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EUROPEAN SOCIAL CHARTER

6th report on the application of the
European Social Charter

submitted by

THE GOVERNMENT OF SLOVAKIA

for the period 01/01/2005 – 31/12/2007

(Articles 3, 11, 12, 13, 14 of the Charter
and Article 4 of the Additional Protocol)

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

The European Social Charter

The Report of the Slovak Republic

on the implementation of the European Social Charter

Submitted by

The Government of the Slovak Republic

(for the reference period of 1 January 2005 – 31 December 2007:
(Articles 3, 11, 12, 13, 14 of the Charter and Article 4 of the Additional Protocol)

REPORT

submitted in accordance with the provisions of Article 21 of the European Social Charter
by the Government of the Slovak Republic
for the reference period of 1 January 2005 to 31 December 2007

on the measures taken with a view to giving effect to the accepted provisions of the
European Social Charter, the ratification instrument of which
was deposited on 22 June 1998

Within the meaning of Article 23 of the Charter a copy of this report was submitted to:

Employees' representative organisations:

- Confederation of Trade Unions of the Slovak Republic (KOZ SR)

Employers' representative organisations:

- Federation of Employers' Associations and Unions of the Slovak Republic (AZZZ SR),
- National Employers' Union (RÚZ).

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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 Contracting Parties undertake:

1. to issue safety and health regulations;
2. to provide for the enforcement of such regulations by measures of supervision;
3. to consult, as appropriate, employers' and workers' organisations on measures intended to improve industrial safety and health.

Information to be submitted

Article 3§1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organisations.

In the Slovak Republic, the issue of health and safety at work is addressed in a wide range of legal regulations and other regulations to ensure health and safety at work. The basic legal regulations addressing the area of health and safety at work mainly include:

1. Constitution of the Slovakia Republic (Art. 36 item c)),
2. Employment Code (law No. 311/2001 coll. in the wording of further regulations),
3. law No. 124/2006 coll. regarding health and safety at work and regarding changes and amendments to some laws in the wording of further regulations,
4. law No. 125/2006 coll. regarding work inspections and regarding changes and amendments to law No. 82/2005 coll. regarding illegal work and illegal employment and regarding changes amendments to some laws in the wording of further regulations,
5. law No. 355/2007 coll. regarding protection, support and development of public health and regarding changes and amendments to some laws, in the wording of law No. 140/2008 coll.,
6. law No. 437/2004 coll. regarding compensation for suffering and regarding compensation for worsening of social status and regarding changes and amendments to the law of the Parliament of the Slovak Republic No. 273/1994 coll. regarding health insurance, financing health insurance, regarding establishment of a General Health Insurance Company and establishment of departmental, area, company and public health insurance companies in the wording of further regulations,

7. act of the government of SR No. 117/2002 coll. regarding the minimum requirements for health and safety at work of employees in mining activities and in mining deposits of unreserved minerals,
8. act of the government of SR No. 272/2004 coll. which states the list of jobs and workplaces which are prohibited to pregnant women, mothers in the nine months following birth and lactating mothers, and a list of jobs and workplaces related to specific risks to pregnant women, mothers in the nine months following birth and lactating mothers, and which states some duties for employers when employing these women,
9. act of the government of SR No. 286/2004 coll. which states a list of jobs and workplaces which are prohibited to young employees and which states some employer duties when employing young employees,
10. act of the government of SR No. 276/2006 coll. regarding the minimum health and safety requirements when working with display units,
11. act of the government of SR No. 281/2006 coll. regarding the minimum health and safety requirements when manually handling loads,
12. act of the government of SR No. 387/2006 coll. regarding the requirements for ensuring health and safety labelling at work,
13. act of the government of SR No. 391/2006 coll. regarding the minimum health and safety requirements in the workplace,
14. act of the government of SR No. 392/2006 coll. regarding the minimum health and safety requirements in the use of work aids,
15. act of the government of SR No. 393/2006 coll. regarding the minimum health and safety requirements in an explosive work environment,
16. act of the government of SR No. 395/2006 coll. regarding the minimum requirements for provision and use of personal protective equipment,
17. act of the government of SR No. 396/2006 coll. regarding the minimum health and safety requirements on building sites,
18. notice of the Ministry of Health of SR No. 544/2007 coll. regarding details of the protection of health against heat and cold at work,
19. notice of the Slovak Office for Safety at Work (hereinafter "SUBP") No. 86/1978 coll. regarding inspections, revisions and testing of gas equipment in the wording of the notice of the Office for Safety at Work of the Slovak Republic (hereinafter "UBP") No. 74/1996 coll.,
20. notice of SUBP No. 51/1981 coll. regarding provision of safety at work and technical equipment in inland shipping,

21. notice of SUBP No. 59/1982 coll. which determines the basic requirements for the provision of safety at work and technical equipment in the wording of the notice of SUBP No. 374/1990 coll. and notice of SUBP No. 484/1990 coll.,
22. notice of SUBP No. 25/1984 coll. regarding the provision of safety at work in low pressure boiler rooms in the wording of the notice of UBP SR No. 75/1996 coll.,
23. notice of SUBP No. 43/1985 coll. regarding the provision of safety when working with handheld motor chainsaws,
24. notice of SUBP and the Slovak Mining Office (hereinafter “SBU”) No. 93/1985 coll. regarding the provision of safety when working with stationary reservoirs of pouring materials,
25. notice of SUBP and SBU No. 374/1990 coll. regarding safety at work and technical equipment for building works,
26. notice of SUBP and SBU No. 208/1991 coll. regarding safety at work and technical equipment for operation, maintenance and repair of vehicles,
27. notice of the Ministry of Labour, Social Affairs and the Family SR No. 718/2002 coll. for provision of health and safety at work and the safety of technical equipment,
28. notice of the Ministry of Labour, Social Affairs and the Family SR No. 500/2006 coll. which states an example of a report of a registered accident at work,
29. notice of the Ministry of Labour, Social Affairs and the Family SR No. 356/2007 coll. which gives details of the requirements and range of welfare and educational activities, project of welfare and education, maintenance of compulsory documentation and verification of the knowledge of participants in welfare and educational activities,
30. amendment of SUBP No. 7/1971 of the Central Committee of SSR for provision of safety at work when operating radio-locators used in the SSR,
31. amendment of SUBP and SBU No. 11/1975 of the Central Committee of SSR regarding expansion devices for nailing.

The issue of ensuring health and safety at work in the Slovak Republic is also addressed in other specific legal regulations, for example:

1. law of the Parliament of SR No. 51/1988 coll. regarding mining activities, explosives and State mining administration in the wording of further regulations,
2. Notice of the SBU No. 21/1989 coll. regarding health and safety at work in mining activities and activities carried out using mining methods underground,
3. Notice of the SBU No. 29/1989 coll. regarding health and safety at work and the safety of the operation in mining activities and activities carried using mining methods above ground,

4. Notice of the SBU No. 50/1989 coll. regarding health and safety at work and the safety of the operation in finishing and refining minerals,
5. law No. 264/1999 coll. regarding the technical requirements for products and evaluation of compliance, and regarding changes and amendments to some laws in the wording of further regulations,
6. law No. 163/2001 coll. regarding chemical substances and chemical preparations in the wording of further regulations,
7. law No. 261/2002 coll. regarding prevention of serious industrial accidents and regarding changes and amendments to some laws in the wording of further regulations,
8. law No. 315/2001 coll. regarding the Fire and Emergency Brigade in the wording of further regulations,
9. law No. 461/2003 coll. regarding social insurance in the wording of further regulations,
10. act of the Government of SR No. 513/2001 coll. which states details of the technical requirements and methods for evaluation of compliance of single pressure vessels in the wording of the act of the Government of SR No. 328/2003 coll.,
11. act of the Government of SR No. 571/2001 coll. which states details of the technical requirements and methods for evaluation of compliance of lifts in the wording of further regulations,
12. act of the Government of SR No. 576/2002 coll. which states details of the technical requirements and methods for evaluation of compliance of pressure equipment and which changes and amends the act of the Government of SR No. 400/1999 coll. which states details of the technical requirements for other products in the wording of the act of the Government of SR No. 329/2003 coll.

The Slovak Republic is bound by:

- the Convention of the International Labour Organisation regarding health and safety at work and the working environment No. 155 of 1981 – notice No. 20/1989 coll. and 51st point of notice No. 110/1997 coll.,

- the Convention of the International Labour Organisation regarding health and safety in mines no. 176 of 1995 – notice No. 110/1999 coll.,

- the Convention of the International Labour Organisation regarding health and safety in the building industry No. 167 of 1988 – notice No. 433/1991 coll. and the 57th point of notice No. 110/1997 coll.,

- the Convention of the International Labour Organisation regarding health and safety in agriculture No. 184 of 2001 – notice No. 385/2003 coll.,

- the Convention of the International Labour Organisation regarding medical services at work No. 161 of 1985 – notice No. 145/1988 coll. and the 54th point of notice No. 110/1997

coll.,

- the Convention of the International Labour Organisation regarding the use of white lead in painting works No. 13 of 1921 – No. 74/1924 coll. and the 6th point of notice No. 110/1997 coll.,

- the Convention of the International Labour Organisation regarding the protection of employees against ionising radiation No. 115 of 1960 – notice No. 465/1990 coll. and the 38th point of notice No. 110/1997 coll.,

- the Convention of the International Labour Organisation regarding protection against danger of poisoning created by benzene No. 136 of 1971 – notice No. 26/1981 coll. and the 46th point of notice No. 110/1997 coll.,

- the Convention of the International Labour Organisation regarding prevention and control of danger at work caused by carcinogenic substances and agents No. 139 of 1974 – notice No. 408/1991 coll. and the 47th point of notice No. 110/1997 coll.,

- the Convention of the International Labour Organisation regarding the protection of employees against danger at work in the working environment as a consequence of air contamination, noise and vibration No. 148 of 1977 – notice No. 444/1991 coll. and the 50th point of notice No. 110/1997 coll.,

- the Convention of the International Labour Organisation regarding hygiene in shops and offices No. 120 of 1964 – notice No. 403/1991 coll. and the 40th point of notice No. 110/1997 coll.,

The basic requirements for provision of health and safety at work are stated in legal regulations – in law no. 124/2006 coll. regarding health and safety at work and regarding changes and amendments to some laws in the wording of further regulations (hereinafter “law No. 124/2006 coll.”) and in law No. 355/2007 coll. regarding protection, support and development of public health and regarding changes and amendments to some laws in the wording of law No. 140/2008 coll. (hereinafter “law No. 355/2007 coll.”). These laws replaced previous laws which addressed the stated issue.

By the end of 2007, legislative tasks in the area of health and safety at work included the creation of a whole range of legal regulations. Firstly, in 2007, it was amendment to law No. 124/2006 coll. regarding health and safety at work and changes and amendments to some laws which completed the legislative framework of conditions for:

- provision of satisfactory protection of the life and health of employees and self-employed physical entities who are not employers,
- strengthening participation of employees in the area of health and safety at work ,
- provision of conditions allowing more flexible acting by employers in some issues in the area of health and safety at work.

A proposal for a law which changes and amends law No. 124/2006 coll. regarding health and safety at work was prepared in cooperation with social partners. The proposal was

approved by the Parliament of the Slovak Republic on 28th June 2007 and became effective as law No. 309/2007 coll. on 1st September 2007.

In the evaluated period, the Slovak Republic undertook the following measures for provision of health and safety at work:

Law of Parliament of the SR No. 124/2006 coll. regarding health and safety at work and regarding changes and amendments to some laws, in the wording of law No. 309/2007 coll.

Act of the Government of SR No. 276/2006 coll. regarding the minimum requirements for working with display units.

Act of the Government of SR No. 281/2006 coll. regarding the minimum health and safety requirements when manually handling loads.

Act of the Government of SR No. 387/2006 coll. regarding the requirements for provision of safety labelling at work.

Act of the Government of SR No. 391/2006 coll. regarding the minimum health and safety requirements in the workplace.

Act of the Government of SR No. 392/2006 coll. regarding the minimum health and safety requirements when using work equipment.

Act of the Government of SR No. 393/2006 coll. regarding the minimum requirements for provision of safety and the protection of health in working in an explosive environment.

Act of the Government of SR No. 395/2006 coll. regarding the minimum requirements for the provision and use of personal protective equipment.

Act of the Government of SR No. 396/2006 coll. regarding the minimum health and safety requirements on a building site

Notice of the Ministry of Labour, Social Affairs and the Family of SR No. 500/2006 coll. which states an example of a report of a registered accident at work.

Act of the Government of SR No. 458/2006 coll. regarding details of the range and description of the performance of employment medical services, regarding the content of the team of experts who provide these services and regarding the requirements for their specialist skills.

Law of the Parliament of SR No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws.

Act of the Government of SR No. 410/2007 coll. regarding the minimum health and safety requirements for the protection of employees against risks related to exposure to artificial optical radiation.

Act of the Government of SR No. 416/2005 coll. regarding the minimum health and safety requirements for the protection of employees against risks related to exposure to vibration.

Article 3§2

1. Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.
2. Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on: the number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardised accident rates per 100,000 workers; on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections; and on the number of breaches to health and safety regulations and the nature and type of sanctions imposed.

Supervision of maintenance of legal and other regulations for the provision of health and safety at work and ensuring safety of technical equipment at an employer's site as well as supervision of the meeting of employment-legal regulations, mainly addressing the establishment, changes to and termination of employment relationships, working conditions of employees, salary regulations and obligations arising from collective contracts is carried out by bodies of the Labour Inspectorate via law No. 125/2006 coll. regarding labour inspections and regarding changes and amendments to law No. 82/2005 coll. regarding illegal work and illegal employment and regarding changes and amendments to some laws in the wording of further regulations (hereinafter "law No. 125/2006 coll.>"). This law replaced previous laws addressing performance of labour inspections.

Authorities of state administration in the area of labour inspections are the Ministry of Labour, Social Affairs and the Family of the Slovak Republic, National Labour Inspector and 8 Regional Labour Inspectorates.

Labour inspections are carried out in all workplaces of employers and physical entities who are self employed and are not employers, including workplaces situated on private land and in homes of physical entities, as well as in all areas in which home workers perform agreed work and in which the employee performs work under a contract regarding work performed outside of the employment relationship.

Labour inspections in workplaces of the Ministry of the Interior of the Slovak Republic, the Police Force, Fire and Emergency Brigade, the Ministry of Defence of the Slovak Republic, the Armed Forces of the Slovak Republic, Corps of the Prison and Court Guard of the Slovak Republic, Railway Police and Customs Administration of the Slovak Republic are performed by their bodies for labour inspections.

Supervision of maintenance of regulations to ensure health and safety at work in these workplaces is carried out by special bodies in accordance with special regulations (law No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws in the wording of law No. 140/2008 coll., law of the Slovak Parliament No. 51/1988 coll. regarding mining activities, explosives and state mining administration in the wording of further regulations, law No. 73/1998 coll. regarding state service of members of Police Forces, Slovak Information Services, Corps of the Prison and Court Guard of the Slovak Republic and the Railway Police, in the wording of further regulations).

Supervision of the state regarding fulfilment of the provisions of law No. 355/2007 coll. as well as regarding fulfilment of generally binding regulations in the area of protection of health at work is carried out by bodies of public healthcare, mainly employees of the Office of Public Healthcare and employees of regional offices of public healthcare and in the appropriate departments of MD SR, MI SR and MTPT SR by specialist employees and members of the MD SR, MI SR and MTPT SR. Bodies of public healthcare perform state health supervision over healthy working conditions, prescribed measures; they issue decisions and instructions for the removal of discovered discrepancies and issue sanctions. In performance of state health supervision of healthy working conditions, they coordinate their activities with the bodies of state administration in the area of labour inspections.

In accordance with § 39 (and other) of law No. 51/1988 coll. regarding mining activities, explosives and state mining administration in the wording of further regulations, bodies of state mining administration (main Mining Bureau and District Mining Bureaux), carry out supervision of adherence to this law and regulations issued on its basis and other generally binding legal regulations if they address health and safety at work, the safety of technical equipment, fire safety underground and working conditions in organisations during performance of mining activities or activities carried out using mining methods, during the production of explosives and use of explosives for demolition, as well as fireworks.

State specialist supervision of health and safety at work and fire protection is carried out by the supervisory body of the Civil Service during performance of civil service by members of Police Forces, members of the Slovak Information Service, members of the National Security Bureau, members of the Corps of the Prison and Court Guard of the Slovak Republic and members of the Railway Police, and is provided for in accordance with § 138 of law No. 73/1998 coll. regarding civil service by members of Police Forces, Slovak Information Service, Corps of the Prison and Court Guard of the Slovak Republic and the Railway Police, in the wording of further regulations.

State specialist supervision of health and safety at work during performance of civil service by customs officers is carried out by the supervisory body of the Customs Directorate in accordance with § 130 of law No. 200/1998 coll. regarding civil service by customs officers and regarding changes and amendments to some laws in the wording of further regulations.

In workplaces of the Ministry of Defence of SR and Armed Forces of SR, in accordance with § 2 Art. 4 of law No. 125/2006 coll. supervision is carried out by the labour inspectorate of MD SR including the technical equipment of the MD SR. Supervisory activities of the labour inspectorate of the MD SR is carried out in accordance with the approved philosophy of HASAW and follows generally binding legal regulations, internal standard acts and directives for the area of HASAW issued by the Labour Inspectorate.

Labour inspections in accordance with this law are not performed in workplaces of Army Intelligence, Slovak Information Service and National Security Bureau, in protected areas of the Ministry of Foreign Affairs of the Slovak Republic, in workplaces of physical and legal entities who have diplomatic status and immunity.

Paragraph 192 of the Criminal Code (law No. 300/2005 coll. in the wording of further regulations) states the criminal act of – Duress:

(1) He who forces another person to do something, neglect or suffer by abusing his material need or acute non-material need or distress caused by his unfavourable personal conditions, will be punished by imprisonment for up to three years.

(2) An offender will be punished by imprisonment for one to five years if he commits a criminal act stated in point 1

e) in that he withholds from employees in employment or any other similar employment relationship, **the right to health and safety at work**, holiday or provision of special working conditions for women and young employees which are stated by law.

(3) An offender will be punished by imprisonment for four to ten years if he commits a criminal act stated in point 1

- a) and causes severe damage to health of death, or
- b) causes serious damage by this act.

(4) An offender will be punished by imprisonment for ten to twenty five years or given a life sentence if he commits a criminal act stated in point 1

- a) and causes great damage by this act,
- b) and causes the death of several people,
- c) as a member of a dangerous group, or
- d) in a crisis situation.

“Information regarding the status of safety and protection of health at work within the activities of bodies of labour inspection”

The general aims of the activities of bodies of state administration in the area of labour inspection in 2005 to 2007, arising from limited authorisations of the labour inspectorate and from the appropriate provisions of the government of SR, were mainly:

- implementation of HASAW state policy and development of social awareness and motivation in respect of HASAW,
- specialist advice and support in implementation of HASAW management systems in employers' workplaces;
- enforcing systematic prevention against consecutive and lengthy removal of ongoing shortcomings and support of economic stimulation in resolving objective problems;
- targeted implementation of new approaches for small and medium sized employers depending upon individual types of operations;
- application of more effective forms of performing labour inspections.

Particular tasks mainly focused upon:

- disclosure and combating illegal work and illegal employment in accordance with law No. 82/2005 coll. regarding illegal work and illegal employment and regarding changes and amendments to some laws in the wording of law No. 125/2006 coll. (hereinafter “law No. 82/2005 coll.”),
- carrying out inspection of working hours in transport,
- maintenance of working conditions, remuneration, unclear working conditions, collective negotiations and maintenance of the rights of union organisations,
- building and specific activities in building works, for example, building scaffolding, working at heights, excavation works and cooperation within one working site.

In 2007, executive bodies of labour inspection performed labour inspections within seven national tasks in Slovakia:

- inspection of HASAW focused upon works which can cause diseases and damage to skeleton-motor systems,
- social legislation in accordance with law No. 121/2007 coll. or law No. 462/2007 coll. in road transport for employers and road communications,
- working conditions as determinants of gender inequality within the IS EQUAL project,
- prevention of serious industrial emergencies including evaluation of safety reporting,
- system elements in the area of protection of jobs by employers,
- maintenance of HASAW requirements in hotels, restaurants and catering facilities,
- HASAW in the use of metal works, shaping and wood processing machinery,
- HASAW in building – scaffolding, temporary constructions for working at heights, hanging platforms,
- illegal employment in seasonal jobs.

