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7th National Report on the implementation of the European
Social Charter

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THE GOVERNMENT OF THE SLOVAK REPUBLIC

- Articles 3, 11, 12, 13, 14, 23 and 30 for the period
01/01/2012 - 31/12/2015
- Complementary information on Article 16
(Conclusions 2015)

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

The European Social Charter (revised)

The Report of the Slovak Republic

on the implementation of the European Social Charter (revised)

(Conclusions 2015:
ratified provisions of Articles 3, 11, 12, 13, 14, 23, 30 of the Revised Charter)

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Article 3 Paragraph 1

Regarding the question of the ECSR on activities implemented and results obtained by the Conception of Occupational Health and Safety, it has to be stated that it led to the adoption of the Strategy on the Occupational Health and Safety up to 2020 on July 10, 2013. The strategy identifies and sets crucial goals as far as OSH in the Slovak Republic is concerned. The strategy can be found at file:///C:/Users/berinec/Downloads/Strat%C3%A9gia_BOZP.pdf (Slovak language only).

Another important aspect of the Conception mentioned at the beginning are several amendments of the Act No. 124/2006 on health and safety at work in order to ensure even higher protection of health on workers.

Regarding the question on which public institution is responsible for monitoring the application of the protective obligations, the Slovak Republic would like to state the following:

The Ministry of Labour, Social Affairs and Family is the central body for occupational health and safety and labour inspection. Its role is to ensure creation, coordination and execution of the state policy in this aspect; to ensure creation of concept and program papers in this aspect; and to prepare legal regulations and ensure their enforcement in practise.

The National Labour Inspectorate directs the work of individual regional labour inspectorates and also carries out tasks in the field of occupational health and safety. It also ensures creation, collection, dissemination and publishing of information in the field of occupational health and safety.

The Ministry of Health is the central body for occupational health in occupations directly related to e.g. chemical, carcinogenic and mutagenic factors, noise and vibrations.

The Public Health Authority and its regional offices in practise ensure the execution of occupational health protection and are under direct coordination of the Ministry of Health.

Therefore, it has to be stated that all of the above mentioned authorities are responsible for monitoring the application of the protective obligations by the employers – each one in their own authority for the different branches of OSH.

Regarding the question on the role of the aforementioned measures and bodies in the practical organisation of occupational risk assessment, the tailoring of prevention measures to the nature of the risks and the organisation of information and training for workers and information on the involvement of the public authorities in the implementation of prevention measures (risk assessment, awareness-raising, protective measures) at national and company level, the Slovak Republic would like to kindly ask the ECSR to be more specific in this question. As is mentioned in the report, in the area of occupational health protection, the public health authorities systematically supervise employers' compliance with their duties to protect employees' health under act no. 355/2007 Coll. and government regulations, which are harmonised with European Community law and regulate individual factors harmful to health in the work environment. They supervise on an on-going basis compliance with measures to prevent or limit occupational diseases. In performing state health supervision (hereinafter "SHS") in workplaces, they identify and objectively define deficiencies in compliance with employers' obligations under legislation on occupational health protection and impose penalties on employers within the scope of their competence. As part of an SHS inspection of an employer, the public health authorities check the performance of the occupational health service. The public health authorities coordinate the performance of SHS relating to working conditions with the labour inspection authorities, performing joint workplace inspections focussing on problems connected with the protection of occupational safety and health. The public health authorities investigate occupational protection of health to prevent occupational illness and work-related illnesses, and the labour inspection authorities focus on occupational safety and the prevention of occupational accidents.

On the question regarding the involvement of public authorities on training of occupational health and safety professionals it has to be stated that the Ministry of Labour, Social Affairs and Family as well as the Ministry of Health organises seminars for professionals in this field, as well as the National Labour Inspectorate.

Regarding the question on the participation of the social partners, it has to be stated that the social partners are directly involved in creation of OSH policies and related documents, as well as legislation via the Economic and Social Council which has to approve all legislation and each strategy and program before the Government can approve them. If the social partners do not approve, the material has to be reworked.

Article 3 Paragraph 2

Regarding the question of the ECSR on whether temporary workers enjoy protection against risks resulting from accumulated periods working for different employers, it has to be stated that the same rules and principles apply to temporary workers as to other categories of workers, as is specified in Section 2 of Act No. 124/2006 Coll. on Occupational Safety and Protection of Health at Work. Temporary workers enjoy the same protection as other categories of workers.

Regarding the question of the Committee concerning the accident rate for temporary workers, it has to be stated that when evaluating accident rates, the authorities do not monitor accident rates depending on various employment contract. The accident rate for 2015 stood at 0.35%.

