a specific cash benefit is based not only on the person's disability but also on non-medical criteria (the person's personality, their family and broader economic circumstances). Social assessment is carried out by social workers in cooperation with other specialists (e.g. an ergonomist, architect) with the participation of the individual being assessed, who has the right to present their needs and proposals for resolving their social disadvantages. Based on a broad understanding of the person's social situation, a

package of compensation measures in the areas of mobility, communication, activities of daily living and housework and increased costs, is put together as is found to be most suitable.

Persons with disabilities can receive a cash allowance for personal assistance, a cash allowance for the purchase of aids, a cash allowance for training in the use of aids, a cash allowance for the modification of aids, a cash allowance for repair of aids, a cash allowance for the purchase of lifting equipment, a cash, a cash allowance for the purchase of a car, a cash allowance for the modification of a car, cash allowance for transport, cash allowance for modification of a flat, cash allowance for modification of a family house, cash allowance for modification of a garage, cash allowance to compensate for increased expenditure and a cash allowance for care.

Cash benefits to compensate for the social consequences of severe disability under the act on compensatory cash benefits are financed from the state budget. Compensatory cash benefits are provided in varying amounts depending on the type of benefit and the income and property of the person with a disability. The rights laid down in the act on cash benefits to compensate for severe disability are guaranteed equally to all in accordance with the principle of equal treatment laid down by act no. 365/2004 Coll. on equal treatment in certain areas and on protection against discrimination and on the amendment of certain acts (the anti-discrimination act).

Adequate assistance and necessary care for persons without adequate resources who are in an adverse social situation can also be provided under act no. 448/2008 Coll. on social services and amending act no. 455/1991 Coll. on trade licensing (the trade licensing act), as amended, which entered into effect on January 01, 2009 and established a new framework for the provision of social services. The social services act replaced the legal framework for social assistance in the area of social services laid down by act no. 195/1998 Coll. on social assistance, as amended, which no longer provided an adequate basis or framework for the delivery and financing of social services.

The act divides social services into a number of groups according to the character of the adverse social situation or the target group for which they are intended. These are social services intended to ensure necessary conditions for performing activities of daily living, social services supporting families with children, social services for persons with disabilities, adverse health conditions or persons over retirement age, social services using telecommunications technologies and auxiliary services.

Every social service includes social advice, which can also be provided separately. The first level is basic social advice including an assessment of the character of the problem, the provision of basic information on opportunities to deal with it and recommendation or arrangement of further assistance. A higher level is specialised social advice including identification of the causes, character and extent of the problems of an individual, family or community and the provision of professional assistance for the specific case.

The law guarantees the financial accessibility to beneficiaries of social services provided in the public interest by public providers or non-public providers from which municipalities and self-governing regions obtain social services; it stipulates that payments for social services must not be disproportionate to the recipient's income and property. Beneficiaries are guaranteed that after payment of the cost of social services they will retain a part of their income determined with reference to the subsistence minimum, which is

increased by index each year. The amount of income retained after payment for social services depends on the type and extent of social services provided. This means that if a client is unable to pay the full price, he/she pay nothing or a reduced amount such that after payment he/she retained the set percentage or multiple of the subsistence minimum. For community care services it is 1.3 times the subsistence minimum, for outpatient social services in a facility 70% of the subsistence minimum, for weekly residence in a facility 50% of the subsistence minimum and for permanent residence in a facility at least 20% of the subsistence minimum. This means that clients can receive social services that they depend on even if their income and the income of their family (parents or children) is insufficient to pay the set costs.

The social services act in effect from January 01, 2009 made it possible to provide healthcare in the form of certain nursing activities in selected social services facilities (facilities for the elderly, nursing service facilities, social service homes, and specialised facilities). Treatments provided by nurses meeting the qualification requirements for medical professions are regulated by decree of the Ministry of Health no. 109/2009 Coll. The social services act also made it possible to provide social services in institutional healthcare facilities that satisfy the conditions for providing social services.

In accordance with article 39(2) of the Constitution of the Slovak Republic, whoever is in material need has the right to assistance necessary to ensure basic living conditions. The particulars of the application of this right are laid down in act no. 599/2003 Coll. on material need assistance and amending certain acts as amended. The act defines material need as a state in which the income of a person and jointly assessed persons are insufficient to provide the subsistence minimum specified by the act on the subsistence minimum no. 601/2003 Coll., as amended, and the person and jointly assessed persons are unable to secure or increase their income by their own efforts. Persons in material need are assisted by benefits and allowances in material need. The amount of material need benefit is set at a fixed amount based on the number of jointly assessed persons. Allowances are paid in addition to the basic benefit for activation, protection, housing and healthcare. The amount of material need benefit and allowances is set by government regulation. Material need assistance can be claimed by a written application to the competent state body for the applicant's place of permanent residence.

Proceedings on the assessment of material need, the provision of basic living conditions and material need assistance in the form of benefit and allowances are governed by the general law on administrative proceedings – act no. 71/1967 Coll. on administrative proceedings, as amended. This means that entitlement to benefit and allowances in material need is established by the final decision of a competent body. Proceedings take place in two instances: the competent body for first instance proceedings is the office of labour, social affairs and family for the applicant's place of permanent residence and the appeals body is the Central Office of Labour, Social Affairs and Family.

Final decisions are subject to judicial review in accordance with applicable legislation, in this case the Code of Civil Procedure (sections 244 to 250k).

Citizens can request assistance in enforcing their rights in accordance with act no. 327/2005 Coll. on the provision of legal aid to persons in material need, in effect from January 01, 2006.

The government may issue a regulation each year with effect from September 01 adjusting the amount of the basic benefit at all levels and also the amount of the allowances. The most recent adjustment has been in effect since September 01, 2009. Material need assistance is financed from the state budget.

In matters relating to the assurance of basic living conditions and assistance in material need, the same rights as a citizen has also belong to foreigners, stateless persons, persons granted asylum, foreigners granted subsidiary protection, de facto refugees with residence in the territory of the Slovak Republic by permission of the competent authority and foreign Slovaks with residence in the territory of the Slovak Republic if they are not provided with assistance under international treaties by which the Slovak Republic is bound.