An important element of labour inspection was also commissioning proceedings for buildings, mainly focused upon the area of safety of technical equipment, conditions of workplaces and the safe use of buildings which eliminate the shortcomings before issuance of a decision regarding use of the building. A significant part of the labour inspection capacities also focused upon investigation of serious work injuries and verification of the justification of delivered proposals for performance of a labour inspection, mainly in the area of employment-legal relationships and illegal employment.

“In 2005 to 2007, labour inspectors performed labour inspections of 10,400 to 16,600 subjects annually.

Some employers displayed shortcomings which do not give sufficient guarantees for implementation of effective management of the protection of health and safety at work; for example, strategy and policy for health and safety at work was absent, there were problems with evaluation and assessment of risks, prevention was non-systematic, inspection and remedy activities were absent. Satisfactory care was not provided with regards to the technical safety of operational technical equipment and mainly preventative care was absent.

At the end of a labour inspection, within their authorisation, labour inspectors proposed technical, organisational and other measures to the inspected subjects which were necessary for the improvement of the discovered situation and instructed them to remedy the discovered shortcomings within a determined period. In necessary and serious cases, they prohibited the use of machinery and technical equipment, performance of work without authorisation or against regulations, and also awarded financial penalties for violation of duty in the area of health and safety at work. For example, in 2007, 343 penalties in the total sum of 9,965,000,- SKK were awarded.

Within supervision of the provision of health and safety at work, bodies of the Labour Inspectorate cooperated with regional offices for public healthcare. Joint inspection of works which could cause diseases and damage to skeleton-motor systems was carried out, during which both supervisory bodies presented a uniform method to enforce legal regulations upon employers. Coordinated inspections were also carried out in cooperation with bodies of the state administration in the area of fire protection. Within commissioning proceedings, cooperation with building offices (villages, towns) was at an excellent level.

From 2005 to 2007, there was no basic movement by employers with regards to care of health and safety at work, mainly by employers employing up to ten employees, who do not fully apply the provisions of legal regulations related to health and safety at work since they sometimes they are not familiar with valid legislation and the duties arising from that, and they mainly neglect prevention.

Employers with the number of employees above 100 showed a more comprehensive and systematic approach to health and safety at work. This was contributed to by employees themselves via employees' representatives for health and safety at work in resolving actual issues. A more positive to health and safety at work can typically be seen by employers – foreign investors who build modern production objects, bring safer new technology and therefore implement an enterprising culture, with a high level of securing health and safety at work, to Slovakia. Improvement, motivated by more positive activities by newly created preventative and protective services, is expected (safety-technical service and work healthcare service), mainly by employers with a small number of employees.

Apart from inspection activities, labour inspectorates also provided free advice to employers, physical entities who are entrepreneurs but are not employers and to employees when performing a labour inspection in the inspected subjects and daily in the area of Labour Inspectorates. Advice in the area of health and safety at work was, for example, given 2,411 times in 2007.

Advice focused upon basic specialist information and advice, mainly general rules of prevention in health and safety at work (e.g. risk evaluation, provision of PPE, education), requirements for workplaces (e.g. equipment, ventilation, lighting and temperature in the workplace), requirements for work equipment including specialist technical equipment (e.g. accompanying technical documentation, specialist inspections and testing, specialist skills, official examination, certificates and authorisations), requirements for the work environment (e.g. measurement of chemical and physical adverse substances) and the issue of provision of suitable PPE.

The Labour Inspectorate also addresses complaints. Reports of a violation of legal regulations related to HASAW were most frequently directed at problems with working conditions in the workplace, non-provision of washing and cleaning aids, and provision of uncertified PPE. They included reports of a violation of legal regulations related to HASAW when carrying out building activities, showed shortcomings on building sites situated in public areas, mainly inadequate securing of the building site and areas around scaffolding, etc. Reports also expressed dissatisfaction with the poor investigation of work injuries by employers and a negative attitude by employers in documenting injuries at work.

The National Labour Inspectorate, together with Labour Inspectorates, actively contributed in the preparation of proposals for laws, directives and legal standards including EU legislation in the form of suggestions, statements and notes.”

Information regarding the state of health and safety at work, frequency of injuries at work, occupational diseases and other damage to health within the activities of the bodies of State Mining Administration from 2005 to 2007

One of the main tasks of the bodies of state mining administration in the area of safety at work and safe operation is the enforcement of health and safety at work and working conditions in organisations carrying out mining activities, activities performed using mining methods as well as in the production and use of explosives for demolition works and fireworks, in accordance with authorisations stated in law No. 51/1988 coll. The main aim of the activity of bodies of state mining administration within the area of their activities, in accordance with the legal authorisations of individual bodies of state mining administration, is to enforce establishment and maintenance of legal conditions for work which will properly guarantee the protection of health and safety at work for employees via a legislative and uncompromising demand for adhering to valid legal regulations by employees as well as employers.

Apart from fulfilling standard tasks within the plan of main tasks in the area of health and safety at work and safe operation, the Head Mining Office and district mining offices also have special tasks. These tasks are annually stated by the Head Mining Office on the basis of proposals by individual district mining offices depending upon their actual observations from their main inspections. Special attention is focused upon fulfilment of the main tasks due to their current importance. From 2005 to 2007, one of the most significant tasks was inspection of the maintenance of documentation and registration of work injuries in accordance with law No. 124/2006 coll. and the notice of the Ministry of Labour, Social Affairs and the Family of the Slovak Republic No. 500/2006 coll. which states an example of the form for registering a work accident, then inspection of adhering to the regulations addressing safety at work and safe operation in the underground buildings of motorway tunnels, provision of an emergency mining service as well as operation of selected technical equipment. The subject of separate specialised inspections was performance of demolition works, the condition of technical operational equipment and updating and preparing operational documentation. In accordance with law No. 261/2002 coll. district mining offices actively participated in carrying out coordinated inspections in the area of prevention of serious industrial accidents in the inspected organisations. Coordinated inspections were carried out in accordance with the plan of coordinated inspections in companies for 2005 to 2007 which was approved by the Slovak Environmental Inspectorate after negotiations with the appropriate authorities.

During inspection activities, the greatest attention was paid to organisations employing up to 49 employees. 301 of these organisations (subjects) were inspected which represents 55% of the total number of inspected subjects.

In 2007, during performance of a main inspection by the bodies of state mining administration, a total of 549 subjects were inspected, which was 62 inspected subjects less than in 2006. The decrease in the number of subjects inspected by bodies of state mining administration in 2007 was partially due to joining of subjects into larger units performing activities in more locations and partially due to an increase in the number of other activities arising from widening the authorisations of the bodies of state mining administration.

Disciplinary and sanctions measures by the bodies of main inspection also formed part of the corrective measures.

In relation to a violation of regulations regarding health and safety at work and safe operations, sanctions were awarded when activities were carried out under the authorisation of the main inspection of state mining administration. Individuals were awarded 102 on the spot fines and 16 fines in administration proceedings in a total amount of 237,000,-SKK which is,

in comparison with 2006, greater by 103,400,-SKK. Organisations were awarded 36 fines in administration proceedings in a total amount of 4,047,000,-SKK.

In 2007, a total of 25 certificates for performance of activities were revoked from organisations.

In 2007, apart from the abovementioned, in 8 cases the operation of machinery and equipment was prohibited by a decision of the body of main inspection, in two cases the use of production and operational areas was prohibited, in two cases the use of technology and activity was prohibited and in one case performance of activities without authorisation was prohibited.

Performance of activities with immediate contact with rock faces underground as well as aboveground is connected to the constant risk of jeopardy and damage to health as a consequence of injuries and occupational disease. Work carried out in relation to mining activities as well as activities performed using mining methods underground and aboveground is constantly carried out in an environment of constant risk of damage to the health of employees due to the constant effect of adverse external influences such as dust, noise, vibration, humidity, heat, cold and others. Due to the effect of external adverse influences which at present cannot be reliably eliminated, the increased risk to the health and life of employees continues and therefore also a greater occurrence of work injuries and occupational disease. The frequency of injuries is also unfavourably influenced by the present development of society, where jobs related to mining activities and activities performed using mining methods have become unattractive. Secondary schools and schools of higher education have stopped producing mining experts which has a direct influence upon the decrease in specialist skills of employees as well as upon the increasing risk of harm due to environmental influences.

The progress of the frequency of injury in 2007 in comparison with 2006 can be considered as stable. It reflects the level of quality of employees as well as the risks working in underground operations of coal and non-coal mines where the majority of registered work injuries occurred within the observed period.

In 2007, there was a total of 5 fatal injuries, 12 cases of serious damage to health and 487 other registered work injuries (from which, there were 18 injuries with an estimated or actual length of treatment of at least 42 days). In comparison with 2006, it is clear that in 2007, there was a decrease by 1 fatal injury and an increase in the total number of registered work injuries by 2. Overall, taking into account the slight increase in the number of employees compared to 2006, the level of frequency of injury can be considered as stabilised. However, the number of fatal work injuries which mainly occurred in operations when performing mining activities is unsatisfactory despite the decrease.

Information regarding the conditions of health and safety at work, progress of occupational disease and other damage to health at work for 2005 to 2007

Until September 2007, the issue of public healthcare was addressed in law No. 126/2006 coll. regarding public healthcare and regarding changes and amendments to some laws which legislatively addresses the latest knowledge in the area of public healthcare for the first time. Application of this law in everyday practice brought a need for it to be replaced by a new law, mainly with regards to fulfilling the aim stated in this law which is to increase the

personal responsibility of each individual for protection, support and development of public health by specifying the duties related to establishing and protecting healthy living and working conditions. Law No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws (hereinafter "Law No. 355/2007 coll."), which became effective on 1st September 2007, cancelled law No. 126/2006 coll.

The aim of this new legal modification is more effective influence upon the establishment and protection of healthy living and working conditions which should result in more thorough primary prevention and positive development of public health.

One of the basic tasks of bodies of public healthcare arising from law No. 355/2007 coll. was evaluation and assessment of measures and proposals submitted by physical entities – entrepreneurs and legal entities in accordance with § 13 of law No. 355/2007 coll. and decisions from the viewpoint of their influence upon public health including health at work.

In the area of protection of health at work, bodies of public healthcare carried out State Healthcare Supervision (SZD) which is a specialised inspection activity focused upon specific risks of work, working conditions and the working environment influencing the health of employees. They monitored fulfilment of the measures by employers related to the protection of the health of employees against the unfavourable effects of physical, chemical, biological and other factors in the work environment. From the viewpoint of exposed employees, the most significant physical factors in the work environment were excessive noise, vibration, and ionising and non-ionising radiation.

In workplaces with an occurrence of chemical factors, SZD mainly focused upon handling poisonous and highly poisonous chemical compounds and preparations, mainly with regards to their storage, including the method of documentation, specialist skills of employees and handling, preparation of reports regarding risks and operational regulations. Special attention was paid to agricultural organisations, mainly before commencement of spraying, with a focus upon handling preparations for the protection of vegetation, disposal of packaging and unused residual preparations for the protection of vegetation.

Regarding physical and chemical factors, the bodies of public healthcare specially focused upon inspection of keeping within the limits for exposure to harmful factors in the work environment by employers and in selected workplaces, within SZD they also created objectives.

A very important area with regards protection of health, upon which SZD focused, was those workplaces where employees were exposed to the influence of proven or likely carcinogenic and mutagenic factors and workplaces with work processes with a risk of chemical carcinogenicity; in selected professions exposed to these factors, biological monitoring was ordered. A large group of employees exposed to these factors were mainly employees in healthcare facilities who prepared or applied cytostatics and employees who carried out demolition works in buildings and building sites with the existence of materials containing asbestos.

Another significant group of workplaces monitored by bodies of public healthcare were workplaces with the presence of biological factors, mainly healthcare and veterinary facilities, laboratories, water treatment plants and working places for the disposal of waste.

Bodies of public healthcare also monitored the working conditions in workplaces demanding from the viewpoint of physical, psychological and sensory burden upon employees, especially in workplaces with display units and working with loads. A necessary part of SZD in all workplaces was monitoring the maintenance of hygiene or health requirements in work areas, lighting, ventilations, heating, supply of drinking water and equipment in workplaces with devices for personal hygiene and other devices related to protection of the health of employees.

Bodies of public healthcare paid priority attention to workplaces in which employees at work were greatly exposed to factors damaging to health in the work environment, i.e. carried out hazardous tasks with increased danger of creation of occupational disease, professional poisoning or other damage to health due to work. The majority of employees experienced combined exposure to several risk factors. Bodies of public health care ordered employers to carry out efficient protective and preventative measures for elimination of risk or its decrease to the lowest possible level, including provision of targeted medical preventative examinations for employees by doctors working in employment medical services.

Part of SZD was also investigation of conditions for the occurrence of occupational damage to health in workplaces with reported a suspicion of the presence of occupational disease and evaluation of the measures taken by employers for elimination of the occurrence of occupational disease. When ascertaining the causes of the creation of occupational damage to health, the bodies of public healthcare cooperated closely with clinical medical staff in employment and with doctors in employment healthcare services.

One of the priorities in performing SZD in workplaces in 2007 was also inspection of the fulfilment of employers' duties to provide employment medical services to all employees as well as inspection of the scope of activities of employment medical services in places of employment who had such services already provided by a third party or by the employer's own specialist employees.

In 2007, bodies of public healthcare performed SZD of legal entities and physical entities authorised as entrepreneurs on the basis of their proposals if they had provably taken technical, organisational and other measures and therefore decrease the exposure of employees, continuously re-evaluated works stated as hazardous in accordance with newly defined criteria addressed in the act of the Government of SR No. 357/2006 coll. or, since 1st October 2007, in the notice of the MH SR No. 448/2007 coll. regarding the details of factors of work and the work environment in relation to categorisation of works from the viewpoint of risks to health and regarding the requisites of the proposal for classification of works into categories. From 1994 to date, there has been a decrease in the number of employees carrying out hazardous works by 38,600 employees, i.e. by 24.9%. The decrease in the number of employees carrying out hazardous works in 2007 was minimal in comparison with the previous year (116,343 employees in 2006, 116,297 in 2007).

Similarly, regarding the occurrence of occupational disease, the overall trend was declining. From 1994 to date, the registered number of occupational diseases has decreased by 156 i.e. 23% (772 cases of occupational disease in 1996, 556 cases of occupational disease in 2007). However, in 2007, a slight increase in newly discovered cases of occupational disease was recorded in comparison with the previous year (556 cases of occupational disease in 2007, 492 cases of occupational disease in 2006).

The main reasons for the overall decrease in the number of hazardous jobs as well as the recorded decrease in occupational disease are mainly a decline in production in the area of mining of minerals, industrial production and agriculture. At present it is not possible to state that the majority of employers in SR take proper care of the health of their employees and invest sufficient financial means in taking protective and preventative measures arising from legislative modifications for provision of protection of employees' health.

The specialist advisor of an employer in the area of health and safety at work who performs medical supervision in the workplace is employment medical services who provide primary care of the health of employees in the workplace whilst its main target is the prevention of occupational disease and work injuries, and ensuring the ability to work of employees. The employment monitors the work environment and the health of employees via targeted preventative medical examinations via which they systematically monitor any changes in the health conditions of employees related to work.

In 2007, SZD was carried out in 19,112 organisations, but employers only provided an employment medical service in 2310 inspected organisations via a supply method and in only 87 organisations the medical service was provided by their own employees. The number of employees in inspected organisations which provided an employment medical service was circa 200,000. In comparison with 2006, the number of employees to whom employees provided an employment medical service increase by approximately four-fold.

Progress of the frequency of work injuries and occupations disease from 2005 - 2007

Year	Number of work injuries (PU)	Number of days of absence due to PU	Number of cases of occupational disease
2005	12 958	622 068	405*
2006	13 826	692 560	492*
2007	14 990	688 468	556*

Preview of inspections

Code	H A S A W	Number performed			% comparison 2007/2006
		2005	2006	2007	
22/A	Inspections of HASAW conditions	580	539	413	77
22/B	Exceptional inspections	25	72	21	29
22/F	Subsequent inspections – check of measures instructed	48	55	48	87
22/C	Participation in commissioning proceedings	42	13	33	254
22/D	Addressing complaints	15	6	9	150

22/E	Addressing proposals	10	42	48	114
41/J-47/J	Investigation of events	22	107	200	187
22/I	Verification of specialist skills	338	176	287	163
22/H	Statement for HASAW, awarding exceptions	54	45	85	189
22/G	Advisory activities	101	80	123	154
Number performed		1235	1135	1267	112
Supervision in accordance with special regulations					
Code	Supervision in accordance with special regulations	Number performed			% comparison 2007/2006
		2005	2006	2007	
23/A	Inspections in accordance with work plans	36	60	15	25
23/B	Exceptional inspections	3	6	7	117
23/F	Subsequent inspections – check of measures instructed	6	2	2	0
23/C	Participation in commissioning proceedings	4	2	3	150
23/J	Addressing events	2	6		
23/E	Addressing proposals	7	5	5	0
23/G	Advisory activities	6	5	11	220
Number performed		64	86	43	50
Employment-legal relationships					
Code	Employment-legal relationships	Number performed			% comparison 2007/2006
		2005	2006	2007	
Total number performed		1299	1221	1310	110

Preview of violations of regulations (shortcomings) depending upon the object

Code	Group of objects supervised	Number of violations			% comparison 2007/2006
		2005	2006	2007	
0100	Stated working conditions	193	16	34	213
0200	PPE	28	16	16	0
0300	HASAW management	1	9	41	456
0400	Organisation of work	48	210	46	22
0500	Working environment	54	10	13	130

0600	Operational buildings and objects	16	7	23	329
0700	Production-technical equipment	85	80	38	48
0800	Other machinery and equipment	84	54	66	122
0900	Special machines and equipment		7	20	286
1000	Activities	130	252	262	104
Total		639	661	559	85

Legally awarded penalties

Type of activity for which the penalty was awarded	Number of penalties			Amount of penalties in SKK		
	2005	2006	2007	2005	2006	2007
A. Legal penalties awarded to organisations						
Inspections of HASAW conditions	7	23	9	130 000	783 000	2 389 000
Exceptional inspections	1	1	22	250 000	150 000	88 000
Addressing complaints						
Addressing proposals		1			10 000	
Subsequent inspections – check of measures instructed						
Verification of specialist skills						
Investigation of events		2	5		140 000	1 570 000
Total – penalties awarded to organisations	8	27	36	380 000	1 083 000	4 047 000
B. Legal penalties awarded to physical entities (individuals)						
Inspections of HASAW conditions	53	45	7	25 500	28 200	116 000
Exceptional inspections		5	4		3 100	5 000
Addressing complaints		2			1 000	
Addressing proposals	1	22	5	100	14 500	50 000

Subsequent inspections – check of measures instructed		12			8 000	
Investigation of events	8	9		12 000	26 500	
Total – penalties awarded to individuals	62	95	16	37 600	81 300	171 000
On the spot penalties	52	92	102	27 600	52 300	66 000
C. Distribution of legally awarded penalties depending upon the type						
	2005	2006	2007	2005	2006	2007
HASAW inspection	9	27	36	480 000	1 083 000	4 047 000
Total – penalties awarded to organisations	9	27	36	480 000	1 083 000	4 047 000
HASAW inspection	62	95	16	37 600	81 300	171 000
Total – penalties awarded to individuals	62	95	16	37 600	81 300	171 000

Article 3§3

1. Please describe the consultation with employers' and workers' organisations on measures intended to improve industrial safety and health. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the consultation with employers' and workers' organisations.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Support of health and safety at work and protection of employees against the unfavourable effects of work is part of state policy in the Slovak Republic.

Establishment, implementation and regular evaluation of national policy for health and safety at work and the working environment is carried out via the conception of health and safety at work approved by the government of Slovak Republic for a specified period.

The activities of employees' representative organisations are mainly in the area of education, enforcing employees' interests and HASAW inspections in places of employment.

In 2007, with the aim of increasing the effectiveness of the protection of employees with regards health and safety at work (hereinafter "HASAW"), the Confederation of Unions of the Slovak Republic (hereinafter "KOZ SR") and the National Labour Inspectorate (hereinafter "NIP"), signed an agreement regarding cooperation regarding health and safety at work.

