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12th National Report on the implementation of the European Social Charter

submitted by

THE GOVERNMENT OF THE REPUBLIC OF SLOVENIA

(Articles 3, 11, 12, 13, 14, 23 and 30
for the period 01/01/2008 – 31/12/2011)

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Article 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

3:1 Health and safety and the working environment

Additional explanations regarding the 2009 Conclusions[1]

In the reporting period between 1 January 2008 and 31 December 2011, the **Health and Safety at Work Act** was adopted (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 43/2011).

The basic goal of the Act was to prepare solutions that are better than those which applied to health and safety at work and have been in force since the adoption of the act in July 1999, by considering the principles of the rationalisation of procedures and the principle that due to the implementation of new legal requirements, the level of workers' health and safety must not decline below the level achieved, which the workers enjoy at work on the basis of the rules in force. The Act's objective was to encourage a safety culture to prevent occupational risk.

The proposer's second goal was to revise legal provisions and eliminate administrative workloads and their related costs, especially for employers who employ a smaller number of workers. To this end, the obligations of the self-employed related to ensuring their own health and safety were newly defined. Some provisions of the Act were harmonised with the provisions of the Framework Directive on safety and health at work.

The National programme for safety and health at work adopted with a resolution on 26 November 2003 by the National Assembly was not limited to a particular period.

The National Programme considers guidelines and recommendations specified by international legal acts, particularly the International Labour Organisation (ILO) Occupational Safety and Health Convention No 155, which provides in Article 4 that, considering the conditions and the practice and upon consulting the most representative trade unions and associations of employers, the state must specify, implement and periodically revise the uniform national policy on occupational safety and health.

ILO Convention No 187 and ILO Recommendation No 197 adopted by the International Labour Organisation in 2006 also determine that each Member State which ratifies the above Convention undertakes to provide for continuous development and progress in occupational health and safety, upon consulting the most representative trade unions and associations of employers, by forming, adopting, monitoring and, if necessary, periodically checking the national policy, national system and national programme for safety and health at work.

At the end of 2007, the ministry responsible for labour therefore prepared the **analysis of the Implementation of the National programme for safety and health at work** through the Programme of Activities and Measures for the Implementation of the National programme for safety and health at work.

In addition to the above legal instruments, the analysis was also based on the preparation of a new EU strategy in the field of occupational safety and health for the period 2007-2012, which was mainly aimed at reducing occupational accidents and occupational diseases by 25 % at the EU level by 2012.

[1] Conclusions are published on the official website of the Council of Europe:
http://www.coe.int/t/dghl/monitoring/socialcharter/Conclusions/State/Slovenia2009_en.pdf

Due to the adoption of this strategy and because of the set goal which Slovenia also tried to achieve with its best endeavours, the situation regarding occupational safety and health required a thorough preliminary assessment and had to be put in the economic and social context of that time. Further on, the analysis was aimed at establishing whether the measures provided for by the Resolution on national programme for safety and health at work were adequate and sufficient with respect to the assessed situation and the goals defined.

The proposed **Programme of Activities**, which was also binding on some other ministries, was not adopted by the Government of the Republic of Slovenia, but was nevertheless implemented by the Ministry, in accordance with its financial perspective, in the part related to its responsibilities.

The Ministry of Labour, Family, Social Affairs and Equal Opportunities prepares and implements various free conferences, seminars and workshops organised annually for the professional and general public. The Ministry also issues free practical guidelines, manuals and other hard-copy promotional materials and publishes them on its website. The Ministry actively participates or otherwise supports similar efforts by social partners and professional organisations and associations in the field of occupational safety and health.

In the reporting period, the Ministry funded the implementation of two **studies**: a study performed by the Faculty of Management Koper at the University of Primorska in Koper, entitled 'Methodology of assessing the economic effects of providing occupational health and safety', and an extended survey sample and separate module on psychosocial risks in Slovenia **performed by the Eurofound within the 5th European Working Conditions Survey (2010).**

3:2 Issue of safety and health regulations

Additional explanations regarding the 2009 Conclusions[2]

The ministry responsible for agriculture is preparing secondary legislation intended to cover some specifics of safe work in agriculture. Representatives of the ministry responsible for occupational safety and health, and labour inspectors also participate in the working group. The Ministry of Labour, Family, Social Affairs and Equal Opportunities plans the preparation of a new statutory instrument to regulate safe forestry work. Thus far, the necessary changes in the regulation of safe forestry work have been established.

Regarding the issue of safe work in agriculture, it should be noted that the amendment to the act defines an employer slightly differently and specifies in the second point of Article 3:

"In terms of this act, a person who provides work on any other legal basis is also considered an employer, except for persons who provide work to workers in a household and holders of farms who perform farm work with family members in accordance with regulations on agriculture."

It also defines a self-employed person in agriculture as a person who, in accordance with the regulations on pension and disability insurance, is insured as farmer and does not employ workers and does not include other persons in the process except for family members on farms, in accordance with regulations on agriculture.

[2] Conclusions are published on the official website of the Council of Europe:
http://www.coe.int/t/dghl/monitoring/socialcharter/Conclusions/State/Slovenia2009_en.pdf

Protection of workers from asbestos exposure

The Act on the Prohibition of Production and Trade in Asbestos Products and on the Provision of Funds for Restructuring the Asbestos Industry into Non-asbestos Industry (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 35/05 – ZPPAI-UPB1) entered into force on 12 October 1996 and has been amended several times[3].

The original purpose of the Act was to provide help to Salonit Anhovo, gradbeni materiali, d.d., in closing down the production and trade in asbestos products and in the restructuring of the asbestos industry into non-asbestos industry. Budgetary funds for restructuring were ensured by law to the company, and the state also assumed the obligation to pay compensation to workers who fell ill due to their work with asbestos.

The concept of restructuring, providing social security and compensation was also expanded to other companies which produced or traded in asbestos products.

ZPPAI determined the following rights:

- the right to a pension under more favourable conditions,
- the right to a purchase qualifying period,
- compensation for occupational diseases due to exposure to asbestos at work.

Two committees were appointed by the Government of the Republic of Slovenia to enforce the rights under ZPPAI:

- the Committee for enforcing the right to a pension under more favourable conditions, and
- the Committee for procedures of communication and recognition of compensation.

Based on the Rules on the determination of occupational diseases resulting from exposure to asbestos (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 26/97), the Ministry of Health appointed an interdisciplinary group of experts to establish occupational diseases.

The applicable regime according to ZPPAI expired at the end of 2005.

The Act Concerning Remedying the Consequences of Work with Asbestos (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 15/07 – ZOPDA-UPB1) entered into force on 12 April 2006. Upon its entry into force, ZPPAI ceased to apply.

ZOPDA specified the following:

- occupational diseases resulting from exposure to asbestos dust or dust of asbestos-containing materials,

[3] ZPPAI amendments:
Act amending the Act on the Prohibition of Production and Trade in Asbestos Products and on the Provision of Funds for Restructuring the Asbestos Industry into Non-asbestos Industry (Uradni list RS [Official Gazette of the Republic of Slovenia], No 35/98),
the Act amending the Act on the Prohibition of Production and Trade in Asbestos Products (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 86/00),
the Act amending the Act on the Prohibition of Production and Trade in Asbestos Products (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 13/05).

- conditions for establishing them,
- lump-sum compensation calculation and payment, and
- the right to a pension under more favourable conditions.

Furthermore, it specified that the following persons are entitled to the rights under this Act:

- persons who were employed in companies which processed, stored, installed or removed asbestos or asbestos products
- persons who are employed in companies which use and remove asbestos products at workplaces where they were exposed to asbestos
- persons with permanent residence in the Republic of Slovenia who fell ill with mesothelioma resulting from asbestos exposure in the territory of the Republic of Slovenia.

At its session on 1 February 2007, the National Assembly of the Republic of Slovenia approved the official consolidated text of the Act Concerning Remedying the Consequences of Work with Asbestos, which included the Act Concerning Remedying the Consequences of Work with Asbestos – ZOPDA (Uradni list RS [Official Gazette of the Republic of Slovenia], No 38/06 of 11 April 2006) and Act amending the Act Concerning Remedying the Consequences of Work with Asbestos – ZOPDA-A (Uradni list RS [Official Gazette of the Republic of Slovenia], No 139/06 of 29 December 2006). Persons who were employed in companies which processed, stored, installed or removed asbestos or asbestos products (hereinafter referred to as: the company) at workplaces where they were exposed to asbestos are entitled to rights according to this Act. Persons who are employed in companies which use and remove asbestos products at workplaces where they were exposed to asbestos are also entitled to rights according to this Act. Persons with permanent residence in the Republic of Slovenia who fell ill with mesothelioma resulting from asbestos exposure in the territory of the Republic of Slovenia are also entitled to rights according to this Act.

3:3 Provision for the enforcement of safety and health regulations by measures of supervision

Additional explanations regarding the 2009 Conclusions

In the period addressed, over eighteen thousand inspections were performed by the Labour Inspectorate of the Republic of Slovenia in all fields combined (employment relationships, occupational safety and health, social security) and approximately ten thousand measures were imposed in relation thereto.

In the period between 2008 and 2011, the Inspectorate employed 115 public servants as of the last day of 2008, 109 public servants in 2009, 111 public servants in 2010 and 118 public servants in 2011.

Data on the total number of inspections performed and measures imposed in the years stated are as follows:

- 2008: 17,466 inspections and 8,886 measures (87 inspectors)

- 2009: 18,053 inspections and 9,690 measures (86 inspectors)

- 2010: 18,259 inspections and 10,271 measures (84 inspectors)

- 2011: 18,049 inspections and 9,713 measures (88 inspectors)

Occupational safety and health

The number of inspections performed by the inspectors responsible for occupational safety and health in the addressed period 2008-2011 is given in the table below.

Table 1: Number of inspections, 2008-2011

Year	Regular inspections	Extraordinary inspections	Control inspections	Total	Total number of breaches	Number of OSH inspectors
2008	2,014	4,209	1,513	7,736	15,899	38
2009	1,528	4,799	1,389	7,716	15,542	37
2010	1,284	5,431	1,342	8,057	15,857	40
2011	1,213	5,643	1,339	8,195	14,773	40

In relation to the inspections performed, the number of measures imposed is provided in the table below.

Table 2: Number of measures imposed, 2008-2011

Year	Decisions under the General Administrative Procedure Act	Decisions on the Minor Offence.	Criminal complaints	Payment orders	Warnings
2008	3,246	123	13	699	397
2009	3,368	146	20	844	508
2010	3,259	161	16	751	617
2011	3,029	170	21	645	406

Pursuant to the Health and Safety at Work Act, employers had to report all fatal accidents, all accidents after which the worker was absent from work for more than three working days, and all collective accidents to the Labour Inspectorate of the Republic of Slovenia. In the reporting period 2008-2011, the Inspectorate was notified by employers of the following numbers of occupational accidents:

Table 3: Number of occupational accidents, 2008-2011

Year	Fatal	Serious	Mild and unspecified	Total
2008	27	655*	Difference	17,155*
2009	25	745*	Difference	14,991*
2010	22	674*	Difference	15,027*
2011	20	511*	Difference	12,862*

* Statistical data as of 7 January 2013.

Statistical data from records kept by the Labour Inspectorate of the Republic of Slovenia regarding the occupational accidents reported to the Inspectorate also provide the following information for 2008 and 2011.

Table 4: Occupational accidents by activity, 2008-2011

	2008				**2011**		
Activity (ESAW)	Number of reports	Incidence	Severity		Number of reports	Incidence	Severity
A/agriculture, forestry, fishing	243	612.3	Fatal: 0 Serious: 12		199	513.5	Fatal: 3 Serious: 9
B/mining and quarrying** **IRSD not responsible for this field	30	836.1	Fatal: 0 Serious: 1		21	726.1	Fatal: 0 Serious: 1
C/manufacturing	7172	3521.1	Fatal: 8 Serious: 180		4837	2616.8	Fatal: 6 Serious: 121
D/electricity, gas, steam and air conditioning supply	194	2527.0	Fatal: 2 Serious: 9		173	2194.6	Fatal: 0 Serious: 6
E/water supply, sewage, waste management and remediation activities	311	3517.3	Fatal: 1 Serious: 14		318	3373.3	Fatal: 0 Serious: 12

F/construction	1967	2236.6	Fatal: 11 Serious: 106		1057	1558.1	Fatal: 5 Serious: 55
G/wholesale and retail trade, repair of motor vehicles and motorcycles	1594	1379.5	Fatal: 1 Serious: 61		1438	1311.1	Fatal: 0 Serious: 54
H/transportation and storage	977	1907.7	Fatal: 4 Serious: 58		700	1489.8	Fatal: 6 Serious: 32
I/accommodation and food service activities	378	1117.5	Fatal: 0 Serious: 8		404	1244.6	Fatal: 0 Serious: 16
J/information and communication	144	657.9	Fatal: 0 Serious: 7		90	397.2	Fatal: 0 Serious: 4
K/financial and insurance activities	292	1203.3	Fatal: 0 Serious: 17		192	794.0	Fatal: 0 Serious: 16
L/real estate activities	41	983.2	Fatal: 0 Serious: 8		29	705.9	Fatal: 0 Serious: 1
M/professional, scientific and technical activities	278	618.6	Fatal: 0 Serious: 17		232	483.7	Fatal: 0 Serious: 22
N/administrative and support activities	705	2710.7	Fatal: 0 Serious: 19		543	2057.4	Fatal: 0 Serious: 27
O/public administration and defence, compulsory social security	1297	2545.2	Fatal: 0 Serious: 68		1100	2142.0	Fatal: 0 Serious: 58
P/education	463	771.2	Fatal: 0 Serious: 22		525	811.6	Fatal: 0 Serious: 32
Q/human health and social work activities	891	1745.8	Fatal: 0 Serious: 33		843	1557.5	Fatal: 0 Serious: 36

R/arts, entertainment and recreations	127	917.4	Fatal: 0 Serious: 9		117	843.6	Fatal: 0 Serious: 8
S/other service activities	61	476.5	Fatal: 0 Serious: 4		44	331.6	Fatal: 0 Serious: 1
T/activities of households as employers, undifferentiated goods- and services-producing activities of households for own use	0	0	Fatal: 0 Serious: 0		0	0	Fatal: 0 Serious: 0

Source: Labour Inspectorate of the Republic of Slovenia

3:4 Occupational health services

Adding to the findings of the European Committee of Social Rights regarding the implementation of the fourth paragraph of Article 3 of ESC on the performance of occupational medicine services, we would like to report that 214,189 preventive medical examinations were performed in 2008, 185,010 in 2009 and 194,126 in 2010 in Slovenia. We estimate that the relative decrease in the number of examination results from, inter alia, increased unemployment in this period, particularly in branches where workloads are higher (e.g. construction) and where preventive examinations are, in accordance with the Safety Statement with Risk Assessment, more frequent.

According to the Statistical Yearbook, which is prepared annually by the Institute of Public Health of the Republic of Slovenia, 137 occupational and sport medicine specialists were active in health care in 2008, 154 in 2009 and 147 in 2010. The Ministry of Health additionally verified this information and the possibility of incomplete submission of data regarding the providers and the number of examinations performed and therefore asked for the data on the number of occupational and sport specialists from the Medical Chamber of Slovenia, which is responsible for issuing and extending specialist licences. According to the Medical Chamber of Slovenia, as seen from the official tables of members of the Medical Chamber of Slovenia publicly available online (http://www.zdravniskazbornica.si/), there were 140 occupational medicine specialists and 8 resident doctors active in occupational medicine service in 2011. Licensed occupational medicine specialists are also employed in institutions outside the scope of medical activity; according to the Chamber, there were 23 such specialists in 2011.

The occupational safety and health field is regulated by the Health and Safety at Work Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 64/2001, 43/2011), which is harmonised with European legislation in this field. Pursuant to Slovenian legislation in the field of occupational safety and health, all workers must pass a preventive medical examination before starting to work for an employer and must pass additional regular examination in intervals depending on the Safety Statement with Risk Assessment. In this document, the employer's authorised person (e.g. safety engineer), in cooperation with the occupational medicine specialist and upon consideration of the workload of the concrete position, decides on the intervals for regular examinations. The interval ranges between 12 months if the work includes major workloads and 5 years for work for which no major workload has been established in the risk assessment. In specific cases, the employer must refer the worker for an extraordinary examination (after prolonged absence, after recovering from a disease or injury, or if problems that can disturb smooth work and similar are suspected). The implementation of the legislation is monitored by the Labour Inspectorate of the Republic of Slovenia. Ministry of Health has not been notified of any breaches yet.

The Resolution on the National Plan of Health Care 2008-2013 "Satisfied users and performers of medical services" (Official Gazette of the Republic of Slovenia, No 72/08) also specifies the protection of workers' health (Chapter 7.1.13) and states that public health activity also covers the protection of workers' health, that funding of this system is excluded from the health insurance scheme and is carried out through direct a contractual relationship between the employer and the authorised occupational and sport medicine specialist. The further development of an effective supervisory system and unification of the information system is required to produce effective and useful indicators of workers' health.

Article 11 – THE RIGHT TO PROTECTION OF HEALTH

Legal framework

The protection of health in Slovenia is regulated mainly by the following acts:

- Health Care and Health Insurance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 72/2006 … 40/12),
- Health Service Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 23/2005... 14/2013),
- Patients' Rights Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 15/2008),
- Mental Health Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 77/2008),
- Resolution on the National Plan of Health Care 2008–2013 "Satisfied Users and Providers of Medical Services" (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 72/2008 and 47/2008).

See also: http://www.mz.gov.si/si/zakonodaja_in_dokumenti/

Patients' Rights Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 15/2008)

This act governs the rights of every patient as a user of the health care services of all providers of health care services, the procedures for exercising these rights in cases of their violation, and obligations related to these rights. The purpose of the act is to provide equal, appropriate, high-quality and safe health care based on trust and respect between the patient and the doctor or any other medical professional or co-worker. The act covers an important area of protection and exercising of patients' rights and redefines 14 material patients' rights:

-the right of access to health care and to the provision of preventive services; - the right of equal access to health services and health treatment; - the right of free choice of physician and health service practitioner; – the right to adequate, quality and safe health care; - the right of respect for the patient's time; - the right to information and cooperation; - the right to independent decisions on treatment; - the right to a Living Will; - the right to pain prevention and relief; - the right to a second opinion; - the right to view medical records; - the right to protection of privacy and personal data; – the right to launch proceedings in cases of violations of patients' rights; – the right to free legal aid in exercising patients' rights.

Patients' Rights Act implementing regulations:

Decree on administrative operations with public health care users, Ur.l. RS no. 98/2008; Rules on criteria determining the amount of remuneration for representatives of patient rights, Ur. l. RS, no. 77/2008; Rules on the method for appointment of patient's representatives and on the advance healthcare directive, Ur. l. RS, no. 77/2008; Rules on internal professional supervision at performers of healthcare services against which second

demands are lodged, Ur. l. RS, no. 77/2008; Rules on healthcare mediation, Ur. l. RS, no. 77/2008; Rules on remuneration rates for the president and members of the Commission for the protection of patient rights and mediators, Ur. l. RS, no. 77/2008; Rules on forms for written healthcare directives, Ur. l. RS, no. 82/2008; (84/2008 as amended); Rules on the direct cost rate of hospitalisation incurred by healthcare service providers, Ur. l. RS, no 83/2008; Rules on waiting times in particular healthcare services and on waiting list management, Ur. l. RS, no. 91/2008; Rules on the organization and provision of religious spiritual care in hospitals and at other healthcare service providers, Ur. l. RS, no. 100/2008.

Mental Health Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 77/2008)

The act establishes the legal framework for comprehensive and long-term mental health care delivery in the Republic of Slovenia. The act also implements the Constitutional Court decision of 4 December 2003 (U-I-60/03) requesting the legislator to regulate compulsory detention of patients in closed wards of psychiatric hospitals. In this respect, the Mental Health Act repeals the provisions of the Non-litigious Civil Procedure Act concerning this procedure. The five-year national mental health programme will define the strategy and the action plan for mental health protection, the goals, organisation, evolution and tasks of the providers, the programmes and service providers' network, and the persons responsible for the implementation of the national programme. The Mental Health Act: - establishes a system of health and social care delivery in the area of mental health; - defines the providers of such care; -provides the basis for the adoption of the National programme;- introduces the institution of a representative of the rights of persons in the field of mental health; - defines proceedings before a court.

Resolution on the National Plan of Health Care 2008–2013 "Satisfied Users and Providers of Medical Services" (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 72/2008 and 47/2008, as amended).

The Resolution on the National Plan of Health Care is based on Article 6 of the Health Care and Health Insurance Act, which lays down that the Republic of Slovenia shall plan development possibilities and needs through health programmes and health capacities. The Resolution was elaborated on the basis of analysis of the health status of the population and the identified needs for comprehensive health care, with account being taken of human resources and other capacities, and envisages measures to remedy the situation ensuring a reasonable division of work. The strategy for development of health care is based on the adopted strategic documents at national and international level, and is aimed at a shift towards preventive measures and care for health, which are the responsibility of the state as well as the local community and individuals. Priority development fields with a number of goals were set up, providing solutions to identified issues such as health inequalities relating to gender and individual social groups, the ageing of the population, needs for greater accessibility, risks associated with globalisation and modern lifestyles, limited financial frameworks related to increased treatment costs due to epidemiological transition, new medications and new technologies, limited personnel numbers and quality in health care, while having regard to the increasing expectations of users, IT possibilities, the great willingness to cooperate and vast potential of civil society, the need to attract new investments in health care, and awareness-raising. Specific needs and possibilities for health care in individual fields have been taken into account and substantial attention has been paid to ensuring primary health care in demographically endangered areas.

The **Act amending the Health Care and Health Insurance Act** (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 76/2008) recognises the status of insured persons, subject to the filing of a relevant application, and certain other groups of persons: - persons granted refugee status by the Republic of Slovenia or subsidiary protection in compliance with the provisions on international protection who are not otherwise insured – as of the day when they are granted refugee status or subsidiary protection; - detainees who were not otherwise insured before detention or whose insurance is suspended during the period of detention – as of the first day of detention or as of the day following the suspension of any other insurance during detention; - convicted persons serving a sentence of imprisonment in penal institutions and correction homes, minors undergoing re-education in a juvenile correction facility, persons in protective detention in health institutes in connection with psychiatric disorders, persons sentenced to compulsory psychiatric treatment for alcoholism or drug addiction – as of the first day of serving the sentence of imprisonment, or the implementation of the correctional or security measure; - children under the age of 18 who attend school and are not insured as family members because they are either not cared for by their parents or their parents do not meet the requirements to enter the compulsory insurance scheme – as of the day when the municipality establishes that the child is eligible for such insurance; - home care

assistants in compliance with the act regulating social protection – as of the day when they are granted the right to partial payment for lost income in compliance with social protection regulations; - persons eligible under the act regulating parental protection, as follows: - persons eligible for parental benefits whose employment was terminated during their parental leave; - a parent who cares for a single child up to the age of three years and who pays social contributions from his/her activity of at least 20 working hours per week; - a parent who leaves the labour market to care for four or more children.

The Act amending the Health Care and Health Insurance Act, which entered into force on 1 January 2009, provides in Article 24, inter alia: "The Republic of Slovenia provides from the budget the difference to the full value of healthcare services referred to in points 2 to 6 of Article 23 hereto to insured persons (holders of an insurance policy) and their family members covered by the insurance referred to in the first paragraph of Article 15 hereto who do not fully enjoy such rights under compulsory health insurance and are eligible for financial social assistance. An insured person or his/her family member shall have the right to claim the difference to the full value of healthcare services covered for the period in which he/she is receiving financial social assistance or for the period in which he/she is eligible to receive financial social assistance."