Under section 11 of act no. 576/2004 Coll. on health care, services connected with the provision of health care and amending certain acts, as amended, everyone has the right to receive healthcare free of charge. The right to the provision of healthcare is guaranteed equally to all in accordance with the principle of equal treatment in healthcare laid down by applicable legislation. In accordance with the principle of equal treatment, the law prohibits discrimination on grounds of sex, religious or other belief, racial, marital status or family status, skin colour, language, political or other opinion, trade union activities, national or social origin, disability, age, property, lineage or other status.

The exercise of rights and duties resulting from this act must be in accordance with accepted principles of morality. No one shall abuse these rights and duties to harm another person. A person must not be persecuted in connection with the exercise of his/her rights nor may he/she be sanctioned for filing a complaint, suit or criminal charges against another person, healthcare worker or provider. Whoever believes that their rights or legally protected interests have been infringed as a result of non-compliance with the principle of equal treatment may seek legal protection in court in accordance with applicable legislation. A healthcare provider must not sanction or disadvantage a person because the person seeks to enforce their rights under this act. Everyone has the right to a free choice of healthcare provider.

Article 13(3)

The facts and legislation referred to in connection with article 13(1) of the Charter permit everyone to receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want.

With regard to social services, it must be added that every social service includes social advice, which can also be provided separately. The first level is basic social advice including an assessment of the character of the problem, the provision of basic information on opportunities to deal with it and recommendation or arrangement of further assistance. A higher level is specialised social advice including identification of the causes, character and extent of the problems of an individual, family or community and the provision of professional assistance for the specific case. Social advice is provided free of charge. The specialised activities falling under article 13(1) of the Charter include assistance in exercising rights and legally protected interests, which involves in particular advice on dealing with official matters, personal documents, the drafting and submission of written submissions, completing forms and written communication relating to official matters.

Social advice is also provided as part of social services for assistance in emergencies using telecommunications technologies such as the telephone, fax and the internet.

We would like to highlight the following social services:

- Arrangement of interpretation including the provision of assistance in administrative tasks connected with interpretation, keeping a database of persons with disabilities who are dependent on communication through an interpreter and of interpreters and the provision of social advice and training.
- Arrangement of personal assistance including the provision of assistance in administrative tasks connected with the provision of a cash allowance for personal assistance, keeping a database of the users of personal assistance and personal assistants, and the provision of social advice and education.
- Assistance in the exercise of the rights and the performance of the duties of a guardian (*opatrovník*) for a natural person who wishes to perform the function of a guardian and a natural person who is unable to exercise and protect his/her rights and legally protected interests alone.

The topic also connects with the area of the social-legal protection of children and social guardianship. Positive developments in the area of the social-legal protection of children and social guardianship include the simplification of activities and the coordinated activity of all subjects involved in dealing with adverse situations that can occur in a child's family, the strong involvement of self-governing authorities and accredited subjects, an emphasis on the quality and effectiveness of measures, in particular professional provision for the performance and gradual specialisation of the performance of state administration in this area.

Act no. 305/2005 Coll. on the social-legal protection of children and on social guardianship and amending certain acts, as amended, entered into effect on September 01, 2005. The objective of the new law was to create a foundation for the full protection of the rights and interests of children, for integrated, intensive and systematic assistance and support for children and families, to provide an equivalent substitute environment for children not brought up in their natural family, to effectively avoid and eliminate factors that impair the mental development, physical development or social development of the individual, the group and larger social units. The new law also defined the powers of the state, defined the competences of self-governing authorities and strengthened the powers of non-state subjects.

Since act no. 305/2005 Coll. on the social-legal protection of children and on social guardianship entered into force, the Ministry of Labour Social Affairs and Family of the Slovak Republic and the Central Office of Labour, Social Affairs and Family have jointly evaluated and monitored its impact. The results of monitoring and the findings of other subjects involved in the protection of children's rights have been taken into account in amendments of the act. An amendment is proposed that takes account of the Final recommendations of the UN Committee on the Rights of the Child in response to the Second periodic report of the Slovak Republic on the implementation of the Convention on the Rights of the Child and the children's rights laid down in the Convention on the Rights of the Child.

The amendment of act no. 305/2005 Coll. on the social-legal protection of children and on social guardianship that came into effect on January 01, 2009 added measures for preventing family crises, dealing with family conflicts, measures on the programmes of crisis and re-socialisation centres, and it increased the range and possibilities of social rehabilitation programmes for children, education measures and measures implemented in the family and substitute family environments. Amendments were also made to measures intended to increase the quality of substitute care, in particular of institutional care.

New measures were introduced, for example a method to make it easier to resolve conflicts (e.g. in family disputes, dealing with parental abduction and so on), specialised work methods to improve adaptation to a new situation (e.g. on a child's arrival in a foster family, when removing a child from a family and so on), specialises work methods to help children and adults who have been victims of trafficking and psychological counselling assistance for families that have specific problems or are undergoing a crisis.

Measures are designed to be selected and applied as necessary to resolve situations in which clients find themselves of varying gravity and intensity – from measures for primary social prevention aimed at undisturbed ground, through situations such as the divorce of parents, crises and dangers in the family, to extreme cases where children must be removed from their natural family environment or where a child finds himself or herself with no care at all. The regulations controlling measures specify the situations in which they can be offered, the situations in which they must be offered and when an intervention must take place.

The main source of effective protection of the rights of the child is the specific definition of the rights of the child in the implementation of act no. 305/2005 Coll. on the social-legal protection of children and social guardianship, which is based on the rights recognised in the Convention on the Rights of the Child. Under section 8 of this act every child has the right to ask for assistance, and may do so without the knowledge of their parents or the persons responsible for their upbringing, from a body for the social-legal protection of children and social guardianship, a municipality, a higher-tier territorial unit, or an accredited subject for the purposes of protecting the child's interests, also outside the range of subjects responsible for measures under the act on the social-legal protection of children and social guardianship. Such subjects are obliged to provide a child with any immediate assistance necessary to protect their life and health and to secure their rights and interests. This applies also if a child's age and level of development mean that they cannot request assistance directly but through a third party.

Children have the right to freely express their opinions on all matters that affect them. A child's opinion is given appropriate attention in line with their age and level of development. All bodies for the social-legal protection of children and social guardianship have a psychological counselling services department and in cases where it is necessary to determine a child's opinion, for example for a court decision or in connection with substitute family care, a psychologist or social worker (in less complicated cases) helps the child to express themselves.