A departmental inspection and activities in the area of HASAW in 2007 was provided by a total of 38 professional departmental safety at work inspectors of the KOZ SR, which is two more than in 2006. From those, four acted as advisors – regional departmental HASAW inspectors. Some unions with a small number of members carried out their own departmental inspections using professional departmental HASAW inspectors from other larger unions (such as the Slovak Union of Culture and Social Organisations). Unions for employees in finance and insurance and unions for foodstuff employees provided specialist inspections via regional departmental HASAW inspectors.

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Contracting 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.

Information to be submitted

Article 11§1

1. Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
3. Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data).

The aims stated in this provision of the charter are fulfilled and implemented by the healthcare department, mainly via the activities of the Ministry of Health of the Slovak Republic, the Office for Public Healthcare of the Slovak Republic, regional offices of public health care and healthcare providers through implementation of the concept of State health policy which formulates short and long term targets, strategies and state priorities focused upon the support, protection, provision and improvement in the health conditions of the public and upon the provision of healthcare to citizens.

Addressing individual tasks of State health policy is implemented via the projects and programmes of the National Programme of Support of Health (hereinafter “NPPZ”). The Programme is based on the policy of the World Health Organisation – “Health 21” – health for the European region for the 21st Century. The strategy of NPPZ is based on the results of

monitoring the health conditions of the citizens of the Slovak Republic as well as from the results of the health awareness of the public. NPPZ is an integrated programme in which all elements of society can participate, including other departments, bodies of state administration and self-government, NGOs, the entrepreneurial sector and other organisations which will provide a high level of protection of health.

At present, demographic development in SR has a long term negative trend, characterised by a decreasing birth rate whilst the mortality rate has remained at approximately the same level. In 2004, there were 51,713 live births and 52,230 persons died. Natural growth per 1000 inhabitants has remained negative for the past three years. This value is still slightly higher than in the European Union.

Life expectancy (SDZ) when born in the male population of SR has reached quite low values, much lower than in the countries of Western Europe even despite that fact that within the last 15 years, we recorded a lengthening of SDZ in males by 3 years. Life expectancy when born in the SR for males is 70 years and in the EU it is 75.5 years; in women in the SR it is 78 years and in the EU it is 82 years.

Area differentiation of average life expectancy in the small area of the SR is remarkable. Averages from 1996 – 2002 show that for the length of life of males (over 70 years), the districts of Bratislava-town (I - V), Piešťany, Bánovce nad Bebravou, Trenčín, Prievidza, Partizánske, Martin, Tvrdošín, Žilina, Košice (districts I - III), Svidník and Bardejov were leading.

The shortest average life expectancy of males (under 67 years) was in the districts of Čadca, Banská Štiavnica, Detva, Krupina, Rimavská Sobota, Sobrance and Trebišov. Similar, although slightly different, was the difference in life expectancy of females. In Southern Slovakia, from the district of Dunajská Streda all the way to Trebišov, there is almost a continuous band with the shortest life expectancy of females.

The structure of mortality depending upon the cause of death for the whole population of the SR has shown no significant changes. The five most frequent causes of death, i.e. cardiovascular disease, oncological diseases, diseases due for external reasons (injury, poisoning, murder, suicide, etc), respiratory diseases and diseases in the digestive system caused 95% of all deaths. The quantitatively most significant causes of death are cardiovascular system diseases and malignant tumours. Trends in changing mortality in SR are, to a certain point, similar to those in the European Union.

The trend of development of mortality due to cardiovascular diseases has a stagnating nature in the Slovak population. There has been a decrease in the occurrence of heart attack in all age groups, mainly in males in their productive age. Mortality caused by diseases in the circulatory system of males and females over 65 years is the highest in southern or south eastern districts of SR. This is related to vein brain diseases as well as to ischemic heart disease and heart attack.

In comparison with EU states, SR is one of the states with the highest mortality rates due to cardiovascular disease.

In comparison with the previous period, the National Oncology Register did not record more significant changes in the structure of time trends of the development of individual

localisations and types of malignant tumours. The structure and trend of oncological diseases in the SR are similar for males and females to those in the EU.

Despite unfavourable development in the incidence and mortality of tumours in adults, the number of newly diagnosed diseases in children (aged 0 – 15 years) has not changed in the last 30 years. Annually, 170-180 new cases of disease were diagnosed; in recent years this number dropped to just below 150, apparently also as a consequence of a decrease in the number of children in the population.

In comparison with other EU states, the SR has a higher mortality rate from oncological diseases than the EU average.

Within the last ten years, we have recorded a decrease in mortality due to diseases of the respiratory system, even despite a long term increase in the prevalence of chronic obstruction pulmonary disease and bronchial asthma. The SR has more than 2% of inhabitants who are asthmatic. According to the National Register of Bronchial Asthma, we have recorded the most amongst those aged 5 – 9 years (so called paediatric, mainly allergic asthma) and in the ages of 45-49 years, so called adult asthma, mainly non-allergic asthma. From the viewpoint of the occurrence of the most frequent diseases in the childhood population, allergic diseases are dominant. The highest increase was recorded in the number of atopic dermatitis which is commonly known as allergic children's eczema, in bronchial asthma and in foodstuff allergies.

In comparison with other EU states, the SR has greater mortality from diseases of the respiratory system than the EU average.

Mortality from diseases in the digestive system in the Slovak Republic in both genders has increased. In comparison with 1997, the frequency of illness of the digestive system increase by 25.4%, mainly in women.

Stress and an unhealthy diet are the main reasons for this disease developing. For this reason, an increase in the occurrence of this disease can also be expected in the future. In 2004, 6.62 men and 3.54 women per 100,000 of the population died due to duodenal diseases (K25-K27 International Classification of Diseases).

In comparison with other EU states, the SR has a higher death rate due to diseases of the digestive system than the EU average.

With regards to the prevalence of metabolic diseases, mainly diabetes mellitus and osteoporosis are dominant, in which we are monitoring the unfavourable development trends.

On the basis of statistical reports from individual clinics regarding the prevalence of type II diabetes mellitus, the SR ranks amongst those European countries with a higher occurrence than the European average. From 1990 to 2003, the overall incidence of type I diabetes mellitus increased 2.3 times. The increase was proven in all age groups with the most significant growth in children from 0 to 4 years.

It is similar with regards osteoporosis where, in accordance with experience from the surrounding countries, it can be estimated that each 5th woman over 50 years has densitometrically provable osteoporosis.

Regarding risk factors, nutrition indexes are being monitored in the productive group of the population and the individual consumption of foodstuffs at the same time. According to this data, the Slovak population has a higher consumption of animal fat, smoked meat products and sweets, above the recommended daily limits. At the same time, the consumption of fruit and vegetables is increasing slightly, although we do not yet reach the recommended daily dose.

Another risk factor influencing health is dependence on tobacco, **alcohol** or drugs. The number of smokers of tobacco products is increasing in the SR, mainly amongst young people in the age group up to 18 years. An unwelcome trend is mainly the increase in young, female smokers. According to statistical data from several researchers, it is estimated that in the SR, 23% of adults smoke regularly and 16% occasionally. There is a similar trend in the consumption of alcohol, where the number of young people dependent on alcohol is increasing.

On the other hand, there are also positives in the development of the health of the Slovak population, which is low mortality of men and women in the SR due to infectious and parasitological diseases. The prevalence of HIV/AIDS in the EU is five times higher than in the SR. The Slovak Republic has one of the lowest number of newly registered cases of AIDS in the whole of Europe.

The health of the child population in the SR is comparable with the health of children in the EU. Trends in the premature death of children in the SR are favourable. Mortality due to cardiovascular disease, death due to external influences (accidents) and death due to diseases of the respiratory system is decreasing. Child mortality is decreasing and the average life expectancy of men and women is increasing. Vaccination in the SR is higher than in other EU countries.

Article 11§2

1. For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
3. Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

Advisory activities in the area of prevention of diseases and other health disorders are addressed in law No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws in the wording of law No. 140/2008 coll.

Paragraph 14 of cited law addresses advisory activities.

The Office of Public Healthcare and regional offices of public healthcare carry out advisory activities in the area of support and protection of health, establish and operate advice centres for the protection and support of health.

The aim of advice centres for the protection and support of health is to decrease the number of health risks via general and specialist advice focused upon a positive change of the way of life using scientifically proven knowledge and method in the area of medicine and public healthcare.

General advice includes active searching and stating the risk factors of cardiovascular, tumours and other chronic non-transferable diseases, and passing on information regarding the principles of a correct lifestyle in an understandable form as well as motivation in making positive changes for the prevention of the most serious, chronic non-transferable diseases.

Specialist advice focuses upon the prevention of most serious, non-transferable diseases by influencing lifestyle risks, mainly smoking, insufficient physical activity, incorrect diet, obesity and stress.

Advice centres for the protection and support of health provide individual, group and collective advice.

Advice centres are established in offices of public health care on the basis of a law; the financial means for their establishment and operation are provided from the state budget or from the budgets of villages and self-governing municipalities.

One of the main health indicators is average life expectancy which is influenced by the risk factors or by the rate of their suppression. Accessibility and the level of healthcare increase average life expectancy in developed countries by 10 to 20%, in Slovakia there is an ongoing slight increase in average life expectancy. Following the programmes (National Programme for the Support of Health, the Programme for a More Healthy Diet, National Programme for Psychological Health, and the National Cardiological Programme which at present is under preparation) also have a positive influence upon the growth of average life expectancy. Projects: CINDI, Test of Health Heart (carried out by the health advice centres under the Office for Public Health SR, Schools Supporting Health, Programme of the Support of Health of Disadvantaged Communities in Slovakia). The mentioned projects and programmes are supported by the ability to persuade people to start showing an active interest in their own health, by the activities of advice centres working under regional offices for public healthcare in SR. These advice health centres are sufficiently equipped to help expose the risk factors of the majority of non-infectious diseases. These are mainly activities which play a significant role in the prevention of cardiovascular diseases and the influencing risk factors. Improvement in the quality of advisory activities focuses upon activities providing information regarding the principles of a proper diet, healthy lifestyle, providing information to the wide public regarding a healthy lifestyle, widening knowledge, attitudes and habits, focused upon the support, development and maintenance of the health of the inhabitants of the SR.

At present within the EU, health indicators are monitored in various projects; the mentioned indicators which we are sending you are monitored in the ECHIM projects and are important indicators in monitoring the health of the inhabitants of the SR. Statistical data

regarding these indicators are obtained from the publications of the Statistical Office and the NCZI. The given indicators are:

[Population by gender/age](#)

[Age dependency ratio](#)

[Crude Birth rate](#)

[Mother's age distribution \(teenage pregnancies, aged mothers\)](#)

[Fertility rate \(Total fertility; Completed fertility by generation\)](#)

[Population projections](#)

[Total unemployment](#)

[Population below poverty line](#)

[Life expectancy](#)

[Infant mortality](#)

[Perinatal mortality \(foetal deaths plus early neonatal mortality\)](#)

[Standardised death rates Eurostat 65 causes](#)

[Drug-related deaths](#)

[HIV/AIDS](#)

[Lung cancer](#)

[Breast cancer](#)

[\(Low\) birth weight](#)

[Injuries: road traffic](#)

[Injuries: workplace](#)

[Perceived general health, prevalence](#)

[Prevalence of any chronic illness](#)

[Health expectancy, based on limitation of usual activities](#)

[Regular smokers](#)

[Total alcohol consumption](#)

[Consumption/availability of fruit, excluding juice](#)

[Consumption/availability of vegetables, excluding potatoes and juice](#)

[PM10 \(particulate matter\) exposure](#)

[Vaccination coverage in children](#)

[Breast cancer screening coverage](#)

[Cervical cancer screening coverage](#)

[Hospital beds](#)

[Physicians employed](#)

[Nurses employed](#)

[MRI units, CT scans](#)

[Hospital in-patient discharges, limited diagnoses](#)

[Average length of stay \(ALOS\), limited diagnoses](#)

[GP utilisation](#)

[Surgeries: PTCA, hip, cataract](#)

[Expenditures on health](#)

[Survival rates breast, cervical cancer](#)

Article 11§3

1. For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
3. Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.

Measures for ensuring the efficient fulfilment of the right to protection of health in the Slovak Republic leading to the prevention of infectious diseases are fully implemented. They are enforced via appropriate provisions of law No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws in the wording of law No. 140/2008 coll.

Epidemiology supervision in the Slovak Republic is carried out by epidemiology departments of regional offices of public health care. Their task is also to monitor the maintenance of effectiveness of measures stated by law in the area of infection epidemiology which is carried out with the scope of the State Health Inspectorate for Epidemiology. It is mainly inspection of keeping the duty to report infectious diseases, inspection of compulsory, exceptional and regular vaccination, isolation and quarantine measures, disinfection, disinsection and deratting at the seat of the infection, inspection of hygiene-epidemiology regimes in healthcare facilities, inspection of measures for restricting the spread of diseases transferable from animals to humans, maintenance of conditions stated for performing jobs or exclusion by persons carrying an infectious disease, suspected of having such a disease or persons excreting disease-producing germs, and inspection of conditions for performing epidemiologically important activities.

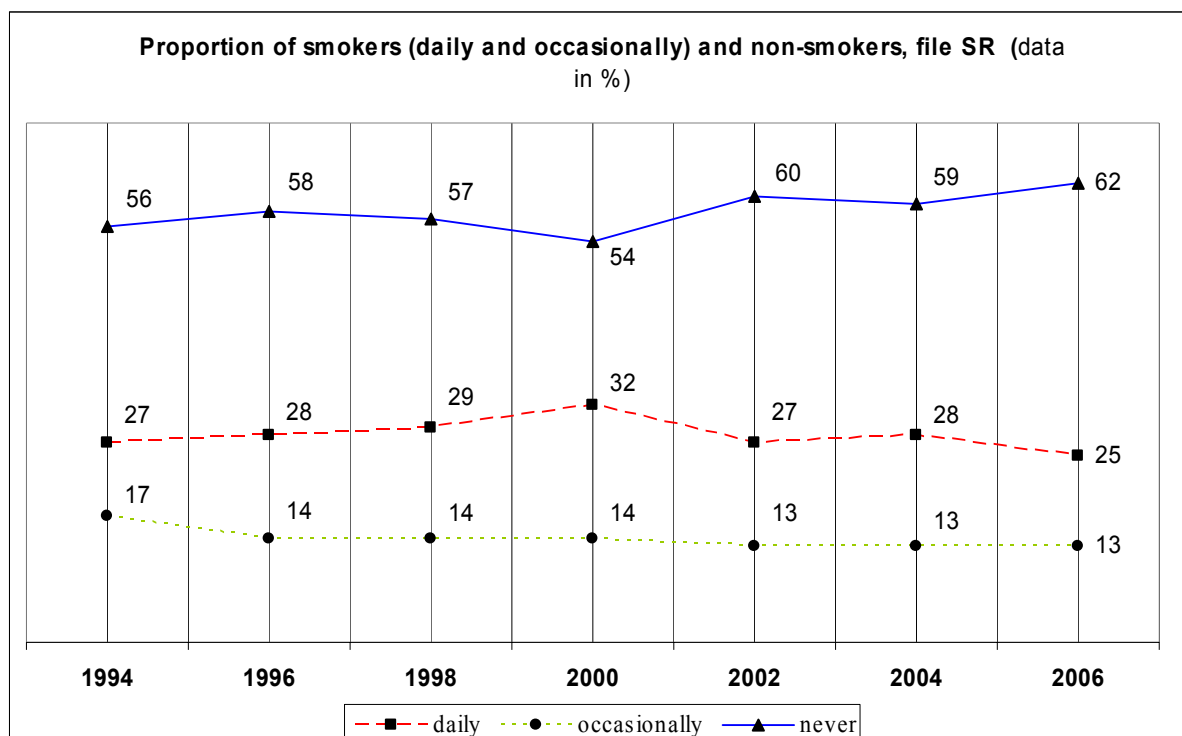
Measures stated in law No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws in the wording of law No. 140/2008 coll. are in full compliance with aim No. 7 of the document of the World Health Organisation, 21st Century Health which is “by 2020, significantly decrease the unfavourable consequences of transferable diseases via the use of programmes for eradication, elimination or management of infectious diseases important for public health”. This is protection of the health of inhabitants, decrease in the frequency of disease and mortality, strengthening health and its quality in individuals as well as in the entire population.

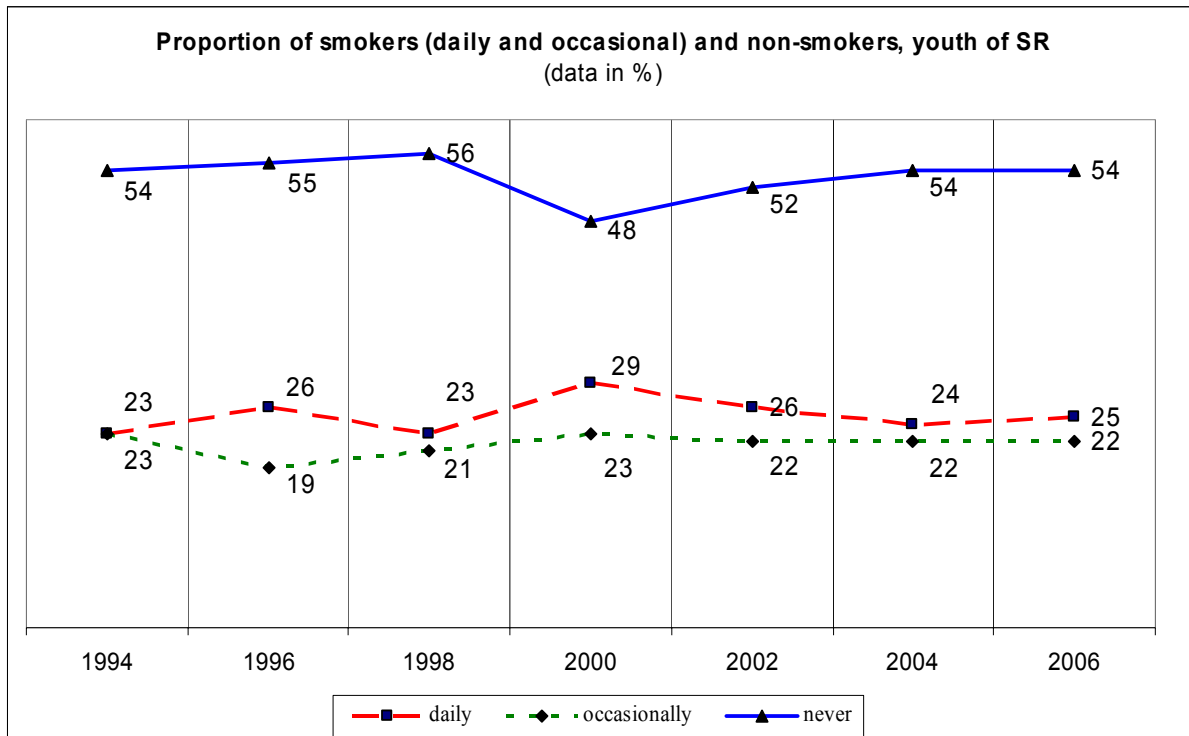
In accordance with law No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws in the wording of law No. 140/2008 coll. there are measures determined for the prevention of epidemic diseases.

Since 1994, the Statistical Office of the SR has periodically, at two-year intervals, carried out a survey of the opinion of the inhabitants of the SR, using a representative sample, regarding the use of drugs and tobacco (Opinions and Attitudes of Inhabitants, 2006). Since 1994, the greater share in all monitored groups is formed by non-smokers. Since 2000, the proportion of non-smokers has also been increasing amongst the young people of the SR. Amongst young people in Bratislava, the proportion of non-smokers has been identical since 1998 – 53%. As the age of respondents increases, the share of those who claim that they smoke daily also increases. On the other hand, amongst the youngest, there is the greatest proportion of occasional smokers.

In 2006, non-smokers formed the largest group of adults from the three monitored, whilst the number of non-smokers exceeded 60% for the first time. This is closely related to a decrease in daily smokers to the lowest level since 1994. The proportion of irregular smokers remains at a constant level compared to other years.

With regards to smoking by young people in Slovakia aged 15 – 19 years, the situation has stabilised. Unlike adult smoking, there was no increase in non-smokers during the monitored period from 1994 to 2006.