11:1 Removal of the causes of ill-health

Additional explanations regarding the 2009 Conclusions[4]

Recommendations of the interdisciplinary Working Group for Analysing Data on Maternal Deaths, which operates under the aegis of the National Institute of Public Health (IVZ)

The existing report, covering the period 2006-2008, was produced in 2011 and published in 2012. Since the last report from the Republic of Slovenia, the legal rights of women to health care have not changed. All women are entitled to free preventive and curative health care during pregnancy and childbirth provided within the system of compulsory health insurance. Preventive care includes ten systematic examinations, at least two ultrasound examinations and individual counselling. These health services are provided by personal gynaecological teams that operate within the system of primary health care.

Summary of key recommendations of the National Working Group for Analysing Data on Maternal Deaths for the period 2006-2008:

Carry on with monitoring and analysing the circumstances of cases of maternal deaths and disseminating the findings among professionals. Intensify the knowledge and expertise of professionals in gynaecology and obstetrics in areas which are the major causes of maternal deaths in Slovenia (pre-eclampsia, eclampsia, obstetric haemorrhage, thrombo-embolism and mental disorders) and improve their grasp of relevant guidelines; these issues are regularly discussed at specialised training seminars.

It is necessary to provide easy access to reproductive health care to all women, and to set up a system of planning, updating and implementing of prevention programmes and health promotion programmes in this area. Additionally, it is imperative to develop specialized health care and health promotion programmes targeting those groups of pregnant women who do not attend parental classes or who, during pregnancy, come to preventive

[4] Conclusions are published on the official website of the Council of Europe: http://www.coe.int/t/dghl/monitoring/socialcharter/Conclusions/State/Slovenia2009_en.pdf

examinations late or not at all, for reasons linked to their illegal status, lack of knowledge of the system or other obstacles.

In order to reduce the death rate resulting from mental disorders, it is necessary to put in place an effective system of early detection and recognition of mental disorders during pregnancy and the postpartum period; improve access to professional help for pregnant and neonatal women experiencing mental distress and assure them adequate preferential consideration. Advanced and uniform clinical guidelines for care and treatment of known patients with mental disorders, and for those women who show symptoms of such disorders for the first time during pregnancy, childbirth or postpartum period. Awareness-raising among the general public of the issue of mental disorders during pregnancy and the postpartum period is also indispensable.

Concerning the issue of thrombo-embolism during pregnancy and the postpartum period it is necessary to promptly develop and adopt guidelines for thromboprophylaxis during pregnancy and the postnatal period, and disseminate the relevant information among professionals; in particular it is necessary to educate family doctors, field nurses, internists and pulmonologists.

It is further necessary to prepare instructions regarding in what cases and for what periods after childbirth neonatal women should seek help in maternity hospitals, and when they should be treated by their personal gynaecologist or family doctor. For all chronic patients it is paramount that a thorough pre-pregnancy health evaluation is carried out, and that the patient is referred to adequate specialists and given proper counselling from her chosen gynaecologist. When a chronic patient is pregnant, it is necessary to promptly obtain the opinions of relevant specialists, review the prognosis and set up multidisciplinary monitoring of the pregnancy.

When aliens who do not understand Slovenian are involved, interpretation services during prenatal, childbirth and postnatal care must be provided. Providers of prenatal, childbirth and postnatal care must pay special attention to women who are socially at risk; it is, therefore, imperative that during the first examination of any pregnant woman they assess, albeit in outline, her social and economic status.

Access to health care

The Resolution on the National Plan of Health Care 2008–2013 includes actions relating to protection of elderly persons and long-term hospital care. A long-term care ward should be established in each hospital in Slovenia; however, as the population ages, health care and nursing at home is on the increase. On 21 September 2006 the Slovenian Government adopted the Strategy for the Protection of Elderly Persons up to 2010 - Solidarity, Living Together and Quality in Ageing.

This strategy of protection for elderly persons sets comprehensive goals with a view to ensuring long-term cooperation among government bodies, local communities and businesses, service and programme providers, the science sphere and civil society for the solidarity coexistence of generations and quality ageing; these goals include access on an equal footing to quality health and social services. The National Council for Solidarity and Coexistence of Generations and Quality Ageing in Slovenia is in charge of the implementation, coordination and updating of the strategy. The action plan for the implementation of the Strategy for the Protection of Elderly Persons up to 2010 (April 2009) includes an overview of goals and tasks that have been implemented, by area of activity. In the area of health care that focuses on relieving and preventing the suffering of patients, in 2011 the Slovenian Government adopted the National Programme for Palliative Care.

(See also information on implementation of Article 23.)

Progress made with adopting the Long –term Care Act

The systemic regulation of **long-term care** in Slovenia is a challenge we have been facing for a number of years due to the growing demand for various types of assistance for the elderly, and also the growing number of providers in this field. The basic aim of the Long-term Care Act, which is currently being drafted, is to ensure stable and sustainable financing of social and health care for people who require long-term care by introducing mandatory public insurance for long-term care, and by enabling the user to choose the type of service (at home, or in an institution) and provider of the service. The proposed Act provides a legal framework to ensure the financial sustainability of the system and improve the accessibility and quality of long-term care in Slovenia. The Act is expected to be passed in 2014.

Preparations for establishing a unified and comprehensive system to monitor data in the field of long-term care took place during the reference period with the establishment of a working group at the Statistical Office of the Republic of Slovenia. A change in standards and norms in the field of health and social care (integrated standards) is also underway, which includes a proposal for a unified procedure for assessing the needs of persons for admission to institutional care.

Progress made under the project of reducing waiting periods and setting up of a single, central waiting list

This area is governed by the following legislation:

- Patients' Rights Act, Uradni list RS [Official Gazette of the Republic of Slovenia], No. 15/2008 (hereinafter: ZPacP),

- Rules on waiting times in particular healthcare services and on waiting list management (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 91/2008, hereinafter: Rules),

- Decree on administrative operations with public health care users, Uradni list RS [Official Gazette of the Republic of Slovenia], No. 98/2008 (hereinafter: Decree).

In the period following the adoption of the Rules in 2010 the Ministry of Health, in cooperation with the Health Insurance Institute of Slovenia (ZZZS), the Institute of Public Health of the Republic of Slovenia (IVZ), and the Slovenian Health Inspectorate (ZIRS) carried out a campaign of awareness-raising among providers of health services and the general public. The rules define the type of examinations to be carried out (first examination, follow-up examination), degrees of urgency of medical service to be provided (urgent, rapid, regular) and the longest permissible waiting periods by degree of urgency. "Urgent" care is provided on the spot or within 24 hours at the latest, "rapid" care is carried out within three months at the latest, and "regular" care is carried out within six months at the latest. The rules also define exemptions and areas where the longest or permissible waiting periods are different. It also defines the obligations of the provider, together with a detailed job description of responsible persons. The responsible person must report monthly to IVZ on the shortest waiting periods by degree of urgency of medical service (by the 5th of the current month for the preceding month); IVZ publishes these data on its website (http://www.ivz.si/?ni=175). Monitoring of the implementation of the Rules by health care providers is carried out by ZIRS, and in exceptional cases, also by the Ministry of Health on the basis of information received from the representative of patients' rights or from citizens' complaints; unfortunately, ZIRS may only establish that a violation of the Rules actually occurred, and has no competence to sanction the offender. In the 18 months of the implementation of the Rules certain deficiencies have already been identified, and will serve as a basis for amending the Rules and for overhauling the Patients' Rights Act (ZPacP). Activities in this field are already under way.

In comparison with 2010 the number of patients waiting for those services which are monitored at the national level has fallen. The percentage of providers reporting data has risen form the initial 85.7% to 99.73%; the Health Insurance Institute of Slovenia (ZZZS) was instrumental in this, since those who do not report do not receive a monthly advance payment from ZZZS. IVZ and ZZZS monitor and analyse waiting periods for 24 health services (time elapsed from the moment a patient was issued a referral medical form to the moment when the service was delivered), treatment and diagnostic services (knee arthroplasty, interventions on peripheral blood vessels, hip arthroplasty, varicose vein surgery, spine interventions and surgery, mouth, throat and oropharynx interventions, computerized tomography (CT) scans, MRI (magnetic resonance imaging) scans, diagnostic sonography etc.) or outpatient care examinations (outpatients' clinics for oral surgery, for maxillofacial surgery, for breast diseases and mammography). Each month, IVZ sends data to the Ministry of Health Division for Quality and Safety in Health Care; which, when deviations or discrepancies are detected, immediately requests the providers concerned to explain or remedy the situation.

In compliance with the provisions of the Data Protection Act, once a year IVZ updates data on patients and performs a reconciliation of data on patients entered in waiting lists of different providers, and on services already carried out. The IVZ maintains a national waiting list for the purpose of providing information to patients, of exchange of information among providers and for managing the health care system. The list of 24 services or outpatient clinics, with up-to-date information on waiting periods, is available at the IVZ web site. In 2011 an Annex to the General Agreement (SD) was adopted, which extended the list of monitored services (rheumatology, physiotherapy, psychiatry, orthopedy etc.), especially those where waiting periods increased in the preceding year, and were not subject to the reporting requirement. Providers are under the obligation to closely monitor waiting periods for all the services they provide; however, they must report only on waiting periods for the services listed in the Annex to the Rules or to the General Agreement. Waiting periods remain long in knee arthroplasty (mean waiting period of 536 days), interventions on peripheral blood vessels (331 days), varicose vein surgery (262 days), outpatient clinics for breast diseases (220 days), and mouth, throat and oropharynx interventions and surgery (83 days). Waiting periods also remain long in certain specialized areas (rheumatology, gynaecology, etc.). The 2011 General Agreement stated that providers were paid by the ZZZS a 20% extension of programmes and a 10% extension of first examinations, which means a greater volume of health care delivery and consequently shorter waiting periods. Waiting periods and the number of waiting patients were also reduced after the launching of a national call for tenders aimed at interventions with longer waiting periods, since doing more for the same amount of money was the sensible thing to do. The Ministry of Health also consented to extensions of programmes for those services where long waiting periods were detected (i.e. cardiology, psychiatry, maxillofacial surgery). A number of overhauled programmes have also been approved with a view to reducing waiting periods and increasing accessibility of necessary health care services.

Health professionals and health institutes

Measures to improve physician and pharmacist supply (see also data provided under other paragraphs and articles).

Between 2008 and 2010 the share of persons employed in the health care system steadily increased, from 4.06% to 4.17%. In 2011, the share of financial funds for health services was 13.28% for private providers with a concession and 86.72% for public institutes. The health care system employs approximately 39,300 persons, which is 4.17% of total employment in Slovenia. The majority of health staff – 77.86% – are women. The reference period 2008 – 2011 saw measures adopted to increase health education capacities and the number of medical students in Ljubljana and Maribor. Since 2000 the number of students at the University of Ljubljana Faculty of Medicine has been steadily increasing; in the 2004/2005 academic year the newly established Medical Faculty in Maribor enrolled the first generation, and since then has been enrolling about 90 students every year. By 2015 the number of medical specialists is expected to increase by 10%.

The Ministry of Health ensures an adequate supply of physicians through systematic planning and managing of the health care system, which includes measures aimed at better organisation, transparency and distribution of

medical capacities and introduction or expansion of health care services that may be delivered by other medical staff (organisation of reference outpatient clinics). Effective implementation of the Rules on the management of waiting lists (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 63/10), which are an indicator of the functioning of the health care system, made possible a major improvement in 2011, increasing the accessibility of health care services and cutting in half the number of patients waiting for specialist treatment.

The Ministry of Health endeavours to diminish the inequalities in access to health care at all levels, and also to reduce discrepancies in the health status of the population. An important breakthrough in securing better geographical balance in physician supply has been achieved through the provision of financial incentives. The Ministry provides additional budget funds to regions which are demographically at risk for the operation of the public health care network at the primary level. The goal is to improve the operation of the public primary level health care system in demographically at-risk regions and maintenance of emergency services (setting up a comprehensive network of emergency units). In compliance with the adopted criteria the Ministry of Health issues every year a call for tenders for which health care centres, health stations and private health care professionals are eligible. In 2008, the Ministry benchmarked EUR 239,162.00 for co-financing public health care services in demographically at-risk regions.

Measures in the area of migration policy have also been adopted (Recognition of Professional Qualifications for Medical Doctors, Specialist Doctors, Doctors of Dental Medicine and Dental Medicine Specialists Act, Ur. l. RS, no. 107/10 and the Rules on types, contents and course of medical speciality training, Ur. l. RS, nos 22/2009, 42/2009 - amendment, 22/2010 and 76/11), and these lay down the conditions for medical speciality training of alien physicians in Slovenia.

Living conditions in hospitals, including psychiatric hospitals and other social care institutes

Living and other conditions in hospitals are governed by the Technical Guideline TSG-12640-001:2008 (Health care facilities – hospital, health care centre, health care institute) issued by the Minister of Health in compliance with Article 11 of the Construction Act and with the Rules on drafting and adopting technical guidelines for health care and spa operations, with the consent of the Minister of the Environment and Spatial Planning. The Technical Guideline is published in the Official Gazette (Ur. l. RS, no. 83/2008).

Ordinary and extraordinary maintenance of hospitals is carried out by hospitals and by the Ministry of Health from the state budget._The funds for the establishment of the forensic psychiatry unit (to carry out compulsory psychiatric treatment) at the Psychiatry Department of Maribor University Medical Centre (end of 2011) were provided from the budget of the Ministry of Justice. The Ministry of Health provides funds for investments in hospitals in its budget planning and carries out reconstruction and expansion projects on the basis of public calls for tenders. Major energy-efficient renovations of Slovenian hospitals are currently under way, co-financed from EU funds in various percentages. Hospitals must prepare annual ordinary and extraordinary maintenance plans for buildings and equipment, along with the necessary funds to improve living and working conditions; these funds are provided partly or in full from their own resources. In the reference period major investments in regional and specialized hospitals have been carried out. In the Ljubljana and Maribor University Medical Centres several clinical departments were constructed, along with the Oncology institute in Ljubljana, and a palliative care hospital was established in Ljubljana (first patients were admitted in spring 2011). The palliative hospital is constructed in compliance with standards governing palliative units. It is equipped with modern hospital beds and instruments for physiotherapy, rehabilitation and occupational therapy. It receives patients in need of prolonged palliative non-acute care from other UKCL departments – as additional rehabilitation and health care in preparing patients to be discharged to the home environment or a nursing home. Construction of the new Paediatric Clinic in Ljubljana was completed in 2009, and children were moved there. The Ministry of Health provided funds for construction of the extension to the regional hospital in Slovenj Gradec (works began in 2009, patients were moved in May 2011) which houses the urological, paediatric and gynaecology units, and provides better living conditions for patients. The psychiatric hospital in Idrija has also been recently refurbished, entirely with its own funds. Other psychiatric hospitals in Slovenia, including the Ljubljana Psychiatric hospital, have appropriately

renovated premises; renovations were carried out with state budget funds (Forensic Psychiatry Unit at the Psychiatry Department of Maribor University Medical Centre) and with hospitals' own funds.

The National Strategy of Healthcare Quality and Safety (2010-2015), adopted by the Government in December 2010, introduces a system of accreditation of health care institutions and emphasises the importance of primary level care, specialist and day hospital care, and community psychiatry. In compliance with the general agreements adopted in 2010 and 2011, the financial yield in the area of psychiatry in 2011 will be entirely used for financing of specialist outpatient clinic operations in the area of psychiatry and for financing community psychiatry in accordance with the action plan for the introduction of community psychiatry in Slovenia. In December 2011 the government adopted the final text of the General Agreement in Health Care for 2012, which was applied as of 1 April 2012, the beginning of the health care year. The General Agreement is provided for by the relevant act; it concerns the agreement among health care parties – the Ministry of Health, ZZZS and health care providers – on the volume and types of programmes of services for the relevant year. In 2011 the Ministry of Health took into consideration strategic decisions aimed at strengthening specialist outpatient clinic operations, introduction of rural and reference outpatient clinics and implementation of community psychiatry. Emphasis was given to increased accessibility at the primary level and to selected health care services at the secondary level.

11:2 Advisory and educational facilities

Additional explanations regarding the 2009 Conclusions

Data on measures taken to increase information for the public concerning sex education

Strategic guidelines for education on healthy sex practices are included in the Strategy of prevention and control of HIV for 2010-2015, which underlines the importance of introducing courses teaching healthy sex practices in the education system. This was the basis for the Action Plan, which will help speed up the process of including of sex education in schools. The guidelines are as follows: - early comprehensive education for healthy sex practices; - additional education programmes designed for vulnerable youth populations; implementation of a national preventive campaign among young people. The Ministry of Health launches yearly public calls for tenders for programmes concerning health protection and promotion, including preventive programmes for children and young people on healthy sex practices, intended in particular for non-governmental organisations. Information on sex and contraception are available to all children and young people at free phone numbers, such as the SOS phone of the Friends of Youth Federation of Slovenia (Zveza prijateljev mladine Slovenije) or the web counselling service *To sem jaz* (This is me).

Slovenia has one of the lowest adolescent birth rates in Europe. In recent years the number of births is 5 to 6 per 1,000 adolescents. Adolescents account for less than 2% of all women giving birth. The rate of legal abortion among adolescents is also falling, and was 6.6 legal abortions per 1,000 adolescents in 2009 (IVZ, 2011). The results of the cross-national survey *Health Behaviour in School Children*) indicate that most sexually active Slovenian adolescents aged 15 used reliable protection against unwanted pregnancy and sexually transmitted diseases in their sexual activity (IVZ, 2012).

Data on measures taken to increase information of the public on environment and health

In 2010 the Slovenian government set up an interministerial working group (IWG) for implementation of the commitments of the Parma Declaration on Environment and Health, which was adopted by the Fifth Ministerial Conference on environment and Health of WHO/Europe, Parma 2010. The IWG is successfully implementing the work programme concerning capacity building in the area of environment and health (involving preparation of the following: Programme of Action for Environmental Health for Children, 2011; Programme of Action for Chemical Safety of Children, 2011; draft project of mobility and nationwide bicycling network, 2011; draft strategy of climate mitigation and adaptation by 2050, 2011). A number of interministerial meetings have been organised with a view to raising the awareness of the professional and general public. In the process of drafting and adopting strategic documents on the protection of the environment, public discussions have been carried out among professionals

and representatives of the civil society, businesses, local communities and public administration (Ljubljana, June 2011, discussions on the issue of indicators of health and environment, developed by the European Environment Information and Observation Network; Bled, October 2011 – the First National Conference on Environment and Health showed that numerous activities have been traditionally and very successfully carried out in Slovenia in various fields of health and environment, meetings of the European working group Environment and Health and WHO, attended by youth representatives, etc.). Slovenia is actively participating in the European Environment and Health process, and has set up a risk communication system, which includes environmental impact assessment in connection with health impact assessment by using methods for quantitatively assessing the environmental burden of disease

Other data on raising public awareness

Implementation of the Resolution on the National Nutrition Policy Programme 2005 – 2010 (adopted by the National Assembly in 2005) in the area of healthy and balanced food.

The resolution covers the area of safety, healthy and balanced nutrition, and a local sustainable food supply. It aims at decreasing health inequalities among the Slovenian population and covers all key population groups. The programme is implemented pursuant to the adopted action plans, which are coordinated with the line ministries by the Ministry of Health. Annual plans include activities for raising awareness among the general population: in 2008, attention was focused on health professionals and the private sector. The Action plan for reducing salt consumption among the Slovenian population was adopted in 2010, and was followed by a national promotion campaign targeting the general population. The School Meals Act was adopted in 2010 (Zakon o šolski prehrani, Uradni list RS [Official Gazette of the Republic of Slovenia], No. 43/10), and inter alia this lays down the obligation for schools to consider, in the provision of school meals, guidelines adopted by the Council of Experts for General Education of the Republic of Slovenia in 2010. Schools are bound to follow these guidelines and consider recommendations by experts in organising their school meals. In compliance with the above act Slovenia has removed food and beverage machines from school premises. Information on health food has also been included in school curricula and is freely accessible to children, and an increasing number of schools include these topics in their courses. The education sector is thus making a major contribution to the health of young people and of future active generations. Numerous very successful projects, programmes and training courses have been implemented, and systemic measures have been introduced in legislation, such as the School Fruit Scheme, launched under the auspices of the EU agricultural policy. It provides EU and national funds to schools for purchases of fresh fruit and vegetables. The Institute of Public Health of the Republic of Slovenia, in partnership with the National Educational Institute, participated in an international project on the development of healthy consumption habits by promoting food and vegetable consumption, which included children, parents, teachers, and school management.

In the reference period, training of health workers was carried out within the framework of the programme "Counselling on healthy nutrition, physical activity and healthy weight loss", which is part of a national programme for prevention of cardiovascular disease in the adult population within compulsory health insurance. The programme "Lead a Healthy Life", aimed at promoting healthy nutrition and physical activity in the rural population, was carried out in all Slovenian regions. The programme builds on three pillars: healthy community, healthy nutrition, including physical activity, and healthy tourism. In compliance with the goals of the nutritional policy, a number of guidelines were drawn up: Guidelines on healthy nutrition for babies, Guidelines on healthy nutrition for students with menus, and Guidelines on healthy nutrition for workers in businesses, . together with Practical Guidelines on healthy nutrition for workers in businesses.

Data on health and environment education in schools

Health education is provided at all levels of education and included in the relevant curricula; the Ministry of Education, Science, Culture and Sports is responsible for its implementation.

Education for healthy sexual behaviour is part of the programme of biology classes, of natural science days and conferences organised by schools. In parallel, education for healthy sexual behaviour is carried out within the

framework of regular systemic health check-ups performed in the seventh and ninth grades of elementary schools, and in the first year of secondary school. Contents are adapted to the cognitive, emotional and social development level of children and adolescents.

In 2006, the Slovenian Government adopted the Programme for Children and Youth 2006 – 2016, whose purpose is to define the vision for the future of Slovenian children and youth, and to formulate policies and measures for its implementation. An important part of the programme is devoted to health issues, covering health care, health promotion and health education programmes. With a view to implementing this Programme the competent ministers signed the *Commitment on a joint action plan for the improvement of children and young people* and endorsed the proposal that all future overhauling of national elementary and secondary school curricula should include health issues. Cross-curricular integration of health education has been set up. This means that health education is not thought as a single course, but is included in various parts of the curriculum.

Environmental and health education is implemented under the programme Ekošola (Eco-school, http://www.ekosola.si/), a programme developed in compliance with international methodology standards, which involves cross-curricular integration of knowledge for a responsible attitude towards the environment, nature and living in general. It shows the processes and activities in which a school is engaged, and the school obtains a "green flag" in recognition of its environmentally-friendly operation and as a sign of belonging to the programme. The programme has been implemented in Slovenia for the past 15 years, under the auspices of the association DOVES-FREE Slovenia. Under the current system of health and development indicators, development is monitored by the Slovenian Environment Agency and the Interministerial Working Group (IWG) for implementation of the commitments of the Parma Declaration . Because of the common methodology for setting up an eco-school, eco-schools indicators may be used both nationally and internationally to monitor the impact of environmental education at the national level. In the field of mobility, the Interministerial Working Group decided requires eco-schools and healthy-schools to set up a single programme and contribute in this way to raising awareness and promoting health and environment and sustainable mobility. The following Slovenian institutions are included in the Eco-school programme: kindergartens, elementary and secondary schools, centres for school and extra-curricular activities, and student halls.

Slovenia started to participate in the project "European Network of Health Promoting Schools" back in 1993 with 12 pilot projects. Today, the network of health promoting schools includes 51.8 % of all elementary and secondary schools and student halls (324 institutions). These schools have undertaken to make efforts to raise awareness among children, parents and teachers of healthy lifestyles through school activities and thus protect, promote and improve their health. We should emphasise that the principle of project work is applied and it is an example of good practice.