Section 7 of act no. 305/2005 Coll. on the social-legal protection of children and social guardianship lays down an express prohibition of the use of any form of corporal punishment and any other gross and humiliating punishment. This legal establishment of zero tolerance

for corporal punishment is based on the Convention on the Rights of the Child, the Recommendation of the UN Commission on Slovakia's report on progress in implementing the convention and also responds to the Council of Europe programme Building a Europe for and with Children. The objective of this programme is to eliminate all forms of violence against children through child protection, the elimination of violence, the prosecution of offenders and children's participation, including the development of comprehensive legal frameworks.

The authorities for the social-legal protection of children and social guardianship must always choose and apply appropriate measures in favour of the children concerned in response to every notification of physical and humiliating punishments by a parent or a person providing personal care for a child. The authorities can choose from a wide range of measures from the most moderate, such as an upbringing measure – warning, to the most serious, such as requesting a court order for placement in institutional care.

The state authority for the social-legal protection of children and social guardianship performs the necessary administrative, social and upbringing measures for the protection of children against any physical or mental violence or abuse, including sexual abuse, neglect or negligent treatment, cruelty or abuse during the time when they are in the care of one or both parents, legal representatives or any other person who cares for the child.

Section 11 of act no. 305/2005 Coll. on the social-legal protection of children and on social guardianship and amending certain acts, as amended, defines measures to mitigate and eliminate negative factors endangering the psychological, physical or social development of children and adults as follows:

- a) offering assistance to a child, parents or another adult or offering to arrange assistance in resolving problems in upbringing or family problems and in exercising a child's rights under applicable law and regulations,
- b) monitoring negative influences on a child and their family, identifying their causes and taking measures to mitigate negative influences,
- c) organising or arranging participation in programmes providing assistance in solving children's problems in the family or in school and assistance in dealing with families' problems in upbringing, social problems and other problems in the family and in interpersonal relations,
- d) organising or arranging participation in programmes providing assistance to children and adults put at risk by the behaviour of a family member, family members or another person.
- e) organising or arranging participation in programmes for adults whose behaviour endangers other family members,
- f) organising or arranging programmes to mitigate and eliminate negative environmental factors and to overcome the social exclusion of children and adults in an open environment.

If the parents of a child are separating it is necessary to provide the child and his/her parents with social counselling; the child's parents must be recommended psychological counselling in the interests of restoring the marriage and preventing negative effects on the

child's development; necessary psychological assistance will also be provided or arranged for the child after the divorce.

Measures in the area of the social-legal protection of children and social guardianship that mitigate or eliminate negative influences that endanger the mental, physical and social development of children and adults are carried out in familiar surroundings, a substitute family environment, the open environment and in environments created and arranged for the measures defined by the act.

Since January 01, 2011 it has been possible to provide medical care as part of measures for the social-legal protection of children and social guardianship carried out in facilities, in particular certain medical interventions performed by nurses that the law did not previously permit. Medical interventions carried out in facilities by nurses meeting the qualification requirements for medical professions are regulated by Decree of the Ministry of Health no. 159/2011 Coll. defining medical interventions from the catalogue of medical interventions that can be performed in facilities for the social-legal protection of children and social guardianship by employees of a facility for the social-legal protection of children and social guardianship. The medical interventions are performed by a nurse specialising in paediatric nursing, community nursing or psychiatric nursing.

As part of the ongoing process for the transformation of substitute care and to increase efforts in this area, the government of the Slovak Republic adopted the Strategy for the deinstitutionalisation of the system of social services and substitute care in the Slovak Republic (government resolution no. 761/2011 of November 30, 2011). In this document Slovakia joined the global trend towards the systematic elimination of the effects of the long-established but historically obsolete model of institutional isolation and segregation of people requiring long-term assistance and care in specialised facilities, in particular children in substitute care, and the replacement of the obsolete system with an alternative model whose characteristics are as close as possible to everyday life. In addition to the basic initial conditions for the deinstitutionalisation strategy in the substitute care system, the strategy sets out the concept and initial conditions for deinstitutionalisation in relation to international obligations and trends, a description of the current situation in the stated areas of institutional care in Slovakia, a definition of the basic objective and the specific objectives of the strategy and an outline of the main measures intended to achieve them.

Strategic tasks to support the deinstitutionalisation of substitute care are incorporated into the new Conception of provision for the execution of court judgements in children's homes for the years 2012–2015 with perspective to 2020 – Plan for the transformation and deinstitutionalisation of substitute care. The individual tasks and procedures of the Conception of the deinstitutionalisation of substitute care incorporate the objectives and requirements of the UN guidelines for the alternative care of children, Recommendation Rec(2005)5 of the Committee of Ministers of the Council of Europe on the rights of children living in residential institutions, taking into account conditions in the Slovak Republic, and respect the principles and recommendations given in the Report of the ad hoc expert group to the European Commission on the transition from institutional to community-based care.

It is a plan with specific measures to support the execution of measures for the social-legal protection of children and social guardianship in the natural environment of families, to support substitute family care (including formal care by relatives) and to reduce the number of children living in institution care, at the same time giving great attention to support for the development of professional parenting. For example conditions for professional parenting have been set to further increase the number of children placed in professional families (at present every child aged six or under who cannot grow up in his/her own family or a foster family for whatever reason must be placed in a professional family) so that in 2015 at least every child up to 8 years of age and 2020 every child up to 10 years of age must be placed in a professional family in a children's home (the only exceptions will be cases where sibling ties or health condition requires individual care in a specialised independent group). A national project is being prepared to support the implementation of the objectives set out in the Conception.

Article 14 –The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

Article 14(1)

The provision of social services in Slovakia is governed by act no. 448/2008 Coll. on social services, which came into effect on January 01, 2009. Under this act social services are provided through social work, through procedures in line with the findings of the social sciences and findings on the state and development of social service provision.

The objective of the social insurance act is to support citizens' social integration and satisfy the social needs of persons in adverse social situations. Social services focus on

- a) preventing adverse social situations, dealing with adverse social situations or mitigating adverse social situations of individuals, families and communities,
- b) the maintenance, restoration or development of a natural person's ability to lead an independent life and to support his/her social integration,
- c) providing necessary conditions to satisfy the basic living needs of natural persons,
- d) dealing with crises in the social situation of individuals and families,
- e) preventing the social exclusion of individuals and families.