Article 3 Paragraph 3

Regarding the question of the Committee concerning occupational diseases in the mining sector, the Slovak Republic would like to state that there were 222 occupational accidents in 2015 (a slight increase when compared with 2014 – 220 occupational accidents). This number includes 1

fatal occupational accident (0 in 2014) as well as 3 serious occupational accidents (the same number in 2014). As a side-note, the number of employees in the mining sector amounted to 12 091 in 2015 and the resulting accident rate in the mining sector for 2015 stood at 1.84% (1.83% in 2014).

Regarding the request of the Committee for the number of workers covered by inspection services, for the mining sector, please see above. In 2015 there were 26 847 enterprises subject to labour inspection and the total number of inspections carried out in these enterprises amounted to 65 622 (54 421 in 2014). The increased number of inspections aims to ensure that all labour law relations and occupational safety and health regulations are fully enforced to ensure as low number of occupational accidents and possible.

The National Labour Inspectorate does not collect information on the number of employees covered by inspection services, it only specifies the number of controlled subjects according to the amount of employees they employ. In 2015 there were 7 706 self-employed persons subjected to labour inspection, 11 862 subjects employing between 1 - 9 employees, 4 412 subjects employing 10 - 49 employees, 2 058 subjects employing between 50 – 249 employees and 809 subjects employing 250 or more employees.

Regarding the question on the inspections carried out by the Confederation of Trade Unions, the Slovak Republic would like to state that these inspections are carried out in accordance with section 4 and 6 of the ILO Convention 155, the Constitution of the Slovak Republic, the Labour Code and the Act 124/2006. When carrying out the inspection, the Confederation of Trade Unions acts in an independent way, irrespective of the actions of the National Labour Inspectorate and enforces their competences when carrying out these inspections. The execution of trade union inspections focusing on OSH are carried out by individual trade unions which are members of the Confederation of Trade Unions. The system of inspections is built in accordance with the respective ILO instruments and Directives and Recommendations of the EU. The inspections is focused on prevention of occupational accidents, professional advisory services, provision of assistance to employers when dealing with OSH issues and also on participation of individual inspections on workplaces. Trade unions delegate these inspections towards individual experts in respective trade branches.

As far as OSH is concerned, trade union inspectors:

- Provide expertise to the basic trade unions, trade unionists, employees and employers;
- Carry out advisory and consultation activities in the field of OSH;
- Carry out inspections on the basis of inspection plans or on the basis of a specific request of a basic trade union;
- Participate on, or carry out, examination and evaluation of occupational accidents and occupational diseases, industrial malfunctions and disasters;
- Examine the complains submitted by trade unions members related to OSH.

As far as their powers are concerned, the inspectors:

- May enter the premises of individual enterprises;
- Examine how an employer fulfils their duties concerning OSH and how they constantly create adequate conditions for risk-free and health protecting work;
- Regularly examine workplaces and employer's equipment which they provide to their employees;
- Examine how employers provide personal protective equipment to their employees and the quality of this equipment;
- Propose ways to overcome the discovered deficiencies and demand the employers to remedy the discovered deficiencies;

- Coordinate with state inspection authorities;
- May demand the employer to immediately stop work at their premise should the health of their employees be endangered.

As far as the number of inspectors is concerned, in 2015, there were 318 labour inspectors at the National Labour Inspectorate and the regional inspectorates; 35 labour inspectors at the Main Mining Authority and its regional offices; 193 inspectors in the State Health Authority and its regional offices.

Within the competence of the National Labour Inspectorate, in 2015 there were 26 847 subjects inspected and the number of inspections amounted to 65 622 (54 421 in 2014). The number of violations amounted to 46 155 (47 255 in 2014). There were 2 470 fines imposed (2 460 in 2014) amounting to 5 659 340 EUR (4 964 355 EUR in 2014) on organisations and 1 713 fines (1 683 in 2014) amounting to 100 179 EUR (108 867 EUR in 2014) on individuals.

In the mining sector, in 2015 there were 461 subjects inspected and the number of inspections amounted to 878 (896 in 2014). The number of violations discovered amounted to 522 (392 in 2014). There were 32 fines imposed (15 in 2014) amounting to 22 004 EUR (30 650 EUR in 2014) on organisations and 72 fines imposed (59 in 2014) amounting to 2308 EUR (1308 in 2014) on individuals.

The State Health Authority in 2015 inspected 24 482 subjects and carried out 18 767 inspections. There were 232 fines imposed amounting to 120 060 EUR.