11:3 Prevention of epidemic, endemic and other diseases, as well as accidents

Additional explanations regarding the 2009 Conclusions

Environmental noise mapping

The Environmental Noise Directive (END) was integrated into Slovenian legislation in 2004. Ministry of Agriculture and the Environment is responsible for providing strategic noise maps in accordance with the END. These requirements of the END were met in the period 2005–2009. This Ministry also coordinates activities under the action plan in is collaboration with the Ministries of Health and the Ministry of Infrastructure and Spatial Planning and responsible municipalities. In 2010, a working group of 18 members from responsible institutions, municipalities and companies providing exposure data was established to prepare for the action plan. The action plan for roads and railways outside agglomerations was finished in 2011.The action plan for the city of Ljubljana

has not yet been finalised. In line with the END provisions, strategic noise maps were prepared for Ljubljana agglomeration, 462 km of main roads and 67 km of railways outside agglomerations. Detailed strategic noise maps are available to the public on the internet as part of the Environmental Atlas. General information is available on the ARSO website. About 30% of the Ljubljana city area evaluated for road traffic noise falls in the zone of Lden >55 dBA. The estimates show that 168 696 inhabitants of Ljubljana are exposed to Lden above 55 dBA from road traffic noise. Fewer people in the city are exposed to railway and industrial noise: 11 326 and 406, respectively. About 20% of the city area evaluated for road traffic noise falls into the zone of noise level Ln >50 dBA. At night 113 945 inhabitants are exposed to a noise level of Ln >50 dBA from road traffic noise; 8832 and 233 inhabitants are exposed to railway and industrial noise, respectively. Strategic noise maps for Ljubljana show that almost 65% of the population is exposed to a noise level of Lden >55dBA during the day and almost 45% is exposed to a noise level of Ln >50 dBA at night. However, this evaluation may be an overestimation, due to consideration of all inhabitants at certain address regardless the orientation of the apartment towards the source of noise. Outside agglomerations the area of 410.81 km2 from roads and area of 51.7 km2 of railways is exposed to noise level of Lden >55 dBA. Here 136 363 inhabitants are exposed to road traffic noise of Lden >55dBA. Over 10 times fewer (10 051) are exposed to the same level of noise from railway traffic. At night, 85 781 and 8691 people are exposed to noise of Ln >50 dBA from road and railway traffic outside agglomerations, respectively.

No comprehensive epidemiological study concerning the adverse effects of environmental noise on the health and well-being of the population has been carried out. Some data are available from public surveys presenting public opinion regarding noise. A few studies have been carried out in schools evaluating the impact of noise on children's efficacy at work.

The national Institute of Public Health and ARSO have developed an environmental and health related noise indicator "Exposure of schools and kindergartens to elevated road traffic noise in Ljubljana" using the WHO ENHIS (Environment and Health Information System) methodology. Our results show that children in primary schools and kindergartens in Ljubljana are potentially exposed to excess levels of road traffic noise. Among 110 kindergartens and 53 primary schools the levels of noise outside the buildings exceed the WHO recommended limit of 55 dBA at 14 kindergartens and 3 schools. During the school year 2010/2011 there were 1429 children in kindergartens and 498 in primary schools who were potentially exposed to elevated noise levels.)

Measures to combat smoking, alcoholism and drugs

In the period from 2007 to 2012 the rate of excise duty on beer increased by 38% (from EUR 6.86 for one percentage volume of alcohol per hectolitre of beer in 2007 to EUR 11 in 2012), on ethyl alcohol by 42% (from EUR 694.79 on 100% volume of alcohol per hectolitre of ethyl alcohol in 2007 to EUR 1,200 in 2012) and on intermediate products by almost 50% (from EUR 62.59 per hectolitre of intermediate products in 2007 to EUR 120 in 2012).

In order to reduce harmful and hazardous use of alcohol, an important step forward was taken in 2011 in the area of traffic safety: this involved legislative solutions which provide, as an alternative to imposing sanctions for those who are caught driving under the influence of alcohol or illicit drugs, medical examinations and counselling and mandatory participation in rehabilitation schemes (educational workshops, psychosocial workshops and treatment programmes); this will help increase road safety and reduce the number of alcohol-related accidents. Regulations for implementing traffic legislation have also been adopted (Rules on medical conditions for drivers of motor vehicles, Rules on professional examinations and laboratory analysis, Rules on the list of illicit drugs, psychoactive drugs, and other psychoactive substances and their metabolites, Rules on the exemption from use of safety belt for health reasons), a list of notified providers for carrying out examinations of drivers has been drawn up, and providers were issued with relevant authorisations, and training programmes for adequate provision of examinations and counselling for general practitioners have been financed.

The Resolution on the National Programme on Road Traffic Safety for the period 2007–2011 (NPVCP) devotes special attention to measures in the field of driving and alcohol. Each year the Ministry of Health in cooperation

with other ministries, the police, inspectorates, institutions, and non-governmental organisations prepares preventive actions for limiting the use of alcohol and reducing its harmful consequences in traffic. The new Health and Safety at Work Act (Zakon o varstvu in zdravju pri delu), adopted on 24 May 2011, prohibits workers from working and/or being at their workplace when under the influence of alcohol, illicit drugs or other psychoactive substances. The existence of such circumstances is determined by the employer in compliance with procedures and methods defined in the employer's internal act. The employer has the obligation to prevent such workers from working, and remove them from the workplace and from the production process. Any worker caught drunk at the workplace is subject to payment of a fine of EUR 100 to EUR 1,000. Any employer who does not remove a drunken worker form the workplace is subject to payment of a fine of EUR 2,000 to EUR 40,000.

Policies concerning restriction of the use of tobacco products in Slovenia observe the provisions of the WHO Framework Convention on Tobacco Control, and are based on the Restriction of the Use of Tobacco Products Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No.93/07 – official consolidated text), imposing an absolute ban on smoking in all public and working places, including restaurants and bars. After the introduction of the total ban on smoking in all closed public spaces and workplaces, the prevalence of adults exposed to tobacco smoke in Slovenia significantly diminished, in terms of the share of persons exposed, the mean time of exposure and the share of persons subject to high-level exposure (every day or almost every day). The greatest reduction was recorded in restaurants and bars, which is undeniably a result of the measure adopted. Between 2006 and 2009 the rate of smoking and exposure to second-hand smoke in the workplace and in the home was also statistically reduced, although the measure did not target such places.

Policies concerning the restriction of the use of illicit drugs observe the provisions of UN conventions and are based on the Production and Trade in Illicit Drugs Act (*Zakon o proizvodnji in prometu s prepovedanimi drogami* – Ur. l. RS, nos. 108/99, 44/00, 2/04-ZZdrI-A and 47/04-ZdZPZ), the Act Regulating the Prevention of the Use of Illicit Drugs and the Treatment of Drug Users (*Zakon o preprečevanju uporabe prepovedanih drog in o obravnavi uživalcev prepovedanih drog* – Ur. l. RS, nos 98/99 and 2/04-ZPNNVSM), Resolution on the 2004–2009 National Programme of Drug Control (*Resolucija o nacionalnem programu na področju drog 2004-2009* – Ur. l. RS, no. 28/04), EU Strategy in the Field of Drugs (2005–2012) and on the Action Plan to Combat Drugs (2005-2008).

Data on epidemiological studies on the use of illicit drugs and trends in the use of illicit drugs

In 2011 and 2012 the Ministry of Health financed a prevalence study on the use of tobacco, alcohol and other drugs among the general population between the ages of 15 and 64. The study was conducted by the Information Unit for Illicit Drugs at the Institute of Public Health of the Republic of Slovenia using the mixed-mode survey method: online questionnaires, telephone interviewing and in-person interviews. The sample was defined by the Statistical Office of the Republic of Slovenia in compliance with the National Statistics Act and included 15,000 persons between the ages of 15 and 64. 7,000 persons completed the questionnaire. The research will be competed in November 2012. In 2010 a pilot study was conducted on the use of illicit drugs among the general population between the ages of 15 and 64, in line with EMCDDA methodology. The goal of the pilot study was to test the questionnaire and survey methods, consequently its results do no reflect the actual status of the use of illicit drugs in the larger population, as the sample was a non-representative one. According to the survey 17% of respondents have already used an illicit drug at some time, 17.4% in the last 12 months, and 9.7% in the last 30 days. Studies on the use of tobacco and public opinion polls indicate that in 2008 the share of smokers among the adult population was significantly reduced in the first year after the introduction of a complete ban on smoking in all closed public spaces and workplaces, but has increased since and is at the baseline level from before the introduction of the ban. The Special Eurobarometer 385 Survey Report (published in 2012) indicates that in Slovenia the prevalence of smokers aged 15+ is within the EU average. Among young respondents aged 11-15 the prevalence of smoking decreased significantly in 2002-2010; in particular in 2002-2006, as shown by surveys Health Behaviour in School-aged Children carried out in 2002, 2006 and 2010. In 2010, 53,1% of all 15 year old respondents smoked occasionally, while 19,4% smoked at least once a week or more often. Almost one fourth (24%) of adolescents started smoking at the age of 13 or less. Girls start smoking later than boys, and among girls aged 11-13 there is a lower prevalence of first smokers than among boys of the same age; however, there is

no difference in the frequency of the use of tobacco products. Among 15 year olds there is no longer any difference in terms of smoking habits. According to the European School Survey Project on Alcohol and Other Drugs of 2011 in the age group 15-16 years, the prevalence of smokers among girls is higher than among boys. The same survey also showed that, despite the legal ban, tobacco products are easily available to minors in Slovenia, much more so than to young people in other countries. The Health Behaviour in School-aged Children survey also showed that in terms of most indicators of smoking among children aged 11, 13 and 15, Slovenia is below the average.

In the second half of 2011 and the first half of 2012 a cross-section epidemiological survey was carried out in Slovenia among the general population on the use of illicit drugs (Survey on the use of tobacco, alcohol and other drugs) in line with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) protocol. Survey data and analysis will be available in early 2013. The summary of data below has been compiled on the basis of other available studies and databases.

Trends on alcohol use among the adult population are shown in terms of the registered use of pure alcohol in Slovenia, which in 1999-2009 was yearly between 10.3 and 13.5 litres per capita. The analysis of the CINDI Healthy Lifestyle surveys conducted on a representative sample of adults in Slovenia in 2001, 2004 and 2008 showed, in terms of the distribution rate of consumption of alcoholic beverages among all respondents (aged 25-64), that in 2001-2008 the number of abstainers significantly increased, while the number of excessive drinkers and of those who drink heavily at least once a year significantly decreased; the share of moderate drinkers remained relatively stable. The group of excessive drinkers showed the following characteristics: men, age group 40-64, vocational education, lowest and working class, rural environment, eastern geographical region, Ljubljana health region; while the group of those with high-risk drinking habits showed the following characteristics: men, age group 25-39, vocational or secondary education, middle class, rural environment, eastern geographical region, Ljubljana health region. The Health Behaviour in School-aged Children survey, conducted on a representative sample of Slovenian school children aged 11, 13 and 15 (N (2010) = 5436), showed that in 2002-2010 there were changes in the share of students who consumed alcohol once a week; however, the share of 15 year old girls who had been drunk at least twice in their lives has increased, and also gender differences have diminished. The proportion of school children who had the experience of being drunk at the age of 13 or less has remained unchanged, but the proportion of those who had tried alcohol for the first time at the age of 13 or less has increased. Patterns of weekly drinking and drunkenness showed an association with bad school performance and less demanding school programmes, and with the fact that one or both parents were unemployed.

In the second half of 2011 and the first half of 2012 in Slovenia a cross-section epidemiological survey was carried out among the general population on the use of illicit drugs (Survey on the use of tobacco, alcohol and other drugs) in line with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) methodology. Survey data and their analysis will be available in early 2013. Data on the use of illicit drugs in the general population 2011 (National report on drug use, 2011) is accessible at the website of the Institute of Public Health of the Republic of Slovenia (http://www.ivz.si/nacionalna_porocila**)**. *In Slovenia, the first survey on the use of illicit drugs among adults was carried out in 2008, and examined the extension of the phenomenon: It was found that 15.8% of respondents have used illicit drugs at any time (Stergar, 2010). Before that only data gathered during the 2007 EHIS survey were available. According to the EHIS 2007 survey, 2.6% of respondents aged 15 + have used marijuana in the last year, and 0.9% of respondents have used other drugs in the same period (Krek and Štokelj, 2009).* Data on the prevalence of lifetime use of illicit drugs, which for reasons of different methodologies and sampling methods of surveying are not easily comparable, provide, however, a picture of the situation in this field (Table 1). Lifetime use is evidently connected to marijuana, and data indicate that lifetime use of illicit drugs is on the increase. The 2010 HBSC Survey showed that among the school population 23.2% of students aged 15 have tried marijuana at least once, and this involved more boys (27.2%) than girls (19.3%). In the last twelve months before the survey 18% of respondents used marijuana, again more boys (21%) than girls (15%). In the last 30 days marijuana was used by 10% of adolescents, and again the percentage was higher for boys (11.6%) than for girls (8.4%) (Table 2, http://www.ivz.si/nacionalna_porocila). The percentage of adolescents aged 15 who tried marijuana decreased by 10.6% between 2002 (28.3%) and 2006 (17,7%); but has increased again

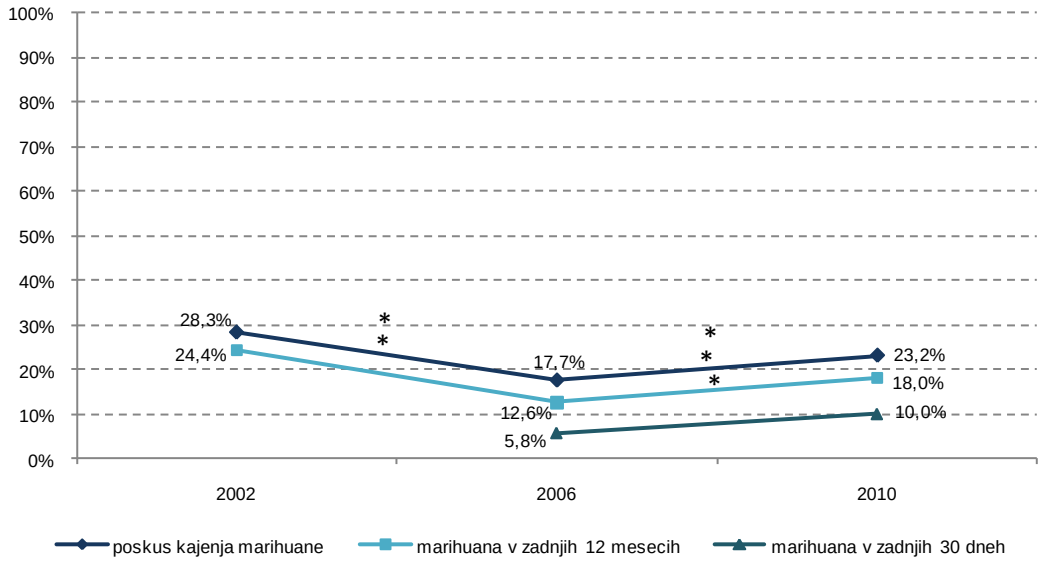
between 2006 (17.7%) and 2010 (23.2) by 5.5%. A similar trend was detected for the period of last year, as the percentage of users of marijuana decreased by 11.8% between 2002 (24.4%) and 2006 (12.6%), but increased again between 2006 (12.6%) and 2010 (18). Before 2002 the survey did not ask about the use of drugs in the last month, but in the period between 2006 (5.8%) and 2010 (10%) the percentage of those who used marijuana in the last month increased by 4.2%.

Table 5: Percentage of respondents in different surveys who have used illicit drugs at any time, and percentage of respondents who used marijuana or hashish

	Prevalence of the use of psychoactive substances in the general population 2008 ***n=1251***	***European Health Interview Survey 2007*** ***use of illicit drug in the last year*** ***n=2112***	**Public Opinion Survey 1999** **n=1012**	**Public Opinion Survey 1994** **n=1037**
Any illicit drug	15,8 %	0,9 %	10,6 %	4,3 %
marijuana / hashish	15,0 %	2,6 %	8,1 %	3,9 %

Source: Krek and Drev, 2010; Stergar, 2010; Krek and Štokelj, 2009; Toš and all.,1999; Toš and all.,1994

Table 6: 2002, 2006, 2010 percentage of students aged 15 who tried marijuana, who used marijuana in the last year and who used marijuana in the last month (HBSC 2002, HBSC 2006, HBSC 2010*)*



*Statistically relevant difference between years… Source: Institute of Public Health of the Republic of Slovenia, HBSC 2010

Data on campaigns for awareness-rising on dangers of smoking, alcohol abuse and use of illicit drugs

Alcohol

Since 2007, under the National Programme on Road Traffic Safety, the Ministry of Health in cooperation with other ministries, the police, inspectorates, institutions, and non-governmental organisations has been implementing preventive campaigns for limiting the use of alcohol and reducing its harmful consequences in traffic ("Alcohol kills, usually the innocent", and "0.0 driver, a sober decision"). In 2009 a web portal MOSA (www.infomosa.si**) –** Mobilisation of the Community for a more responsible attitude towards alcohol – was set up. This is a project aimed at encouraging networking and creating a critical mass of people for a more responsible attitude towards alcohol, and simultaneously providing a hub for exchange of information and the promotion of good practices in the field of alcohol policy. The MOSA web portal provides access to databases on research, authors, preventive programmes and assistance schemes in relation to hazardous and harmful use of alcohol. The prevention and promotion database contains data on promotion schemes, and actions and campaigns which were or are still being carried out in Slovenia with the aim of reducing harmful and hazardous use of alcohol. Between 1997 and 2011 a total of 43 programmes, actions and campaigns were developed, and 29 are still under way. The number of programmes increased after 2004. Most programmes, actions and campaigns target the general public and young people, and promote public awareness of the consequences of harmful use of alcohol and safe driving. The programmes targeting the general public in Slovenia are as follows: 0.0 Driver; Alcohol Kills. Mostly the Innocent; European Night Without Accident; 40 days without alcohol; Message in a bottle; Young driver – drive with your head; Alcohol? Adults can make a difference!; You Can Choose, Win or Lose (Party with your Head); Alcohol at the workplace; Fit for work. A list of programmes is accessible at www.infomosa.si.

In the area of reduction of harmful and hazardous use of alcohol, in 2010 the Ministry of Health organised the 1st National Alcohol Policy Conference which brought together bodies and institutions acting to reduce harmful and hazardous use of alcohol in Slovenia. The conference sought to enhance cooperation among policy makers, professionals and NGOs, and to mobilize the health sector and the overall community to engage in activities for reducing the harmful and hazardous use of alcohol. The National Conference will be a biannual event; in 2011 conferences of the regional institutes of public health devoted special attention to the problem of hazardous and harmful use of alcohol. In 2010 and 2011, on the initiative of the Slovenian President, the Ministry of Health brought together and coordinated actions of NGOs and organisers of the high school leavers' quadrille aimed at reducing harmful and hazardous use of alcohol during the event.

In Slovenia, the activities of NGOs and professional institutions working in the field of the prevention of harmful and hazardous use of alcohol are expanding, both in terms of raising awareness among the young and the prevention of drunk-driving. Various prevention programmes are being carried out in businesses (within the workplace), in environments where alcohol is served, and at regional and local levels. The number of projects implemented by the Ministry of Health to reduce harmful and hazardous use of alcohol has tripled in 2006-2012, and the funds earmarked for this purpose were doubled. The Ministry of Health also participates in activities to mark World No Tobacco Day on 31 May and No Cigarette Day on 31 January. The Ministry of Health regularly co-finances non-government and other non profit organisation programmes for the young and other programmes aimed at preventing young people from starting smoking and programmes encouraging all population strata to quit smoking. Smokers who wish to give up smoking are provided with various types of free assistance. A person may choose the most convenient type of assistance: counselling by the personal general practitioner, workshops on giving up smoking and the free telephone help line number 080 2777 (indicated on every cigarette package). Since 2010 telephone counselling has included proactive counselling, where counsellors repeatedly call those smokers who have shown motivation to stop smoking or who need support to continue abstaining from smoking. In May 2008 a campaign "Quit Smoking and Win" was carried out under the auspices of CINDI Slovenia. Participants made a commitment not to smoke for one month. The campaign was accompanied by information in the press on the dangers of smoking and on various types of free assistance provided to those seeking professional help in their endeavour to quit smoking. A free help telephone line has been operational since 2007, and its number is printed on the packaging of all tobacco products, in accordance with the relevant act. The help

telephone line provides information on the hazards of smoking and on various types of free professional help available within the primary health care system (National Programme for the Prevention of Cardiovascular Diseases). Of late, the Institute of Public Health has not carried out targeted media campaigns aimed at reducing tobacco use; however, the media publish extensive information on the harm of smoking provided by professional, governmental and non-governmental organisations. Cooperation with the media is particularly intense on the occasion of international and world days, in particular on the World No Tobacco Day on 31 May. School children are informed of the harm of smoking during classes. Schools also implement the Institute of Institute of Public Health Programme "Encouraging non-smoking" and numerous programmes implemented by three NGOs – Slovenska zveza za tobačno kontrolo (Slovenian Association for Tobacco Control), Mladinsko združenje Brez izgovora (Youth Association No Excuse) and Inštitut Utrip (Pulse Institute). These NGOs also operate also among secondary school students, and some among dropouts. Elementary and secondary school children are informed of the harm of smoking in the framework of health education, which is part of the prevention actions carried out by the primary health care system for children and adolescents. Adolescents can obtain information from the websites of national and regional institutes of public health and NGOs. These websites also provide information for adults, however, adults can also get information from Schools for Parents programmes, at their workplaces (programmes are carried out by NGOs), from their personal general practitioner and other health professionals (described in detail below). In the area of reducing and preventing the use of illicit drugs in 2010 numerous media events were carried out with the aim of sensitising professionals and the general public of the problems linked to the use of permitted and illicit drugs. Longer yearly campaigns have also been carried out. Workshops (61.1%) and conferences (46.9%) are the most common types of preventive actions, and other forms (mass event, training courses, publications, seminar, radio/television programmes) are less frequent. The aim of preventive programmes is mostly to strengthen skills and set up safe and encouraging environments. A smaller percentage of programmes are aimed at awareness raising and providing information. Universal preventive programmes within the education system are mostly carried out in kindergartens, primary and secondary schools, but rarely at university levels. Information on permitted and illicit drugs is included in the curricula of primary and secondary schools. Additional preventive programmes and projects are put into action in schools to meet needs as they arise. Programmes are delivered by teachers and by members of government and non-governmental organisations. Under the project Setting up a platform of NGOs dealing with addiction prevention, a review of preventive activities in Slovenia was carried out in early 2011. The review covered 116 different preventive activities and showed that, in terms of the environment in which activities are being carried out, most (66.4%) are carried out in the educational sphere, much less in the local community sphere (in particular actions delivered by local action groups) and very little in other spheres. In terms of target groups, most preventive actions (56.6%) target the elementary school population, 40.7% target parents and families, and 32.7% target secondary school and university students. Other target groups are much less involved in preventive actions.

Article 12 – THE RIGHT TO SOCIAL SECURITY

12:1 Existence of a social security system

Additional explanations regarding the 2009 Conclusions

The Slovenian social security system encompasses the following:

a) **social insurance schemes:**
   - mandatory pension and invalidity insurance: Pension and Disability Insurance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 96/2012),

- mandatory health insurance: Health Care and Health Insurance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 72/2006 … 40/12),
- unemployment insurance: Labour Market Regulation Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 80/2010, 21/2013), Employment and Insurance in Case of Unemployment Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 107/2006),
- parental protection insurance: Parental Protection and Family Benefits Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 110/2006 - UPB2, 10/2008),

b) **family benefits scheme**: Parental Protection and Family Benefits Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 110/2006 - UPB2, 10/2008),

c) **social assistance scheme:** Financial Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 61/2010, 40/2011) and Exercise of Rights to Public Funds Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/2010, 40/2011).

Financing of the social security system

Social insurance schemes are financed by social security contributions from insured persons and employers. The State is under the constitutional obligation to cover any possible losses of social insurance schemes. Unemployment insurance and parental protection insurance are predominately financed from the State budget. Family benefits and social assistance are financed entirely from the State budget.