The rights laid down in the social services act including the right to the provision of social services are guaranteed equally to all in accordance with the principle of equal treatment laid down by act no. 365/2004 Coll. on equal treatment in certain areas and on protection against discrimination and amending certain acts (the anti-discrimination act).

The basic rights of natural persons in connection with social services include the right to choose a social service, the form in which it is provided and the provider, subject to the conditions laid down by law. Natural persons also have the right to receive social services whose extent, form and method of provision permit them to exercise their fundamental human rights and freedoms, maintain their human dignity, motivate them to greater self-sufficiency, prevent their social exclusion and support their integration into society.

Social services are classified as follows:

- a) social services providing essential conditions for the satisfaction of basic living needs are provided in the following facilities:
 1. night shelters,
 2. hostels,

3. half-way houses,
4. low-threshold day centres,
5. emergency accommodation facilities,

B) Social services supporting families with children, as follows:

1. Assistance in personal care for a child and support for balancing work and family life,
2. Provision of social services in a temporary childcare facility,
3. Provision of social services in a low-threshold day centre for children and families,

c) social services to deal with adverse social situations caused by disability, adverse health conditions or old age, as follows:

1. provision of social services in a facility for persons who are dependent on the assistance of another natural person and for elderly persons,
2. care service
3. transport service
4. guide and reading service,
5. interpretation service,
6. arrangement of an interpreting service,
7. arrangement of personal assistance,
8. loan of aids,

d) social services making use of telecommunications technology, as follows:

1. monitoring and signalling of the need for assistance,
2. emergency assistance provided using telecommunications technology,

e) auxiliary services, as follows:

1. respite service,
2. assistance in providing for the rights and duties of guardianship,
3. provision of social services in a day centre,
4. provision of social services in an integration centre,
5. provision of social services in a canteen,
6. provision of social services in a laundry,
7. provision of social services in a personal hygiene centre.

Every social service includes social advice, which can also be provided separately. The first level is basic social advice including an assessment of the character of the problem, the provision of basic information on opportunities to deal with it and recommendation or arrangement of further assistance. A higher level is specialised social advice including identification of the causes, character and extent of the problems of an individual, family or community and the provision of professional assistance for the specific case.

Social services are provided or arranged for persons who are dependent on them, and subsequently financed by municipalities and self-governing regions according to the division of competences between them laid down by law. With effect from March 01, 2012 the state also contributes to the financing of social services by means of subsidies from the budget of the Ministry of Labour Social Affairs and Family of the Slovak Republic to municipalities to

finance social services facilities within their responsibility and to finance non-public providers of social services in facilities on a local level.

Measures for the social-legal protection of children and social guardianship under act no. 305/2005 Coll. on social-legal protection of children and social guardianship and amending certain acts, as amended are carried out for children, adults, families, groups and communities through social work, methods, techniques and procedures in line with the findings of the social sciences and the known state and development of socio-pathological trends in society.

Social-legal protection of children and social guardianship is an integrated system of precursor and follow-up measures. The priority in the selection of measures is to provide for the education and all-round development of the child in their natural family environment or a substitute family environment.

Article 14(2)

Under section 3(3) of act no. 448/2008 Coll. on social services provided that conditions laid down by the social services act are satisfied, social services may be provided not only by a municipality, a legal person established by a municipality or a self-governing region but also by a legal entity or natural person, i.e. a non-public provider (e.g. a non-profit organisation, a civil association or church organisation). Every provider of social services must satisfy the conditions laid down by sections 62 to 67 of the social services act on registering with the competent self-governing region, which is the registration body for these purposes.

Non-public providers can receive public funding from a number of sources. The social services act creates legal conditions for financing non-public providers from whom municipalities and self-governing regions obtain social services, through the allowance for dependency on the assistance of another person and the allowance for the operation of selected social services. Furthermore, since March 01, 2012, the state has also participated in financing for social service facilities on the local level through financial subsidies paid by the Ministry of Labour Social Affairs and Family of the Slovak Republic.

The MLSAF also supports the development of social services provided by non-public providers of social services through its subsidy policy in accordance with act no. 544/2010 Coll. on subsidies under the competence of the Ministry of Labour Social Affairs and Family of the Slovak Republic. This act permits a subsidy to be provided to support the development of social services, in particular

- the salary or remuneration of an employee providing specialised social advice, social rehabilitation or assistance with personal care for a child,
- the purchase of material and technical equipment for premises used to provide professional social services and social service facilities,
- improvements in accessibility and usability for the disabled and the purchase of technical equipment to increase the mobility of people with limited mobility,
- the purchase of a car for the provision of social services and nursing services in the field and the purchase of a special vehicle with a lifting platform to provide social services in selected facilities and transport services and

provision of recreational activities for a child that is a recipient of social services in a social services home or a specialised facility.

Article 23 – The right of elderly persons to social protection

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

- to enable elderly persons to remain full members of society for as long as possible, by means of:

a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;

b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

- to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:

a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;

b. the health care and the services necessitated by their state;

- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

Appendix to Article 23, paragraph 1

For the purpose of the application of this paragraph, the term “for as long as possible” refers to the elderly person’s physical, psychological and intellectual capacities.

Article 23 dash 1 letter a)

Article 39 of the Constitution of the Slovak Republic states:

(1) Citizens have the right to adequate material provision in old age, in the event of work disability, as well as after losing their provider.

(2) Whoever is in material need has the right to assistance necessary to ensure basic living conditions.

(3) Details concerning rights listed in sections 1 and 2 will be set out in a law.

The following legislation has been adopted to implement article 39 of the Constitution of the Slovak Republic:

1. act no. 461/2003 Coll. on social insurance, as amended,

2. act no. 43/2004 Coll. on old-age pension saving, as amended,

3. act no. 650/2004 Coll. on supplementary pension saving, as amended,

4. act no. 328/2002 Coll. on social security for police officers and soldiers and amending certain acts as amended.