Monitoring the experience in the use of tobacco by the children of Slovakia aged 16 years is implemented via the research of ESPAD (European School Project on Alcohol and Other Drugs), GYTS (Global Youth Tobacco Survey) and research regularly carried out by the Institute of Information and Prognosis of Education. One of the monitored characteristics is ascertaining the amount of smoking which has taken place within the last 30 days (The ESPAD Report, 2007).

Smoking by 16-year olds within the last 30 days

	1995	1999	2003	2007
Boys	34 %	40 %	39 %	51 %
Girls	20 %	34 %	36 %	43 %

From this data, it is clear that, according to ESPAD data, the situation in Slovakia is worsening. Alarmingly, the number of girls who have lit a cigarette within the last 30 days has increased by 23% (1995 – 2007). A better situation cannot be observed in boys, where there is a 17% increase (1995 – 2007).

Research organised by the Centre for Control of Diseases in the USA, under the name of GYTS (Global Youth Tobacco Survey) monitored the occurrence of smoking and the use of tobacco products amongst young people aged 13 – 15 years in Slovakia. On the basis of their results, we can focus upon the most important data (GYTS, Report, 2007):

Prevalence:

- 64.9% have already smoked cigarettes (Boys = 69.3%, Girls = 60.2%)

- 27.9% use tobacco products at present* (Boys = 30.0%, Girls = 25.1%)
- 26.4% smoke cigarettes at present* (Boys = 28.0%, Girls = 24.1%)
- 8.3% currently smoke cigarettes daily (Boys = 9.8%, Girls = 6.2%)
- 11.2% smoke cigars at present* (Boys = 12.4%, Girls = 9.3%)
- 29.1% started to smoke before they were 10 years old** (Boys = 34.8%, Girls = 22.3%)
- 24.6% non-smokers susceptible to starting smoking (Boys = 17.7%, Girls = 29.6%)

Accessibility of tobacco products – present smokers:

- 30.7% usually smoke in public places (parks, shopping centres, the street, etc)
- 50.8% buy cigarettes in a shop
- 83.3% of those who bought cigarettes in a shop were not refused due to their low age

Passive smoking:

- 46.3% live in homes where smoking takes place in their presence
- 69.3% are exposed to passive smoking outside their home
- 79.8% think that smoking should be prohibited in public areas
- 75.6% think that passive smoking harms them
- 50.9% have at least one smoking parent
- 24.1% where the majority or all friends are smokers

Vaccination, infectious and epidemic diseases

Authorisation of the department of epidemiology of the Office of Public Health SR includes prevention of communicable diseases. Priority tasks in the prevention of infectious diseases in SR are still the provision of thorough surveillance and implementation of an immunisation programme.

The basis for surveillance is legally stated compulsory reporting of the occurrence of all infectious diseases, suspicion of an infectious disease and also cases of carrying disease-producing germs. Epidemiological surveillance in the Slovak Republic is carried out by departments of epidemiology of offices of public healthcare. Their aim is also to monitor the maintenance and effectiveness of measures stated by law in the area of infectious epidemiology which is carried out under the State Health Inspectorate for Epidemiology. This is mainly inspection of the maintenance of the duty to report infectious diseases, inspection of compulsory, exceptional and regular vaccination, isolation and quarantine measures, disinfection, disinsection and deratting at the seat of the infection, inspection of hygiene-epidemiology regimes in healthcare facilities, inspection of measures for restricting the spread of diseases transferable from animals to humans, maintenance of conditions stated for performing jobs or exclusion by persons carrying an infectious disease, suspected of having such a disease or persons excreting disease-producing germs, and inspection of conditions for performing epidemiologically important activities. Consequently, epidemiological and laboratory investigation takes place in the seat of an infection as well as repressive measures including disinfection.

The Slovak Republic cooperates with the World Health Organisation, the European Centre for Disease Control (ECDC) and European networks for surveillance of selected infectious diseases, where the required information regarding the occurrence of selected infections in SR is regularly forwarded.

The Slovak Republic provides continuous monitoring of the Early Warning and Response System (EWRS) which serves to warn public health care representatives of EU member states and the European Commission of epidemics greater than those of a national nature so coordinated measures can be taken within the EU if necessary.

Measures stated by law are fully in compliance with aim No. 7 of the WHO document 21st Century Health – “By 2020, significantly decrease the unfavourable consequences of transferable diseases via the use of programmes for eradication, elimination or management of infectious diseases important for public health” and with the provisions of the Charter. This is protection of the health of inhabitants, decrease in the frequency of disease and mortality, strengthening health and its quality in individuals as well as in the entire population.

Since 1986, the Slovak Republic has followed a unified immunisation programme which is fulfilled in compliance with the World Health Organisation programme “Health for everyone in the 21st Century), in compliance with the practice of the member states of the European Union and in compliance with the recommendations of the workgroup for immunisation, formed of experts from the Ministry of Health. In the SR, the law states compulsory vaccination of all children up to 15 years of age against tuberculosis, infant polio (IPV), diphtheria, tetanus, whooping cough, chicken pox, rubella, parotitis, hepatitis type B and haemophilic invasive infections. In 2007, a hexavaccine (DTPa – HIB – IPV – VHB) with non-cellular, less reactogenic elements against whooping cough was included in regular, compulsory vaccination of infants.

Thanks to thorough fulfilment of the immunisation programme, the overall Slovak results of vaccination are favourable in the long term. Vaccination of the child population of the Slovak Republic has been 98% to 99% over the long term. Implementation of systematic wide area vaccination has eliminated all serious infections in the area of the Slovak Republic.

Regarding vaccination of adults, compulsory vaccination against VHB is carried out for healthcare personnel working in selected workplaces as well as vaccination of other groups of the population with a high risk of infection by VHB. All adults in sanatoriums, in geriatric centres and in facilities of social care are vaccinated against influenza. In the last two influenza seasons in Slovakia, vaccination against influenza has been accessible without charge for all interested thanks to it being refunded by health insurance companies.

Every 15 years, adults are re-vaccinated with a combined vaccine against diphtheria and tetanus.

Other recommended vaccinations are those against encephalitis when moving in endemic areas, against influenza and pneumococcal infections, mainly for persons over 65 years and infants.

**Frequency of infectious diseases which are included in regular, compulsory vaccination
in SR, 2005 – 2007**

COMPARISON OF VACCINATIONS DEPENDING UPON INDIVIDUAL TYPES OF

Disease	2005		2006		2007	
	abs.	rel.	abs.	rel.	abs.	rel.
Diphtheria	–	–	–	–	-	-
Tetanus	–	–	–	–	1	0.02
Whooping cough	17	0.3	30	0.6	21	0.39
Chicken pox	–	–	–	–	-	-
German measles	1	0.02	2	0.04	2	0.04
Mumps	10	0.2	17	0.3	5	0.09
Infant polio	–	–	–	–	-	-
TBC	743	13.8	451	8.4	708	13.13
VHB*	124	2.3	123	2.2		1.9
Hib**	7	0.1	6	0.1		0.1

VACCINATION

TYPE OF VACCINATION	VACCINATED (%) IN		
	2005	2006	2007
BASIC VACCINATION AGAINST DIPHTHERIA, TETANUS, PERTUSSIS, VHB, INFANT POLIO AND HAEMOPHILIC INVASIVE INFECTIONS	99.2	99.0	99.3
FIRST RE-VACCINATION AGAINST DIPHTHERIA, TETANUS, PERTUSSIS	99.3	99.1	99.2
SECOND RE-VACCINATION AGAINST DIPHTHERIA, TETANUS, PERTUSSIS	99.3	99.3	99.4
THIRD RE-VACCINATION AGAINST DIPHTHERIA AND TETANUS	99.7	99.2	99.3
BASIC VACCINATION AGAINST TUBERCULOSIS	97.8	98.0	98.1
BASIC VACCINATION AGAINST CHICKEN POX, RUBELLA AND PAROTITIS	98.4	98.4	98.8

REVACCINATION AGAINST CHICKEN POX, RUBELLA AND PAROTITIS	99.5	99.5	98.5
VACCINATION OF ADOLESCENTS AGAINST VHB	-	98.9	99.4

Article 12 – The right to social security

With a view to ensuring the effective exercise of the right to social security, the Contracting 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 required for ratification of International Labour Convention (No. 102) Concerning Minimum Standards 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 Contracting 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 Contracting 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 Contracting 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.

Information to be submitted

Article 12§1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The system of social security in the Slovak Republic consists of:

- 1) an insurance system which consists of:
 - a) a system of social insurance
 - b) a system of public health insurance
- 2) a system of state social support
- 3) a system of social aid

At present in the Slovak Republic, there is an established system of social security and this system is maintained.

Legislatively, this system is addressed:

In Article 39 paragraph 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”.

In Article 35 paragraph 1 of the Constitution of the Slovak Republic – “Citizens have the right to work. Citizens who are unable to exercise this right through no fault of their own are provided for materially by the state to an appropriate extent.”

To implement the given provision of the Constitution of the Slovak Republic, the following legal regulations were mainly passed:

1. law No. 461/2003 coll. regarding social insurance in the wording of further regulations,

2. law No. 462/2003 coll. regarding provision of income during temporary disability of an employee and regarding changes and amendments to some laws in the wording of further regulations,

3. law No. 43/2004 coll. regarding pension contributions and regarding changes and amendments to some laws in the wording of further regulations,

4. law No. 650/2004 coll. regarding additional pension contributions and regarding changes and amendments to some laws in the wording of further regulations,

5. law No. 328/2002 coll. regarding social security for members of the police force and the army and regarding changes and amendments to some laws in the wording of further regulations.

Law No. 461/2003 coll. regarding social insurance in the wording of further regulations addresses the issue of healthcare insurance, implements the transformation of the previous system of pensions into the system of pensions insurance as the 1st pillar of a pensions system based on continuous financing, replaces the system of compensation for accidents at work and occupational diseases with a system of accident insurance, implements a system of insurance

for employment and a system of guarantee insurance, addresses the structure and scope of authorisation of the Social Insurance Company, making the activities and inspection in social insurance more effective, limits abuse of the system of health insurance, determines adequate provision of sickness benefit and brings many other fundamental changes:

- it is divided into pensions insurance, insurance for old age and incapacity insurance to enable transparency in the financing of this system,

- it widens the possibility of voluntary insurance for the purposes of health insurance, pensions insurance and unemployment insurance for every physical person over 16 years of age who has permanent residence or permission for temporary or permanent residence in the Slovak Republic whereby physical entities performing gainful activities are still under compulsory insurance for the purposes of health insurance and pensions insurance, who are employees and self employed persons with an income higher than 12 times the minimum wage of employees in the national economy,

- physical entities who are under compulsory insurance are also allowed to take voluntary insurance simultaneously,

- it modifies the provision of sickness benefit financed by the Social Insurance Company from the 11th day of temporary absence from work, whilst the financial cover for the first 10 days of temporary absence from work is transferred to the employer under a separate law, to whom the duty to pay deduction for health insurance is decreased for this purpose (law No. 462/2003 coll. regarding compensation for income during a temporary absence from work by an employee and regarding changes and amendments to some laws in the wording of further regulations),

- it modifies the conditions for a claim for a pension and implements provision of early pension which is linked to the annual growth in average salary in the economy and average annual growth of consumer prices (inflation),

- it modifies definitions of incapacity which is related to determination of the amount of incapacity pension, depending upon the percentage decrease in the ability to perform gainful activities,

- cancels the principle of “pension or salary” and allows receipt of a pension while simultaneously performing gainful activities from which insurance is paid, which is also reflected in the method of determination of the amount of pension,

- it implements new valorisation mechanism of increasing pensions,

- it modifies the new structure of the Social Insurance Company,

- depending upon the development of the health condition of an injured person, the system of accident insurance still provides three types of accident benefit (accident allowance, accident pension, single payment benefit), three types of accident benefit linked to the physiological damage of the injured person during treatment, linked to permanent limitation of the injured person in his social life and compensation for treatment costs (restitution, compensation for worsening of social position) and accident insurance provides three types of accident benefit to family survivors of the injured person. Accident insurance can also

provide services in the form of rehabilitation and re-qualification of the injured including related financial accident benefits linked to these.

Law No. 461/2003 coll. regarding social insurance in the wording of further regulations addresses the scope of social insurance which is:

a) health insurance as insurance in case of loss or decrease of income from gainful activities and for provision of income as a consequence of temporary work disability, pregnancy and maternity,

b) pension insurance which includes

1. insurance for old age as insurance for provision of income during old age and in case of death,

2. incapacity insurance as insurance in case of decreased ability to perform gainful activity as a consequence of long term worsened health of the insured and in case of death,

c) accident insurance as insurance in case of damage to health or death as a consequence of a work accident, accident in service and occupational disease,

d) guarantee insurance as insurance in case of payment inability by an employer to satisfy claims of employees for payment of deductions towards pension contributions, unpaid by the employer to the basic fund of deductions for pension contributions,

e) unemployment insurance as insurance in case of loss of income from employee's activities as a consequence of unemployment and for provision of income in case of unemployment.

Law No. 462/2003 coll. regarding temporary inability to work by an employee and regarding changes and amendments to some laws in the wording of further regulations addresses the provision of compensation for income by an employer during the first ten days of temporary inability to work under the same conditions as health insurance is provided whereby for the first three days of temporary inability to work, 25% of the daily basic salary of the employee is paid, for the fourth to tenth days, 55% of the daily basic salary of the employee is paid and in a collective contract, the daily compensation for income can be agreed to a maximum of 80% of the daily basic salary.

Law No. 43/2004 coll. regarding pensions contributions and regarding changes and amendments to some laws in the wording of further regulations, states the pensions contributions, addresses the scope of pension contributions, organisation of pension contributions, financing of pension contributions and inspection of provision of pension contributions (2nd pillar of the pensions system).

In accordance with law no. 43/2004 coll. regarding pension contributions and regarding changes and amendments to some laws in the wording of further regulations, pension contributions are savings in a separate account of the saver which, together with pension insurance, in accordance with a special regulations (law No. 461/2003 coll. regarding social insurance in the wording of further regulations), should provide an income during old age and income for survivors in case of death.

Law No. 650/2004 coll. regarding pension contributions and regarding changes and amendments to some laws in the wording of further regulations, addresses additional pension contributions, the organisation, financing and provision of additional pension contributions, inspection of the provision of the additional pension contribution and transformation of the additional pension insurance company (3rd pillar of the pensions system).

In accordance with law No. 650/2004 coll. regarding additional pension contributions and regarding changes and amendments to some laws in the wording of further regulations, an additional pension contribution is:

a) collection of contributions for additional pension savings from contributors of additional pension contributions and from employers for the purpose which is to allow a contributor of additional pension contributions to obtain an additional pensions income in old age and additional pensions income in case of ceasing employment which is, from the viewpoint of the protection of health, classified as category 3 or 4 as well as other employment equal to these,

The method for classification of workplaces into the 3rd and 4th risk category is stated in law No. 355/2007 coll. regarding the protection, support and development of public health and regarding changes and amendments to some laws in the wording of further regulations, together with related regulations for implementation. In accordance with this law, hazardous workplaces in the 3rd and 4th category are annually categorised by regional offices of public healthcare. The number of employees in hazardous workplaces is circa 110,000.

b) maintaining assets in an additional pension fund in accordance with law No. 650/2004 coll. regarding pension contributions and regarding changes and amendments to some laws in the wording of further regulations,

c) payment of additional pension benefits (additional pension benefits, additional service pension, single payments and redundancies), the conditions of allocation of which are determined by this law which also specifies the benefits plan of the appropriate additional pensions savings institution.

Payment of contributions by an employer and its amount can be agreed in a collective contract within the scope stated in law No. 650/2004 coll. regarding additional pension contributions and amendments to some laws in the wording of further regulations. If the employer's workplace does not have any union organisations, payment of the contribution by the employer and its amount can be agreed between the employer and the authorised employees' representatives.

Law No. 328/2002 coll. regarding social security of policemen and soldiers and regarding changes and amendments to some laws in the wording of further regulations addresses the social security of policemen and professional soldiers (law No. 346/2005 coll. regarding civil service professional soldiers in the armed forces of the Slovak Republic and regarding changes and amendments to some laws in the wording of further regulations) which include:

- a) healthcare provision,
- b) accident cover,
- c) retirement cover and

d) services of social security.

For the purposes of law number 328/2002 coll. regarding the social security of policemen and soldiers and regarding changes and amendments to some laws in the wording of further regulations (hereinafter “law no. 328/2002 coll.”), a policeman is a member of the Police Force, Fire and Emergency Brigade, Mountain Rescue Service, Slovak Information Service, National Security Bureau, Corps of the Prison and Court Guard, Railway Police and Customs Officer, if law No. 328/2002 coll. does not state otherwise.

For the purposes of law number 328/2002 coll., a professional soldier is also a soldier of an auxiliary service (§ 2 item e) of law No. 570/2005 coll. regarding defence duties and regarding changes and amendments to some laws in the wording of law No. 518/2007 coll.).

In the area of social insurance and pension contributions, the period from 2005-2007 can be characterised as a period of adjustment of law No. 461/2003 coll. regarding social insurance in the wording of further regulations (hereinafter “law regarding social insurance”) and law No. 43/2004 coll. regarding pension contributions and regarding changes and amendments to some laws in the wording of further regulations (hereinafter “law regarding pension contributions”) due to transposition of the directives of the ES/EU, implementation of application knowledge from experience, harmonisation with other legal regulations (including the Constitution of SR) and with the aim of ensuring financial sustainability of a continuously financed pensions system.

Within the monitored period, the following legislative changes related to appropriate laws became effective (measures listed chronologically):

With effect from 1st July 2005, in the interests of more objective evaluation of the contribution into the pension insurance system in related to determination of the amount of pension benefit, the period for stating the average personal salary point was extended to include the period from 1st January 1984. This period is being gradually extended so that at its target stage it will cover the entire work career.

With the aim of gradual implementation of the new pension system, from 1st January 2006, modification of the method of reduction and adjustment of the average personal salary point took place, which was originally spread over the years 2004 to 2006 due to slowing of the implementation of the principle of merit and in the interest of protecting the insured persons with a low income. Modification and reduction of the personal salary points will be distributed over a long period so pension benefits will be calculated from actual achieved personal salary points after 2015.

Apart from 2005, pension benefits within the monitored period were increased (valorised) in accordance with the law regarding social insurance, i.e. by a percentage determined as the sum of one half of the annual growth of average salary in the economy of the Slovak Republic and one half of the annual growth of consumer prices. In relation to this, measure No. 229/2006 coll. of the Ministry of Labour, Social Affairs and the Family, was announced, which stated the percentage increase of pension benefit for 2006 and measure No. 197/2007 coll. which states the percentage increase of pension benefit for 2007. On 1st July 2006, all pension benefits were increased using a unified method by 5.95% and on 1st July 2007 they were increased by 6.25%.

On 1st August 2006, law No. 310/2006 coll. became effective, which significantly changed the law regarding social insurance. One of its aims was also to reduce the differences between “new” and “old” pensions during the transposition from a security to an insurance system implemented between 2003 and 2004. By the end of 2007, in relation to the mentioned aim, the Social Insurance Company had recalculated more than 80,000 pensions and paid the increased amount to authorised pension recipients. This recalculation was only related to pensions, during calculation of which, an average monthly salary over 10,000,-SKK was not taken into account, or the employment period after the pension was allocated was not taken fully into account. The subsequent recalculation acknowledged the level of merit which is one of the basic applied principles of social insurance and is reflected in the amount of social insurance benefit derived from the amount of paid insurance, depending upon the level of achieved salary and number of years of employment (insurance).

Another measure addressed in the mentioned law was implementation of legal modifications, on the basis of which the right to a widower’s pension was also allocated to men whose wives died before 1st January 2004. In order to reach the original purpose for which the institution of early retirement was established, conditions for permitting early retirement were made more strict, i.e. the possibility to apply for backdated early retirement pension was cancelled as well as the mechanism which allowed the sum of a calculated early retirement pension not to be reduced by a maximum of 12 calendar months from the period needed to achieve the pension age. With the aim of improving the social situation of orphans and children without carers, the mentioned law secured an increase in the sum of orphan’s benefit from 30% to 40% of the deceased’s pension.