Table 7: Receipts by receipts of social protection schemes, 2008-2010

		2008	2009	2010
MIO EUR	**Receipts of social protection schemes - TOTAL**	**8200**	**8752**	**8951**
	210 Social contributions	5660	5703	5776
	211 Employers' social contributions	2259	2311	2358
	212 Social contributions by the protected persons	3400	3392	3418
	220 General government contributions	2387	2903	2973
	222 General revenue	2387	2903	2973
	240 Other receipts	153	146	202
per cent	Receipts of social protection schemes - TOTAL	100.00	100.00	100.00
	210 Social contributions	69.02	65.16	64.53
	211 Employers' social contributions	27.55	26.41	26.34

	212 Social contributions by the protected persons	41.46	38.76	38.19
	220 General government contributions	29.11	33.17	33.21
	222 General revenue	29.11	33.17	33.21
	240 Other receipts	1.87	1.67	2.26
Source: Statistical Office of the Republic of Slovenia.				

Table 8: Expenditure for social benefits by ESSPROS function, 2008-1010

		2008	2009	2010
MIO EUR	**Expenditure for social benefits by ESSPROS functions - TOTAL**	**7773**	**8406**	**8644**
	Expenditure for sickness and health care function	2616	2766	2799
	Expenditure for invalidity function	612	625	626
	Expenditure for old age function	2995	3256	3402
	Expenditure for survivors' function	583	614	598
	Expenditure for family and children function	662	744	770
	Expenditure for unemployment function	141	209	238
	Expenditure for housing function	4	3	3
	Expenditure for social exclusion not elsewhere classified function	159	190	207
per cent	**Expenditure for social benefits by ESSPROS functions - TOTAL**	**100.00**	**100.00**	**100.00**
	Expenditure for sickness and health care function	33.65	32.91	32.38
	Expenditure for invalidity function	7.87	7.44	7.24
	Expenditure for old age function	38.53	38.73	39.36
	Expenditure for survivors' function	7.50	7.30	6.92
	Expenditure for family and children function	8.52	8.85	8.91

	Expenditure for unemployment function	1.81	2.49	2.75
	Expenditure for housing function	0.05	0.04	0.03
	Expenditure for social exclusion not elsewhere classified function	2.05	2.26	2.39

Source: Statistical Office of the Republic of Slovenia.

Tabele 9: General government expenditure by function (% of GDP), Slovenia, 2008-2011

	2008	2009	2010	2011
TOTAL	**44.3**	**49.1**	**50.3**	**50.7**
General public services	5.1	5.7	5.8	6.3
Defence	1.4	1.5	1.5	1.2
Public order and safety	1.6	1.7	1.8	1.7
Economic affairs	4.8	5.1	5.3	5.8
Environment protection	0.8	0.9	0.8	0.8
Housing and community amenities	0.9	0.8	0.7	0.7
Health	6.2	7.0	6.9	6.9
Recreation, culture and religion	1.6	1.8	2.3	1.9
Education	6.1	6.5	6.6	6.7
Social protection	15.9	18.0	18.6	18.9

Source: Statistical Office of the Republic of Slovenia.

Data on insured persons and beneficiaries by social security schemes

Table 10: Number of insured persons and beneficiaries by social security schemes, as percentage in total population, Slovenia, 2008-2011

Social security		**2008**	**2009**	**2010**	**2011**

scheme					
Pension and disability insurance[5] (mandatory)	Number of insured persons	904084	894886	881992	869869
	Insured persons as % of total population[6]	44.7	43.8	43.0	42.4
	Number of beneficiaries	527933	538455	552561	569951
	Beneficiaries as % of total population [7]	26.1	26.4	27.0	27.8
Health insurance (mandatory and voluntary supplementary)	Number of insured persons[8] (mandatory HI)	2047054	2058363	2058882	2063693
	Insured persons as % of total population[9]	100	100	100	100
	Number of insured persons [10] (supplementary HI)	1455828	1435497	1428058	1428375
	Insured persons as % of total population[11]	71.8	70.2	69.7	69.5
Unemployment insurance	Number of insured persons[12]	-	-	836942	847034
	Insured persons as % of total population	-	-	40.8	41.3
	Number of beneficiaries[13]	14166	27346	30319	36344

[5] Source: Pension and Invalidity Insurance Institute of Slovenia. http://www.zpiz.si/wps/wcm/connect/14e43f804b68cb2bafc7afb0c3cc7205/Letno+porocilo+ZPIZ2011.pdf?MOD=AJPERES).
[6] Source: Statistical Office of the Republic of Slovenia. Total population on 1st July.
[7] Source: Statistical Office of the Republic of Slovenia. Total population on 1st July.
[8] Number of insured persons on 31st December. Source: Health Insurance Institute of Slovenia.
[9] Source: Statistical Office of the Republic of Slovenia. Total population on 1st October.
[10] Source: Ministry of Health.
[11] Number of insured persons on 31st December. Source: Ministry of Health.
[12] Sources: Health Insurance Institute of Slovenia. Ministry of Labour, Family, Social Affairs and Equal Opportunities.

	Beneficiaries as % of total population	0.7	1.3	1.5	1.8
Parental protection insurance[14]	Number of insured persons[15]	-	-	863363	872024
	Insured persons as % of total population	-	-	42.1	42.5
	Number of beneficiaries[16]	26500	30302	31472	32940
	Beneficiaries as % of total population	1.3	1.5	1.5	1.6
Family benefits scheme	Number of beneficiaries	390369	391789	388016	378956
	Beneficiaries as % of total population	19.3	19.2	18.9	18.5
Social assistance scheme[17]	Number of beneficiaries	47257	67200	75640	71930
	Beneficiaries as % of total population	2.3	3.3	3.7	3.5

Source: Statistical Office of the Republic of Slovenia, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, Health Insurance Institute of Slovenia, Pension and Invalidity Insurance Institute of Slovenia, Employment Service of Slovenia.

Benefits from social security schemes

1. Compulsory pension and disability insurance

[13] Average number of unemployment benefit recipients/beneficiaries. Source: Employment Service of Slovenia.
[14] Sources: Ministry of Labour, Family, Social Affairs and Equal Opportunities, Statistical Office of the Republic of Slovenia. Total population on 1st July.
[15] Sources: Health Insurance Institute of Slovenia. Ministry of Labour, Family, Social Affairs and Equal Opportunities.
[16] Average number of unemployment benefit recipients/beneficiaries. Source: Employment Service of Slovenia.
[17] Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities, http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/denarna_socialna_pomoc/, Statistical Office of the Republic of Slovenia, total population on 1st July.

Compulsory insurance is used to provide rights for pensions, rights based on disability, right to annual allowances and to attendance allowances.

For more on the pension system in Slovenia, see Appendix.

Table 11: Average number of insured persons by class of insured person, 2008–2011

Year	Class of insured person									TOTAL
	Workers		Persons who perform independent activity		Voluntary insured persons	Unemployed	Apprentices	Parents	Other categories	
	At legal entities*	At private undertakings	Private undertakings	Farmers						
2008	717,564	72,300	55,442	9,279	21,595	14,351	677	12,158	718	904,084
2009	699,436	67,937	58,508	8,731	21,114	23,755	345	14,314	746	894,886
2010	685,733	61,461	59,825	8,129	21,300	28,288	128	16,366	762	881,992
2011	671,812	57,238	61,258	7,371	21,303	33,200	64	16,862	761	869,869

Source: SURS (SRDAP), ZZZS, DURS.

*Business executives, despite their self-employed status, are included among workers at legal entities because the source, SURS, categorises them as such.

Table 12: Growth rate of the average number of insured persons by class of insured person (in %), 2008–2011

Year	Class of insured person									TOTAL
	Workers		Persons who perform independent activity		Voluntary insured persons	Unemployed	Apprentices	Parents	Other categories	
	At legal entities*	At private undertakings	Private undertakings	Farmers						
2008	3.1	3.4	4.0	-5.8	-4.8	-5.9	-36.6	21.5	-18.9	2.8

2009	-2.5	-6.0	5.5	-5.9	-2.2	65.5	-49.0	17.7	3.9	-1.0
2010	-2.0	-9.5	2.3	-6.9	0.9	19.1	-62.9	14.3	2.1	-1.4
2011	-2.0	-6.9	2.4	-9.3	0.0	17.4	-50.0	3.0	-0.1	-1.4

Pension recipients

Table 13: Average number and growth rates (in %) of the average number of compulsory insurance pension recipients (old-age, disability, family, widow's and partial pensions) and recipients of state pensions, pensions under old-age insurance for farmers, military pensions, advance pensions and partial widow's pensions, 2008–2011

Class of pension recipient	2008		2009		2010		2011	
	Number	Growth rate (%)	Number	Growth rate (%)	Number	Growth rate (%)	Number	Growth rate (%)
1.Old-age	342,786	3.1	354,270	3,4	368,615	4.0	386,263	4.8
2.Disability	93,389	-1.2	92,123	-1,4	91,051	-1.2	90,219	-0.9
3.Family and widow's together	91,552	0.0	91,818	0,3	92,628	0.9	93,117	0.5
- family	62,624	-4.5	59,699	-4,7	57,097	-4.4	54,409	-4.7
- widow's	28,928	11.6	32,119	11,0	35,531	10.6	38,708	8.9
4.Partial old-age	206	25.6	244	18,4	267	9.4	352	31.8
5.Total of I (5=1+2+3+4)	527,933	1.8	538,455	2,0	552,561	2.6	569,951	3.1
5.Military	3,699	-3.4	3,550	-4.0	3,394	-4.4	3,248	-4,3
6.Advance recipients	206	-17.6	168	-18.4	126	-25.0	11	-91,3
7. Under old-age insur. for farmers	2,588	-18.0	2,087	-19.4	1,714	-17.9	1,350	-21,2
8.State	16,832	-3.4	16,168	-3.9	15,443	-4.5	14,587	-5,5

9.Total of II (9=5+6+7+8)	23,325	-5.4	21,973	-5.8	20,677	-5.9	19,196	-7,2
11.Partial widow's pension	36,917	16.3	40,380	9.4	43,135	6.8	45,628	5.8

Beneficiaries of disability insurance

Table 14: Average number of beneficiaries of disability benefits by type of benefit, 2008–2011

Year	Type of benefit								
	Before 31 December 2002				After 1 January 2003				
	During waiting and occupational rehabilitation	During waiting period for reassignment	Due to part-time work	Due to a lower salary at another appropriate job	Partial disability pension	During occupational rehabilitation	Temporary benefit	Disability benefit	TOTAL
2008	15	15,923	10,452	10,338	7,720	267	116	9,816	54,647
2009	8	15,142	6,158	8,859	9,113	277	188	11,297	51,042
2010	4	14,197	5,235	7,433	10,083	301	253	12,396	49,902
2011	3	13,133	4,643	6,126	10,764	333	322	13,252	48,576

Table 15: Growth rates of the average number of beneficiaries of disability benefits by type of benefit (in %), 2008–2011

Year	Type of benefit								
	Before 31 December 2002				After 1 January 2003				
	During waiting and occupational rehabilitation	During waiting period for reassignment	Due to part-time work	Due to a lower salary at another appropriate job	Partial disability pension	During occupational rehabilitation	Temporary benefit	Disability benefit	TOTAL

2008	-50.0	-3.4	-6.7	-11.5	27.5	4.7	84.1	27.3	2.2
2009	-46.7	-4.9	-41.1	-14.3	18.0	3.7	62.1	15.1	-6.6
2010	-50.0	-7.5	-11.3	-17.6	6.8	10.6	27.3	6.9	-2.2
2011	-25.0	-7.5	-11.3	-17.6	6.8	10.6	27.3	6.9	-2.7

For more detailed information on insured persons and beneficiaries of pension and disability insurance, see the website of the Pension and Disability Insurance Institute of the Republic of Slovenia:

http://www.zpiz.si/wps/wcm/connect/zpiz+internet/zpiz/prvastran/publikacije/publikacijeeu

2. Compulsory health insurance

Compulsory health insurance includes insurance against disease and injury outside work and insurance against occupational accident and disease. With compulsory health insurance, insured persons are provided with 1. coverage of payment for medical services, 2. sickness benefit during temporary absence from work, 3. funeral expenses and death benefits, 4. travel reimbursement related to asserting the right to medical services.

The payment of medical services from compulsory health insurance is regulated by Article 23 of the Health Care and Health Insurance Act (Official gazette of the Republic of Slovenia, No 9/1992, and all amendments). Some medical services are fully covered and others partially. The system also allows for the purchase of **(voluntary) supplementary health insurance**, which covers the difference between the value of medical services and the amount covered by compulsory health insurance.

Another right arising from compulsory health insurance is **sickness benefit during temporary absence from work.** The basis for sickness benefit during temporary absence from work is the average monthly wage or the average basis for payment of contributions in the calendar year before the year of temporary absence from work. Sickness benefit amounts to:

– 100% of the basis if the absence from work is due to occupational disease, employment injury, live tissue and organ transplant for the benefit of another person, consequences of blood donation and medical quarantine;

– 90% of the basis if the absence from work is due to illness;

– 80% of the basis if the absence from work is due to non-work-related injuries, care for a family member or doctor-ordered attendance.

Sickness benefit cannot be lower than the guaranteed wage, or exceed the wage which the insured person would receive if he or she worked, or the base according to which he or she is insured during absence from work.

Within the compulsory health insurance, insured persons are entitled to **funeral expenses and death benefit.**

In asserting rights to medical services, insured persons are **entitled to travel reimbursement** covering travel allowances, meal allowances and accommodation costs during travel and stays away from home.

See also Article 11: The Right to Protection of Health.

3. Unemployment insurance

The rights deriving from compulsory and voluntary unemployment insurance are as follows:

- unemployment benefit;

- paid compulsory social insurance contributions;

- paid contributions for pension and disability insurance one year before fulfilling the minimum conditions to obtain the right to an old-age pension according to the regulations on pension and disability insurance.

Rights from unemployment insurance may be granted to an unemployed person who is insured for at least nine months in the 24 months prior to unemployment. The unemployment must not have been deliberately caused by the person concerned.

The unemployed person is entitled to benefit for the duration of:

- three months for contributions from nine months to five years,

- six months for contributions from five to fifteen years,

- nine months for contributions from fifteen to twenty-five years,

- twelve months for contributions exceeding twenty-five years,

- 19 months for insured persons over 50 years who have contributed for more than 25 years,

- 25 months for insured persons over 55 years, who have contributed for more than 25 years.

For the first three months, the benefit is 80 percent of the basis. In the ensuing months, the benefit is 60 percent of the basis. The minimum and maximum amounts for unemployment benefit are legally specified.

4. Parental protection insurance

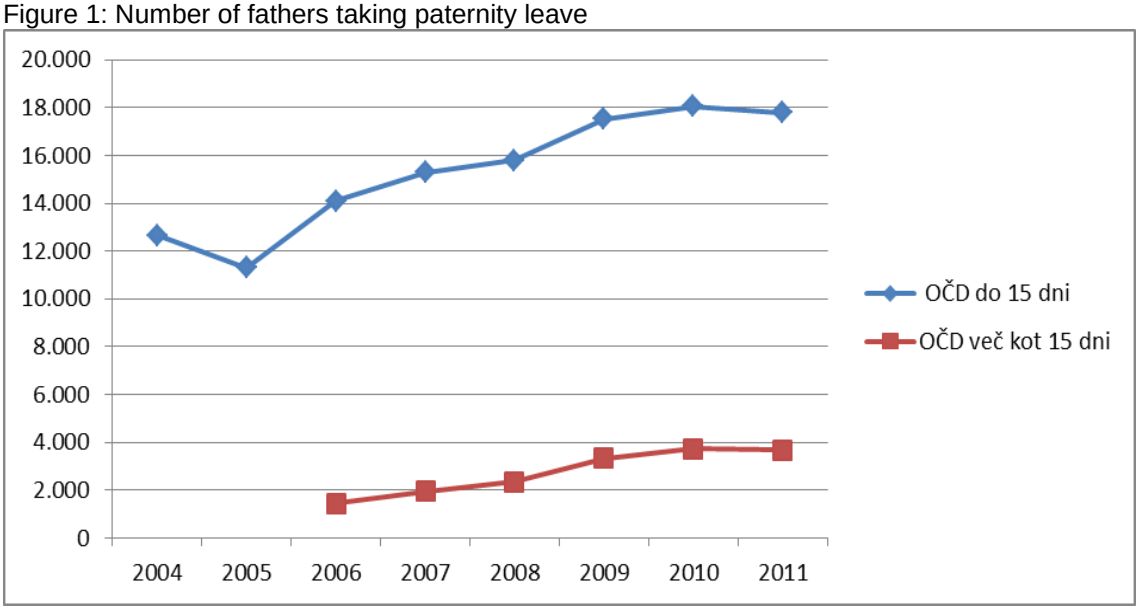
The rights deriving from parental protection insurance include parental leave (maternity leave, paternity leave, adopter's leave and child care leave), parental benefits (maternity benefit, paternity benefit, adopter's benefit and child care benefit) and the right to part-time work due to parenting.

Paternity leave is intended for fathers enabling them to be with the child in its early age and cooperate with the mother on child care. Between 2003 and 2010, the number of fathers who decided to take paternity leave almost doubled. In 2003, 10,917 fathers received paternity benefit, and 18,044 in 2012[18]. Most fathers take leave of up to 15 days, while significantly fewer take more than 15 days. In 2010, 18,042 fathers took paternity leave of up to 15 days, while only 3,734 fathers took more than 15[19] . This is mainly because the first 15 days of leave are fully paid (100% salary compensation), while the state pays only for **social security contributions based on the**

[18] Source: Statistical Office of the Republic of Slovenia. Available at: http://www.irssv.si/otroci/ (15 March 2012).
[19] Source: Ministry of Labour, Family and Social Affairs. Available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/ (15 March 2012).

minimum wage for leave exceeding 15 days**.** Nevertheless, the number of fathers who take this part of paternity leave is rising, from 1,441 in 2008 to 3,734 in 2010[20]. In 2011, the use of paternity leave in both duration variants decreased; paternity leave of up to 15 days was used by 17,776 fathers and paternity leave of more than 15 days was taken by 3,669.

Figure 1: Number of fathers taking paternity leave



----- Paternity leave of up to 15 days

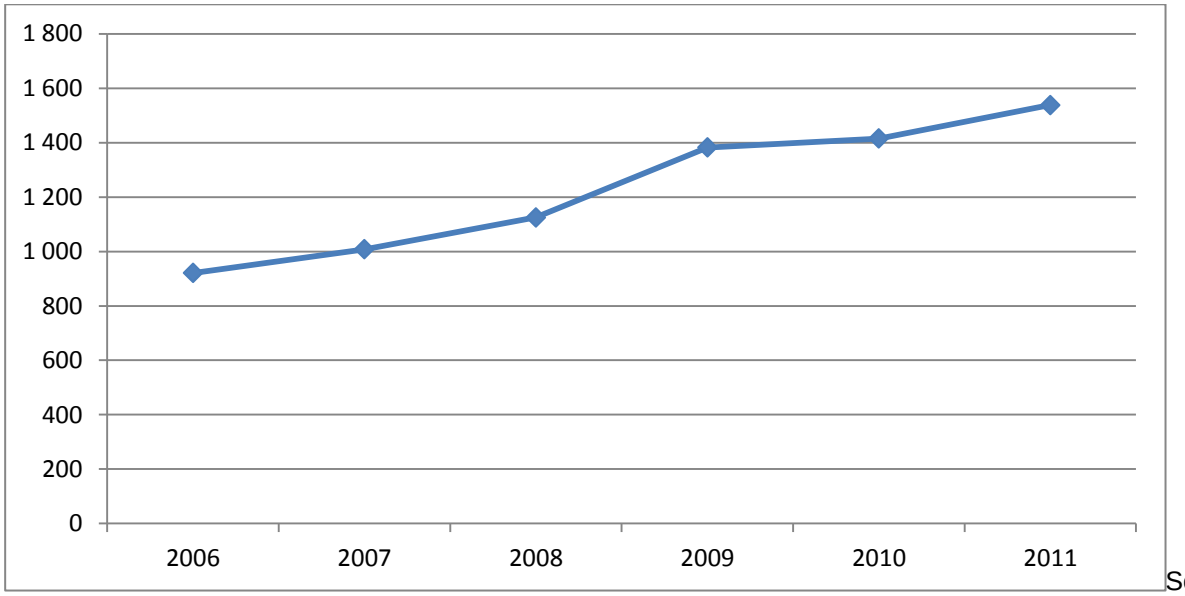
-----Paternity leave of more than 15 days

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

In addition to 15 days with full salary compensation, fathers can also use 75 days of unpaid leave[21]. In this time, they receive state-paid social security contributions based on the minimum wage, which means this time is included in their pension qualifying period. According to a survey on the effect that the applicable regulations have when deciding for having children, less than a half (47%) of the respondents were aware of this, slightly more women (51%) than men (44%). Persons aged 20-24 were the least informed (only a quarter), persons aged 25-30 somewhat more (40%), persons aged 31-35 years were the most informed (two thirds), and approximately a half of older persons were aware of this. Child care leave is intended for subsequent child care and is used by beneficiaries immediately after maternity leave is terminated. In the majority of cases, mothers take child care leave; however, the number of fathers has been growing in recent years. In 2006, 921 fathers took it and 1,538 in 2011[22]. This is a proof of the increasing flexibility and pluralisation of family forms.

Figure 2: Child care leave taken by fathers

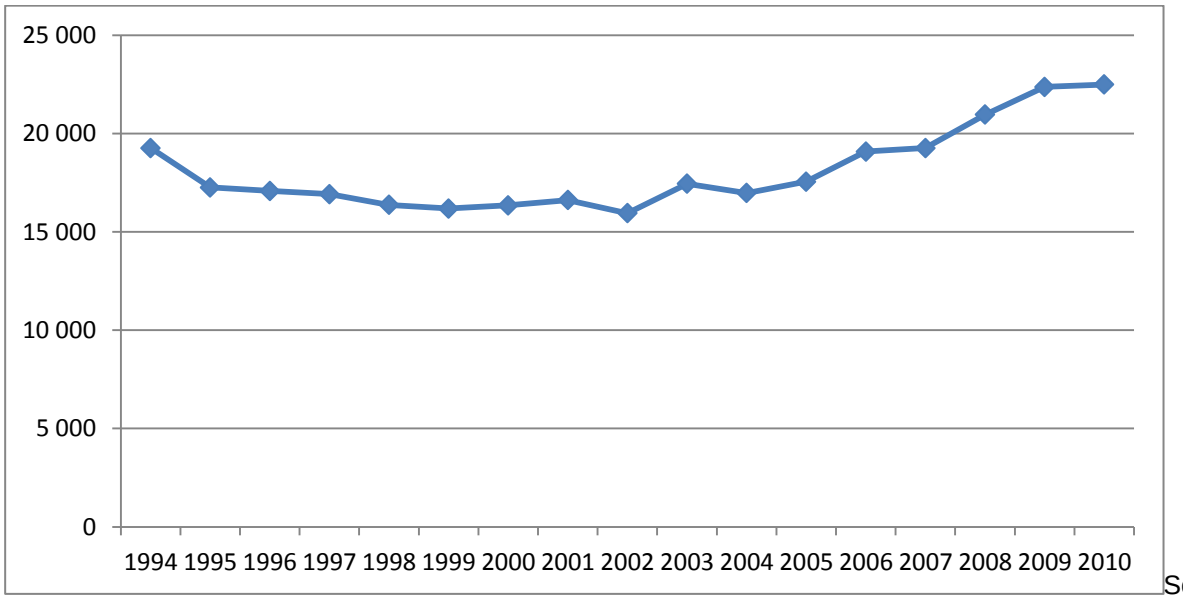
[20] Source: Ministry of Labour, Family and Social Affairs. Available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/ (15 March 2012).
[21] The right to the first 15 days of (paid) paternity leave has been available since 2003, and unpaid leave was regulated in 2004 (30 days) and 2005 (additional 45 days).
[22] Source: Ministry of Labour, Family and Social Affairs. Available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/ (15 March 2012).



Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

Beneficiaries of parental leave receive parental benefits in this period: maternity benefit, paternity benefit, child care benefit and adopter's benefit. Data from the Ministry of Labour, Family, Social Affairs and Equal Opportunities show that the number of beneficiaries of parental benefits is growing. This is because the number of live births has increased in this period. Also, (future) parents are better informed, which accounts for the larger number of beneficiaries. In 1996, 17,080 beneficiaries received parental benefits and 22,493 in 2010[23].

Figure 3: Number of beneficiaries of parental benefit



Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

5. **Family benefits scheme**

[23] Source: Ministry of Labour, Family and Social Affairs (available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/). Available at: http://www.irssv.si/otroci/ (15 March 2012).

In the Republic of Slovenia, the share of beneficiaries of some family benefits increased between 2008 and 2010 as shown in the table below.

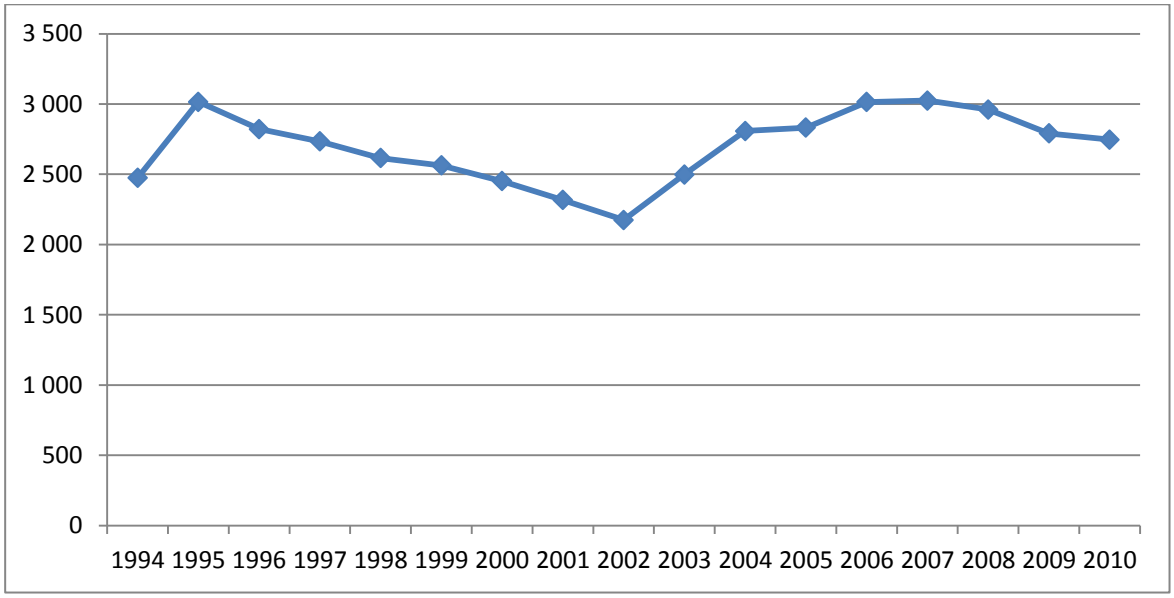
INDICATORS OF FAMILY BENEFITS	2008	2009	2010
Share of beneficiaries of paternity benefit per 1000 inhabitants	8.9	9.4	9.7
Share of beneficiaries of child care benefit per 1000 inhabitants	14.7	15.5	15.7
Share of beneficiaries of child benefit per 1000 inhabitants aged above 18 (parents)	149.2	147.4	147.8
Share of children for whom parents receive child benefit per 1000 inhabitants, or children under 18	18.4	19.0	18.9
Share of beneficiaries of parental allowance per 1000 inhabitants	1.5	1.4	1.3
Share of beneficiaries of large family allowance per 1000 inhabitants	14.2	14.3	14.6
Share of beneficiaries of childbirth allowance per 1000 inhabitants	10.4	10.0	9.9

Source: Statistical Office of the Republic of Slovenia

The parental allowance is financial assistance for parents who are not entitled to parental benefit after childbirth. The average monthly number of beneficiaries of parental allowance increased between 2002 and 2007, and started to fall after that. In 2002, 2,157 beneficiaries received parental allowance, 3,025 in 2007 and 2,747 in 2010[24]. The decreased average number of monthly beneficiaries of parental allowance is possibly due to the simultaneously increased number of monthly beneficiaries of parental benefits.

Figure 4: Number of beneficiaries of parental allowance

[24] Source: Statistical Office of the Republic of Slovenia. Available at: http://www.irssv.si/otroci/ and Ministry of Labour, Family and Social Affairs, available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/ (15 March 2012).



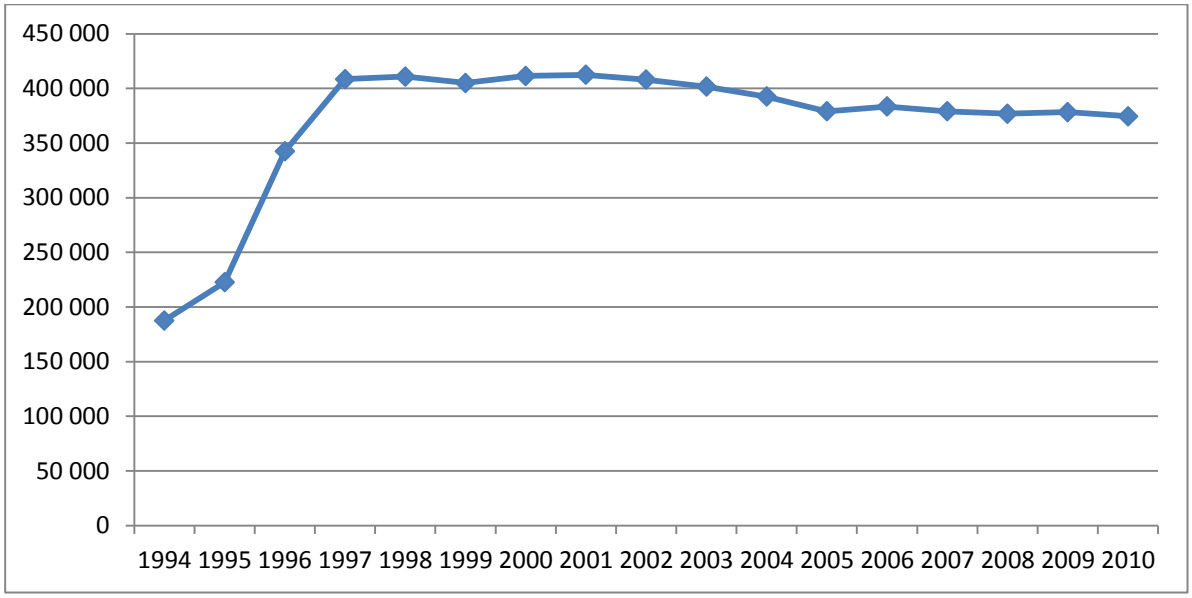
Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

The childbirth allowance is a one-off cash benefit intended for the purchase of equipment for the newborn. Instead of the money, one can opt for a package of equipment for the newborn of the same value. In Slovenia, some municipalities provide an additional childbirth allowance. The average monthly number of beneficiaries of childbirth allowance increased between 2003 and 2008, and started to fall slightly after that. In 2003, 16,746 beneficiaries received childbirth allowance, 21,111 in 2008 and 20,807 in 2010[25].

Child benefit is defined as a supplementary benefit for the maintenance and education of a child when income per family member does not exceed the 99% of the average wage in the Republic of Slovenia. The number of beneficiaries of child benefit increased significantly between 1994 and 1998, and decreased between 2000 and 2010[26]. In 2000, 411,397 beneficiaries received child benefit, but only 374,466 in 2010, which is also related to the general decrease in the number of children in this period[27].

Figure 5: Number of beneficiaries of child benefit

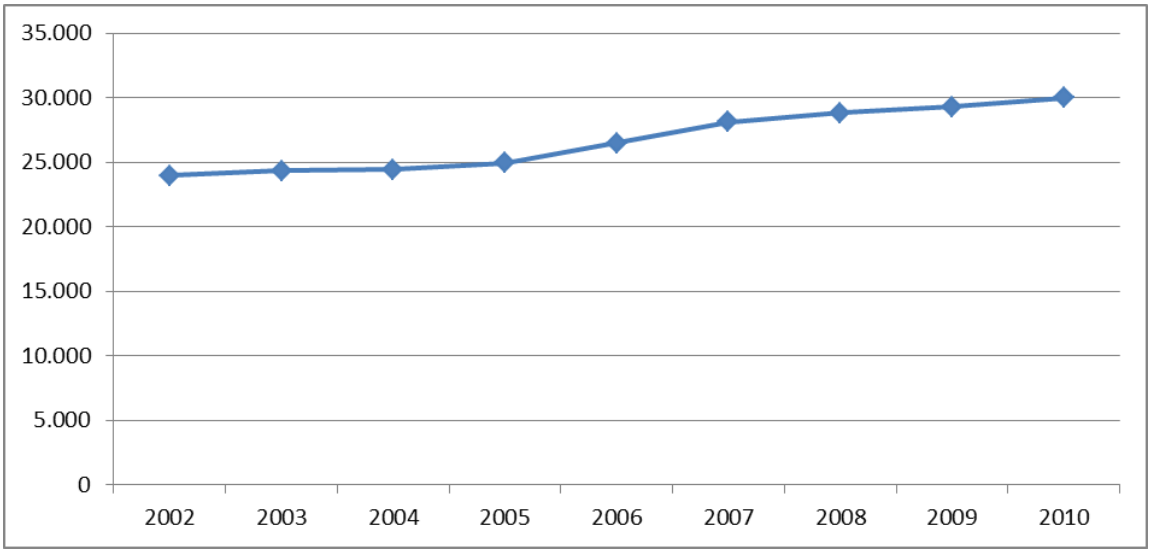
[25] Source: Statistical Office of the Republic of Slovenia, Statistical Yearbook 2011 and Ministry of Labour, Family and Social Affairs. Available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/, (15 March 2012).
[26] Source: Statistical Office of the Republic of Slovenia, Statistical Yearbook 2011 (15 March 2012).
[27] Source: Statistical Office of the Republic of Slovenia. Available at: http://www.irssv.si/otroci/ (15 March 2012).



Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

The large family allowance is an annual allowance for families with three or more children younger than 18, or 26 if they have a status of pupil, apprentice or undergraduate student. Between 2002 and 2010, the number of beneficiaries of large family allowance increased[28], indicating that there are more and more families with three or more children. In 2002, 23,946 beneficiaries received the large family allowance and 30,001 in 2010[29].

Figure 6: Number of beneficiaries of the large family allowance



Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

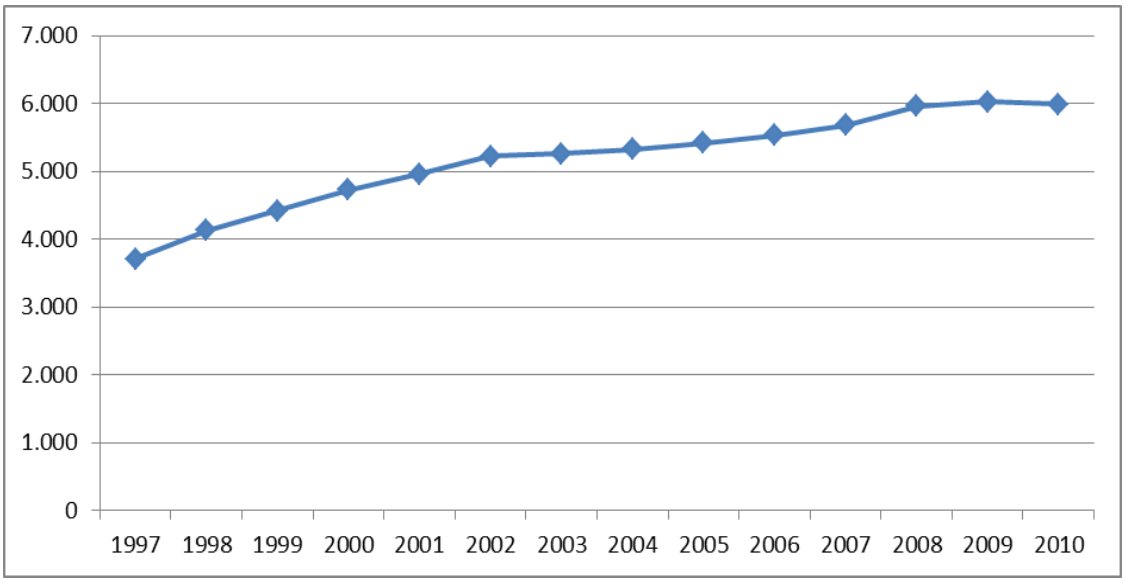
The child care allowance is a right which may be exercised by one of the parents for a child who requires special care and protection. The parents of children with special needs who are in institutions, foster care or in training are not entitled to the child care allowance. The average monthly number of children whose parents

[28] Source: Statistical Office of the Republic of Slovenia, Statistical Yearbook 2011. Available at: http://www.irssv.si/otroci/ and Ministry of Labour, Family and Social Affairs, available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/) (15 March 2012).

[29] Source: Statistical Office of the Republic of Slovenia. Available at: http://www.irssv.si/otroci/ and Ministry of Labour, Family and Social Affairs, available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/ (15 March 2012).

received the child care allowance rose between 1996 and 2009, and fell somewhat in 2010[30]. In 1996, 2,619 beneficiaries received the childbirth allowance, 6,022 in 2009 and 5,992 in 2010[31]. This might be due to the fact that parents are increasingly aware of the possibilities of assistance.

Figure 7: Number of beneficiaries of the child care allowance

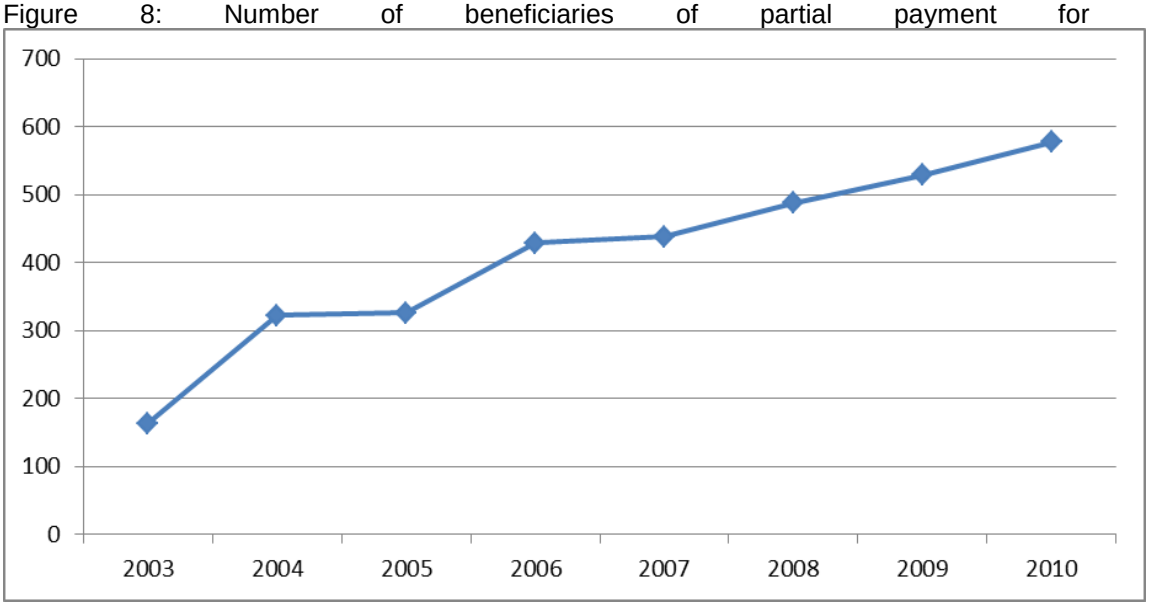


Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

Partial payment for lost income is remuneration received by a parent when he or she terminates an employment relationship or starts to work part-time due to caring for a child with profound intellectual disability or for severely physically handicapped child. The number of beneficiaries of partial payment for lost income is also increasing, probably for similar reasons as in the case of the child care allowance. In 2003, 164 beneficiaries received partial payment for lost income and 577 in 2010.

[30] Source: Statistical Office of the Republic of Slovenia. Available at: http://www.irssv.si/otroci/ (15 March 2012).
[31] Source: Statistical Office of the Republic of Slovenia. Available at: http://www.irssv.si/otroci/ and Ministry of Labour, Family and Social Affairs, available at: http://www.mddsz.gov.si/si/uveljavljanje_pravic/statistika/druzinski_prejemki/ (15 March 2012).

Figure 8: Number of beneficiaries of partial payment for lost income



Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

More detailed information on social security systems is included in the last detailed Report on the implementation of the European Code of Social Security.

6. Social assistance system

In the reference period, new social legislation was adopted which came into force in 2012 and includes the Financial Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 61/2010, 40/2011) and the Exercise of Rights to Public Funds Acts (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/2010, 40/2011).

Within the social assistance system, individuals who have found themselves in social distress without assured material safety due to circumstances they cannot influence are, under certain conditions, entitled to obtain **financial social assistance** and **minimum income supplement.**

Financial social assistance is intended to meet the minimum living costs to enable survival. The amount of legally specified minimum income is the basis for calculating the amount of financial social assistance granted, taking into account circumstances in the household. The minimum income is specified by the Financial Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 61/2010, 40/2011).

Persons who are permanently unemployable or permanently unable to work, or older than 63 (women) or 65 (men) are, under certain conditions, entitled to **minimum income supplement.**

New social legislation ensures a more transparent and efficient system for allocating social transfers and simplifies the procedure of exercising rights (single entry point, uniform application); however, it also limits the conditions for exercising rights from public funds which depend on the material status (income and property) of individuals and families. The minimum income sum is increased and the accessibility of some services for the

most vulnerable is improved with the new social legislation: access to medical services and social protection services for recipients of financial social assistance and accessibility of child care, school meals, transportation and rents for socially-owned dwellings.

ADEQUACY OF BENEFITS

Sickness benefit

More detailed information is included in the Report on the implementation of the European Code of Social Security.

Unemployment allowance

See 12:2.

More detailed information is included in the Report on the implementation of the European Code of Social Security.

Minimum old-age pension, minimum invalidity pension and the amount of minimum benefits in the event of an insured person's death (family and survivors' pension)

In its 2009 Conclusions regarding the adequacy of benefits, the Committee establishes that the minimum old-age pension, minimum disability pension and minimum benefits in the event of an insured person's death (family and survivors' pension) are inadequate, or too low.

In relation to the Committee's findings concerning the inadequacy of the above rights, we would like to explain that pension and disability insurance in the Republic of Slovenia is based on the insurance principle, which basically means that the right to a pension is a right deriving from pension and disability insurance paid from past work and **is based on contributions paid during the period active when the insured person was active**. Rights deriving from pension and disability insurance depend in principle on the duration of contributions and on the wage or insurance basis on which the insured person paid the contributions. According to ZPIZ-1, the pension base from which old-age and invalidity pension is calculated is usually defined on the basis of monthly average of wages received or the insurance bases from which contributions were calculated in the most favourable 18 consecutive years of contributions after 1 January 1 January 1970. To allow for comparability of wages and insurance bases from past years, valorisation quotients corresponding to the movement of average wages and pensions in the calendar year before the enforcement of the right to old-age pension are used to calculate the pension base. The valorisation quotient is defined annually by the minister responsible for labour, family and social affairs and decreases over the years in order to enable the harmonisation of new pensions with those of existing pensioners. Due to the above, the replacement ratio (the ratio between the last wage and the first received pension) is decreasing; therefore, we face a low retirement age and also low pensions.

A pension thus depends on **the pension base and contributions** paid by the individual into the compulsory pension and disability insurance system and also on the **length of pension qualifying period**. The percentage

used to calculate old-age pension depends on the length of the pension qualifying period, and old-age pension depends on the insured person's gender. Contributions paid depend on the base, which means that a person with a higher base must pay higher contributions. We would also like to emphasise that pension and disability insurance is based on the insurance principle, which basically means that the right to pension and other rights arising from past work are recognised on the basis of contributions paid and past work, and that contributions paid and benefits from the system must be proportional. If lower pensions were to be increased, the basic rules of the pension system would be violated.

It should also be noted that the pension insurance system in the Republic of Slovenia is not purely an 'insurance' system, but is based on the principles of reciprocity and solidarity. The financial situation of pensioners is directly influenced by the pension assessment based on the **minimum** or **maximum pension base** and the minimum pension of 35 per cent of the minimum pension base. According to ZPIZ-1, some insured persons are guaranteed to receive pensions calculated on the basis of the minimum pension base if the pension calculated according to the pension qualifying period from the insured person's pension base, together with the corresponding harmonisations, does not amount to a pension for the same pension qualifying period calculated from the minimum pension base. The pension is calculated from the maximum pension base, which is four times the minimum, if, with regard to the pension qualifying period, the pension calculated from the insured person's pension base, together with the corresponding harmonisation, exceeds the pension for the same pension qualifying period calculated from the maximum pension base.

The principles of reciprocity and solidarity are thus principles which enable individuals who have paid contributions to the system for 40 years but had very low salaries in their active period and would therefore fail to reach the minimum pension to receive decent pensions calculated from the minimum pension base, which for them constitutes a social corrective. Thanks to the principle of solidarity, or redistribution, these insured persons receive **higher benefits than they otherwise would with respect to their pension qualifying period and contributions paid**. Financial resources must be provided to cover the difference between a pension that would correspond to contributions paid and the pension that the compulsory (public) pension system guarantees, which partly comes from individuals who have paid contributions for 40 years, which exceed the maximum pension base and are partly charged to the state budget. Since pensions in the Slovenian public pension system are subject to minimum and maximum limits and **the maximum pension is limited to four times the minimum pension base,** all funds overpaid through contributions by individuals are redistributed within the system and, from an individual's perspective, constitute a withholding tax. Nevertheless, because there are still insufficient funds to cover all benefits financed from the public pension system, the difference is covered by the state. Persons with higher incomes who should, according to the criteria, have a higher than maximum pension, receive the maximum pension, i.e. less than if pension were to depend only on contributions paid. **In this way, funds for persons who received lower incomes when they were active are provided for according to the solidarity principle, which contributes to greater social protection for pensioners**. The compulsory pension insurance system is thus solidarity-oriented; however, it cannot be overlooked that this is nevertheless an insurance-based system in which the contributions paid by an individual during their active period must be observed to a certain extent.

It should also be noted that the Constitutional Court of the Republic of Slovenia in Decision No Up-360/05 (Uradni list RS [Official Gazette of the Republic of Slovenia], No 113/08 and CC XVII, 85) expressed its position on the **essence of the right to a pension**, saying that the right to a pension involves the right of an individual to receive a pension allowing for social security, based on contributions paid and having satisfied reasonable conditions. With respect to the constitutionally protected essence of the right to a pension, there is no doubt that the pension is an expected right based on contributions paid, which will replace wages for a pensioner in old age and ensure a certain living standard. Notwithstanding that the first paragraph of Article 50 of the Constitution of the Republic of Slovenia (hereinafter referred to as: the Constitution) expressly defines the right to a pension as part of the right to social security, it nevertheless arises from the Constitution that the right to a pension must be **based primarily on the insurance principle**. In this sense, the pension is a property right, as it principally depends on the period covered by, and amount of, contributions. This means that to a certain extent, the pension must provide for a continuity in the standard of living which the insured person enjoyed when they were active (income security), as the pension partly (proportionally) replaces the income from which contributions for pension

insurance were paid. However, since the Constitution also defines pension insurance as a type of social insurance, **elements of reciprocity and solidarity are constitutionally allowed** in the system.