Article 3 Paragraph 4

Regarding the question of the Committee on whether temporary and agency workers have access to health examinations, the Slovak Republic would like to state that the same provisions apply to these categories of workers. Medical health examinations are not dependent on the type of employment contract of the given worker, but on the type of work this worker carries out. In this regard it does not matter whether a worker working in a hazardous environment has temporary or full time contract. The same applies to agency workers and domestic and home workers (even though the last two categories of workers are very scarce in the Slovak Republic). It also has to be stated that no economy sector is excluded from these provisions, however certain economic sectors have additional requirements in this regard on top of the general ones. It also has to be stated that each physician is also responsible in medical examinations and issuing permits for hazardous work.

Article 11 Paragraph 1

The Slovak Republic would like to inform the Committee that infant mortality has been steadily decreasing over the years. In 2015, the infant birth mortality stood at 3.1 per 1 000 live births (3.1 in 2014 and 2013, 3.4 at 2012). Maternal mortality stood at 6.00 per 100 000 live births, the same number since 2011. The main reason for the maternal mortality rate is the neglect of mothers to attend the prescribed regular medical check-ups during pregnancy. In order to lower the number, the Slovak Republic amended the Act 461/2003 on Social Security in that if the future mother does neglect the prescribed medical check, she will be unable to apply for the maternity benefit.

Regarding the question of the Committee on the work carried out by the Healthcare Surveillance Authority (further as the "HCSA"), it has to be stated that the HCSA has been

established by the Act No 581/2004 Coll. on health insurance companies, health care supervision and on the amendment and supplementing of certain laws, as amended as a legal entity which is vested with performing surveillance over provision of health care and public health insurance in the field of public administration. The HCSA performs surveillance over all relevant aspects of health service system in order to keep the financial stability, efficiency and solidarity of the system.

The HCSA mainly

- supervises public health insurance,
- supervises provision of health care and contracts on health care,
- acts as liaison body for provision of health care covered by public health insurance system in relation to liaison bodies of Member States of the European Union, Norway, Liechtenstein, Iceland and Switzerland,
- acts as a national contact point,
- assigns codes to health care providers and health care professionals,
- administrates central register of insured persons,
- administrates list of payers of premium,
- carries out toxicological examinations etc.

Bodies of the HCSA

- the Chairman
- the Management Board
- the Supervisory Board

The Chairman of the HCSA is statutory and executive body of the HCSA. The Chairman of the HCSA is appointed and dismissed by the Government of the Slovak Republic on the proposal of the Minister of Health. The tenure lasts five years. The Chairman can be appointed only for two following tenures at most.

The Management Board consist of 7 members. They are appointed and dismissed by the Government of the Slovak Republic on the proposal of the Minister of Health. The tenure of the member of Management Board is five years. The membership is limited to two following tenures at most. The Supervisory Board consists of 5 members and it is the inspection body of the HCSA. Members are elected and dismissed by the National Council of the Slovak Republic on the proposal of the Government of the Slovak Republic. The tenure lasts five years.

Anyone can submit a complaint to the HCSA should they feel they have been provided with inadequate health care.

As far as the waiting lists are concerned, it has to be stated that the introduction of these waiting lists helped the patients better prepare for their upcoming operation in the sense that prior to the introduction of the waiting lists the patient did not exactly know when their operation would take place if there were a lot of other patients waiting for the same medical intervention. Now they see when exactly their operation will take place according to the waiting list created by their health insurance company. It should be stated that the waiting lists concern only 4% of all planned medical interventions, other interventions are carried out almost immediately, with priority put to emergency cases, of course.

Regarding the question on the availability of rehabilitation facilities for drug addicts, the Slovak Republic would like to state that there are several of these facilities in the Slovak Republic in each administrative district. These facilities provide treatment for all types of addictions ranging from

soft to hard drugs all the way to gambling. Within the health sector, treatment is delivered through five public specialised Centres for the Treatment of Drug Dependencies, mental outpatient clinics, psychiatric hospitals, and psychiatric wards at university hospitals and general hospitals. Private providers also deliver drug treatment. The distinctive features of the Slovak drug treatment services are close links to mental health services and integration with treatment services for alcohol addiction, which allows mental health issues among drug users and consequences related to polydrug use to be addressed. Inpatient and outpatient drug treatment is funded by public health insurance, while residential care outside the healthcare sector is funded through local or regional budgets, with variable degrees of clients' co-financing.

Centres for the Treatment of Drug Dependencies are the main providers of all types of specialised drug treatment, while mental outpatient clinics, available nationwide, offer outpatient diagnostic services, detoxification and long-term opioid substitution treatment (OST). In general, there is continuity between these two forms of the treatment, as clients who have initiated their treatment journey in an inpatient facility frequently continue their treatment programmes in outpatient settings. Physicians, psychologists, nurses and psychotherapists provide outpatient treatment as a systematic therapeutic service.