The Constitutional Court of the Slovak Republic, in its findings on 7th June 2006, stated a violation of the constitutional rights of citizens if the duration of incapacity as a condition to claim incapacity benefit and partial incapacity benefit, paid before the effectiveness of the law regarding social insurance (before 2004), is evaluated in accordance with the new criteria and therefore brings legal ambiguity into past factual and legal relationships. For the mentioned reason, a change in the law regarding social insurance was made which, with effect from 1st October 2006, harmonised this legal regulation with the Constitution of the SR. Up to 31st December 2007, the Social Insurance Company investigated the incapacity of 45,000 insured persons who are authorised persons and subsequently evaluated their claim for incapacity benefit and partial incapacity benefit. Within these proceedings, incapacity or partial incapacity benefit was awarded to 6,226 insured persons and 10,662 insured persons had this benefit increased to the original sum.

Law No. 592/2006 coll. regarding provision of an extra Christmas payment to some pension recipients with validity from 24th October 2006, established a mechanism of provision of an extra Christmas payment as a State social benefit for recipients of a pension, early retirement pension, incapacity benefit or social benefit who have residency in the area of the SR and who have the right to an appropriate pension in an amount (payable in December of the appropriate calendar year) and does not exceed the amount determined by the percentage point calculated from the average monthly salary of the SR economy. In 2006 and 2007, the amount of extra Christmas payment and related border amounts of the stated pension benefits established by the Act of the Government of SR No. 603/2006 coll. and Act of the Government of SR No. 489/2007 coll.

Law No. 555/2007 coll. which changes and amends the law regarding social insurance and the law regarding pension contributions became effective on 1st January 2008. Despite

the fact that these are legislative changes which will influence the population of SR even after 2008, we briefly state the most important actual changes in the law regarding social insurance and the law regarding pension contributions:

- One of the basic conditions for claiming a pension and early retirement pension is to have paid the necessary number of years of pension insurance which, from 1st January 2004, was decreased from 25 to 10 years. However, in practice, there have been situations when a claim for a pension was made after reaching pensionable age and obtaining only 10 years of insurance which created the situation where the amount of pension was very low. In order to protect the insured (future pensioner), the period for pension insurance necessary to claim a pension and early retirement pension was extended from 10 to 15 years.
- Practice has shown that the purpose of early retirement pension was not fulfilled and in the majority of cases, the early retirement pension became an alternative income, together with income from performing gainful activity. For the mentioned reason, the legal arrangement for claiming an early retirement pension was tightened, which means that an early retirement pension can only be awarded two years before reaching pensionable age.
- With the aim of increasing social solidarity, the maximum calculated base for payment of insurance towards pension insurance, unemployment insurance, insurance into the reserve solidarity fund and contributions to pension contributions was increased from the original 3-times average salary in the economy of SR to 4-times the average salary in the economy of SR.
- Allowing the possibility to return to a continuously financed pension pillar (1st pillar) by all savers who signed a contract regarding pension contributions by 31st December 2007, which also solves the situation of savers for whom pension contributions (2nd pillar in the terminology of the World Bank) is not advantageous. Savers had the chance to inform the Social Insurance Company in writing by 30th June 2008 that they were not interested in participating in pension savings. At the same time, there was the possibility of entering the system of pension savings given to physical entities who did not enter the system of pension savings by 31st December 2007. The system of pension savings for mentioned physical entities was available until 30th June 2008.

Implementation of the element of voluntariness into the legal modification of pensions contributions in such a way that its existence will not disturb the stability of the continuously financed system of pension contributions. For physical entities who enter the employment market for the first time after 31st December 2007, their compulsory participation in pension contributions has been changed to voluntary i.e. these physical entities will have the opportunity to make a decision regarding their participation in pension contributions within six months from their first pension insurance contribution.

Number of cases and average amount of health benefits in 2006

Benefit	Number of cases in 2006	Comparison with 2005	Average amount of benefit in 2006 (in SKK)	Comparison with 2005
Health	989 290	102,26	3 951	111,42
Carers	113 769	99,67	1 348	112,97

Equalising benefit	860	84,56	1 093	118,42
Maternity	201 691	102,60	6 245	104,69

Source: Social Insurance Company

Number of cases and average amount of health benefits in 2007

Benefit	Number of cases in 2007	Comparison with 2006	Average amount of benefit in 2007 (in SKK)	Comparison with 2006
Health	1 048 828	106,02	4 241	107,34
Carers	125 187	110,04	1 508	111,87
Equalising benefit	851	98,95	879	80,42
Maternity	205 368	101,82	6 800	108,89

Source: Social Insurance Company

Number of paid pensions benefits and average amount of pension (solo) in 2006

Type of pension	Number of paid pensions to:		Average amount in SKK to:	
	31.12.2005	31.12.2006	31.12.2005	31.12.2006
Pension	924 285	916 296*	7 713	8 226
Early retirement	16 721	44 693	8 500	8 970
Incapacity	180 939	182 856	5 804	6 139
Widow's	304 352	302 363	4 938	5 203
Widower's	8 504	13 631	3 206	3 540
Orphan's	31 945	30 237	2 267	2 982
T o t a l	1 466 746	1 490 076	X	X
Unclaimed pensions in automated records	287	405	X	X
Pensions paid abroad	5 995	6 543	X	X

* Statistics for 2005 and 2006 of the number of pensions also include incapacity pensions of those recipients who have already reached pension age.

Source: Social Insurance Company

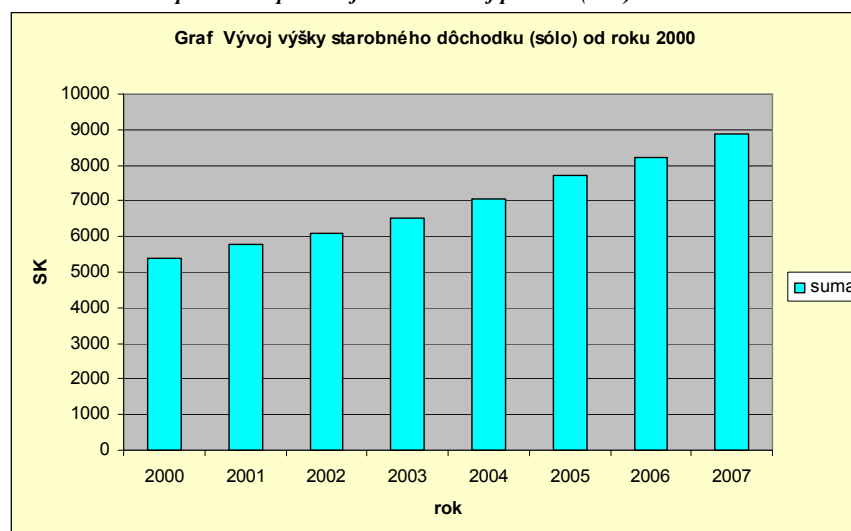
Number of paid pension benefits and average amount of pension in 2007

Type of pension	Number of paid pensions to:		Average amount (solo) in SKK to:	
	31.12.2006	31.12.2007	31.12.2006	31.12.2007
Pension	916 296	916 941	8 226	8 885
Early retirement	44 693	48 225	8 970	9398
Incapacity	182 856	195 139	6 139	6 621
Widow's*	302 363	302 807	5 203	5 544
Widower's*	13 631	31 109	3 540	3 949
Orphan's	30 237	29 645	2 982	3 242
T o t a l	1 490 076	1 523 866	X	X
Unclaimed pensions in automated records	405	302	X	X
Pensions paid abroad	6 543	7 480	X	X

*Statistical data includes concurrence. In pension benefits terminology, concurrence means simultaneous receipt of a so-called direct pension (pension, early retirement or incapacity pension) with an indirect pension (survivor's pension)

Source: Social Insurance Company

Graph: Development of the amount of pension (solo) since 2000



Year

sum

Expenses for guaranteed insurance benefit, number of cases and average amount of benefit in SKK in 2006 to 2007

Period	Number of cases	Expenses for guaranteed insurance benefit in SKK
2006	2 604	77 404 775
2007	2 821	69 410 509

Source: Social Insurance Company

Article 12§2

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, in particular on the extent to which the branches of social security in your country fulfils (or goes beyond or falls short of) the requirements of ILO Convention No. 102.

The Slovak Republic is tied by the Convention of the International Labour Organisation regarding the minimum standards of social security No. 102 of 1952. The text of the Convention is published in the collection of law – No. 461/1991 coll. and entry of the Slovak Republic into obligations arising from the mentioned Convention after dissolution of the Czech and Slovak Federative Republic (31st December 1992 – constitutional law No. 542/1992 coll. regarding dissolution of the Czech and Slovak Federative Republic) is stated in

point 36 of the Notice of the Ministry of Foreign Affairs of the Slovak Republic No. 110/1997 coll. regarding confirmation of entry of the Slovak Republic into obligations arising from appropriate multi-sided contract documents of the International Labour Organisation whose depositor is the General Director of the International Labour Bureau. The Slovak Republic is tied by the mentioned Convention with the exception of the IV and VI part of the Convention.

II. part of the Convention – medical care

Legal regulations valid in the area of health insurance cover medical care of 100% of “protected persons”, employees, self-employed persons and persons with residence in the Slovak Republic.

In accordance with § 3 of law No. 580/2004 coll. regarding health insurance and regarding changes and amendments to law No. 95/2002 coll. regarding insurance and regarding changes and amendments to some laws in the wording of further regulations, persons insured by public health insurance are:

“§ 3

Personal range of public health insurance

(1) For the purposes of this law, the insured person is a physical person who has compulsory public health insurance or voluntary public health insurance in accordance with this law (hereinafter “person with public health insurance”).

(2) A person with public health insurance is a physical person who has permanent residence in the area of the Slovak Republic; this is not valid if

a) the person is employed

1. abroad and has health insurance in the state where he performs employment activity,

2. in civil office or its budgetary organisation, by which the person is sent abroad to fulfil tasks for a period longer than six consecutive calendar months and has health insurance abroad or commercial insurance for medical expenses during such a stay abroad on the basis of an agreement with his employer; this is also related to person’s spouse and children who accompany the person to the place of temporary residence abroad on the basis of an agreement with an employer with this physical entity,

b) the person performs independent gainful activity abroad and has health insurance in the state in which he performs this activity,

c) the person has a lengthy stay abroad and has health insurance abroad; a long stay abroad is considered to be a stay longer than six consecutive calendar months.

(3) A person with compulsory public health insurance is also a physical person who does not have permanent residence in the Slovak Republic, if the person has no health insurance in another EU member state or in a contracted state of the Convention regarding the European Economy Area and in the Swiss Confederation and

a) is employed by an employer who has a seat or permanent operation in the area of the Slovak Republic; this is not valid if the person is employed in the Slovak Republic by an employer who has diplomatic status and immunity in accordance with international law,

b) performs independent gainful activity in the Slovak Republic,

c) has asylum status,

d) is a student from another member state or a foreign student studying at school in the Slovak Republic on the basis of an international contract to which the Slovak Republic is tied,

e) is an underage foreigner who is staying in the Slovak Republic without a legal representative or physical person responsible for his welfare and has care provided in a facility in which he is placed on the basis of a Court decision,

f) is a foreigner detained in the Slovak Republic,

g) is in prison or undergoing punishment via withdrawal of liberty.

(4) For the purposes of this law, health insurance abroad is a system of health insurance financed via contributions towards health insurance or the taxation system of the appropriate state; for states which are not member states, commercial insurance for medical expenses is also included under this term.

(5) For the purposes of this law, a permanent operation means a permanent place or facility for performance of activities through which an employer fully or partially performs his activity in the area of the Slovak Republic, main the place from which the employer's activity is organized, a branch, office, workshop, workplace, place of sale, technical facility or a place of survey and mining of natural resources.

(6) The place or facility for performance of an activity is considered to be permanent in accordance with item (5) if it is permanently or repeatedly used for the performance of an activity. If it is a one-off activity, the place or facility in which the activity is performed is considered to be permanent if the period of performance of the activity exceeds six months, consecutively or within several periods within any period of 12 consecutive months. A building site, place of carrying out building projects and an installation project is considered to be a permanent operation only if activity performed in such a place exceeds six months.

(7) For the purposes of law, a permanent operation is also a physical entity who acts on behalf of an employer and continuously or repeatedly negotiates or closes contracts in behalf of an employer on the basis of a letter of attorney. A physical entity acts on behalf of an employer if he acts on the basis of his instructions whilst the employer inspects the results of his activity and takes the entrepreneurial risk for this activity.

(8) A person with voluntary public health insurance can also be a physical person who has permanent residence in the area of the Slovak Republic and has no public health insurance in accordance with item (2) and does not have health insurance in another member state.

Paragraph 9 items 2, 3 and 4 of law No. 580/2004 coll. regarding voluntary health insurance and regarding changes and amendments to law No. 95/2002 coll. regarding

insurance and regarding changes and amendments to some laws in the wording of further regulations which guarantees compensation for provided healthcare only in urgent cases if the insured person has not paid insurance contributions within the legally estimated period or submitted more than one application for health insurance to the health insurance company.

VII. part of Convention – family benefit

Within social security in the Slovak Republic, the term “family benefit” means state benefits provided to families with children within the system of state social support. This system includes the following benefits:

- child benefit,
- additional benefit to child benefit,
- parental benefit,
- benefit when a child is born and benefit for parents to whom three or more children were born simultaneously or to whom the birth of twins was repeated within a period of two years,
- a separate benefit is a benefit towards the cost of a funeral.

With regards to national legislation in the mentioned matter, these legal regulations apply:

1. law No. 600/2003 coll. regarding child benefit and regarding changes and amendments to law No. 461/2003 coll. regarding social insurance in the wording of law No. 532/2007 coll.,
2. law No. 280/2002 coll. regarding parental benefit in the wording of further regulations,
3. law No. 235/1998 coll. regarding birth benefit, regarding benefit for parents to whom three or more children were born simultaneously or to whom the birth of twins was repeated within a period of two years, and which changes other laws in the wording of further regulations,
4. law No. 238/1998 coll. regarding benefit for the costs of a funeral in the wording of further regulations.

Article 44 of the Convention

In accordance with the provisions of Article 44, the total amount of family benefit provided in accordance with Article 42 to protected persons should represent:

- a) either 3 % of the salary of a common, adult, manual, male employee, determined in accordance with the principles in Article 66 and multiplied by the total number of children of all of all protected persons,
- b) or 1.5% of the mentioned salary multiplied by the total number of children of all inhabitants.

For the purposes of family benefit, protected persons are, in accordance with Article 41 item b), the stated groups of economically active population who create at least 20% of all inhabitants.

Family benefit provided in accordance with Article 42 is a child benefit which is a regular monthly benefit provided in financial form to each protected person.

In 2007, child benefit from the state budget was paid in the total sum of 8,254,143,000,-SKK in accordance with law No. 600/2003 coll. regarding child benefit and regarding changes and amendments to law No. 461/2003 coll. regarding social insurance in the wording of law No. 532/2007 coll. which is 540,-SKK per month per child.

(1.5 % of 13,904 SKK = 208.56 SKK x 1,768,524 = 368,843,365.4 SKK per month x 12 = 4,426,120,385 SKK per year).

Apart from family benefit, families with children are also allocated benefits and aid which the state provides within the system of social support to persons who have created a substitute family environment for children or to families who are in material need and whose income does not reach the minimum for living. These financial contributions cannot be evaluated in accordance with Articles 39 to 45 of the Convention of the International Labour Organisation No. 102/1952, since it is in the interest of the family that the least number of families fall into material need. These contributions should serve for decreasing the negative impact of material need and assist families in resolving the situation, mainly in the interests of and the benefit to children.

Maternity benefits

Rate of benefit = D / C

C = net salary for 2007 (with no dependent children)

D = amount of maternity benefit for January 2007

C = gross salary – (tax + contributions to the social security system)

$C = 1.25 * 20\ 146 - 6\ 004 = 25\ 183 - 6\ 004 = 19\ 179$

$D = 31 * 0.55 * DVZ$

$DVZ = \text{daily base for calculation} = 12 * 1.25 * 18\ 761 / 365 = 770.99178$

$DVZ \text{ after rounding up to four decimal places} = 770.9918$

$D = 13\ 145.4$

$D \text{ after rounding up to whole Crowns} = 13\ 146$

Rate of benefit = $13\ 146 / 19\ 179 = 68.5 \%$.

Incapacity benefits

Insurance event – incapacity – standard recipient of benefit – man with wife and 2 children

Standard recipient of benefit = man with wife and two children

Rate of benefit = $(D + E) / (C + E)$

C = net salary for 2007 (with two dependent children)

D = amount of incapacity benefit for January 2007

E = family benefit

C = 20 259 (as in part III)

D = 8 720 (as in part V. if insured for 30 years)

E = 2 * 540 = 1 080

Rate of benefit = $(8\,720 + 1\,080) / (20\,259 + 1\,080) = 45.9\%$.

Survivor's benefit

Insurance event – survivors – standard recipient of benefit – widow with two children

Rate of benefit = $(D + E) / (C + E)$

C = net salary for 2007 (with two dependent children)

D = amount of survivor benefits

E = family benefit

C = 20 259 (as in part III.)

D = VD + 2*SIR (widow's pension and two orphan pensions)

Widow's pension is 60 % of 8 720 SKK and each orphan pension is 40% of 8 720 SKK. The sum of all pensions must not exceed 8 720 SKK, and therefore D = 8 720 SKK.

Rate of benefit = $(8\,720 + 1\,080) / (20\,259 + 1\,080) = 45.9\%$

Child benefit in 2007, 2006 and 2005			
YEAR	Average monthly number of child benefit receivers	Average monthly number of dependent children	Paid sum in mil. SKK
2007	728,948	1,252,710	8,254
2006	743,461	1,284,658	8,461
2005	755,921	1,312,573	8,676

Source: OLSAaF

Allowance for giving birth for 2007, 2006 and 2005

Year	Number of receivers of the allowance for giving birth	Paid sum in mil. SKK	Number of receivers of the increased allowance	Sum paid for the increased allowance in 000 SKK
2007	49,720	226	574	2,574
2006	50,617	228.5	504	2,272
2005	53,018	233.4	22	118.6

Source: OLSAaF

Article 12§3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.

The facts and legal regulations stated in Article 12 item 1 of the charter allows everyone to be provided such relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.

National action plan for social inclusion

The National Action Plan for Social Inclusion, as part of the National Report on Social Protection and Social Inclusion Strategy for 2006-2008 is in compliance with the methodology of the European Commission document, brief and strategic. It describes the priority aims and measures to achieve these aims, which the Slovak Republic considers as key measures for 2006 – 2008 in achievement of the aim to prevent and eliminate poverty and social exclusion.

The ambition is that this Plan will establish a covering strategy document in the area of inclusion, state the priority aims for the particular period, reflecting the long term vision in this field. Via preparation and implementation of activities and measures, the Slovak Republic will, as it has to date, support integration, not segregation measures and enforce thorough anti-discrimination policy, equality of opportunity and access including gender equality with particular focus upon marginalised Roma communities so fulfil the main aims of social policy, mainly self-sufficiency, equality of opportunity and social cohesion.

Priority aim 1

To reduce poverty of children and address inter-generational reproduction of poverty via preventative measures and support of families with children.

In order to achieve greater solidarity with families with children, in 2006 and 2007 measures were established to increase family support via increasing **direct financial benefits within the system of state social benefits**. With regards to parental benefit, a gradual increase with a long time horizon has been enforced so parental benefit will saturate a loss of employment income of a parent, at least to the minimum level.

Priority aim 2

To increase inclusion and combat discrimination of vulnerable groups of the population via supporting the accessibility of public services, development of local solutions and increasing participation of excluded groups in society.

Targeted provision of aid for development of insufficient services and measures or development of services and measures in deprived locations, or innovative and inclusive

measures are being taken to ensure implementation of the above-stated aim. **Bold**, massive investment in this area including a focus upon strengthening the infrastructure was included in the operational programmes of structural funds for the programme period of 2007 – 2013, continuing implementation and widening programmes for the development of community and social work in villages, and development of a local infrastructure with priority in marginalised locations.