5. act no. 599/2003 Coll. on assistance in material need and amending certain acts

Act no. 461/2003 Coll. regulates the conditions for the granting of each type of pension and their respective amounts (old-age pension, invalidity pension, widow's pension, widower's pension and survivors' pensions) from the first, pay-as-you-go pillar. Act no. 43/2004 Coll. regulates old-age pension saving (the second pillar) and act no. 650/2004 Coll. regulates supplementary pension saving (the third pillar)

These pension sources permit a decent life (adequate material resources) and active participation in public, social and cultural life for elderly persons above the retirement age,

The Labour Code permits, for example, the recipient of an old-age pension to continue working or remain in employment after reaching the legal retirement age (62 years in the case of a man). An employer cannot terminate an employee's employment by giving notice because the employee has reached the retirement age on the granting of an old-age pension to the employee – insured person or collection of an old-age pension by the employee – insured person (see section 63(1) of the Labour Code – Notice given by the employer in combination with article 2(3) of the Constitution of the Slovak Republic – Everyone can do what is not forbidden by law and no one must be forced to do anything that is not laid down by law). The wording of section 63(1) of the Labour Code states that an employer can give an employee notice **only** on grounds expressly listed in the cited subsection and for no other grounds otherwise such notice shall be invalid.

The above pension sources plus the wage paid for performing work in employment permits a decent life (adequate material resources) and active participation in public, social and cultural life for the person after retirement age.

Article 26(3) of Convention of the International Labour Organisation no. 102 of 1952 concerning Minimum Standards of Social Security, by which the Slovak Republic is bound (notice no. 461/1991 Coll. and point 36 of notice no. 110/1997 Coll.) states – National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

The possibility to suspend benefit laid down by article 26(3) of the above convention is not applied in Slovak law in connection with old-age benefit (old-age pensions). The wording of the text is ... “National laws or regulations may provide” ... – it does not say there is a duty to apply the provision.

Act no. 461/2003 Coll. defines the indexing mechanism for pensions – the amount of the periodical payments including old-age pension payments, which tracks changes in general income levels resulting from major changes in the cost of living.

The provision of effective means for elderly person to exercise their right to social protection is closely linked to and depends on the existence of a comprehensive system of effective social protection against the risk of poverty and social exclusion for elderly persons. Elderly persons are one of the population groups most at risk of poverty (especially material deprivation) and social exclusion, especially elderly persons living alone and elderly persons with low pensions.

The social protection system is based primarily on instruments for assistance in material need (act no. 599/2003 Coll. on assistance in material need and amending certain acts). Under article 39(2) of the Constitution of the Slovak Republic whoever is in material need has the right to assistance necessary to ensure basic living conditions. For the purposes of this act, basic living conditions mean one hot meal daily, essential clothing and shelter.

The material need assistance system includes not only basic assistance in material need via material need benefit but also allowances for specific purposes: an allowance for healthcare, an allowance for housing, an allowance to support the activation of persons in material need and a protective allowance.

Because old-age pensioners cannot improve their situation by work, they are granted a protective allowance together with the basic benefit on satisfaction of the conditions for payment of material need benefit. Pensioners are also entitled to an allowance for healthcare and are paid an allowance for housing in the material need assistance system without assessment of qualifying conditions, which means that the applicant does not need to prove ownership or rental of a house or apartment and payment of accommodation costs.

Furthermore under act no. 599/2003 Coll. on material need assistance and amending certain acts, it is permitted for a person in material need and a person who is jointly assessed with a person in material need to whom material need benefit and benefit allowances are paid to receive also lump sums for assistance in material need. Decisions on the payment of lump sums for assistance in material need fall under the self-government competences of municipalities. This form of benefit is intended to cover extraordinary expenses for essential clothing, basic household equipment and extraordinary medical costs. A lump sum for assistance in material need can be provided up to the amount of proven, actual costs not exceeding three times the subsistence minimum. The provision of material need benefit, allowances to material need benefit and lump sum payments for material need assistance are not mutually exclusive.

The Slovak Republic is bound (in some cases for individual parts of the convention) by the following ILO conventions:

1. Convention of the International Labour Organisation no. 102 of 1952 concerning Minimum Standards of Social Security – notice no. 461/1991 Coll. and point 36 of notice no. 110/1997 Coll.

2. Convention of the International Labour Organisation no. 128 of 1967 concerning Invalidity, Old-Age and Survivors' Benefits – notice no. 416/1991 Coll. and point 44 of notice no. 110/1997 Coll.

3. Convention of the International Labour Organisation no. 130 of 1969 concerning Medical Care and Sickness Benefits – notice no. 537/1990 Coll. and point 45 of notice no. 110/1997 Coll.

Article 23 dash 1 letter b)

Under the relevant provisions of the social services act, every natural person has the right to access to information in a comprehensible form on the kind, location, objectives and method of provision of a social service, on payments for social services and on the target group to which it is provided, subject to the conditions laid down in the act. At the same time, every social service includes social advice, which can also be provided separately.

Under act no. 599/2003 coll. On assistance in material need and amending certain acts the competent office of labour, social affairs and family for the place of a citizens permanent residence is obliged to provide the citizen with advice on providing for their basic living conditions and on assistance in material need. The above office is competent to assess the citizen's social situation in connection with the provision of material need assistance.

Article 23 dash 2 letter a)

With regard to the principle laid down in the charter of enabling elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of provision of housing suited to their needs and their state of health or of adequate support for adapting their housing, the following measures are helpful:

- direct subsidies under the Housing Development Programme

The extent, conditions and method of provision of such subsidies are laid down in ordinance of the Ministry of Construction and Regional Development of the Slovak Republic of 7 December 2006 no. V-1/2006 on the provision of subsidies for housing development (notice no. 642/2006 Coll.) as amended by ordinance of November 28, 2007 no. V-1/2007 (notice no. 576/2007 Coll.) and by ordinance of July 15, 2008 no. V-1/2008 (notice no. 275/2008 Coll.).

Subsidies can be provided for

- a) the purchase of rented apartments,
- b) the construction of technical infrastructure,
- c) the rectification of systematic defects in apartment houses.

- support from the State Fund for Housing Development

Support from the state fund for housing development is provided in accordance with act no. 607/2003 Coll. on the State Fund for Housing Development, as amended.

Pursuant to section 16(1) of act no. 607/2003 Coll. on the State Fund for Housing Development, as amended, the government of the Slovak Republic issued government regulation no. 432/2007 Coll. establishing particulars of the types and amounts of support provided for individual purposes from the State Fund for Housing Development.