Drug-free treatment can be divided into two stages: detoxification and relapse prevention. Detoxification treatment is available in outpatient and inpatient treatment centres, and as a rule is pharmacologically assisted. Motivational enhancement therapy, cognitive behavioural therapy and structured relapse prevention are the main elements of psychosocial interventions. Residential drug treatment is delivered in inpatient departments, at specialised dependency treatment departments of psychiatric hospitals, and in Centres for the Treatment of Drug Dependencies, which are specialised psychiatric institutes. Aftercare and social reintegration services for people who are drug-dependent are provided by NGOs outside the healthcare sector, in residential facilities or through self-help groups.

Article 11 Paragraph 2

Regarding the question on the follow up to the National Obesity Prevention Programme, a programme for the support of health of disadvantaged communities, as well as a National Anti-Drug Strategy 2009-2012, an Action Plan for alcohol related problems 2006-2010 and a programme for the reduction of smoking, the Slovak Republic would like to inform the Committee that these programmes each have a follow up to 2025. The aim of these programmes is to reduce the incidence of these negative aspects on the lives of the citizens. There were important changes in the school curricula resulting in the introduction of new subjects dealing with healthy lifestyle, health protection, physical activities, health care promotion, and information sessions with experts on the negative aspects of smoking and drug abuse.

Regarding the medical check-ups of children during schooling, the Slovak Republic would like to inform the Committee about the following:

The legislation prescribes that during the first year of age of a child, there are 9 regular medical check-ups focused on various aspects of health of the child. At the age of two and three, there is one general check-up. The next prescribed check-up is at the age of 5 (pre-school medical check-up consisting of a complete paediatrician examination, psychological check-up, to see whether the child physically and mentally fit for entering the primary education process) connected with vaccination. The next medical check-up occurs at the age of 7 if the child did not start its primary education which consists of the same medical screening as the one at the age of 5, except for the

vaccination. The next complete paediatrician check-up occurs at the age of 9. After this age, the prescribed medical check-ups occur once per 2 years. Prescribed dentist check-ups occur twice per year from when the child grows a complete set of first teeth.

Regarding the question of the ECSR whether there are regular medical check-ups for diseases that constitute the principal causes of death other than for cardiovascular diseases, it has to be stated that there are regular screenings focused on various types of cancer after a person reaches a certain age related to a higher incidence of such a disease. There are also regular check-ups focused on other diseases related to internal medicine which have a high risk of death associated with them after a person reaches a certain age, similar as with the cancer screening.

Article 11 Paragraph 3

Regarding the question on the monitorings of the Slovak Hydrometeorological Institute, it has to be stated that the SHMI's activities include the following: monitoring of quantitative and qualitative parameters of the air and water in Slovak territory; collecting, verifying, interpreting and archiving data and information on the condition and regime of air and water; describing developments in the atmosphere and hydrosphere; and issuing forecasts, warnings and other information regarding the atmosphere and hydrosphere. All the aforementioned data, information and other research are made available to the public.

One of the SHMI's most relevant tasks is to provide information about air and water as well as about the weather and hydrological situation. A key aspect of the institute's activities in this regard is international cooperation and the exchange of data with counterpart services abroad. The main task is to operate an integrated nation-wide monitoring system for all key aspects of the atmosphere and hydrosphere: i.e. water quality and quantity, air quality, weather, climate, and environmental radioactivity. In this regard, the SHMI's principal activities include:

- managing the state hydrological and meteorological networks;
- providing information on atmosphere, air quality, climate, water sources, and environmental radioactivity, at the national and international level;
- producing and distributing weather forecasts and hydrological forecasts, and issuing warnings on dangerous hydrometeorological phenomena (such as high smog or ozone levels, radioactive contamination), for the government, state administration bodies, municipalities, crises management authorities, the general public, and other domestic and foreign customers;
- climate system development;
- participating in the planning, arrangement and analysis of environmental projects;
- participating in the development of strategic and conceptual documents for the environmental management in Slovakia;
- participating in the reporting process to the EC, OECD, WMO and other national and international organizations;
- collecting, processing and evaluating national air emissions;
- coordinating the national programme of air and water monitoring;
- reporting meteorological and hydrological data and radioactivity data to the WMO on-line telecommunication system;
- providing meteorological data for civil aviation;
- providing data, information and know-how for the Hydrometeorological Service of the Slovak Armed Forces.