In order to fulfil the aims related to overall modernisation in the area of social services, during 2007, a new law was under preparation regarding social services which is, at present, in the legislative proceedings and whose effectiveness is proposed from 1st January 2009. The aim of the proposal of the law regarding social services is

- modification of legal relationships for provision of social services for all target groups which are in social or material need,
- new, factual determination of social services allowing development of social services with a focus upon the content of a social service based on activation of a client and his social inclusion,
- modification of the conditions for the provision and financing of social services and authorisation of public administration bodies,
- modification of links between social services and healthcare,
- modification of accreditation of social services,
- modification of education of employees in social services.
- ensure quality social services and inspection above provision of basic human rights and freedom when providing social services.

Priority aim 3

Improve access to the employment market and increase employment and employability of groups of the population threatened with exclusion

The extension of existing **support programmes for increasing employment** strongly targeted towards integration of disadvantaged jobseekers in the employment market, educational programmes and preparation for the employment market, programmes for the support of creation of new jobs, support of programmes of second chances allowing completion of basic or secondary school and obtaining specialist skills in the form of work experience, will provide and improve possibilities for access to the employment market whilst ensuring equality of opportunities for disadvantaged groups.

Priority aim 4

Strengthen management, implementation and monitoring of political measures at national, regional and local level with the participation of all interested subjects

Strengthening local solutions, targeting and accessibility in the area of poverty and exclusion was also implemented via **decentralisation of other authorisations in the area of**

aid due to material need and via significant modification of the possibilities of using the status of individual recipient of aid due to material need.

In order to establish national indicators of poverty and social exclusion, and ensuring they are regularly monitored, the European Commission approved the project “**Establishment of national indicators in the area of poverty and social exclusion (tertiary indicators)**”.

Article 12§4

1. Please describe the legal framework, in particular the complete list of bilateral and multilateral agreements or any other means such as unilateral, legislation proposed or adopted, or administrative measures and indicate how they allow for the various social benefits the implementation of the principles provided in sub-paragraphs a) and b).
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures or any other relevant information, Please, indicate also the length of residence requirements when applicable.

All bilateral contracts in the area of social security whose contracted party is the Slovak Republic, emanate from the following principles:

- Equality of the inhabitants of both countries.
- Addition of periods of insurance.
- Exportability of benefits.
- Principle of insurance in only one country.

Bilateral contracts regarding social security

Since the Slovak Republic became a member state of the EU on 1st May 2004, bilateral contracts in the area of social security have not been applied between member states, but the directive of the Council (EEC) No. 1408/71 has been applied, regarding application of systems of social security for employees, independent self-employed persons and their family members moving within the Community.

The Slovak Republic signed bilateral contracts in the area of social security with some states which are member states of the European Union before the Slovak Republic became a member of the European Union, i.e. before 1st May 2004.

The Slovak Republic also signed bilateral contracts in the area of social security with some states which are not member states of the European Union. Obligations from bilateral contracts whose contracted party was the former Czech and Slovak Federative Republic (Czechoslovak Republic) were accepted by the Slovak Republic on the basis of succession.

In the area of social security, these are the following bilateral contracts:

1. Contract between the Slovak Republic and Bulgaria regarding social security of 30th May 2001, 377/2002 coll.
2. Contract between the Slovak Republic and the Republic of Cyprus regarding social security of 20th September 1994, 59/1996 coll.
3. Contract between the Slovak and Czech Republics regarding social security of 29th October 1992, 318/1993 coll.
4. General agreement regarding social security between the Republic of Czechoslovakia and the Republic of France with an Additional Agreement, Separate and Final Protocol of 12th October 1948, 215/1949 coll.
5. Additional Agreement to the General Agreement between the Republic of Czechoslovakia and the Republic of France regarding social security of 12th October 1948 and of 17th October 1967,
6. Amendment to the Additional Agreement to the General Agreement of 12th October 1948 between Czechoslovakia and France regarding social security of 17th October 1967,
7. Contract between the Slovak Republic and Croatia regarding social security of 29th January 1997, 307/1998 coll.,
8. Contract between the Slovak Republic and The Netherlands regarding export of social security benefits of 28th May 2001, 378/2002 coll.
9. Contract between the Czechoslovak Republic and the People's Federative Republic of Yugoslavia regarding social insurance of 22nd May 1957, 3/1958, coll.
10. Contract between the Slovak Republic and Canada regarding social security of 21st May 2001, 657/2002 coll.
11. Contract between the Slovak Republic and Luxembourg regarding social security of 23rd May 2002, 29/2004 coll.
12. Contract between the Czechoslovak Republic and the Republic of Hungary regarding cooperation in social policy of 30th January 1959, 21/1960 coll.
13. Contract between the Slovak Republic and Germany regarding social security of 12th September 2002, 479/2003 coll.
14. Contract between the Republic of Czechoslovakia and the Republic of Poland regarding social insurance, Final Protocol of 5th April 1948, 261/1948 coll.
15. Contract between the Slovak Republic and Austria regarding social security of 21st December 2001, 154/2003 coll.

16. Agreement between the Czechoslovak Republic and the Union of Soviet Socialist Republics regarding social security and Protocol to the Agreement of 2nd December 1959, 116/1960 coll.

17. Agreement between the Czechoslovak Republic and the People's Republic of Romania regarding cooperation in social matters with final protocol of 2nd May 1957, 95/1958 coll.

18. Contract between the Slovak Republic and Spain regarding social security of 22nd May 2002, 264/2003 coll.

19. Contract between the Slovak Republic and the Swiss Confederation regarding social security of 7th June 1996, 279/1998 coll.

20. Contract between the Slovak Republic and Ukraine regarding social security of 15th December 2000, 53/2002 coll.

21. Agreement regarding social security between the Czechoslovak Republic and the USA signed through the exchange of diplomatic notes (was not published).

22. Agreement between the Government of the Slovak Republic and the Government of Quebec regarding social security, No. 344/2005 coll.

Multilateral contracts in the area of social security, in which a contracted party is the Slovak Republic:

1. Convention of the International Labour Organisation regarding the minimum standards in social security No. 102 of 1952 – notice No. 461/1991 coll. and 36th point of notice No. 110/1997 coll.

2. Convention of the International Labour Organisation regarding incapacity benefits, pensions and survivor's benefits No. 128 of 1967 – notice No. 416/1991 coll. and the 44th point of notice No. 110/1997 coll.

3. Convention of the International Labour Organisation regarding medical care and sick pay No. 130 of 1969 – notice No. 537/1990 coll. and the 45th point of notice No. 110/1997 coll.

4. Convention of the International Labour Organisation No. 183 of 2000 regarding the revision of the Convention of the International Labour Organisation regarding maternity protection (revised) of 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:
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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;
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Information to be submitted

Article 13§1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

In accordance with law No. 195/1998 coll. regarding social aid in the wording of further regulations, forms of resolving social need are:

- a) social advice,
- b) social services,
- c) financial contributions for compensation for the consequences of severe health disability and financial contributions for care services .

In accordance with § 12 of law No. 195/1998 coll. regarding social aid in the wording of further regulations, social advice is provided as a specialist activity focused upon ascertaining the range and nature of social need, the reason for its creation, provision of information regarding the possibilities of resolving social needs and for directing a citizen when selecting and applying forms of social aid.

Social services provided within the scope of social aid are one form of resolving the condition of social need of a citizen, if the citizen is not able to provide care of his person, care of his home, protection and application of his rights and the interests protected by the law, or contact with a social environment mainly due to age, an unfavourable health condition, social adaptability or loss of employment. Social services are also one of the legal means for reducing or overcoming the consequences of severe health problems.

Social services are provided on the basis of a legal decision of the appropriate authority, i.e. the town in the place of permanent residence of the citizen or by a social services facility which is issued on the basis of the recommendation of the treating doctor or health care facility, or a report of the Office for Labour, Social Affairs and the Family in the place of permanent residence of the citizen.

Financial contributions for compensation and a financial contribution for care can only be provided to a citizen with a severe health disability after fulfilment of the conditions stated in law No. 195/1998 coll. regarding social aid in the wording of further regulations. A citizen with a severe health disability is a citizen whose rate of functional damage is stated in accordance with the World Health Organisation (WHO) to be at least 50%. After an evaluation of the health condition of a citizen, his changes and disorders which cause the health disability of the citizen, the evaluating doctor determines the rate of functional damage and assesses the handicap of the citizen due to the severe health disability in comparison with a citizen, without a health disability, of the same age, gender and under the same conditions. Part of the evaluation of the dependence of the citizen with a severe health disability is evaluation of his personal abilities, family environment and the environment which influences his integration in society, on the basis of which the rate of handicap in the area of mobility, communication, necessary living activities and housework, as well as increased expenses are evaluated. This social assessment is carried out by non-medical personnel. The right to provision of particular financial aid for compensation is created by a legal decision of the appropriate administration body regarding its issuance.

“In 2005, the social consequences of a severe health handicap were compensated by a monthly financial payment for compensation and financial aid for care to an average of 173,853 citizens, in 2006 for an average of 190,612 and in 2007 for an average of 196,051 citizens. The financial means expended for the stated purpose in 2005 represented the sum of 5,054,132,000 SKK, in 2006 the sum of 5,270,226,000 SKK and in 2007 the sum of 5,416,602,000 SKK“.

In accordance with Article 39 item 2 of the Constitution of the Slovak Republic, everybody in material need has the right to the aid necessary for the provision of basic living conditions. Details of the application of this right are stated in law No. 599/2003 coll. regarding aid for material need and regarding changes and amendments to some laws in the wording of further regulations. The law defines material need as the condition when the income of a citizen and persons connected to the citizen does not reach the minimum living standards stated in the law regarding minimum standards of living No. 601/2003 coll. in the wording of further regulations and a citizen and physical persons who are related cannot secure or increase their income by their own actions. Aid to persons in material need is provided in the form of benefit and allowances for materials needs. The amount of allowance for material need is fixed depending upon the number of jointly evaluated persons. Additional payments can be added to the allowance – activation, protective, assistance with housing and benefit for healthcare. The amount of allowances and benefits for material need

are addressed in an act of the Government of SR. A citizen applies his right to claim benefit for material needs from appropriate state authority depending on the location of permanent residence, via submission of a written application.

Proceedings regarding evaluation of material need, provision of basic living conditions and assistance in material need via an allowance and benefits follow generally binding regulations regarding administration proceedings – law No. 71/1967 coll. regarding administration proceedings in the wording of further regulations. From the abovementioned, it arises that the right to an allowance and benefits in times of material need occurs through a legal decision of the appropriate authority. Proceedings are double-stepped. In the first stage, the procedure is carried out by the Office of Labour, Social Affairs and the Family in the location of permanent residence of the citizen; the appeal body is the Centre of Labour, Social Affairs and the Family.

Legally valid decisions are verifiable by the Court in accordance with a special regulation which is a Civil Court Regulation (§ 244 to 250k).

A citizen has the opportunity to ask for assistance for asserting his rights in accordance with law No. 327/2005 coll. regarding legal aid to persons in material need, effective from 1st January 2006.

Every year, with effectiveness from 1st September, the Government of the SR modifies the amount of basic benefit at all levels as well as the amount of allowances. The last modification is valid from 1st September 2007. Aid in material need is financed from the state budget.

For the purposes of provision of a basic standard of living and aid in material need, a foreigner, person without state citizenship, person with asylum, a foreigner to whom additional protection was provided, a refugee with residence in the area of the Slovak Republic on the basis of permission from an appropriate body and a foreign Slovak with residence in the area of the Slovak Republic has the same position as a citizen if he is not provided with aid in accordance with international contracts binding the Slovak Republic.

Growth in the number of recipients of allowances and benefits was mainly due to legal changes valid from 1st August 2006 regarding modification of the right to benefit for housing for a citizen in material need who receives a pension and this is also valid for recipients of other pension benefits or a social pension who reached the age of 62. The relationship regarding a flat or house and payment of housing costs were not investigated in this group of citizens. Re-evaluation of the conditions for a claim is also not relevant for this group. The growth in financial means was, apart from the abovementioned legislative changes which affected the total growth in the number of recipients of aid for material need, also caused by growth of housing benefits and protective benefit as well as due to valorisation of benefits and allowances from 1st September 2006.

The graphical display showing the development of the number of recipients shows that during 2005 and 2006, this development highlighted a slightly decreasing trend apart from September 2006 when legislative changes related to modification of housing benefit for a citizen in material need who receives a pension became effective. This also applies to recipients of other pension benefits or a social pension who reached the age of 62. As a

consequence of these changes, 212,516 people receiving benefit for material need were documented in December 2006 which represents growth of 30% since August 2006, which in absolute numbers growth by circa 48,868 recipients.

In 2006, in the system of aid for persons in material need, 375,835 inhabitants were assessed monthly which represented a 7% share of the total number of citizens in Slovakia. In comparison with 2005, there was growth of 0.1 p.p.

The average number of recipients of allowances and benefits documented monthly in 2007 was 197,206 which in comparison with 2006, represents growth of 8.8%. For this purpose, financial means in the amount of 7,727,817,000 SKK was paid, which is decrease of 0.1% compared to 2006 and represents 4,000,000 SKK. The average of monthly benefit and allowances in 2007 reached the sum of 3,266 SKK which in comparison with previous comparable period (2006) represents a decrease of 8.2%, representing 290 SKK.

The increased number of recipients of allowances and benefits is still a result of the changes related to widening the circle of recipients of housing benefit effective from 1st August 2006. The changes were related to modification of housing benefit for those in material need who receive a pension, and this is also valid for recipients of another pension or social benefit who reached the age of 62. The relationship regarding a flat or house and payment of housing costs were not investigated in this group of citizens. Re-evaluation of the conditions for a claim is also not relevant for this group.

Despite the growth in the number of recipients of benefit due to material need and additional contributions to benefits due to material need, as a result of the abovementioned changes (i.e. one of the significant groups), an increase in financial means paid for this purpose was not apparent, not even due to valorisation of individual levels of benefit due to material need and housing benefit. A group which, as a result of the abovementioned changes, was included in the system of aid due to material need has income from pension allowances i.e. the amount provided to them is never the maximum allowance. For other groups which are in the system of aid due to material need, there is a decrease whether due to an increase in financial income, a simultaneous decrease in unemployment and an increase in employment.

In 2007, in the system of aid due to material need, an average of 377, 535 citizens were documented monthly (this data includes the number of recipients of benefit due to material need and benefits linked to physical persons who are assessed jointly and for whom this benefit and allowance are determined), which represented a 7% share of the total population of Slovakia. In comparison with 2006, there was no change in the percentage share of citizens in the system of aid due to material need despite an overall increase in the recipients of benefits due to material need and additional allowances due to material need.

Additional allowances due to material need

Activation allowance

As we stated above, citizens in material need and physical persons who are jointly assessed with them are provided with benefits and allowances which are structured depending upon the number of jointly assessed persons and with regards to benefits, depending upon

their purpose, i.e. allowance for healthcare, activation allowance, housing benefit, protective benefit.

In 2007, there were 139,713 persons who fulfilled the conditions for an **activation allowance**. On average, there were 94,431 persons which represented a decrease of 11.7% in comparison with 2006. The greatest proportion within activations was the group of Jobseekers who participated in minor civil services or voluntary work, which was 87,484 people, which represents circa 92.6% of total number of persons with the right to an activation allowance. In comparison with 2006, the number decreased by 11.6%.

The number of recipients of an activation allowance decreased as a consequence of a decrease in the number of recipients of benefit due to material need who were Jobseekers, i.e. as a consequence of a decrease in unemployment.

Significant growth in the number of activation allowance was observed in June 2006 (the highest number since the system commenced), mainly due to participation in minor civil services or voluntary works. In the following months, during 2007, the number of recipients of this allowance decreased.

One of the motivational elements within the scope of aid due to material need is the provision of an activation allowance for a citizen who was unemployed for a long time, who became employed and whose income did not exceed the amount of three times the minimum wage or started to perform independent gainful activity for a period of six months. This is a group of citizens who, before they became employed or commenced independent gainful activity, were included in the system of aid due to material need. In 2007, this represented 15,505 citizens who received an activation allowance since they became employed and 1,741 citizens who commenced independent gainful activities.

Housing benefit

In 2007, the average number of monthly recipients of housing benefit within the system of aid due to material need was 114,995 which represented growth against 2006 of 42%. The reason for the growth in recipients was the abovementioned legislative changes valid from 1st August 2006. The increase in the number of recipients was related to recipients of a pension or recipients of another pension benefit, if they reached the age of 62 years. The change affected individuals or families without children and the ratio between recipients who are independently assessed (sum of 1490 SKK), and citizens with jointly assessed persons (sum of 2,350 SKK) also changed. From the total number of recipients of housing benefit, 62.4% were individually assessed (increase against 2006 by 11.2 p.p.) and 37.6% jointly assessed persons (decrease against 2006 by 11.2 p.p.). The proportion of recipients of housing benefit of the entire number of recipients of aid due to material need in 2007 reached 58.3% which represents an increase of 13.6 percentage points in comparison with the previous year.

Protective allowance

Another group of citizens are those who do not have the possibility to secure an income or increase income by their own employment. On the basis of conditions stated in law, this group of citizens are provided with a **protective allowance**. In 2007, the average monthly number of citizens who claimed this allowance was 90,056, which represents an increase by 102.8% against 2006 due to an increase in number of recipients of a protective

allowance because the citizen reached the age required for pension. From the total number of protective allowances, this group formed 74.4%. The increase in the number of protective allowances was caused by changes valid from 1st August 2006, see above.

Benefits for a child in material need

With regards to supporting attitudes towards education, the MLSAF SR has implemented supportive benefit programmes whose aim is to motivate pupils from low income families to achieve positive study results which should improve their chances for further education in secondary schools and schools of higher education, their position in the employment market and by increasing the equality of chances and attitude to education, prevent the reproduction of poverty from generation to generation.

Benefit programmes include the possibility to provide **benefit for catering, school aids and a motivational allowance** in basic schools (all types), also in nurseries with regard to catering and for children in the final year of nursery, also an allowance for school aids.

The right to the provision of healthcare

In accordance with § 11 of law No. 576/2004 coll. regarding healthcare, services to the provision of healthcare and regarding changes and amendments to some laws in the wording of further regulations, everyone has the right to the provision of healthcare. The right to be provided with healthcare is guaranteed equally to everyone in compliance with the principle of equal treatment in healthcare stated by a separate regulation. In compliance with principle of equal treatment, discrimination for reasons of gender, religion or belief, marital status and family status, skin colour, language, political or other opinions, union activities, national or social origin, health disability, age, property, lineage or other position is prohibited.

Performance of the rights and duties arising from this law must be in compliance with good morals. No one must abuse these rights and duties, causing harm to a third person. In relation to performance of a person's rights, the person must not be persecuted or otherwise punished if the person submits a complaint, an accusation or a proposal for commencement of criminal proceedings against another person, healthcare employee or healthcare provider. Everyone who believes that his rights or legally protected interests were affected due to the principle of equal treatment not being followed can seek legal protection in the Court in accordance with a separate law. A healthcare provider must not persecute or put the person at a disadvantage for the reason that the person applies his rights in accordance with this law. Everyone has the right to select his healthcare provider.

In 2006, the average monthly documented number of recipients of benefit was 181,200 which in comparison with 2005 represented growth by 3%. For this purpose, financial means in the amount of 7,731,699,000 SKK was paid which was 19% greater than in 2005, which represents circa 1.2 billion SKK. The average amount of monthly benefit and allowances in 2006 reached an amount of 3,556 SKK which in comparison with the previous comparable period (2005) represents an increase by 16%, by 480 SKK.

Amount of benefit due to material need and additional benefits due to material need in 2006 - 2007

AMOUNT

<i>BENEFIT DUE TO MATERIAL NEED</i>	from 1.11. 2005	from 1. 9. 2006**	from 1.9. 2007***
individual	1 560 SKK	1 640 SKK	1 680 SKK
individual with a child or up to four children	2 500 SKK	2 630 SKK	2 800 SKK
couple without children	2 710 SKK	2 850 SKK	2 910 SKK
couple with a child or up to four children	3 700 SKK	3 890 SKK	4 000 SKK
individual with more than four children	3 710 SKK	3 900 SKK	4 100 SKK
couple with more than four children	4 950 SKK	5 210 SKK	5 360 SKK
<i>increase in benefit for pregnant women by</i>	350 SKK	350 SKK	370 SKK
<i>benefit for parents caring for a child up to 1 year of age</i>	350 SKK	350 SKK	370 SKK

ADDITIONAL BENEFITS

<i>Allowance for healthcare</i>	50 SKK	60 SKK	60 SKK
<i>Activation allowance</i>	1 700 SKK	1 900 SKK	1 900 SKK
<i>Housing benefit</i>			
one citizen in material need	1 360 SKK	1 460 SKK	1 490 SKK
one citizen in material need + jointly assessed persons	2 150 SKK	2 300 SKK	2 350 SKK
<i>Protective allowance</i>	1 700 SKK	1 900 SKK	1 900 SKK

Explanations * new benefit paid with effect from 1st January 2006. This benefit is provided only to one parent regardless of the number of children up to one year

** From 1st September 2006, the amount of benefit due to material need and additional benefits due to material need were modified by the Act of the Government of Slovak Republic No. 486/2006 coll.