Despite the fact that the right to a pension is primarily a property right, it does not mean that the Constitution guarantees a pension of a certain amount. Nevertheless, when legal conditions are satisfied (40 years of pension qualifying period for men and 38 for women according to ZPIZ-1), the minimum pension must ensure the social minimum, which is not only a living minimum for survival as provided by social protection system benefits; pensions must also allow pensioners a certain standard of living (hereinafter referred to as: **appropriate pension**) depending on their work and contributions paid when they were active. As previously mentioned, a pension within the compulsory pension social insurance in Slovenia is basically related to the payment of contributions, ensuring an **income higher than is afforded by financial social assistance.** In 2011, an old-age pension for 40 years of pension qualifying service (for men) calculated from the minimum pension base amounted to EUR 438.17 (EUR 440.93 before 2011), and EUR 192.91 for 15 years. The latter is the guaranteed pension for all insured persons, irrespective of the extent of insurance. Considering that the census for obtaining financial social assistance in the first half of 2011 was EUR 229, and **EUR 260** after 1 January 2012, the pension for a qualifying period of 40 years today is considerably higher than financial social assistance and, with due consideration of the standard mentioned, does not affect the essence of the right to a pension.

When the appropriate pension is discussed, it is reasonable to **compare it to wages**. The pension is an income received by a pensioner in an inactive period, when he or she has usually already obtained the necessary material assets for life (accommodation and similar) and is no longer obliged to care for his or her descendants. Based on contributions paid, as shown by the paragraph above, they are entitled to a pension higher than the financial social assistance granted to recipients of financial social assistance. If a pension is compared to the minimum wage, which amounted to EUR 763.06 gross or EUR 584.29 net in 2012, the current social and economic circumstances prevent us from increasing the pension and providing more material protection for pensioners than workers. **Pensions are not high, but they are in an adequate ratio to financial social assistances and to salaries**. A severe interference with the essence of the right to a pension would only occur if pensions were as low as financial social assistance, or if they failed to consider proportionality with respect to contributions paid.

Since the right to a pension has a positive status, the state must continuously engage in guaranteeing it. In December 2012, the National Assembly of the Republic of Slovenia adopted the new **Pension and Disability Insurance Act (ZPIZ-2)**, which is proof of the state's engagement in the sustainability of the pension system and provides adequate solutions. Further information on ZPIZ-2, which was passed after the reporting period, is provided in the Appendix.

12:2 Maintenance of a social security system at a satisfactory level

In 2011, the Republic of Slovenia submitted a detailed report on the implementation of the European Code of Social Security to the Council of Europe.

Additional explanations regarding the 2009 Conclusions

Changes in the field of pension and disability legislation in the reporting period between 2008 and 2011

Article 36 of the Pension and Disability Insurance Act (Official Gazette of the Republic of Slovenia, No 109/06 – official consolidated text, 112/06 Ruling of the Constitutional Court, 114/06-ZUTPG, 10/08-ZVarDod, 98/09-

ZIUZGK, 27/10 Ruling of the Constitutional Court, 38/10-ZUKN, 61/10–ZSVarPre, 79/10-ZPKDPIZ, 94/10-ZIU, 84/11 Ruling of the Constitutional Court: U-I-245/10-13, U-I-181/10-6, Up-1002/10-7, 94/11 Ruling of the Constitutional Court, 105/11, 110/11-ZDIU12; hereinafter: ZPIZ-1) precisely specifies the minimum conditions to be fulfilled to obtain the right to old-age pension. In order to be eligible for old-age pension, the condition of both age and pension qualifying period must be fulfilled. The insured person is thus eligible for old-age pension:

- at 58 years of age and 40 years (men) or 38 years (women) of pensionable service
- at 63 years of age (M) or 61 years of age (W) and 20 years of pensionable service
- at 65 years of age (M) or 63 years of age (W) and at least 15 years of pensionable service

Under Point 1, a transitional period for fulfilling the minimum conditions to obtain the right to an old-age pension in accordance with the provision of Article 398 of ZPIZ-1 must be taken into account for women:

- in 2008, 56 years of age, and 36 years and 9 months of pensionable service,
- in 2009, the age of 56 years and 4 months, and 37 years of pensionable service,
- in 2010, the age of 56 years and 8 months, and 37 years and 3 months of pensionable service,
- in 2011, 57 years of age and 37 years, and 6 months of pensionable service.

In certain legally specified cases, conditions for eligibility for an old-age pension may be fulfilled at a younger age, taking into account all periods lowering the retirement age for old-age pension eligibility. In Article 37, ZPIZ-1 provides for the lowering of retirement age due to children; for each born or adopted child who is Slovenian citizen for whom the insured person cared for at least five years, the retirement age may be lowered. Possible lowering of the retirement age for old-age pension due to children depends on their number; the retirement age is lowered by eight months for one child, by 20 months for two children and by 36 months for three children. For each subsequent child, the retirement age is lowered by a further 20 months. However, in accordance with Article 399 of ZPIZ-1, the above right is introduced gradually as follows:

- in 2008, the retirement age for one child was lowered by 4 months and 15 days, for two children by 11 months and 8 days and for three children by 20 months and 8 days,
- in 2009, the retirement age for one child was lowered by 5 months, for two children by 12 months and 15 days and for three children by 22 months and 15 days,
- in 2010, the retirement age for one child was lowered by 5 months and 15 days, for two children by 13 months and 23 days and for three children by 24 months and 23 days,
- in 2011, the retirement age for one child was lowered by 6 months, for two children by 15 months and for three children by 27 months.

However, the lowering of retirement age is not unlimited. In accordance with Article 401, the retirement age for women in the transitional period may not be lowered below 53 years of age, which means that the insured person is not eligible for old-age pension before this age.

Further on, Article 38 in connection with Article 400 of ZPIZ-1 provides for a woman who was included in the compulsory insurance system before the age of 18 to lower her retirement age specified in Articles 36 and 398 of the Act by the duration fo contributions before she reached 18 years of age, considering the following:

- in 2008, only in the case of retirement at the age of 56 years and with 36 years and 9 months of pensionable service. The lowering of the retirement age in 2008 corresponded to seven twelfths of the duration of contributions before the age of 18.
- in 2009, only in case of retirement at the age of 56 years and 4 months and with 37 years of pensionable service. The lowering of the retirement age in 2009 corresponded to eight twelfths of the duration of contributions before the age of 18.
- in 2010, only in case of retirement at the age of 56 years and 8 months and with 37 years and 3 months of pensionable service. The lowering of the retirement age in 2010 corresponded to nine twelfths of the duration of contributions before the age of 18.
- in 2011, only in case of retirement at the age of 57 years and with 37 years and 6 months of pensionable service. The lowering of the retirement age in 2011 corresponded to ten twelfths of the duration of contributions before the age of 18.

On this basis, the prescribed retirement age may not be lowered below 53 years of age. The retirement age cannot be lowered by the length of potentially purchased pensionable service before the age of 18 or by the length of subsequent inclusion of the pensionable service before the age of 18, since this is not the actual duration of contributions before the age of 18.

As far as the adjustment of pensions and other contributions from pension insurance are concerned, the applicable legislation specifies that pension and other contributions from pension and disability insurance are adjusted twice annually, based on the average growth of wages in the Republic of Slovenia. To enable the financial stability of the entire budget of the Republic of Slovenia in the last three years, the so-called intervention acts modified the adjustment of pensions and other benefits, since the state was not able to provide sufficient funds from the national budget to cover this expenditure.

On the basis of the provisions of the Intervention Measures due to the Economic Crisis Act (ZIUZGK) passed at the end of 2009 and in force between 1 January and 31 December 2010, pensions and other benefits were adjusted in February 2010 by 50% of the achieved growth of the average wage for 2009 compared to the average wage in the preceding calendar year, and the payment in November 2010, they were adjusted by 50% of the achieved growth of the average wage for the period January-September 2010 compared to the average wage in the period January-December 2009.

On the basis of provisions of the Act of Intervention Step because of Economic Crises (ZIU) passed in 2010, pensions and other benefits were adjusted in February by 25% of the achieved growth of the average wage for 2010 compared to the average wage in the preceding calendar year, and the payment in November 2011; they were supposed to be adjusted by 25% of the achieved growth of the average wage for the period January-September 2011 compared to the average wage in the period January-December 2010, but the adjustment was not feasible because already in February the average monthly increase in the minimum pension base applicable in that year exceeded a quarter of the estimated growth of the average wage in that year.

Since the right to a pension has a positive status, the state must continuously engage in guaranteeing it. In December 2012, the National Assembly of the Republic of Slovenia adopted the new **Pension and Disability Insurance Act (ZPIZ-2)**, which is proof of the state's engagement in the sustainability of the pension system and provides adequate solutions. Further information on ZPIZ-2, which was adopted after the reporting period, is provided in the Appendix.

Changes in the field of unemployment insurance between 2008 and 2012

The Labour Market Regulation Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 80/2010, 21/2013) passed in the reference period specifies state measures in the labour market to provide the implementation of public services in the field of unemployment and active employment policy, and the functioning of unemployment insurance system. In addition to the above, the Act also specifies executors of measures, conditions and procedures for enforcing individual rights and services, the method of financing measures and monitoring, evaluation and supervision of the implementation.

The main objectives of the Labour Market Regulation Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 80/2010, 21/2013) are as follows: 1) to increase the security of persons who have lost their jobs, 2) to increase the success and efficiency of implementing active employment policy measures, 3) to reduce the administrative workload for companies and persons in the labour market, and 4) to increase the supervision of institutions in the labour market.

In the field of unemployment insurance, the Labour Market Regulation Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 80/2010, 21/2013) introduces the following novelties:

- the range of persons who are insured against unemployment on a compulsory basis and persons who may be insured against unemployment on a voluntary basis has widened,
- the condition for eligibility for financial compensation has changed: 9 months of employment in the last 24 months (whereas it had been 12 months of employment in the last 18 months); this allows younger people with less work experience to receive financial compensation, which increases their social security,
- the minimum and maximum unemployment benefit have increased: the minimum amount is EUR 350 and the maximum is three times this amount,
- employment benefit in the first three months of unemployment has increased to 80% of the base (no longer 70%),
- the period to determine the base for benefit calculation has been reduced to 8 months (it had been 12),
- unemployed persons may work to a limited extent (paid up to EUR 200 per month) while preserving the right to financial compensation in the unchanged amount in order to maintain contact with the labour market;
- the institution of partial unemployment has been introduced, which permits employment with the simultaneous right to a proportional amount of benefit.

Changes in the field of parental protection and family benefits between 2008 and 2012

Between 2008 and 2012, the following major changes in the field of parental protection and family benefits may be noted:

As of 1 February 2008, child benefit was increased, as per amendments to the Parental Protection and Family Benefit Act (Official Gazette of the Republic of Slovenia, No 10/08). In 2008, the Parental Protection and Family Benefit Act was amended, increasing child benefits by 8.4%. The new table of child benefits was as shown below:

Income per family member in % of the average wage in the Republic of Slovenia	Child benefit for each child in EUR		
	First child	Second child	Third and subsequent children
Up to 15%	102.37	112.62	122.86
Between 15% and 25%	87.53	96.77	105.94
Between 25% and 30%	66.72	74.56	82.38
Between 30% and 35%	52.62	60.04	67.60
Between 35% and 45%	43.02	50.21	57.35
Between 45% and 55%	27.26	34.12	40.94
Between 55% and 75%	20.44	27.26	34.12
Between 75% and 99%	17.80	24.62	31.44

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities

Since some provisions of the Act entered into force on 1 January 2008, these amounts were additionally raised by 3.6% according to the Act Regulating Adjustments of Transfers to Individuals and Households in the Republic of Slovenia and Decision on revalorized transfers designated in nominal sums and the percentage of valorisation of other transfers to the individuals and households in the Republic of Slovenia in 2008.

On 1 January 2012, the Exercise of Rights to Public Funds Act (ZUPJS) (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/10, 40/11) entered into force. The Act introduces a single entry point for exercising rights related to determining the financial situation of individuals. Individuals submit a uniform application to

obtain rights to benefits, subsidies or reduced payments to a social work centre. According to the Act, the right to child benefit, which is substantively regulated by the Parental Protection and Family Benefit Act, is classified as a right to public funds; therefore, the new regulation provides for the harmonisation of the right to child benefit on the basis of uniform measures and conditions to exercise particular rights. Children from birth to the age of 18 (previously, it was 26 or until schooled) are entitled to child benefit, since the right to public funds for those above 18 years of age is provided through the system of state scholarships and with other rights to public funds. The determination of the financial situation of applicants is also uniform, taking into account their assets (real estate, vehicles, capital); the Act draws on measures and conditions to be fulfilled by beneficiaries of financial social assistance. Child benefit is determined according to the classification of the family in the income class specified as a percentage of the average monthly wage of all employees in the Republic of Slovenia in the calendar year before an application is submitted.

Depending on the number of children, the total child benefit is determined for all children entitled to child benefit as the sum of individual child benefits for each child.

Income class	Average monthly income per person (in % and EUR)	Child benefit for a child until the end of primary school or until the age of 18 (in EUR)			Child benefit for a child in secondary school not older than 18 (in EUR)		
		First child	Second child	Third and subsequent children	First child	Second child	Third and subsequent children
1	Up to 18% **up to 177.73**	114.31	125.73	137.18	168.31	179.73	243.55
2	Between 18% and 30% **Between 177.73 and 296.22**	97.73	108.04	118.28	142.73	153.04	206.88
3	Between 30% and 36% **Between 296.22 and 355.46**	74.48	83.25	91.98	110.48	119.25	162.89
4	Between 36% and 42% **Between 355.46 and 414.70**	58.75	67.03	75.47	85.75	94.03	128.58

5	Between 42% and 53% **Between 414.70 and 523.32**	43.24	50.45	57.63	61.24	68.45	92.94	Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities Child benefit is adjusted twice annually to consumer price index. For children living in a single-parent family, a 10% increase of the child benefit for each child entitled to child benefit applies according to the income class of the family. If a pre-school child is not included in pre-school education in accordance with the regulations governing day care, each child benefit is increased by 20%.
6	Between 53% and 64% **Between 523.32 and 631.93**	27.40	34.29	41.14	39.10	45.99	64.05	

Changes in the field of social assistance between 2008 and 2012

In the reference period, new social legislation was adopted which came into force in 2012, including the Financial Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 61/2010, 40/2011, 14/2013) and the Exercise of Rights to Public Funds Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/2010, 40/2011, 14/2013).

The Exercise of Rights to Public Funds Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/2010, 40/2011, 14/2013) introduces uniform rules for the allocation of four types of transfer and nine types of subsidy, whereby the income and financial situation of beneficiaries is verified. It also introduces a single entry point for exercising all rights that depend on the income and assets of individuals and families. The entry point is at social work centres, the work of which is supported by the central information system. The Acts provides for greater fairness in the system (unification of measures for allocating all rights, consistent consideration of all income and assets), greater transparency, efficiency and an easy-to-use and user-friendly system (single entry point, single application for exercising all rights; thanks to the information support of the system, users do not need to submit various documents as evidence).

The Financial Social Assistance Acts (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 61/2010, 40/2011, 14/2013) led to changes in the field of financial social assistance and social benefits which have been so far associated with pensions (minimum pension supplement) or age (state pension). Minimum pension supplement and state pension have thus been shifted from the pension insurance system to the social transfer system. It should be noted that the range of beneficiaries has thus expanded, since (previous) minimum pension support can according to the new legislation be a supplement not only to pensions, but also to permanent financial social assistance and invalidity benefit, therefore a term “minimum income supplement” is more appropriate. The aim of minimum income supplement is to improve the material situation and facilitate the survival of permanently unemployable persons and persons unable to work. The census for minimum income supplement is EUR 450, which means that permanently unemployable persons or persons unable to work who receive financial social assistance (who now include former recipients of state pensions), invalidity benefit or a pension below this amount can obtain the minimum income supplement up to the aggregate amount of EUR 450. This is expected to improve the situation of certain groups who are at an increased risk of poverty. The right to minimum income supplement is granted according to the conditions on income and assets of individuals and

households as specified by the Exercise of Rights to Public Funds Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/2010, 40/2011, 14/2013).

The minimum income sum has been increased and accessibility to some services for the most vulnerable has been improved with the **new social legislation**: access to medical services and social protection services for recipients of financial social assistance and accessibility of child care, school meals, transportation and rents for socially-owned dwellings.

12:3 Development of social security systems

The changes are described in Sections 12.1 and 12.2 and in the previous detailed Report on the implementation of the European Code of Social Security.

12:4 Social security of migrants

Bilateral agreements on social insurance have been signed with, and apply to, all the former Yugoslav republics, including Bosnia and Herzegovina, Montenegro and Serbia, with the exception of Kosovo.

This year, Slovenia also plans to sign a social insurance agreement with Turkey. No agreements with other countries are planned, but the migration of these citizens is extremely limited (currently, there are 16 Albanian and 32 Turkish citizens working in the Slovenian labour market and the numbers are decreasing).

Regarding the Committee's statements to the effect that the situation in the Republic of Slovenia does not comply with the **fourth paragraph of Article 12** of the revised ESC, since citizenship is allegedly a condition for a person to enter the pension and disability insurance system, we would like to stress that the legislation of the Republic of Slovenia on pension and disability insurance, contrary to what the Committee has stated, **does not consider citizenship as a condition** for a person to join the pension and disability insurance system. Unlike compulsory insurance systems in numerous other countries, the compulsory pension and disability insurance system in the Republic of Slovenia is completely uniform. Employed workers, the self-employed or persons performing independent activity, unemployed persons receiving financial compensation from the Employment Service of Slovenia, apprentices, insured parents and some other categories of insured persons and persons included in compulsory insurance on a voluntary basis are all insured under the same Act with the same insurance holder and, in principle, equally. In accordance with the Pension and Disability Insurance Act, all insured persons, both Slovenian and foreign citizens, are guaranteed the same rights with regard to age, disability and death and under the same conditions, **based on their work, their contributions to pension and disability insurance, and according to the principles of reciprocity and solidarity**. In the Republic of Slovenia, the minimum condition under ZPIZ-2 for eligibility for an old-age pension is at least 15 years of pensionable service and an age of 65 years.

As far as the conditions for eligibility to receive parental benefit and partial payment for lost income are concerned, no changes have been made since the previous report.

Article 13 – THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

New social legislation was adopted in 2010: **The Financial Social Assistance Act** (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 61/2010, 40/2011) and **The Exercise of Rights to Public Funds Act** (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/2010, 40/2011), the enforcement of which was postponed until 1 January 2012. The Financial Social Assistance Act replaces the provisions of the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007) regulating financial social assistance. Apart from the right to financial social assistance, the Financial Social Assistance Act also provides for the right to income support and also determines the persons eligible, the conditions for eligibility for financial social assistance and income support, the amount of support, period of enjoyment, manner of indexation and payment, procedure for determining financial social assistance which a person was not entitled to receive and the consequences of such procedure, and the manner of repayment, financing, supervision and database. The provisions of the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007) regulating social services remain in force.

The enforcement of rights to social transfers (including financial social assistance and minimum income supplement) is provided for by the Exercise of Rights to Public Funds Act. The right to public funds may be enforced if the income of a person does not exceed the income limit determined for an individual right to public funds by the Act, provided that other conditions determined by regulations regarding such a right are also met. The rights to public funds are: **financial benefits** (child benefit, financial social assistance, minimum income supplement, state scholarship) and **subsidies or reduced payments** (reduced payment of kindergarten fee, additional subsidies on snacks for pupils and secondary school students, lunch subsidy for pupils, exemption from payment of social security services, contribution to payment for a home care assistant, rent subsidy, financial coverage of the difference to full value of health care services, payment of contributions to compulsory health insurance). All rights to public funds are enforced in one location (single entry point) and with a unified application.

The new social legislation also **increases the minimum income level**; however, this was reduced from the expected 288.81 EUR to **260 EUR** before the new social legislation entered into force (on 1 January 2012) by an intervention act in December 2011. Before the new social legislation entered into force, the minimum income level was 230.61 EUR (in 2011). By way of a financial incentive for activity (at two levels, depending on the number of hours a person is included in activities), the minimum income level may increase additionally up to 449.80 EUR. Long-term recipients of financial social assistance who are permanently unemployable, or permanently unable to work, or older than 63 (women) or 65 (men) are also entitled to income support (in addition to their income), which may total up to **449.80 EUR.** The new social legislation widened the scope of persons eligible for minimum income supplement. The aim of this measure – the transfer of the minimum pension support from pension insurance scheme to social assistance – is to improve the social security of elderly persons.

13:2 - Non-discrimination in the exercise of social and political rights

No changes.

13: 3 - Prevention, abolition or alleviation of need

It is our estimate that, by awarding existing funds, appropriate assistance is ensured to a satisfactory degree, as the social services provided under the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007 – official consolidated text 2, 23/2007 – corrections, 41/2007 – corrections, 114/2006 - ZUTPG, 57/12), offered by social work centres, are free of charge to the user and available to anyone who needs them. These services are: social preventive, first social aid, personal assistance and family assistance for the home. The service of guidance and care and employment under special conditions is also free of charge to the user. The user covers a (lesser) portion of costs for the institutional care of the elderly and family assistance at

home which are provided as part of a public network of social services. Also available to users are fully payable services of assistance at home (social aid) and institutional care of the elderly outside the scope of the public network of social services.

Article 14 – THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

14:1 Provision or promotion of social welfare services

Additional explanations regarding the 2009 Conclusions

Organisation of social services

Social legislation was amended many times during the reference period. Social services continue to be regulated by the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007 – official consolidated text 2, 23/2007 – corrections, 41/2007 – corrections, 114/2006 - ZUTPG, 57/12). Apart from the principles governing the enforcement of the right to services, the Act also provides for the principles governing the conduct of social services providers. The Social Assistance Act provides for the following types of social services:

- social preventive
- first social aid
- personal assistance
- family assistance for the home and at home
- institutional care
- guidance and care and employment under special conditions

The state ensures a network of public services for all the aforementioned services, except for the network of public services providing family assistance at home, which is provided by municipalities. Under equal conditions, the services – which are determined as public services by law - may be provided by public social welfare institutions or other legal entities, or natural persons who are awarded a concession at a public tender.

The social services offered by social work centres at local level are free of charge to the user and available to anyone who needs them. They are financed from the state budget. These services are: social preventive, first social aid, personal assistance and family assistance for the home. The service of guidance and care and employment under special conditions is also free of charge to users, and is financed from the state budget. Institutional care of the elderly is payable and includes basic care, health care and social care depending on the needs of the user. Health care is financed from the state budget, while basic care and social care are financed mainly by users. Family assistance at home is organised by municipalities, which also cover the major part of the costs of this service. Therefore, in 2011, on average, municipalities covered 71.4% of all costs of family assistance at home; the state contributed 8.6%, and users covered 20.1%.

If an individual lacks sufficient funds to cover costs, she/he may enforce the right to exemption from payment for social security services, in accordance with the Exercise of Rights to Public Funds Act.

Table 16: Cost per user according to type of social service, 2008 - 2011

Type of service	Unit description:	Unit in EUR			
		2008	2009	2010	2011
First social aid	Annual cost per user	78.18	53.99	58.97	62.44
Personal assistance	Annual cost per user	845.69	650.07	626.90	694.30
Family assistance for home	Cost per user per year	267.50	241.01	235.35	243.56
Family assistance at home	Average cost of service per hour	15	16.6	17.00	17.3
	Average price for the user	4.22	4.46	4.39	5.12
Institutional care (of the elderly and of adults with special needs)	Average price of care per day per user (the elderly)	41.4	42.7	44.8	45.4
	Average price of care per day per user (adults with special needs)	47.99	52.62	55.38	53.84
Guidance and care and employment under special conditions	Average price of a day of care per user	36.55	38.25	38.8	39.04

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities.