The State Fund for Housing Development was established to fund state support for increasing and improving the housing stock for natural persons and legal entities. Support is provided in the form of loans and grants. Grants are provided for a specific group of applicants, persons with disabilities.

Article 23 dash 2 letter b)

Care for elderly persons is regulated by the Conception of geriatric healthcare issued by the Ministry of Health in 2007, which was published in the Journal of the Ministry of Health of the Slovak Republic, parts 1–5 on January 25, 2007.

Specialised outpatient care and institutional care for geriatric patients is provided by physicians specialising in the field of geriatrics and other specialists as required according to the health condition of the geriatric patient. The minimum number of healthcare providers is set by government regulation no. 751/2004 Coll. on the public minimum network of healthcare providers, as amended.

Content and principal tasks in the field of geriatrics – Geriatrics is a medical specialisation in the treatment of elderly persons, i.e. persons over 65 years of age. The provision of comprehensive care for elderly persons takes into account the changes the organism undergoes in old age, multimorbidity, the resulting fragility and impaired adaptability of the old organism. It seeks to identify the functional status and potential of elderly persons and respects the influence of social factors on the health of elderly persons and the social consequences of their illnesses. An important characteristic of geriatric patients is fragility (instability), which leads to a tendency to develop complications and impairment of adaptation mechanisms.

Geriatric health care includes prevention, regular monitoring, diagnosis, treatment and rehabilitation. It is provided as general outpatient care, specialised outpatient care and institutional care for geriatric patients and with acute and chronic illnesses. Physicians also provide geriatric care as part of long-term care in social service facilities.

For a very large number of geriatric patients it is typically the presence of the following factors that determines their health condition and prognosis:

1. impaired movement
2. impaired cognitive functions
3. depression
4. malnutrition
5. urinary and bowel incontinence
6. impaired stability, falls and injuries
7. serious cognitive impairments
8. more than 5 concurrent serious diagnoses
9. serious side effects of medicines
10. the need for assistance in activities of daily living (eating, washing, bathing, toilet)
11. complicated social situation

These factors make care more demanding and indicate the need for a special approach to geriatrics.

The priorities in geriatric healthcare are extending life, achieving the highest possible quality of life also in its last stages and the best possible functional condition and self-sufficiency of the geriatric patient. Geriatrics involves specific geriatric assessments necessary for diagnosis, setting treatment objectives, rehabilitation and ensuring the continuation of healthcare.

Geriatric care covers the full range from preventative care to terminal care. Prevention includes prevention for cardiovascular disease, cancer, infectious diseases (in particular pneumonia and flu), movement impairment, falls, malnutrition, addiction and side effects of medicine.

General outpatient care for persons over the age of 65 years is provided by a physician specialising in general medicine. Specialised outpatient care is provided by a physician specialising in geriatrics.

A geriatric outpatient's department provides specialised healthcare, in particular diagnosis and treatment, for persons over the age of 65 years with acute and chronic diseases, multimorbidity and complications in conditions. It can provide specialised advice regarding care for incontinent persons, patients who have had falls, patients with dementia and so on.

A physician specialising in geriatrics participates in the treatment of patients in old people's homes and/or provides methodological supervision of its provision. On request, a geriatrics specialist will assess the condition of persons applying for admission to an old people's home.

A geriatric primary care centre is used for the diagnosis, treatment and rehabilitation of elderly persons where such healthcare cannot be provided through home visits. It allows the treatment of geriatric patients by a number of specialists to be coordinated, which is beneficial when patients have impaired mobility.

A geriatric department provides acute specialised geriatric care. It is used for the differential diagnosis and treatment of mainly internal diseases, in cases where multimorbidity and the presence of geriatric syndromes are complicating factors, and to evaluate the function potential of patients. It is also used as a teaching facility for training physicians who wish to specialise in geriatrics. It provides inpatient care for patients aged 65 years and over, in particular those who have not only an acute basic condition but also typical geriatric complications, and also patients aged over 85 years with acute internal diseases.

A geriatric clinic provides specialised acute diagnostic and therapeutic geriatric care on the highest level in the field. It is used for undergraduate and postgraduate training of doctors and bachelor's and master's level students in nursing. It carries out research activity. It provides inpatient treatment for patients aged over 65 years, in particular those who have not only an acute basic condition but also typical geriatric complications such as impaired mobility, cognitive impairments, depression, malnutrition, urinary and bowel incontinence, impaired stability, falls and injuries, serious cognitive impairment, more than 5 serious diagnoses simultaneously, serious side effects of medicines, the need for assistance in activities of daily living and a complicated social situation. All patients aged over 85 years with an acute internal disease should be hospitalised in a hospital providing healthcare for geriatric patients.

Long-term treatment facility (department) provides healthcare for patients with complications, in particular multiple chronic illnesses, whose diagnoses are known and whose condition does not require intensive examination and treatment but requires a daily check by a physician, intensive nursing care or rehabilitation and practice in activities of daily living. A long-term treatment facility or department provides inpatient care for patients aged 18 years and over.

A geriatric centre is an independent healthcare institution or a part of another institution that provides outpatient and inpatient care for geriatric patients with acute and chronic diseases. It may include all types of geriatric facility but it must have a geriatric

surgery, a geriatric department and a long-term treatment department. It usually also has a geriatric primary care facility.

Geriatric specialists work closely with physicians specialising in surgery, psychiatry, neurology, physiotherapy, balneotherapy and rehabilitation therapy and pharmacologists specialising in clinical pharmacology and retail pharmacy. Geriatric specialists deal with the health problems of persons in long-term care in social service facilities and psychiatric departments for the elderly. Specialised methodological management of care is provided by the Ministry of Health in cooperation with the chief specialist in geriatrics. The chief specialist consults the Slovak Gerontology and Geriatrics Society on conceptual issues. The objective of geriatric supervisory care is to maintain health, prevent the aggravation of illness, to prevent dependency on assistance, to improve the quality of life and to delay death. A patient may be recommended for geriatric supervisory care by a physician specialising in geriatrics.