*** From 1st September 2007 the amount of benefit due to material need and housing benefit were modified by the Act of the Government of Slovak Republic No. 377/2007 coll.

Activation allowance and Benefit due to material need are not provided simultaneously. Only one benefit is provided to a person in material need.

Article 13§2

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

In the Slovak Republic, the right to social and medical aid is applied in order that those who provided with this aid will not be caused any harm with regards to their political or social rights. For the purposes of provision of a basic standard of living and aid in material need, a foreigner, a person without citizenship, person with asylum, a foreigner who has been provided with additional protection, a refugee with residence in the Slovak Republic on the basis of permission from the appropriate authority and a foreign Slovak with residence in the area of the Slovak Republic has the same rights as a citizen unless aid is provided in accordance with international contracts binding the Slovak Republic.

In accordance with § 11 of law No. 576/2004 coll. regarding healthcare, services related to the provision of healthcare and regarding changes and amendments to some laws in the wording of further regulations, everyone has the right to be provided with healthcare. The right to be provided with healthcare is guaranteed equally to everyone in compliance with the principle of equal treatment in healthcare stated by a separate regulation. In compliance with principle of equal treatment, discrimination for reasons of gender, religion or belief, marital status and family status, skin colour, language, political or other opinions, union activities, national or social origin, health disability, age, property, lineage or other position is prohibited.

Performance of the rights and duties arising from this law must be in compliance with good morals. No one must abuse these rights and duties, causing harm to a third person. In relation to performance of a person's rights, the person must not be persecuted or otherwise punished if the person submits a complaint, an accusation or a proposal for commencement of criminal proceedings against another person, healthcare employee or healthcare provider. Everyone who believes that his rights or legally protected interests were affected due to the principle of equal treatment not being followed can seek legal protection in the Court in accordance with a separate law. A healthcare provider must not persecute or put the person at a disadvantage for the reason that the person applies his rights in accordance with this law. Everyone has the right to select his healthcare provider.

Article 13§3

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The facts and legal regulations stated in Article 13 item 1 of the charter allows everyone to be provided such advice or aid by appropriate public or private services which can be considered as prevention, elimination or reduction of the distress of his person or family.

To complete the abovementioned, the area of social-legal protection of children and social trustees must also be mentioned. Development in this area mainly positively influences

gradual unification and a coordinated approach by all subjects who participate in resolving an unfavourable situation which occurs in a child's family, significant inclusion of self-governments and accredited subjects, the focus upon the quality and effectiveness of implemented measures, particularly professional provision of services and gradual specialisation within state administration in this area.

The basic changes in this area took place after 1st September 2005, when law No. 305/2005 coll. regarding the social-legal protection of children and social trustees and regarding changes and amendments to some laws in the wording of further regulations became effective. This legal modification created a basis for thorough protection of the rights and interests of children, effective, intensive and systematic aid and support of children and families, provision of an equal alternative environment for children if they are not brought up in their natural family, effective prevention and elimination of the causes of psychological development disorders, physical or social development of the individual, groups and greater social communities. Part of the legal changes is also clearly stated authorisation of the state and self-government in the given area, as well as extended possibilities for non-state subjects. At the same time, this law includes the conditions under which it is possible to financially support non-state subjects. The measures for social-legal protection of children and social trustees are carried out in the natural family environment, a substitute family environment, in an open environment and in an environment created and organised for implementation of these measures in accordance with the law, i.e. in institutions.

Measures in accordance with this law are implemented for all children who have permanent residence, temporary residence, permission for temporary residence, permission for permanent residence, have permitted tolerated residence (common residence) in the Slovak Republic; for children for whom it is not possible to determine their residence, for children who are not citizens of the Slovak Republic and are in the area of the Slovak Republic without an accompanying parent or other adult physical person (underage without guardian), and for adult physical persons with common residence in the area of the Slovak Republic. The rights stated in this law are guaranteed equally for everyone in compliance with the principle of equal treatment stated in anti-discrimination law.

The law contains a wide spectra of measures which can be selected and applied in various situations, depending upon the seriousness of the addressed problem or created situation. For example, § 11 of cited law addresses measures of social-legal protection and social trustees with regards to limiting and eliminating negative influences which jeopardise psychological development, physical or social development of the child and adult which are mainly:

a) offering assistance to a child, parents or another adult physical person, or offering intermediary assistance in resolving welfare problems or family problems, and in application of a child's rights in accordance with special regulations,

b) monitoring the negative influences upon a child and family, ascertaining the causes of their occurrence and taking measures to eliminate the negative influences,

c) organising or intermediating participation in programmes focused upon assistance in resolving problems of children within the family and school, and assistance for families in resolving welfare problems, social problems and other problems in the family and within inter personal relationships,

d) organising or intermediating participation in programmes focused upon assistance for children and adult physical persons jeopardised by the behaviour of a family member, family members or the behaviour of other persons,

- e) organising or intermediating participation in programmes focused upon adult physical persons who, by the behaviour, jeopardise other members of the family,
- f) organising or intermediating participation in programmes focused upon limiting and eliminating the negative influences of the environment and prevention of social exclusion of children and adults in an open environment.

If a child's parents are divorcing, the child and his parents will be provided (intermediated) with social advice, and the child will receive the necessary psychological assistance which can also be recommended for parents in order to restore the marriage and in order to prevent the unfavourable effects of the divorce upon the child. Advisory-psychological services are provided (apart from other subjects) free of charge via a network of counsellors in advisory-psychological services which are part of the state bodies of social-legal protection of children and social trustees.

Article 13§4

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Was not ratified by Slovakia.

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.

Information to be submitted

Article 14§1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).

Paragraph 14 of law No. 195/1998 coll. regarding social aid in the wording of further regulations characterises social services as specialised activities for addressing social need.

Paragraph 10 of law No. 195/1998 coll. characterises social need as follows

(1) Social need is the state when a citizen cannot alone provide care of his person, care of his home, protection and application of his rights and legally protected interests or contact with a social environment, mainly due to his age, unfavourable health condition, social inadaptability or loss of employment.

(2) For the purposes of law No. 195/1998 coll., a social need is a state when a citizen with a severe health disability needs to reduce the social consequences of the severe health disability or overcome it under the conditions stated under law No. 195/1998 coll.

(3) For the purposes of this law, unfavourable health conditions are incapacity in accordance with a legally valid decision or report of the Social Insurance Company, disease, a health disorder or health disability accepted by an appropriate treating doctor.

Paragraph 3 items 1 and 2 of law No. 195/1998 coll. states that social aid is mainly provided via social work. Social work is obtaining and processing information regarding the causes of the occurrence or possible occurrence of social need and regarding provision of social aid, choice and application of forms of social aid and monitoring of their effectiveness.

Social services are:

- a) care services,
- b) organising public catering,
- c) transport services,
- d) care in social services facilities,
- e) social loan.

In accordance with § 15 of law No. 195/1998 coll.

(1) Care services can be provided to

a) a citizen who, due to his unfavourable health condition, needs the assistance of another person to carry out

- 1. necessary actions for living,
- 2. necessary housework or
- 3. contact with a social environment, mainly accompanied, translating in sign language for the hard of hearing (law no. 149/1995 coll. regarding sign language of the hard of hearing), and reading,

b) a child until termination of compulsory school attendance if personal, daily and proper care of the child cannot be provided or ensured by parents or a person who has taken such a child under his care to replace parental care on the basis of a decision by an appropriate authority for serious reasons.

(2) Care services can also be provided if one mother

- a) gave birth the three or more children at the same time, or
- b) within a period of two years, repeatedly gave birth to twins.

(3) Care services for cases stated in paragraph 2 can be provided up to the time when the children are three years old.

(4) Necessary actions for living, necessary housework and forms of provision of contact with a social environment are stated in Appendix No. 1 of law No. 195/1998 coll.

(5) The scope of care services in accordance with paragraph 1 item a) will be determined by the appropriate body on the basis of a recommendation from a healthcare facility.

(6) Serious reasons for which it is impossible to provide or ensure personal, daily and proper care of a child are:

- a) disease, injury, spa stay or death of a parent or person who took the child under his care replacing parental care on the basis of a decision by an appropriate body,
- b) giving birth by the mother or a woman who took the child under her care replacing parental care on the basis of a decision by an appropriate body,
- c) commencement of employment due to termination of benefit for care of a family member if this is the case of a parent or citizen stated in item a).

(7) A single person is considered to be a single woman, widow or divorced woman, a single man, widower or divorced man, or a woman or man becoming single for other reasons.

(8) Care services cannot be provided to citizens who

- a) are provided with financial aid for personal assistance or
- b) are provided with daily, personal and proper care by a person stated in § 64a paragraph 2 of law No. 195/1998 coll., or
- c) quarantine is ordered as a result of the suspicion of infection with a communicable disease and during illness with this disease.

(9) It is preferred that care services are provided to citizens in their home.

Act 16 of law No. 195/1998 coll. addresses the organisation of public catering.

(1) Public catering can be organised for citizens whose catering cannot otherwise be provide and who

- a) is the recipient of a pension or
- b) due to his unfavourable health condition is dependent upon public catering.

(2) Public catering with the provision of one hot meal per day can also be organised for persons who applied their right for provision of basic standard of living conditions in accordance with a separate regulation (law No. 599/2003 coll. regarding aid due to material need and regarding changes and amendments to some laws in the wording of further regulations).

(3) Public catering is mainly provided in canteens for pensioners and in other social services facilities providing catering.

Act 17 of law No. 195/1998 coll. addresses transport services

(1) Transport services can be provided to a citizen with a severe health disability who, in accordance with a report from an appropriate body, is dependent upon individual transport in a personal motor vehicle. A citizen is dependent upon individual transport if he is not able to

a) move to a vehicle of public transport or to railway transport and back in the same way as a healthy citizen,

b) enter a vehicle of public transport or railway transport, steady himself during a journey and exit the vehicle of public transport or railway transport in the same way as a health citizen, or

c) deal with any other situation in a vehicle of transport or railway transport due to a severe health disability.

(2) Transport services can be provided to a citizen with a severe health disability if these transport services suitable compensate his reduced mobility due to disorders with the functioning of his body.

(3) Transport services cannot be provided if it is possible to provide individual transport in another way.

(4) A citizen with severe health disability, who is provided with transport services in accordance with law No. 195/1998 coll. cannot be provided with a financial contribution towards the purchase of a personal motor vehicle.

Act 18 of law No. 195/1998 coll. addresses care in social services facilities

(1) Care in social services facilities can be provided to a citizen who cannot be provided with other social services in accordance with law No. 195/1998 coll. or if provision of other social services in accordance with law No. 195/1998 coll. does not sufficiently resolve the social need of this citizen.

(2) A town establishes social services facilities for the provision of care in these social services facilities:

a) social services home for children who are provided with daily care,

b) pensioners' care home,

c) facility of protected housing,

d) care services facility.

(3) A self-governing region and town establish social services facilities for the provision of care in these social services facilities:

- a) social services home for children who are provided with weekly and year-round care,
- b) social services home for adults who are provided with year-round and weekly care,
- c) pensioners' care home,
- d) home for single parents,
- e) care services station,
- f) shelter,
- g) rehabilitation centre.

(4) Apart from the social services facilities stated in item (3), the town also establishes:

- a) home – pension for pensioners,
- b) pensioners' club,
- c) canteen for pensioners,
- d) centre for personal hygiene,
- e) laundry.

(8) In social services facilities, care is provided all year round, weekly or daily; it can also be provided temporarily for a determined period. Regarding daily care, it is provided on work days and during working hours. Housing is not provided in daily care. For weekly care, care is not provided on Saturdays and Sundays, bank holidays and holidays immediately before Saturday or following Sunday.

(9) In social services facilities, care cannot be provided to a citizen whose health condition requires institutional care in a medical facility.

(10) Social services homes, pensioners' homes, orphanages, care services station, care services facilities and rehabilitation centres contribute towards provision of healthcare. Social services homes, pensioners' homes and orphanages create conditions for establishment of a health care facility in accordance with a separate regulation. Social services homes, pensioners' homes, orphanages and care services facilities can provide healthcare in accordance with a separate regulation on the basis of permission in accordance with a separate regulation.

(11) Social services homes for children contribute in provision of education and preparation for employment; social services homes for children also participate in provision of preparation for employment and training.

Act 39 of law No. 195/1998 coll. address social loans

(1) A social loan can be provided to a citizen who is provided with benefit due to material need (law No. 599/2003 coll. regarding aid due to material need and regarding changes and amendments to some laws in the wording of further regulations), for a refund of costs for

- a) purchase of basic home equipment,
- b) repair of basic home equipment,

c) repair of roofs, electrical distribution, water and gas distribution which are accessories of a house used for permanent residence.

(2) Basic home equipment is: a bed, table, chair, cupboard, heating equipment, cooker, refrigerator, washing machine, if they are not part of the equipment of an apartment block.

(3) A social loan cannot be provided for basic home equipment which is part of the equipment of an apartment block.

(4) A social loan is provided on the basis of a written contract regarding provision of a social loan; this contract is signed between the citizen and the town.

(5) A contract regarding provision of a social loan must mainly contain

- a) amount of loan,
- b) purpose of loan,
- c) repayment period of the loan,
- d) amount of instalments,
- e) obligation by the citizen that:

1. he will commence repayment of the loan within three years from its provision at the latest and will fully repay the loan within five years from its provision,

2. he will return the loan if he does not use it for the purpose for which it was provided.

(6) A social loan is interest free.

(7) A social loan is provided in cash or via bank transfer to the account of the legal entity or physical entity from whom the citizen purchases the basic home equipment.

Further details regarding the scope and content of social services as well as state inspection are addressed in detail in the appropriate provisions of law No. 195/1998 coll.

Measures of social-legal protection of children and social trustees in accordance with law No. 305/2005 coll. regarding social-legal protection of children and social trustees and regarding changes and amendments to some laws in the wording of further regulations are taken for a child, of age physical person, family, group and community, mainly via social work using methods, techniques and procedures corresponding with the knowledge of social science and knowledge of the status and development of social-pathological events in society.

Measures of social-legal protection of children and social trustees are linked together and condition each other. During selection and application of measures, priority measures are those for the provision of welfare and comprehensive development of a child in his natural family environment or in a substitute family environment.

In accordance with law No. 305/2005 coll. regarding the social-legal protection of children and social trustees which became effective from 1st September 2005, facilities for social-legal protection of children and social trustees became:

orphanages (including orphanages for unaccompanied underage children)

crisis centres
re-socialisation centres.

In accordance with the law regarding social aid, social services facilities can be effectively and suitably merged. If the facility is divided into two parts, e.g. from a capacity of 100 places, 60 places are designated for a pensioner's home and 40 for a home-pension for pensioners, the facility is named for the part with the majority of places (in this case, a pensioner's home) and the smaller part is classified as a so called dependent facility. This can mean that in some districts, no facility is recorded e.g. not even one home-pension for pensioners, but 40 places exist.

On 31st December 2006, **Services** in social services facilities were provided to 38,232 citizens in 797 social services facilities. Despite efforts to provide services by establishment of facilities with a smaller number of places, i.e. family type, the number places in large capacity facilities was still the majority. From a regional viewpoint, on average, 99.6 facilities in a region provided their services. On 31st December 2007, in the Slovak Republic, social services were provided to 38,780 citizens in 824 facilities. The number of facilities in 2007 increased by 27. From the total number of facilities in 2007, 559 were institutional facilities.

From the total number of social services facilities of 824, 206 were pensioner's homes (25%). There were 15 homes-pensions for pensioners in the monitored year (1.8 %). From the total number of facilities, there were 125 social services homes for adults with combined disabilities (15.1%), social services homes for adults with psychological and behavioural disorders represented 7.4% of the total number (61 facilities). From the total number of 824 social services facilities, social services homes for children represented 6.8%, which are 56 facilities.

In 2006 in the Slovak Republic, there were a total of 52,487 places in **all** types of facilities and by the end of 2006, all social services facilities had a total of 38,232 inhabitants. In 314 facilities, the administrator was a self-governing region, in 159 it was a town and in 71 it was the church. 154 facilities were established by other legal entities and 22 facilities by physical entities. In 2006, the OLSAF was the administrator of 77 orphanages.

In 2007 in the Slovak Republic, there were a total of 40,236 places in **all** types of facilities. In 316 facilities with 21,352 places, the administrator was a self-governing region. In 71 facilities with 4,033 places, the administrator was the Office of Labour, Social Affairs and the Family. In 164 facilities, whose administrator was a town, there were 7,778 places. In 79 church facilities, there were 2,107 places; in 172 facilities whose administrator was another legal entity, there were 4,037 places and in 22 facilities established by physical entity, there were 1,019 places.

Total number of social services facilities and their capacity (according to the administrator) for 2006

Administrator	Number of facilities	Number of places at 31 st December 2006
Office of LSAAf (orphanages)	71	4 033
Towns	76	5 994
Church legal entities	57	1 657

Other legal entities	97	2 142
Physical entities	16	891
Self-governing regions	242	19 958
TOTAL	559	34 675

Source: Report of the Statistical Office of SR Soc 1-01

Together, in all eight regions, facilities provided 13,001,000 **accommodated days**. From this, 12,118,000 accommodated days (93.2%) were of year-round operation, 158,000 accommodated days (1.4%) were of weekly operation, 295,000 accommodated days (2.3%) were of daily operation and 321,000 days were of temporary stay (2.5%). From the total number of accommodated days, days spent outside the facility were 1,057,000 (8.1%), during which the inhabitants were in hospital care, treatment or on holiday.

The Nitra region, with its 93 facilities, provided the most – 1,939,000 accommodated days and the least accommodated days were provided by the Trnava region – 1,470,000 days in 92 facilities.

Facilities in the Bratislava region provided the most accommodated days in the form of **weekly** care, which was 39,000 (2.6%). Facilities in the Trnava region provided the least number of accommodated days in this form, only 8,000 accommodated days (0.6%). The form of **daily** care was also mostly used in the Bratislava region, with 117,000 accommodated days (7.8%). In the facilities in the Trnava region, the form of daily care was the least used, only 18,000 accommodated days (1.2%).

By the end of 2007, facilities had a total of 38,780 **inhabitants**. During the year, 20,262 were accepted, 14,129 discharged and 5,057 inhabitants died. From the total number of inhabitants in facilities, 24,978 were disabled, from which 4,831 were permanently bedridden. There were 4,886 monitored diabetics in the facilities. The facilities provided services to 21,348 persons of pensionable age. From the total number inhabitants in the facilities, 16,054 were men and 21,726 were women.

The total income of the facilities was 8.4 bil. SKK, from which 2.3 bil. SKK was withdrawn from the state budget in the form of non-investment aid (26.8%) and aid for procurement of long term assets was the sum of 0.2 bil. SKK (2.8%). Self-governing regions provided facilities with 4.3 bil. SKK (51.4%). Income from the budget of towns and funds from social security was 0.6 bil. SKK (7.1%). Income for provided services reached an amount of 1.7 bil. SKK (20.8%) of total income.

Total expenses were 8.4 bil. SKK, from which expenses for goods and services were 3.2 bil. SKK (37.4%), expenses for salaries were 3.6 bil. SKK (42.4%), for compulsory social insurance 1.2 bil. SKK (14.6%). The lowest item of expenses was the cost of procurement of long term assets in the amount of 0.4 bil. SKK (5.1%).

Social loan

A social loan can be provided to a citizen who is provided with benefit due to material need on the basis of a written contract regarding provision of a social loan. In 2006, at town and village level, 603 social loans were provided in the total sum of 2,406,759.50 SKK. From the total number of citizens who were provided with a social loan in this year, there were 319 women and 284 men. In 2007, social loans were provided to 334 citizens in the sum of 1,837,220 SKK. From the total number of citizens who were provided with a social loan in this year, there were 205 women and 129 men.