Efficient and equal access

Article 4 of the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007 – official consolidated text 2, 23/2007 – corrections, 41/2007 – corrections, 114/2006 - ZUTPG, 57/12) provides for rights to services to be enforced under the principles of equal access and free choice of type, for all users and under the conditions laid down by the law. Under this Act, users are citizens of the Republic of Slovenia with permanent residence in Slovenia, and foreigners with a permanent residence permit. Citizens of the Republic of Slovenia who do not have permanent residence in Slovenia, and foreigners without a permit for permanent residence in Slovenia may enforce the right to individual services in specific instances and under the conditions laid down by the law.

The Republic of Slovenia also wishes to explain that social services, such as first social aid, personal assistance and family assistance, are initially offered in the form of an introductory interview between the user and the counsellor working at the social wok centre, the aim of which is to cooperate with the user to find the best solution for the user's situation of distress and form the solution as an agreement.

Quality of services performed

The quality of services is provided by the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007 – official consolidated text 2, 23/2007 – corrections, 41/2007 – corrections, 114/2006 - ZUTPG, 57/12) and executive regulations, as social services may be performed only by legal entities or natural persons that meet the statutory conditions and conditions as per the regulations adopted on the basis of the law. Under equal conditions, those services determined as public services by law are also provided by a network of public services of public social welfare institutions or other legal entities, or natural persons who are awarded a concession at a public tender.

Standards and norms for social services are determined by the **Rules on standards and norms regarding social services** (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 45/2010, 28/2011, 104/2011).

The supervision of the performance of public social welfare institutions, concessionaires and other legal entities and natural persons that provide social services is performed by the Social Affairs Inspection organised within the Labour Inspectorate of the Republic of Slovenia.

Table 17: Number of users of social services according to type of service - 2008 - 2011

	Number of users per year			
Type of service	**2008**	**2009**	**2010**	**2011**
First social aid	27618	42868	40648	38045
Personal assistance	1726	2407	2585	2313
Family assistance	5117	6088	6457	6183
institutional care (of the elderly and of adults with special needs)	17227	18705	19177	19723
Guidance and care and employment under special	2656	2880	3098	3098

conditions				

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities.

Table 18: Total expenses according to type of social service, 2008 - 2011

Type of service	Expenses in EUR			
	2008	**2009**	**2010**	**2011**
Social preventive	699,536.09	749,878.80	776,640.30	769,627.21
First social aid	2,159,198.01	2,314,586.50	2,397,188.98	2,375,542.27
Personal assistance	1,459,661.92	1,564,707.71	1,620,548.67	1,605,915.05
Family assistance for home	1,368,777.31	1,467,282.51	1,519,646.58	1,505,924.12
Family assistance at home	8,221,318.00[32]	17,558,184.00	19,271,435.00	20,057,780.00
institutional care	257,011,109.00	292,529,408.00	309,700,956.00	322,324,945.00
Guidance and care and employment under special conditions	23,379,976.00	26,436,264.00	28,215,174.00	28,622,934.00
TOTAL:	**294,299,576.33**	**342,620,311.52**	**363,501,589.53**	**377,262,667.65**

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities.

The Republic of Slovenia also wishes to explain that the personal data of users of social services are protected under the Personal Data Protection Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 86/2004, 113/2005 - ZInfP, 51/2007 - ZUstS-A, 67/2007) and executive regulations.

14:2 Public participation in the establishment and maintenance of social welfare services

Additional explanations regarding the 2009 Conclusions

[32] This data refers to the first half of 2008.

As early as 1993, the **Social Chamber of Slovenia** was established under the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007 – official consolidated text 2, 23/2007 – corrections, 41/2007 – corrections, 114/2006 - ZUTPG, 57/12) as a central association of experts which providers in the field of social assistance as well as other providers who wish to contribute to the development of this field join on a voluntary basis [33]. The mission of the Social Chamber is to connect activities in the field of social assistance on a local, regional and national level, as well as to connect all three sectors – public, non-governmental and private – in order to ensure development and expert progress in social assistance activities.

Under equal conditions, those services determined as public services by the Social Assistance Act are provided by public social welfare institutions or other legal entities, or natural persons who are awarded a concession at a public tender. Social services provided outside the network of public social services are provided by legal entities and natural persons, having acquired a permit issued and revoked by the ministry responsible for social assistance.

The Social Assistance Act also states that social welfare institutions and other legal entities and natural persons that perform social services in accordance with the law may form associations.

Such associations mainly perform the following tasks:

- coordination of developmental activities within their framework, and cooperation on the preparation of a developmental policy for social assistance,

- contribute to determining conditions for the performance of activities,

- implement common tasks and interests of providers in individual fields.

Two such associations are currently active in Slovenia:

- Association of Social Welfare Institutions of Slovenia in the field of institutional care of the elderly, and care for special groups of adults performed by care homes and special social welfare institutions for adults, which also include private providers;

- Association of Social Work Centres of Slovenia, of which private providers are not members, because certain social services are performed only within the public network.

Apart from the types of cooperation between providers of social services as laid down by the Social Assistance Act, there are other forms of cooperation between non-governmental organisations (for example, the CNVOS – Centre for Information Service, Co-operation and Development of NGOs is an umbrella network of non-governmental organisations connecting more than 600 different associations and organisations which also works in the field of social assistance and volunteering).

Article 23 – The right of elderly persons to social protection

Additional explanations regarding the 2009 Conclusions

[33] Entry is voluntary as of 1997; prior to that it was mandatory.

The Committee wants to know whether the Implementation of the Principle of Equal Treatment Act allows for legal protection when the prohibition on age-based discrimination is infringed. The first paragraph of Article 22 of the Implementation of the Principle of the Equal Treatment Act specifies that in cases of infringement of prohibition on discrimination referred to in Article 3 of this Act, persons subject to discrimination may request that the infringement be addressed in judicial and administrative proceedings and before other responsible bodies under the conditions and in the manner specified by law, and have the right to compensation according to the general rules of civil law. If the case is based on discrimination due to age, the legal protection in any field of social life referred to in Article 2 is guaranteed, including the field of social security and health protection

The Strategy of Care for the Elderly by 2010 - solidarity, symbiosis and quality ageing, adopted in 2006, was still valid during the reference period. Its general aims are (among others):

- to ensure conditions to increase the participation of the elderly at all levels, to strengthen their social inclusion and ability to live independently,
- to ensure conditions for the strengthening of appropriate and permanent social protection for current and future generations,
- to ensure equal access to quality health care and social services.

The achievement of these aims will continue through the implementation of the **Quality Ageing Strategy 2013-2020**, which is in preparation.

During the reference period the **National programme of social assistance for the period 2006-2010** has concluded. The evaluation of the implementation of the National programme of social assistance for the period 2006-2010 showed inter alia that additional measures are needed to encourage the development of certain services in the field of care for elderly persons, such as: care within a second family, organised care in day centres, and care in sheltered housing for the elderly as a special form of assistance at home.

Placement and care in homes is still the prevalent form among the 65+ population, while other forms of services (such as home help, day care, long-distance care) have not developed to an equal extent. The organisation of assistance at home falls within the competence of municipalities, which influence the price of these services by setting the amount of subsidy. Public social services, with the exception of those which are partly payable, are available to all. With regard to two payable services intended for people over 65 (home help and institutional care for the elderly), a problem of affordability (non-comparable prices for comparable services) and of regional or local accessibility were established.

The findings on the implementation of the previous national programme of social assistance in the field of providing services for the elderly were taken into account during the preparation of the **National programme of social assistance for the period 2013-2020** adopted by the Government of the Republic of Slovenia in March 2013.

Adequate resources

In its 2009 Conclusions regarding **Article 23 of ESC** (The right of elderly persons to social protection) and a state pension, the Committee states that the pension amount is considerably below the poverty threshold and also finds that the length of residence, at least 30 years between the 15 and 65 years of age, required for eligibility for the state pension is excessive and contrary to the Committee's case law.

In relation to the Committee's findings on the inadequacy of the **state pension**, it should be noted that the right to a state pension, **as of 1 January 2012**, has been in accordance with the revised social legislation and the adopted Financial Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 61/10, hereinafter referred to as: ZSVarPre) transformed into financial social assistance and has thus been **transferred into the social assistance scheme**, since its role in pension and disability insurance was exclusively to provide

social security for anyone who had lived in the Republic of Slovenia for a certain period, had not paid contributions and had achieved the specified property census. The purpose of this was not to abolish certain rights, but to place them more reasonably in an adequate system, meaning that the state would continue to care adequately for persons who do not have sufficient funds for subsistence. In accordance with the new legislation regulating financial social assistance, the (previous) beneficiaries of state pensions, if they have no other income or assets enabling them survival, are entitled to significantly higher benefits than hitherto.

The new social legislation - Financial Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 61/2010, 40/2011) and Exercise of Rights to Public Funds Act (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 62/2010, 40/2011) – which was adopted in 2010 and came into force on 1 January 2012 introduces some new features which should ensure adequate social security for the most vulnerable people and those unable to work. The new legislation thus introduces a **higher minimum income level** in the amount of 260 EUR in 2012. It must be emphasised that long-term recipients of financial social assistance who are **over** 63 (women) or 65 (men) are **also entitled to minimum income supplement** (in addition to their income), which may total **449.80 EUR.** The new social legislation transferred the rights to state pension and minimum pension support from pension insurance scheme to social transfers system (which is means tested) with the aim of more adequately ensuring social security for the elderly. **Since transferring the right to state pension from social insurance system to social assistance scheme the condition of permanent residence of at least 30 years has not been relevant anymore.**

Prevention of violence against the elderly

The Committee wants to know how the Republic of Slovenia endeavours to monitor the situation in the field of violence against the elderly, to raise awareness on the necessity for preventing violence against the elderly, and which statutory or other measures have been or are to be taken. At the statutory level, the Family Violence Prevention Act was passed in 2008; it clearly defines various forms of family violence, and determines the role, tasks, network and cooperation of various state authorities and non-governmental organisations when dealing with family violence, and provides for measures to protect victims of family violence. On the basis of the Act, the Resolution of National Programme of Family Violence Protection 2009-2014 specifies aims, measures and key holders, and is implemented on the basis of two-year action plans. One of the aims of the Resolution is to increase awareness of the entire population on human rights, the identification of different types of violence and measures against them. The first thematic area of the action plan for family violence prevention 2012-2013 is intended for the prevention and awareness-raising of the general public and vulnerable groups on violence, including children and elderly, who are particularly vulnerable due to their personal circumstances. Most of the measures are intended to actively raise the awareness of the population on human rights, the identification of different types of violence and measures against them. In addition, several tasks will include suitable training of expert workers who encounter vulnerable social groups in their work.

In 2010 and 2011, the Government Office for Equal Opportunities, together with the Police, co-funded the first national survey, within the Target Research Programmes, on the extent of violence in the domestic sphere and partnerships, entitled *The extent and the responsiveness to violence in domestic sphere and in partnership.* The research project was implemented in two phases; the first covered research on violence in partnerships and in the domestic sphere, while the second concerned the enforcement of the Family Violence Prevention Act. The data on violence was collected from a representative sample of 3,000 women aged between 18 and 80 from various environments. Although the survey did not focus specifically on elderly women, the data showed that violence can be experienced at any time in life, from early childhood to old age. For some women, it is life-long. According to the survey, every second women (56.6%) experiences some form of violence before the age of 15. Most commonly, they experience psychological violence (49.3%), followed by physical violence (23%), economic violence (14.1), restriction of movement (13.9) and sexual violence (6.5%). Among those who experience, or have, experienced, restrictions on their movement (prohibition of associating with friends, under compulsion to return home directly from work at a specified time, prevention of contact with relatives, surveillance and reviewing of e-mails etc.) elderly respondents aged between 50 and 69 predominate.

The Republic of Slovenia is aware that violence, especially against the elderly as one of the most vulnerable groups, requires special attention. Since 2005, the Ministry of the Interior has been implementing a project entitled **'Do not forget about safety'** throughout Slovenia. Neighbourhood police chiefs have been visiting care homes and individuals, advising them on safety. During interviews, they have distributed brochures with information and guidelines on self-defence and how to respond in situations of violence. In 2007 and 2008, the police also implemented a special preventive project entitled **'Violence against the elderly'**, the aim of which was to increase and strengthen the awareness of this problem. The project was aimed at residents of care homes, members of pensioners' societies and other elderly citizens and providers of home help, social workers and others who provide services for the elderly.

In 2008, the **Family Violence Prevention Act** was passed (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 16/2008). The law clearly describes various forms of family violence, determines the role, tasks, network and cooperation of various state authorities and non-governmental organisations when dealing with family violence, and provides measures to protect victims of family violence. Victims thus have the right to an assistant who can offer psychological support, and the right to free legal aid. The law identifies the most vulnerable groups, the elderly among them, who must be afforded special care when dealing with violence and offering help.

Non-governmental organisations have an important role in preventing and dealing with violence, and most importantly, in offering assistance to victims of violence. Non-governmental organisations implement programmes which are usually co-funded by the Ministry of Labour, Family and Social Affairs. One of these programmes is **'The elderly for the elderly'** programme, which is aimed at improving the quality of life of the elderly and enabling them to remain in their home environment for as long as possible. Volunteers who work on the programme try to locate all those elderly people who do not know how to find help, or who are unable to, to organise help for them with their own resources or the resources of expert services. The programme also ensures annual training of volunteers.

Social services for the elderly

Social services are provided by the Social Assistance Act (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 3/2007 – official consolidated text 2, 23/2007 – corrections, 41/2007 – corrections, 114/2006 - ZUTPG, 57/12). The rights to services are enforced on the principle of equal accessibility and free choice of forms for all users and under statutory conditions.

The services intended to relieve the social distress and problems of the elderly are:

1. **first social aid**: help with the recognition and identification of social distress and problems, evaluation of potential solutions, and information on all potential forms of social services and benefits available to the user, and on obligations connected with such services and benefits, as well as information on the network and programmes of providers offering social services and benefits.

2. **personal assistance**: counselling, management and guidance in order to enable individuals to develop, supplement, retain and improve their social skills.

3. **family assistance**: home help (social care of the user in the event of disability, old-age or in other instances when social care at home may replace institutional care) and social service (help with household and other tasks in the event of illness, disability, old-age,...),

4. **institutional care**: all forms of assistance within an institution, within a second family or in some other organised form which replaces or supplements the functions of home and family for the user, especially accommodation, organised meals and assistance and health care.

Housing conditions of the elderly

The data on Slovenia show that the housing units of the majority of elderly persons are proprietary, old, too large, wasteful of energy, and in need of renovation and adjustments. In accordance with the wishes and abilities of the individual, they may choose from the following options: adaptation and adjustment of their own housing unit, market exchange of a housing unit, sale in exchange for periodic payments and/or institutional care (in a care home, sheltered housing, community accommodation, etc.) The draft of the Long-term Care Act, which is expected to be adopted in 2014, also provides for special financial assistance for the adjustment of a housing unit to meet the needs of the elderly.

In addition to the number of care homes (see below), the number of sheltered housing units increased during the reference period. Sheltered housing units are architecturally adapted to the needs of the elderly and intended especially for them. Such units allow the elderly to retain their independence and privacy; however, they can obtain help from a certain organisation if they so desire. Sheltered housing may be bought or rented and is available within all regional units of the Health Insurance Institute of Slovenia. Under the Rules on standards and norms of social services (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 52/95, 2/98, 19/99, 28/99, 127/03, 125/04 in 60/05), institutional care in the form of sheltered housing includes basic care and social care, as well as health care and nursing care, in accordance with the provisions on health care. The Social Affairs Inspection Service supervises the performance of providers of institutional care for the elderly, subject to the Rules on carrying out inspections in the field of social assistance (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 74/2004). The Social Affairs Inspection Services operate under the Labour Inspectorate of the Republic of Slovenia.

The construction of sheltered housing is regulated in more detail by the Rules on minimum technical requirements for the construction of sheltered housing for the elderly and on ensuring conditions for their operation (Uradni list RS [Official Gazette of the Republic of Slovenia], Nos 110/2004, 81/2009, 17/2011). A construction inspector working for the Inspectorate of the Republic of Slovenia for the Environment and Spatial Planning supervises enforcement of the aforementioned Rules.

Table 19: Number of sheltered housing units - 2008 - 2011

	2008	2009	2010	2011
Number of sheltered housing units	315	-	384	-

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities.

Health care for the elderly

Slovenia does not have a uniformly organised system of long-term care for the elderly, chronically ill, the disabled and infirm who need partial or full help in performing the basic activities of life and other daily chores, however, various services and benefits are provided within the scope of the existing social protection systems (health, social security, pension and disability insurance). Part of the services is provided in the form of institutional health care, as non-acute hospitalisation treatment provided at nursing departments and as prolonged hospitalisation. At home, treatment is provided at the primary level through a health visiting service and other forms of home health treatment. Services delivered to persons at home are not yet comprehensively organised, which results in additional pressure to extend costly hospitalisations and expand institutional forms of care. In Slovenia, the current needs for long-term care exceed the capacities provided by the public health and social security networks. In 2011 there were 561 beds available for non-acute hospital treatment, which covers the current needs.

The **Resolution on the National Plan of Health Care 2008–2013** includes actions relating to protection of elderly persons and long-term hospital care. A long-term care ward should be established in each hospital in Slovenia; however, as the population ages, health care and nursing at home is on the increase. The increase in home care service programmes has brought care closer to citizens in their home environment. This increase, despite a limited number of staff, has been achieved with a larger number of concessions granted for home care services. On 21 September 2006 the Government of the Republic of Slovenia adopted the Strategy for the Protection of Elderly Persons by 2010 - Solidarity, Living Together and Quality in Ageing. This strategy sets comprehensive goals with a view to ensuring long-term cooperation among government bodies, local communities and businesses, service and programme providers, the science sphere and civil society for the solidarity coexistence of generations and quality ageing; among these goals are access on an equal footing to quality health and social services. The National Council for Solidarity and Coexistence of Generations and Quality Aging in Slovenia is in charge of the implementation, coordination and updating of the strategy. The Action Plan for the implementation of the Strategy for the Protection of Elderly Persons by 2010 (April 2009) includes an overview of goals and tasks that have been implemented, by area of activity.

Policy goals in the area of health care for the elderly comprise:1) keeping the elderly active and increasing their healthy life years; 2) reducing differences in the health of the elderly; 3) promoting longer independence of the elderly at their home; 4) quality and accessible health care on an equal footing in health and in illness; 5) comprehensive multi- and interdisciplinary health care at home or in an institution after the person is no longer capable of independent living.

Elderly care policy programme tasks

Prevention programmes

General preventive programmes of education for a healthy lifestyle, breaking harmful habits (drinking, smoking), engaging in physical and other activities, healthy diet, adequate social contacts, etc. Via the public media, pensioners' societies and other forms of elderly organisations, in particular in the rural living environment, the programmes will be accessible to the broadest possible group of the elderly in the entire territory of Slovenia. In addition, preventive programmes in local communities and home health care schemes are being implemented. Special programmes aimed at preventing and slowing the onset of dementia, preventing suicide and depression, cancer, cardiovascular diseases, osteoporosis, incontinence and injuries are being prepared. Support groups for elderly persons and their relatives are being set up under the auspices of health centres or within local communities, with the assistance of NGOs, to address and mitigate problems and provide information. Counselling services for the elderly are also organised in the framework of health education and other preventive activities.

Primary health care for elderly people

More balanced access to health care for the elderly will be provided with the completion of the primary level health care network. The selected personal general practitioner is the head of the health team at the primary level who addresses the elderly person's problems with an interdisciplinary approach, in connection with other health and social services for the elderly. At-home treatment is on the rise. In 2011 reference outpatient clinics at the primary level were set up, where a graduate nurse (registered nurse) ensures monitoring and control of the treatment of patients in chronic but stable conditions, and carries out cardiovascular screenings. The number of reference outpatients' clinics is on the rise, however, they are being set up progressively for the needs of adequate training of staff who must be familiar with the characteristics of healthy and sick elderly persons. The health visiting service in the community is primarily intended for promoting, maintaining and strengthening of a person's health, prevention of illness and risk factors, prolongation of life and increasing the quality of life, and also restoration of health. In the current health care and social security system, where the elderly normally need a combination of services, the health visiting service has an important place in controlling and coordinating comprehensive health care. At the secondary and tertiary levels, hospitalization or outpatient specialised treatment depend solely on the nature of the disease and the urgency required by the patient's state, and not on the patient's age. Non-acute hospitalisation treatment provided at nursing departments which are being set up in all regional hospitals allow older patients to be ready to leave the hospital and be discharged either home or to a nursing facility.

Palliative care

Rising numbers of patients with advanced stages of chronic diseases or with cancerous diseases owing to the ageing population and changed lifestyles increase the need for palliative care and support and assistance at home, and demand a setting up of organised palliative care within the health care system. The National Programme for Palliative Care 2010 defined palliative care as part of the public health service network. In 2011 training courses for palliative care coordinators were carried out, and a National Palliative Care Coordinator was appointed.

Treatment of persons with dementia

Social assistance for persons with mental disabilities (including dementia) is provided by the **Mental Health Act** (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 77/2008), which also provides for procedures for the admission of persons for treatment in a closed ward of a social welfare institution, for supervised treatment, and for treatment in the community, as well as the right to a mental health advocate.

In Slovenia, there is no register of dementia patients, and no epidemiological study offers reliable data on the number of patients. However, on the premise that the incidence of dementia in Slovenia does not differ significantly from other countries, experts estimate a total of at least 30,000 such patients in Slovenia. Given expected demographic trends, the number of such patients will increase by 40% in the next ten years. The Ministry of Health is therefore preparing a **National programme of medical treatment for patients with dementia**, which provides for the establishment of a national centre for dementia, which would prepare

guidelines for diagnostics and medical treatment, clinical paths, treatment and care networks at all levels of health care and throughout Slovenia.

Non-governmental organisations are also active in the field of care for the elderly with dementia, especially the Slovenian Federation of Pensioners' Organisations, which is responsible for organising volunteer aid for persons with dementia and their relatives (entitled RESje), informing the public of the needs of persons with dementia and their relatives, and working to improve the quality of life and place in society of persons with dementia.

Institutional care for the elderly

With regard to the overcrowding in care homes, the Republic of Slovenia states that accommodation capacities for the elderly were increased during the reference period, which is evident from the table below. It should also be noted that the table lists only the capacities of care homes registered as the basis for calculating health service activities. Additional capacities exist for which the Health Insurance Institute of Slovenia does not cover the performance of health services and for which a permit is required; the users of these capacities cover the full costs themselves. The regional imbalance in the occupancy of care homes should also be noted, as such homes in cities (mostly in Ljubljana) are overcrowded or full, while vacancies exist elsewhere in Slovenia.

Table 20: Institutional care of the elderly and adults with special needs in Slovenia,

2008-2011

	2008	2009	2010	2011
Number of care homes (public and under concession)	87	92	94	96
Capacity (number of beds)	18224	18938	19126	19327
Number of users[34]	17227	18705	19177	19723

Source: Association of Social Welfare Institutions of Slovenia. Cumulative statistical reports 2008, 2009, 2010 and 2011.

The Republic of Slovenia hereby explains that the Social Affairs Inspection Services supervises the performance of all providers of programmes, services and other activities in the field of social assistance, subject to the Rules

[34] The number of users includes persons over 65 years of age and adults with special needs younger than 65. The proportion of adults with special needs among the users of institutional care during the reference period was between 10 and 15 per cent.

on carrying out inspections in the field of social assistance (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 74/2004). The **Social Affairs Inspection** operates under the Labour Inspectorate of the Republic of Slovenia. Regular and extraordinary inspections are carried out by social affairs inspectors, who (in the event of established violations) have the authority to take concrete steps to ensure effective performance for the benefit of users.