Under the applicable provisions of act no. 448/2008 Coll. on social services, a natural person has the right to select social services and the form of their provision, and also the provider of social service, subject to the conditions laid down by law. The social services provided under the social services act that assist elderly persons in living independent lives in their familiar surroundings include the following:

- Care service, provided to an individual who is dependent on the assistance of another person for self-care activities, care for the household and basic social activities; the service is provided in the recipient's familiar surroundings.
- Transportation service, providing transport for a natural person with a severe disability who is dependent on individual transport by car or a natural person with an adverse health condition and limited ability to move on the level and on stairs and limited orientation.
- Monitoring and signalling of the need for assistance is a social service that provides important support for the independence of elderly people and their ability to remain in their familiar surroundings and comprises the provision of continuous, remote voice, written or electronic communication using signalling and audiovisual equipment connected to a central control room.
- Social services provided in social service facilities on an outpatient / weekly residence basis which include sheltered accommodation facilities, facilities for elderly persons, care service facilities, social service homes, specialised facilities and day-care centres.

Elderly persons for whom the above social services are unsuitable for whatever reason can be offered and provided with social services through permanent residence in an institution.

Article 23 dash 3

Under the applicable provisions of the social services act, a natural person has the right to select social services and the form of their provision, and also the provider of social service, subject to the conditions laid down by law.

Every natural person also has the following rights:

- To receive social services whose extent, form and method of provision permit them to exercise their fundamental human rights and freedoms, maintain their human dignity, motivate them to greater self-sufficiency, prevent their social exclusion and support their integration into society.
- To have access to information in a comprehensible form on the kind, location, objectives and method of provision of a social service, on payments for social services and on the target group to which it is provided.

A person who receives social services in a social service facility also has the following rights:

- To conditions for making personal contact, telephone contact, written contact or electronic contact with a person of their choice for the purpose of protecting their rights and legally protected interests, for establishing and maintaining social ties with their family and community and for maintaining a relationship with a partner,
- To non-interference with their personal space except in urgent cases where entry is necessary for the protection of the life, health or property of the natural person, for protection of the rights and freedoms of other natural persons or the protection of the property of the facility,
- To participation in the setting of living conditions in social services facilities through the elected representatives who participate in the drafting of home rules, the handling of matters relating to the conditions and quality of social service provision and the selection of activities taking place in free time; if the recipient of social services is a child, they have the right to take part in decisions on living conditions in person or through their legal representative or guardian.

Article 30 – Everyone has the right to protection against poverty and social exclusion

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;
- b. to review these measures with a view to their adaptation if necessary.

Article 30 letter a)

In accordance with article 39(2) of the Constitution of the Slovak Republic, whoever is in material need has the right to assistance necessary to ensure basic living conditions.

The following legislation has been adopted to implement this constitutional right:

- act no. 599/2003 Coll. on assistance in material need and amending certain acts, as amended,
- act no. 448/2008 Coll. on social services and amending act no. 455/1991 Coll. on trade licensing (the Trades Licensing Act) as amended, as amended.
- act no. 601/2003 Coll. on the subsistence minimum and amending certain acts, as amended,
- government regulation no. 324/2009 Coll. amending the amount of material need benefit and the housing allowance,
- measure of the Ministry of Labour, Social Affairs and Family of the Slovak Republic no. 225/2008 Coll. amending the amount of the subsistence minimum.

Act no. 599/2003 Coll. regulates legal relations for the assessment of a citizen's material need and the provision of material need benefit and material need benefit allowances whose objective is to supplement the recipient's income to provide for their basic living conditions and to provide assistance in material need to which the recipient and persons assessed jointly with the recipient actively contribute. For the purposes of this act, basic living conditions mean one hot meal daily, essential clothing and shelter.

According to section 2 of act no. 599/2003 Coll. material need is a condition in which the income of a citizen and persons assessed jointly with the citizen is less than the subsistence minimum (act no. 601/2003 Coll. on the subsistence minimum and amending certain acts, as amended) and the citizen and the natural persons who are assessed jointly with the citizen cannot obtain an income or increase it through their own efforts. Assistance is not provided to the level of the subsistence minimum but to an amount specified by act no. 599/2003 Coll.

Section 10 of act no. 599/2003 Coll. regulates the amount of benefit to which a citizen in material need and the natural persons assessed jointly with the citizen in material need are

is entitled in order to ensure basic living conditions on six levels, increases in benefit if the citizen or a natural person assessed jointly with the citizen in material need is a pregnant woman and the benefit for a citizen or a natural person assessed jointly with the citizen in material need who is the parent of a child up to one year of age.

Section 11 of act no. 599/2003 Coll. defines the allowance for healthcare, to which a citizen in material need and every natural person assessed jointly with the citizen in material need are entitled to cover costs of services related to the provision of healthcare, if they satisfy the conditions for entitlement to the benefit.

Section 12 of act no. 599/2003 Coll. defines the activation allowance, to which a citizen in material need and every natural person assessed jointly with the citizen in material need is entitled to support the acquisition, maintenance or increase of knowledge, professional skills or work habits for obtaining work during assistance in material need, if they satisfy the conditions for entitlement to the benefit, unless act no. 599/2003 Coll. stipulates otherwise.

Section 13 of act no. 599/2003 Coll. defines the allowance for housing, to which a citizen in material need and natural persons assessed jointly with the citizen in material need are entitled to cover costs associated with housing as assistance in material need provided that they satisfy the conditions for entitlement to the benefit.

Section 14 of act no. 599/2003 Coll. defines the protective allowance, to which a citizen in material need and every natural person assessed jointly with the citizen in material need are entitled if they are unable to secure basic living conditions and help themselves in material need for the reasons defined in section 7 of act no. 599/2003 Coll. and they satisfy the conditions for entitlement to the benefit. The protective allowance is provided to this group of citizens in and only in the circumstances laid down by the act on assistance in material need (e.g. the age necessary for granting of an old-age pension, invalidity as a result of a diminishment of the ability to perform gainful activity by more than 70%, illness etc.).

Section 15 of act no. 599/2003 Coll. defines a lump sum for assistance in material need, which can be provided to a citizen in material need and natural persons assessed jointly with the citizen in material need receiving benefit and allowances to cover extraordinary expenses for necessary clothing, basic household equipment, the purchase of school supplies for a dependent child and extraordinary treatment costs. Decisions on the payment of lump sums for assistance in material need fall under the self-government competences of municipalities. The provision of material need benefit, allowances to material need benefit and lump sum payments for material need assistance are not mutually exclusive.