Care services

One of the most used social services is care services, whose provision is under the authorisation of towns. This service can be provided following fulfilment of the conditions stated in law No. 195/1998 coll. regarding social aid in the wording of further regulations, to a citizen who is, due to his unfavourable health, dependant upon the assistance of another person when performing the necessary living activities, necessary housework or in contact with a social environment.

In 2007, care services in homes were provided to 22,760 citizens. In comparison with 2006, there was an increase in the number of those given care by 3,066 citizens.

Up to 31st December 2007, 7,000 employees of towns and villages were providing care services which represents a decrease in comparison with 2006 by 1,054 employees calculated. Provision of care services is implemented using all institutes of legal employment relationships (employment relationship, agreements regarding work carried out outside the employment relationship). For the stated reason, the numbers of employees are calculated as fully employed.

Care services provided to citizens with an unfavourable health condition according to individual regions in SR

Self-governing region	Number of citizens provided with care services				Number of employees providing care services			
	2004	2005	2006	2007	2004	2005	2006	2007
Bratislava	2289	1957	1897	1992	907	713	664	681
Trnava	2482	2192	2198	2148	3371	1323	1351	912
Nitra	2137	2314	2742	6437	2669	2457	1156	1038

Trenčín	2203	2124	2319	2633	2333	2011	1077	983
Banská Bystrica	2511	2311	2336	2210	3154	2916	812	770
Žilina	3424	3195	3226	2964	1256	933	1006	931
Prešov	3361	2600	2469	2291	1710	1022	1144	971
Košice	1656	1806	2507	2085	674	608	844	714
SR	20063	18499	19694	22760	16074	11983	8054	7000

In 2007, 7,000 employees of towns and villages (from which 6,293 were women) provided care services. In comparison with 2006, it is a decrease by 1,054 employees. Provision of care services is implemented using all institutes of legal employment relationships (employment relationship, agreements regarding work carried out outside the employment relationship). The numbers of employees are calculated as fully employed.

Public catering

Public catering can be organised for a citizen whose catering cannot be provided otherwise and who is a recipient of a pension or who, due to his unfavourable health condition, is dependent upon public catering. Public catering is mainly provided in canteens for pensioners and in social services facilities where catering is provided. The average number of citizens for whom public catering was organised in 2006 was 1,534,179 citizens. The average monthly number of citizens for whom public catering was organised in 2006 was 127,824 citizens.

Transport services

Transport services can be provided to a citizen with a severe health disability who, in accordance with a report from an appropriate body, is dependent upon individual transport in a personal motor vehicle. In 2007, transport services were provided by towns and villages for 2,173 citizens, which is a decrease against 2006 by 311 citizens, when transport services were provided to 2,484 citizens.

Article 14§2

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

Law No. 195/1998 coll. regarding social aid in the wording of further regulations and law No. 305/2005 coll. regarding social-legal protection of children and social trustees, and

regarding changes and amendments to some laws in the wording of further regulations, support the participation of individuals and voluntary or other organisations in establishment or maintenance of social services.

Provision of social services by private subjects (physical and legal entities) and religious and church organisations must also be mentioned, where the state supports establishment and maintenance of such services.

The provision of social services by subjects who provide social assistance in accordance with law No. 195/1998 coll. is addressed in § 72 to § 88 of law No. 195/1998 coll.

Social services are provided by self-governing regions, towns as well as other subjects (physical and legal entities) and religious and church organisations on the basis of permission issued by the appropriate authority and listed in the appropriate register.

Community social work in the environment of socially excluded groups of citizens or excluded due to being endangered is one of the tools of social policy which the MLSAF SR wishes to further implement and develop. The aim of the programme of support of the development of community social work in towns is support of groups and individuals exposed to social exclusion for a long period of time. According to current knowledge, this programme was effective and there is significant interest in its continuance in communities.

Implementation of the programme which is implemented as a pilot scheme by the Fund for Social Development (hereinafter “FSR”), was extended to 31st March 2008 and is financed from the state budget. 35 million SKK was allocated for this from departmental means. Up to 31st December 2007, the programme was implemented by 185 final recipients of financial aid. From this number, there were 181 villages and towns and 4 NGOs. Two recipients completed implementation of the project prematurely, on 31st October 2007. On the basis of results regarding fulfilment of this programme, the Ministry is preparing an overall concept of the development of community social work as one of its main priorities.

This programme was originally financed via the MLSAF SR within measures determined for the support of active measures in the employment market, from the state budget. The project, which includes the work of circa 600 community social workers and their assistants, was allocated 360 million SKK. The programme was planned for 2005 to 2007 and followed on from previous programmes of field social work. The aim of the programme is support of groups and individuals exposed to social exclusion for a long period of time. A key element is individual work with a client in his national environment in the community.

Non-public providers of social services

In 2007, social services in the Slovak Republic were provided by 437 non-public providers for 44,330 citizens. In comparison with 2006, the number of these providers increased by 8 (growth of 2%) and the number of citizens were provided with social services increased by 5,261 (growth of 13%) against 2006. The highest growth in citizens who were provided with social aid was noticed in Nitra self-governing region by 4,808; 622 were transport services, 736 institutional services, 396 were public catering and 3,026 were other social services.

Aid for public associations, aid for support of the development of social care and social aid, and aid for humanitarian care under the authorisation of the MLSAF SR

Aid for public associations whose activity focuses upon the social sphere were provided in § 1 of the Act of the Ministry of Labour, Social Affairs and the Family SR of 5th December 2007 No. 29775/2007-II/1 regarding the provision of aid under the authorisation of the Ministry of Labour, Social Affairs and the Family SR to support 131 approved projects in the sum of 31,541,220 SKK.

Aid for the support of the development of social services and performance of measures of social-legal protection of children and social trustees in accordance with § 2 of the cited act were provided from regular transfers for 92 approved projects in the total sum of 21,294,015 SKK and from capital transfers for 121 approved projects in the sum of 60,815,985 SKK.

Aid for humanitarian care in accordance with § 3 of the cited act was provided in the sum of 1,784,000SKK (98.6%) for 170 physical persons to relieve their unfavourable social situation and for one physical person in relation to a tragic event. From the stated sum, 100,000SKK was provided with the activity Social Achievements of 2007.

Up to 31st December 2007, aid to public associations was provided in the sum of 31,541,220 SKK. In comparison with the same period in 2006, there was a decrease in provided financial means by 7,114,780 SKK (coverage against 2006 of 92%).

Up to 31st December 2007, to support the development of social services and for implementation of measures of social-legal protection of children and social trustees, aid was provided in the sum of 82,110,000 SKK. Against 2006, there was a decrease in the provided aid by 2,563,000SKK (coverage was 99% in comparison with 2006).

Performance of state inspection of provided social services, mainly regarding basic human rights and freedom of citizens during the provision of social services is carried out by the MLSAF SR in accordance with § 66 item j) of law No. 195/1998 coll. regarding social aid in the wording of further regulations.

Article 4 – 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:

1. 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;
2. 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;
3. 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 4, 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.

Information to be submitted

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information on measures taken to ensure that elderly persons have access to adequate benefits in cash or in kind; on the level of public expenditure for social protection and services for the elderly, on the accessibility of measures and the number of elderly people benefiting from them; on the number of places available in institutions for elderly persons, on the number of elderly living in such institutions, and on whether a shortage of places is reported.

Article 39 of the Constitution of the Slovak Republic states:

- (1) Citizens have the right to adequate material provision in old age and when incapable to work, as well as when there has been a loss of provider.
- (2) Everyone in material need has the right to such aid necessary to provide basic living conditions.
- (3) Details regarding rights in accordance with items 1 and 2 will be stated in law.

For implementation of Article 39 of the Constitution of Slovak Republic, the following legal regulations were mainly passed.

1. law No. 461/2003 coll. regarding social insurance in the wording of further regulations,
2. law No. 43/2004 coll. regarding pension savings in the wording of further regulations,
3. law No. 650/2004 coll. regarding additional pension contributions in the wording of further regulations,

4. law No. 328/2002 coll. regarding social provision for policemen and soldiers and regarding changes and amendments to some laws in the wording of further regulations,
5. law No. 195/1998 coll. regarding social aid in the wording of further regulations,
6. law No. 599/2003 coll. regarding aid due to material need and regarding changes and amendments to some laws in the wording of further regulations,

Law No. 461/2003 coll. addresses the conditions for allocation of appropriate benefits and the amount of individual benefit (pension, incapacity benefit, widow's pension, widower's pension and survivor's benefits) from the first pillar. Law No. 43/2004 coll. addresses additional pension contributions (II. Pillar) and law No. 650/2004 coll. addresses additional pension savings (III. pillar).

The abovementioned pension resources allow a dignified life (adequate material provision) and active participation in public, social and cultural life of persons – seniors mainly of pensionable age – in old age,

The Employment Code does not forbid an employer to employ a physical person with the right to a pension or who is already receiving some social insurance benefits. At the same time, law No. 461/2003 coll. regarding social insurance in the wording of further regulations does not forbid a person who has applied for an early retirement pension or incapacity benefit from having another income from employment activity or several employment activities.

From the abovementioned, it arises that an employer cannot terminate an employment relationship with an employee due to the reason that he is already a pensioner. The employer can terminate the employment relationship on the basis of a mutual agreement in accordance with § 60 of the Employment Code by notice in accordance with § 63 Art. 1 only for legal purposes or immediately if there is a reason in accordance with § 68 of the Employment Code.

The mentioned pension resources together with a salary, remuneration of performance of work in an employment-legal relationship or similar employment relationship allow a dignified life (appropriate material provision) and active participation by a senior – of pensionable age – in old age in public, social and cultural life.

Article 26 item 3 of the Convention of the International Labour Organisation regarding minimum standards of social security No. 102 of 1952, which binds the Slovak Republic (notice No. 461/1991 coll. and 36th point of notice No. 110/1997 coll.) states – National laws or regulations may suspend benefits if a person with the right to benefits performs any stated gainful activities, or the benefit can be decreased if the income of a benefit recipient exceeds the stated sum, or decrease non-contributional benefit if the income of the benefit recipient or any other of his sources of income and/or one or both exceed the state sum.

This possibility of suspension of benefit stated in Article 26 item 3 of the cited Convention is not applied in the Slovak Republic in its legal code, if this benefit is given as a pension for old age (state pension). The wording of this provision states ... “National laws or regulations can state” – it is not stated that there is the duty to state.

Law No. 461/2003 coll. addresses the valorisation mechanism for pensions – the amount of current regularly repeated payments with regards to a pension and other benefits will be investigated via monitoring of significant changes in the general level of income, which arises from significant changes in living expenses.

The Slovak Republic is bound (partially bound by individual parts of the Convention) by the following Conventions of the International Labour Organisation:

1. Convention of the International Labour Organisation regarding minimum standards in social security No. 102 of 1952 – notice No. 461/1991 coll. and the 36th point of notice No. 110/1997 coll.

2. Convention of the International Labour Organisation regarding incapacity benefits and old age pensions and survivor's benefits No. 128 of 1967 – notice No. 416/1991 coll. and the 44th point of notice No. 110/1997 coll.

3. Convention of the International Labour Organisation regarding medical care and sickness benefits No. 130 of 1969 – notice No. 537/1990 coll. and the 45th point of notice No. 110/1997 coll.

In relation to the stated provision of the of the charter towards fulfilment of the principle of allowing elderly citizens to choose their way of life and have an independent life in their family environment via provision of flats adequate for their needs and health condition, or appropriate assistance in modification of their housing is supported by:

- direct assistance within the Programme of Housing Development

Its range, conditions and methods of provision are stated in the Act of the Ministry of Building and Regional Development of Slovak Republic of 7th December 2006 No. V-1/2006 regarding provision of assistance for housing development.

Assistance can be provided for

- a) procurement of rental flats,
- b) technical equipment,
- c) removal of system breakdowns in blocks of flats.

- from the means of the State Fund for Housing Development

Provision of assistance from the State Fund for Housing Development follows law No. 607/2003 coll. regarding the State Fund for Housing Development in the wording of further regulations.

The State fund for Housing Development was established to finance state aid for widening and development of the housing fund for physical and legal entities. Support can be in the form of a loan or non-returnable contributions. Non-returnable contributions are provided to a specific group of applicants, i.e. for citizens with severe health disabilities (under the conditions stated by law).

Care of elderly citizens follows the Concept of Healthcare in the area of geriatrics issued by the Ministry of Health of the Slovak Republic in 2007 and published in the Bulletin of the Ministry of Health of the Slovak Republic, items 1 – 5 on 25th January 2007.

Specialised ambulatory healthcare and institutional healthcare of geriatric patients is provided by doctors with a specialisation in geriatrics and other specialist doctors depending upon the needs of the health of the geriatric patient. The minimum number of providers of healthcare is determined by the act of the government of Slovak Republic No. 751/2004 coll. regarding the minimum public network of providers of healthcare in the wording of further regulations.

The scope and main tasks in geriatric healthcare – Geriatrics is a specialised area dealing with the healthcare of senior citizens i.e. persons over 65 years of age. Provision of comprehensive care for senior citizens takes into account the aging changes of the human body, multi-morbidity, subsequent brittleness and lowered adaptability of the old organism. It focuses upon determination of the functional condition and potential of seniors and respects the influence of social factors upon the health condition of seniors and the social consequences of their diseases. A significant feature of geriatric patients is brittleness (instability), which is manifested as a disposition to complication and worsening of adaptation mechanisms.

Geriatric healthcare includes prevention, dispensarisation, diagnostics, treatment and rehabilitation. It is provided as general ambulatory care, specialised ambulatory care and institution care for geriatric patients with acute and chronic diseases. Within long term care, doctors also provide geriatric healthcare in social services facilities.

Due to the large number of geriatric patients, there is a typical presence of the following factors determining their health condition and prognosis:

1. worsening of mobility
2. cognitive function disorders
3. depression
4. malnutrition
5. stool and urine incontinence
6. stability disorders, falls and injuries
7. severe sensory disorders
8. more than 5 serious simultaneous diagnoses
9. serious adverse effects of medication
10. necessity for assistance in common daily activities (receiving food, washing, bathing, toilet)
11. complicated social situation

These factors put increased demand upon care and require a separate geriatric approach.

The priorities in geriatric healthcare are lengthening life, achieving the highest possible quality of life even in its final stages, the best possible functioning state and independence of a geriatric patient. In geriatrics, a geriatric evaluation is typical and necessary for diagnostics, stating treatment targets, rehabilitation and securing continuity of healthcare.

Geriatric care includes preventative care even up to terminal care. Part of prevention is the prevention of cardiovascular diseases, tumour diseases, infectious diseases (mainly pneumonia and influenza), mobility disorders, falls, malnutrition, dependence and adverse effects of medication.

General ambulatory healthcare for persons over 65 years of age is provided by a doctor with a specialisation of general practitioner. Specialist ambulatory care is provided by a doctor with a specialisation in geriatrics

A Geriatric clinic provides specialist healthcare, mainly diagnostics and treatment for persons over 65 years of age with acute and chronic diseases, multi-morbidity and diseases with complications. Within this care, there may be specialist advice centres for care of incontinent persons, patients who have fallen and patients with dementia, and others.

A doctor with a geriatric specialisation participates in the care of patients in pensioners' homes or performs methodological supervision of its provision. Upon request, a geriatric specialist evaluates the health condition of persons applying to stay in a pensioners' home.

A visiting geriatric specialist serves for diagnostic, treatment and rehabilitation purposes for seniors, where this healthcare cannot be provided within home treatment. He coordinates examination of a geriatric patient by various specialists which facilitates the examination of patients with mobility difficulties.

A geriatric department provides acute specialised geriatric care. It is designed for differential diagnostics and treatment of mainly internal diseases, mainly in cases complicated by multi-morbidity and the presence of geriatric syndromes, and for evaluation of the functional potential of patients. It also has the function of an educational healthcare facility and contributes towards specialised preparation of doctors in the specialist field of geriatrics. It hospitalises patients over the age of 65, mainly those with characteristic geriatric complications apart from acute disease; it also hospitalises patients over 85 years of age with acute diseases in the area of internal diseases.

A geriatric clinic provides specialist acute diagnostic and treating geriatric care at the highest level within this field. It serves for pre-graduate and post-graduate education of doctors and students of bachelor and masters studies in nursing. It carries out scientific research activities. It hospitalises patients over 65 years of age, mainly those who, apart from an acute disease, also suffer from characteristic geriatric complications such as worsening of mobility, cognitive function disorder, depression, malnutrition, stool and urine incontinence, stability disorders, falls and injuries, serious sensory disorders, more than 5 serious simultaneous diagnoses, severe adverse effects of medication, necessary for assistance in common daily activities and complications social situation. All patients over the age of 85 with acute disease in the area of internal diseases should be hospitalised in a hospital provide healthcare to geriatric patients.

Institution (department) for the long term sick provides healthcare to patients with complications typically due to several chronic diseases whose diagnoses are known and the condition does not require intensive examination and treatment but requires a daily doctor's visit, intensive care or rehabilitation and exercising performance of common daily activities. The institution or department hospitalises patients aged 18 and over.

A geriatric centre is independent or incorporated healthcare facility which provides ambulatory and institutional care for geriatric patients with acute and chronic diseases. It may include geriatric facilities of all kinds, but must at least contain a geriatric clinic, a geriatric department and a department for the long term sick. It usually includes a visiting geriatric specialist.

Geriatrics cooperates closely with doctors in the area of surgery, psychiatry, neurology and physiatry, balneology and healing rehabilitation and in the area of pharmaco-therapy with specialisation of clinical pharmacology and pharmacies. Geriatrics solves the health problems of persons in long term care in social services facilities and geronto-psychiatric departments. Specialist-methodology supervision of healthcare is provided by the Ministry of Health of the Slovak Republic in cooperation with the main specialist in the area of geriatrics. The main specialist consults concept issues of the department with the Slovak Gerontological and Geriatric Society. The aim of geriatric dispensing of care is maintenance of health, prevention of the worsening of diseases, prevention of person's becoming dependent upon assistance, improvement in the quality of life and delaying death. Indication for inclusion in geriatric dispensarisation by a doctor with a specialisation and geriatrics.

In accordance with § 19 of law no. 195/1998 coll. in the wording of further regulations, citizens who are provided with care in social services facilities throughout the year can contribute towards determination of living conditions in these facilities via elected representatives.

Law No. 195/1998 coll. secures provision of adequate aid to elderly persons in appropriate institutions – in social services facilities – whilst respecting their privacy.

From the total number of social services facilities of 797, 201 were pensioners' homes (25.22%). There were 13 homes – pensions for pensioners in the monitored year (1.6%). Facilities provided services to 21,299 persons of **pensionable age**. From the total number of inhabitants of facilities, 16,713 were men and 21,519 were women. During the year, 19,534 were accepted, 12,895 were discharged and 4,737 died.

Number of recipients of a pension and amount of pension allowance according to gender

Type of benefit	Number of recipients at:	Average amount at:
	31.12.2007	31.12.2007
State pension		
men	916 941	8 885
women	298 069	9 968
	618 872	8 081
Early retirement		
men	48 225	9 398
women	34 374	9 883
	13 851	8 125
Incapacity		
men	195 139	6 621
women	106 190	7 120
	88 949	5 996
Widow's (women) solo	44 335	5 544
Widower's (men) solo	4 096	3 949
Orphanage		
men	29 645	3 242
Women	7 419	3 036
	22 226	3 310
T o t a l	1 238 381	X

Source: Social Insurance Company

3. Distribution of recipients according to amount of pension allowances at 31. 12. 2007

Amount of pension in SKK	Number of recipients (solo) of pension			
	State pension	Early retirement	Incapacity	Orphanage
2 000 - 3 899	10 066	0	26 226	24 441
3 900 - 5 999	28 521	11	52 562	4 671
6 000 - 7 999	191 526	16 841	57 123	482
8 000 - 9 999	266 380	14 487	41 362	44
10 000 - 12 999	108 664	11 460	11 172	7
13 000 - 15 999	21 983	3 314	2 078	0
16 000 - 18 999	7 518	810	436	0
over 19 000	3 586	168	94	0
Total	638 244	47 091	191 053	29 645

Source: Social Insurance Company