Article 30 – THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

During the reference period, **Slovenia's Development Strategy 2006-2013** was in force, which enumerates five key development priorities - a modern social state and lower unemployment among them - and provides for indicators to monitor development. The following was planned under the aforementioned development priority: to increase the adaptability of the labour market; to modernise systems of social protection, and reduce social exclusion and social endangerment mostly by way of ensuring accessibility of social and health services, education and housing. More detailed aims in the field of social protection are provided by the **National programme of social assistance 2006-2010**:

- to contribute to the greater social inclusion of individuals and greater connectedness of Slovenian society;
- to improve accessibility to services and programmes;
- to accomplish greater efficiency in awarding cash social assistance; to improve the quality of services and programmes, and at the same time make them more goal-oriented and efficient;
- to strengthen expert autonomy, management independence and rational business operations in the field of social assistance.

Since 2008, the social-economic circumstances (the economic crisis) have had a significant impact on the implementation of certain activities envisaged by the national programme, partly threatening them. However, it is our view that the aims regarding the accessibility, quality and efficiency of certain services and, above all, programmes were realised to an acceptable degree.

Information on the effects, practical consequences and results of the measures taken, as contained in the **National strategy report on social protection and social inclusion 2006-2008**, regarding which the committee has inquired, may be found in the National strategy report on social protection and social inclusion 2006-2008

http://ec.europa.eu/social/keyDocuments.jsp?pager.offset=20&langId=en&mode=advancedSubmit&year=0&country=21&type=0). Among the positive effects, the following should be noted: an increase in the activity of recipients of cash social assistance, the number of which decreased during the period between January 2007 and January 2008 by almost 10,000; a reduction in youth unemployment and long-term unemployment; an increase in the number of persons included in training and educational programmes; an improvement in the possibilities of solving housing problems for vulnerable groups of population, and an increase in capacities for the institutional care of the elderly.

After 2008, the favourable trends stopped, largely as a result of the economic crisis: unemployment increased and employment decreased; the risk of poverty and social exclusion increased; the number of recipients of cash social assistance increased; the number of long-term recipients of cash social assistance is increasing. The systems of social protection in Slovenia proved appropriate buffers in the crisis, because the risk of poverty would have almost doubled without social transfers.

Table 21: Data on poverty and social exclusion in Slovenia, 2008-2011

SI	%	2008	2009	2010	2011
Population total	Risk of poverty or social exclusion	18.5	17.1	18.3	19.3
	Risk of poverty	12.3	11.3	12.7	13.6
	Level of material deprivation	6.7	6.1	5.9	6.1
	Percentage of persons living in households with very low work intensity	6.7	5.6	6.9	7.6
	Impact of social transfers on reducing poverty in % (pensions excluded)	46.5	48.6	47.5	43.8
Children (0-17)	Risk of poverty or social exclusion	15.3	15.1	15.2	17.3
	Risk of poverty	11.6	11.2	12.6	14.7
	Level of material deprivation	5.2	5.4	5.1	5.3
	Percentage of persons living in households with very low work intensity	3.7	2.5	3.3	4.4
	Impact of social transfers on reducing poverty in % (pensions excluded)	50.4	53.7	51.4	45.4
Active population (18-64)	Risk of poverty or social exclusion	18.0	16.2	18.1	18.7
	Risk of poverty	10.5	9.2	11.0	11.7
	Level of material deprivation	6.9	6.2	6.1	6.2
	Percentage of persons living in households with very low work intensity (18-59)	7.6	6.5	8.0	8.6
	Level of poor employed	5.1	4.8	5.3	6.0
	Impact of social transfers on reducing poverty in % (pensions excluded)	49.0	52.1	49.8	45.8
Elderly (65+)	Level of risk of poverty or social exclusion	24.4	23.3	22.8	24.2
	Level of risk of poverty	21.3	20.0	20.2	20.9
	Level of material deprivation	7.4	6.5	6.3	6.8

Source: Eurostat

According to the poverty and social exclusion indicators[35] under the EU 2020 Strategy, Slovenia's share of people at-risk-of-poverty and/or social exclusion is below the EU average; however, Slovenia has recorded an increase in this number since 2009. There were 339,000 persons (or 17.1 % of the population) faced with this risk in 2009; in 2010 the number increased to 366,000 (18.3%), and in 2011 to 386,000 persons (19.3% of population). The number of severely materially deprived persons remains relatively stable and the increase in the number (and share) of people risking poverty or social exclusion goes mainly on the account of increase of

[35] Three core indicators to measure the extent of poverty and social exclusion were defined at the EU level:

- the number of persons at-risk-of-poverty (below the national poverty threshold, which is set at 60% of the national median equivalised disposable income after social transfers);
- the number of persons suffering severe material deprivation (at least four out of nine elements measured); and
- the number of persons living in households with low work intensity (people living in households where adult members worked less than 20% of their total work potential, or work intensity, during the previous year).

A person is deemed to be at risk of poverty or social exclusion when his or her income is below a national poverty threshold and/or suffers severe material deprivation and/or lives in a household with low work intensity.

persons living in jobless households and people living below the national poverty threshold. The share of persons living in households with low work intensity increased from 5.6% in 2009 to 6.9% in 2010 and 7.6% in 2011. At-risk-of-poverty rate increased from 11.3% in 2009 to 12.7% in 2010 and to 13.6% in 2011, and it reflects the reduction in available household income as a consequence of crisis. The at-risk-of-poverty rate increased in all social groups that were vulnerable to poverty even before (such as households without active persons, especially those with dependent children, one-parent households, unemployed persons, elderly women, tenants). Indicators of income inequality detected the increase in inequality only in 2010. The Gini coefficient was 22.7% in 2009 (which was less than in 2008 – 23.4%) and increased to 23.8% in 2010 (the same in 2011). The quintile ratio (80/20), showing the relation between 20% of population with the highest incomes and 20% of population with the lowest incomes, was 3.2 in 2009 (3.4 in 2008), and increased to 3.4 in 2010 and to 3.5 in 2011.

In implementing the Europe 2020 Strategy, Slovenia set two national goals to be attained by 2020 as part of the **National reform programme 2011-2012**:

- 75% of population (age 20-64) will be employed;
- the number of people in poverty will be reduced by 40,000 (compared to the year 2008, when the number of such people was 360,000).

In order to attain a reduction in the number of persons at high risk of poverty or social exclusion by 2020, Slovenia intends to strengthen those employment programmes aimed at specific groups of population who are hard to place, and to encourage the development of social enterprises which would create new jobs for such people. In future, the development of programmes of social activation and empowerment of people at high risk of poverty or social exclusion will be stressed.

The monitoring of measures taken to reduce poverty and social exclusion, thus achieving the aforementioned national aims, occurs within the framework of the **so-called European semester**. No other mechanisms exist at the national level, except for the regular monitoring of the number of recipients of social transfers, and the number of users of social services.

Appendix: MODERNISATION OF THE PENSION SYSTEM (ZPIZ-2)

INTRODUCTION

On 4 December 2012, the National Assembly of the Republic of Slovenia enacted the new Pension and Disability Insurance Act (EPA 730-VI; hereinafter referred to as the ZPIZ-2), which will come into force on 1January 2013. Presented herein are some of the important solutions the Act provides for insured persons and pensioners.

1. Reasons for adopting the new pension reform

- **Extension of the effective retirement age**

People of Slovenia are retiring too soon. In **December 2011**, the average retirement age in Slovenia **was only 58 years and 8 months for women and 61 years and 9 months for men**, which is significantly below the envisaged full retirement age of 61 years for women and 63 years for men. Regardless of the fact that, due to the pension scheme reform, the effective retirement age has been gradually increasing since year 2000, the increase has slowed or almost levelled out in recent years.

A low retirement age is the result of the low age required for a full pension qualifying period and of insufficient incentives to remain active after meeting the minimum retirement age conditions. Therefore, regardless of the fact that retirement prior to reaching full retirement age (in the event that the period of years of service is shorter than the pension qualifying period) is sanctioned by a permanent reduction in the old-age pension; when faced with the option of gaining time by retiring or acquiring a full old-age pension, the majority of insured persons opts for retirement. **The reformed pension legislation will set such conditions for the acquisition of rights under the pension scheme and will (together with the accompanying measures) encourage the effective retirement age to rise.**

- **Pension receipt span**

The pension receipt span is extending. **In the year 2000**, the average pension receipt span for women **was 17 years and 1 month, while in the year 2011 it was 21 years and 8 months**. Similarly, **in 2000**, the average pension receipt span for men **was 14 years and 9 months, while in 2011 it was 16 years and 4 months**. Therefore, in the said period, the pension receipt span for women extended by 4 years and 7 months, while the retirement age for women increased only by 2 years and 6 months. Similarly for men, during the period 2000-2011, the pension receipt span extended by 1 year and 7 months, while the retirement age for men actually decreased by 3 months.

- **Ratio of insured persons per pensioners**

According to data supplied by the Statistical Office of the Republic of Slovenia, the percentage of **pensioners** in 2011 (30.1%) increased by 4.1% in relation to the end of 2009, when 26.4% of all inhabitants of the Republic of Slovenia were pensioners. In the year 2000, when the reform was adopted, there were 839,381 insured persons and 482,240 pensioners, while in 2011 there were 869,869 insured persons and 569.951 pensioners. Therefore,

while during the period 2000-2011 the number of insured persons was slowly increasing, the number of pensioners was increasing by a greater degree, causing a drop in their ratio from 1.80 in the year 2000 (i.e. 1.8 working persons per one pensioner) to 1.53 in the year 2011 (i.e. 1.53 working persons per one pensioner).

Year 2000 – number of insured persons 839,381 and number of pensioners 482,240 → ratio 1.8

Year 2011 – number of insured persons 869,869 and number of pensioners 569,951 → ratio 1.53

- **Average salary and average old-age pension ratio**

Changes made to the manner of pension indexation (and indexation of other benefits), and a different (reduced) valuation of the insurance period as of 1 January 2000, have caused **pensions to be relatively reduced in relation to salaries**, which also significantly affects the income situation of pensioners. Due to the implementation of the pension reform, the average old-age pension and the average net salary ratio decreased **from 75.3% in the year 2000 to 63.1% in the year 2011**. During the same period, the average pension decreased from 68.1% of the average salary to 61.6%. If the trend continues and the new ZPIZ-2 had not been adopted, the reasonable pension under the existing law (ZPIZ-1) to which a pensioner would be entitled on the basis of the compulsory insurance after 40 years (men) or 38 years (women) would at the end of the year 2024, when the transitional period of a gradual increase in the full retirement age for women would end, amount only to 56% of the salary the insured person received in the year prior to retirement.

- **Average old-age pension qualifying period**
- At the end of the year 2011, the average pension qualifying period in Slovenia was only 32 years and 7 months, and therefore far below the aim of 40 years.

- **Ratio of insured persons to pensioners**

During the first six years of the last decade the insured persons to pensioners ratio decreased from 1.80 in 2000 to 1.76 in 2006. During 2007 and 2008, the ratio increased from 1.67 in 2006 to 1.71 in 2008; however, it began to decrease again and in **2011 reached the lowest point in the last decade, i.e. 1.53**.

One last fact must also be emphasised: greater participation must be ensured in order to reach the aim of ensuring an adequate amount of pension. However, most of all, the current average premium paid into supplementary pension insurance must be raised, as the current average premium (€35) will not suffice to cover the loss of income from the compulsory pension and disability insurance caused by the demographic trend.

2. Fundamental solutions of the ZPIZ-2

2.1. Old-age retirement

The right to an old-age pension depends on the age of the insured person and the pension qualifying period, the two parameters which must be met cumulatively in order for the person to be able to retire due to old age. Subject to ZPIZ-2, the conditions for acquiring an old-age pension will be **equalised for men and women**, which is reasonable due to the longer lifespan of women and the consequent longer pension receipt span, as well as

the necessity to equalise the sexes formally. The different conditions for retirement which were in force for women were contributing to lower pensions for women due to the shorter pension qualifying period.

The retirement age will therefore be raised to 65 for both sexes, and an individual will qualify for an old-age pension if he/she meets the condition of **at least 15 years of insurance contributions**.

To take various pension qualifying periods into consideration, Article 27 of the ZPIZ-2 also provides for transitional periods with regard to **old-age retirement**, some of which will not expire until 2020. The second paragraph of Article 27 thus provides for a transitional period for the increase in the condition of age as per the first paragraph of the said Article, i.e. for women who fulfil 15 years of the insurance contributions, while the third paragraph of Article 27 of the ZPIZ-2 provides for a transitional period to raise the retirement age to 65 years for both sexes for those who (in accordance with the current legislation) were able to retire at 61 years (women) and 63 years (men) under the condition of the **20 years of pension qualifying period**. During the transitional period 2013-2016 for men and 2013-2020 for women, the ZPIZ-2 will afford these persons the chance to acquire the right to old-age pension with a 20-year pension qualifying period before they reach 65 years of age. The age condition for both sexes will be raised by 6 months each year, i.e. for men from 63 to 65 and for women from 61 to 65.

Due to changes in the nature of work and the transition from industry to the tertiary sector, the number of educated people is increasing, while at the same time the number of workers in labour-intensive sectors is decreasing. By the time persons who began working early in life, for instance at age 15, reach the age of 60, they already have 45 years of pension qualifying period. Therefore, the fourth paragraph of Article 27 allows these men and women to acquire the right to old-age pension at a lower age, counterbalancing it with a longer pension qualifying period. These persons may therefore retire at 60 years if they reach 40 years of pension qualifying period without a purchased period included. A pension qualifying period without a purchased period includes periods of compulsory inclusion in compulsory pension and disability insurance and periods of agricultural activity, but without a purchased pension qualifying period. The above-mentioned is therefore a very restrictive condition, because the pension qualifying period without purchased period includes only actual employment and the periods for which contributions were paid with regard to maternity and unemployment.

Old-age retirement without deductions is therefore available only to those insured persons who reach 40 years of the pension qualifying period without a purchased period, because such persons acquire the right to old-age pension and not early pension. The Act also provides for a transitional period in which the age as determined by the legislation currently in force (58 years) will gradually increase to 60 years for both sexes; the Act also provides for a transitional period for women in which the pension qualifying period without a purchased period as determined by the ZPIZ-1 (38 years) will gradually increase to 40 years.

It will be possible to **lower** the retirement age for old-age pension **due to children, compulsory military service or inclusion in the insurance scheme before the age of 18**, but only in exceptional circumstances:

1. *lower age condition due to caring for children in the first year of their lives.* ZPIZ-2 provides for an insured person who took care of a child in the child's first year to lower the retirement age by 6 months for one child, by 16 months for two children, by 26 months for three children, by 36 months for four children and by 48 months for five or more children. Subject to the hereby mentioned provision are insured persons (men and women) who have fulfilled 40 years of the pension qualifying period without a purchased period: their retirement age will be lowered from the age of 60, but to the age of 56 (for women) or 58 (for men) at the lowest; also subject to the same provision are insured persons (men and women) who have fulfilled 38 years of the pension qualifying period without a purchased period: their retirement age will be lowered from the age of 65, but to the age of 61 at the lowest.
2. *lower age condition due to compulsory military service.* An insured person (male) may lower his retirement age by 2/3 of the compulsory military service period, from the age of 60 to 58 at the lowest, or by 2/3 of the compulsory military service period, from the age of 65 to 63 at the lowest

3. *lower age condition due to inclusion in the insurance scheme before the age of 18.* Persons who have the right to this option are insured persons (men and women) who have reached 40 years of the pension qualifying period without a purchased period: they may lower their retirement age from the age of 60 for the duration of employment before the age of 18, but not below the age of 57 (or 56 until 31 December 2018) for women, or below the age of 58 for men.

2.2. Early retirement

The new legislation also provides for **early retirement before the prescribed age of 65**. An insured person may therefore acquire the right to early pension at the age of 60, provided that they attain at least 40 years of the pension qualifying period. However, it must be emphasised that due to the renewed system of permanent deductions, early retirement will affect the amount of pension received. A **pension**, with regard to the pension qualifying period achieved **will be lowered by 0.3%** for each month of the difference in meeting the conditions for old-age retirement.

2.3. Pension base

In order **to calculate the pension base** for an old-age pension or an early pension, the new legislation takes into account the period of **24 consecutive years of insurance** from 1 January 1970 onwards, which are the **most favourable** for the insured person. During the transitional period, the calculation period for determining a pension base will be extended by 1 year each year, starting with 19 years in 2013, 20 years in 2014, and only in 2018 will a person who wishes to retire have his/her pension calculated on the basis of the 24 most favourable consecutive years.

We wish to emphasise that the extended calculation period for determining a pension base **will not cause pensions to decrease** (as is often reported in the media), because the **current indexation of new pensions** with pensions of already retired persons **will be discontinued**, and a new method for determining an indexation quotient is provided. It should be emphasised that, in accordance with the legislation currently in force (ZPIZ-1), the assessment percentage is decreased every year by half a percentage point. The new ZPIZ-2 will stop a further decrease in pensions. The Act provides for a new pension assessment, namely with regard to “pure net” assessment percentages. The pension of an insured person with 40 years of pension qualifying period will therefore amount to 57.25% of the pension base (for men) and 60.25% of the pension base (for women).

Due to the gradual increase in the required pension qualifying period for insured women from 38 years (as per ZPIZ-1) to 40 years (as per ZPIZ-2), and in order to maintain the pension values for insured women comparable to those as per ZPIZ-1, a special pension assessment method is provided for those women who reach the required pension qualifying period between the years 2013 and 2022, as follows:

a) from 1 January 2013 to 31 December 2016, 64.25% for 40 years
b) from 1 January 2017 to 31 December 2019, 63.5 % for 40 years
c) from 01 January 2020 to 31 December 2022, 61.5 % for 40 years

Also, the higher assessment percentage **will enter into force immediately** upon enactment of the changes, while the calculation period will gradually increase from the current 18 years to 24 years. Therefore, the new method of calculating pensions will stop the further decrease in the amount of pension, ensuring a decent pension for pensioners. At the same time, the pension scheme will be made more just, in accordance with the principle of greater interdependence between contributions and payments. The pension amount will depend more on the contributions paid than it currently does, while only periods for which contributions were paid will be calculated in the pension qualifying period.

2.4. Bonuses for prolonged activity and deductions for early retirement

Subject to the new legislation, **bonuses** are provided as an incentive to individuals to continue working **even after they have met the minimum conditions for early or old-age retirement**. However, it must be emphasised that **bonuses will take effect immediately** upon the enactment of the envisaged changes:

- ZPIZ-2 provides for a new bonus for each 3 months of work after a person has met the age conditions as determined by the fourth paragraph of Article 27 (60 years of age and 40 years of pension qualifying period without a purchased period) or the fifth paragraph of Article 27 (transition) in the amount of 1%. The maximum bonus for working 3 years after the conditions are met will therefore be 12%.
- The new ZPIZ-2 thus stimulates people to continue working. An insured person who meets the conditions for acquiring the right to an early or old-age pension and remains insured to the same extent will receive monthly payments of 20% of the early or old-age pension to which he/she would have been entitled on the day of meeting the conditions, until the insurance is terminated or a partial pension is claimed, but not beyond the age of 65.
- If a person takes **partial retirement (retirement for 1 to 4 hours, work for 4 to 7 hours)**, which the new legislation will also extend to the self-employed, farmers and company members, an individual will be entitled to a **partial pension augmented by 5%,** in addition to a **proportional salary** (subject to the number of working hours).

As mentioned above, people are encouraged to remain employed also by an adjustment of pensions in the event of leaving the labour market early. Therefore, an insured person's assessed (early) pension will be reduced by 0.3% (men and women) for each month of retirement before the age of 65 (for both sexes). Due to the fact that the statutory age will be raised gradually to 65, and that the pension qualifying period for early retirement will also be raised gradually (for women from 38 years to 40), deductions are determined correspondingly.

2.5. Pension indexation: 60% with regard to the increase in average gross salary and 40% with regard to the average increase in the cost of living

The annual pension indexation is performed with the payment of pensions for the month of February of the current year. Pensions are indexed to 60% of the increase in the average gross salary paid in the period of January-December of the previous year in comparison with the average gross salary paid in the same period one year prior to that, and to 40% of the average increase in the cost of living in the period of January-December of the previous year in comparison with the same period one year prior to that. The pension indexation may not fall below half of the determined increase in the cost of living.

Also, a regular pension indexation in the amount of the increase in salaries will be performed in the year 2013.

2.6. Consultative personal register – greater transparency for greater solidarity

The aim of introducing a consultative personal register of compulsory insurance is to ensure additional transparency in the entire pension scheme and thus increase confidence in the system.

A consultative personal register of compulsory insurance is deemed to be established, where information regarding each insured person and his/her calculated and paid contributions will be recorded separately. This will enable the insured person to verify in real time and with very little effort whether the employer has actually paid contributions for his/her pension and disability insurance. A consultative personal register for each insured person

included in the compulsory insurance will be maintained by the Pension and Disability Insurance Institute of the Republic of Slovenia.

2.7. Adaptation of occupational insurance

Occupational insurance, which was already based on the system of pre-determined contributions, will be adapted to all persons insured thereby. Until the new retirement plan for occupational insurance becomes applicable, the contribution rate of the majority of insured persons will be increased in accordance with the most recent changes to the retirement plan of the Compulsory Supplementary Pension Insurance Fund, which must be paid by the employer; at the same time, the right to an occupational pension is defined anew. An occupational pension is a benefit which ensures an individual a certain income from the moment he/she leaves the labour market until he/she meets the conditions for retirement under the compulsory pension and disability insurance.

The amount of occupational pension depends on the amount of funds deposited on a person's personal account, and of the expected length of the period of receiving the occupational pension. The occupational pension may not fall below the old-age pension which the insured person would have received under a compulsory pension and disability insurance with regard to the pension qualifying period without an added qualifying period he/she reached. A person receiving an occupational pension also has the right to voluntarily enter the compulsory pension and disability insurance, which will ensure him/her a higher pension when he/she retires under the compulsory pension and disability insurance.

2.8. Supplementary insurance to ensure additional income

Supplementary insurance represents the depositing of funds on the personal account of a member of such form of insurance with the aim of ensuring additional income for the person when he/she acquires the rights under the compulsory pension and disability insurance. This form of insurance may be established as collective insurance with an employer, who partially or completely funds the insurance for all his employees, or by entering an individual insurance retirement plan under which every member pays his/her own premium. A payer of the supplementary insurance premium is entitled to tax relief for the premiums paid. The two rights ensured by this form of insurance are as follows: the right to supplementary old-age pension and the right to early supplementary old-age pension; the insured person may also (under certain conditions) demand the withdrawal of all the funds on his/her personal account in one payment.

The supplementary insurance may be implemented by a pension fund formed as a mutual pension fund, an umbrella pension fund, a covering fund or a group of covering funds. The management of a pension fund may only be undertaken by a pension company, an insurance company with a licence to deal with life insurance, or a bank with a licence to manage pension funds. Also, in comparison with the existing legislation, there are fundamental changes suggested in the field of investment policy. With regard to umbrella funds or a group of covering funds, an investment policy of a life cycle is to be implemented, which would enable the manager to allocate the member (in accordance with the member's age) from a (sub)fund with a more aggressive investment policy to a fund with a less aggressive investment policy and finally to a fund with a minimum guaranteed return.

Also, more effective control of the system itself and the assurance of members' rights is to be implemented. The Act clearly states the competences of individual supervisory bodies, as well as criminal provisions in the event that the provisions of the Act are violated. A committee will have to be formed for each pension fund, an independent body whose task will be to monitor the activities of the pension fund and to supervise the manager of the pension fund.

Also, the payment of rights under the supplementary insurance is provided for in more detail, especially with regard to the payment of additional pensions paid on the basis of authorised pension plans for the payment of pension annuities, which determine the conditions and manner of calculation and payment of pension annuities under the additional insurance. Also, the right to withdraw in one payment all the funds raised through collective supplementary pension insurance is limited.