One of the most important factors governing material need assistance is the principle of targeting. The principle of targeting is fulfilled by an individual approach to every citizen in assessing his/her material need that takes into account his/her needs, opportunities and ability to satisfy his/her material need. The office of labour, social affairs and family is responsible for the effective use of funds for material need assistance.

Persons without adequate financial resources who find themselves in an adverse social situation can also receive appropriate assistance and necessary care in accordance with act no. 448/2008 Coll. on social services. For the purposes of the act on social services an adverse social situation is defined as a situation in which a client is, for various reasons, at risk of

social exclusion or is excluded from society and is unable to solve his/her problems without assistance. The target groups for social services include people who find themselves in material need and homeless people. If such clients do not have basic living conditions, social services shall provide them with accommodation, food, essential clothing, footwear and basic personal hygiene, as is guaranteed by the Constitution of the Slovak Republic (article 39). Alongside provision of basic living conditions it is essential to carry out emergency intervention for clients and to provide basic social advice. The types of social services that are provided to people who do not have basic living conditions include night shelters, hostels, halfway houses, low-threshold day centres, emergency accommodation facilities and integration centres. Other auxiliary services for this target group include canteens, personal hygiene centres and laundries. These social services are provided or arranged for clients by municipalities or self-governing regions to which social services have been decentralised.

Act no. 601/2003 Coll. defines the subsistence minimum as the socially recognised minimum level of income of a natural person below which the person is in material need; the amount of the subsistence minimum is defined by measure of the Ministry of Labour, Social Affairs and Family of the Slovak Republic no. 225/2008 Coll.

In the European Context, Slovakia fully identifies with the current social objectives of the EU as set out in the Europe 2020 strategy for social inclusion and the solution of the problems of poverty and social exclusion.

Based the objectives of the Europe 2020 strategy, Slovakia has set a national objective including support for social inclusion through a reduction in the risk of poverty and social exclusion as follows: “Lift at least 170 000 people out of the risk of poverty and exclusion by 2020”. In 2012 the main measures to reduce poverty and social exclusion have been incorporated into the National Reform Programme of the Slovak Republic 2012 and its updated version, and also in the National Social Report for 2012. This means that reduction in the risk of poverty and social exclusion will be one of Slovakia’s priorities. In the long term, benefits are expected from coordinating the supply of education with the needs of the labour market, in the short term it is necessary to tackle rising unemployment, especially youth unemployment and the long-term unemployment by measures for the acquisition and retention of work habits that support integration in the labour market. Slovakia will give special attention to social inclusion, in particular for socially excluded communities.

Slovakia guarantees and plans to continue to guarantee the right to protection against poverty and social exclusion through a range of measures, the most important of which are measures providing income support (in particular for families with children), support for access to employment, education and integration in the labour market, access to public services and the development of human capital.

In recent years the system for social protection and social inclusion has been increasingly closely linked with measures to increase employment. Measures that motivate people to accept and remain in jobs, to be active or to participate in education and training for the labour market have been incorporated into the social security system. Vulnerable groups within the population are defined as the main target groups of both social protection strategy and active labour market policy and other measures aimed at increasing employability and facilitating access to the labour market. Functional and modern systems of social protection and social inclusion policy can make major contributions to achieving the general objective of balanced and sustainable economic and social development and ensure the life satisfaction of

the population, which is the source of their greatest contribution in combination with a strategy for growth and employment. From the viewpoint of the individual and social groups, they should perform a preventative function and improve chances of returning to full-time employment.

Specific measures for persons at risk of social exclusion or poverty are incorporated in instruments of family policy, the insurance system, the material need assistance system, social assistance and in connections to labour market policy (active labour market policies).

In this context mention should be made of the Operational Programme Employment and Social Inclusion, whose support activities in the programming period 2007–2013 include the support for increasing employment, increasing social inclusion and developing human resources. This document has been developed and is maintained to be in harmony with other important documents such policy on employment and social inclusion.

Furthermore, the Slovak Republic has fully identified with the priorities of the Europe 2020 strategy in its preparation of operational programmes for the programming period 2014–2020. Slovakia will continue to prioritise reduction in the risk of poverty and social exclusion in the new programming period 2014–2020.

Ordinance of the Ministry of Construction and Regional Development of the Slovak Republic of December 7, 2006 no. V-1/2006 on the provision of subsidies for housing development (notice no. 642/2006 Coll.) as amended by ordinance of November 28, 2007 no. V-1/2007 (notice no. 576/2007 Coll.) and by ordinance of July 15, 2008 no. V-1/2008 (notice no. 275/2008 Coll.) permit the provision of subsidies for:

- a) the purchase of rented apartments,
- b) the construction of technical infrastructure,
- c) the rectification of systematic defects in apartment houses.

Support from the state fund for housing development is provided in accordance with act no. 607/2003 Coll. on the State Fund for Housing Development, as amended.

The State Fund for Housing Development was established to fund state support for increasing and improving the housing stock for natural persons and legal entities. Support is provided in the form of loans and grants. Grants are provided to a specific group of applicants, i.e. persons with disabilities (subject to the conditions laid down by law).

The resources of the State Fund for Housing Development are intended for the more socially vulnerable parts of the population – low income households.

Rent control is applied for certain types of housing based on Measure of the Ministry of Finance of April 23, 2008 no. 01/R/2008 on the regulation of prices for apartment rental (notice of the Ministry of Finance no. 158/2008 Coll. – the measure was published in the Financial Gazette no. 4/2008).

Section 13 of act no. 599/2003 Coll. on assistance in material need and amending certain acts, as amended, defines the allowance for housing, to which a citizen in material

need and natural persons assessed jointly with the citizen in material need are entitled to cover costs associated with housing as assistance in material need provided that they satisfy the conditions for entitlement to the benefit.

Article 30 letter b)

The legislation and other regulations referred to above in article 30(a) of the Charter are regularly reviewed and, if necessary, amended in order to improve the social status of persons at risk of poverty and social exclusion (e.g. the amount of the subsistence minimum). Any new amendments are consulted with and prepared in cooperation with the social partners and respective non-governmental organisations.