Regarding the legislation on tobacco usage etc., the Slovak Republic would like to inform the ECSR about a recently adopted Act 89/2016 Coll. on the production, labelling and sale of tobacco and

related products, effective from May 20, 2016. The act sets out: requirements for ingredients and emissions of tobacco products and the related information requirements including the maximum levels of tar, nicotine, and carbon monoxide in cigarettes; conditions for labelling and packaging of tobacco products including health warnings which have to be listed on tobacco products; ban on oral usage of tobacco; distant order-crossing sale of tobacco products; conditions for introducing new tobacco products on the market. The Slovak Republic is also bound by EU documents related to the use of tobacco products (e.g. Tobacco Products Directive).

The Act 377/2004 Coll. On the protection of non-smokers sets up ban on smoking in public areas such as:

- public transport and related areas (airports, bus/tram stops, bus/tram stations);
- healthcare providing facilities;
- primary schools, secondary schools and the related sports facilities;
- universities and students housing;
- social services providers and the related facilities;
- cultural institutions;
- public administration buildings;
- restaurants, bars and pubs if these premises do not have at least 50% of their surface separated by a firm wall creating a separate space dedicated for non-smokers where smoke would not be emitted.

On top of that, each town can introduce ban on smoking in other public premises that are within the town's jurisdiction.

There is a clearly visible trend of lowering the number of persons smoking in the whole of the EU, as is stated by the Eurobarometer of the European Commission on the attitudes of Europeans towards tobacco and electronic cigarettes. According to the information provided by the Government's Council on the Anti-drug Policy, the consumption of drugs and alcohol has been steadily getting lower.

Article 12 Paragraph 1

Regarding the question of the ECSR concerning the unemployment benefit, the Slovak Republic would like to state that the unemployment insurance is compulsory for all employees, as a sub-system of the social insurance. Persons who are not compulsorily covered are the self-employed. As far as sickness insurance is concerned, it has to be stated that all employees are compulsorily sickness insured, the same goes for the self-employed. If a person does not have sickness insurance, they are not eligible for the benefits from the system of sickness insurance in case of sickness. Nevertheless, they can have other safeguards in the form of, e.g., unemployment benefit, etc. as far as income replacement is concerned. It has to be noted that in order to be eligible for the sickness benefit the person has to have an active sickness insurance – as soon as they have one, they are eligible. Because the sickness insurance is compulsory for all economically active persons, only certain categories of persons fall out of the scope of compulsory sickness insurance (e.g. students, or the unemployed).

Regarding the claim of the ECSR that the minimum levels of certain benefits are inadequate, it has to be pointed out that the system of social insurance, from which all of these benefits are provided, does not operate with defined minimums for any of these benefits. The amount of these benefits is calculated on the basis of the daily assessment base and the level of income reached.

As the levels of average income and the minimum wage are continuously rising, so are the actual amounts of these benefits. As there are no defined minimum levels of these benefits, a person earning the minimum wage before any of the events referred to occurred, could be considered as a beneficiary of the lowest amount of these benefits.

However, it has to be pointed out that the number of persons earning the minimum wage is lower than 2% of the total population and therefore the amount of people with “minimum” unemployment benefit or old age benefit, is very low.

It should also be stated that the level of replacement rates in the Slovak Republic is in accordance with the requirements of the European Code on Social Security, and therefore the Article 12 paragraph 2 of the Revised Charter. Even though the Slovak Republic has not ratified the Code, the replacement rate in the Slovak Republic, as regards the unemployment benefit, was more than 61%, which exceeds the requirements stipulated by the Code by more than 16%. As far as the old age benefit is concerned, the replacement rate in the Slovak Republic stood at almost 52%, which again exceeds the requirement of the Code, this time by almost 12%.

On top of that, it has to be mentioned that every person has the right to apply for benefits from the state social assistance. The state social assistance is granted to each person who meets the required criteria, generally speaking, having insufficient income or insufficient means to secure adequate living conditions. Benefits such as the material need allowance, protection allowance, activation allowance, housing allowance, childcare allowance, childbirth allowance, parent allowance, childminding allowance and other benefits provided within the system of state social assistance are aimed at helping people who are unable to secure a decent living on their own to make sure that these persons are not left helpless.

To sum up what has been said, even if a person in the Slovak Republic is provided with a “minimum level” of unemployment benefit or old age pension (less than 2% of the total population), they are able to apply for any of the allowances provided within the system of the state social assistance to make sure they have adequate means to secure standard living conditions.

Article 12 Paragraph 2

As the Slovak Republic was found to be in conformity with this provision of the charter, it would just like to state that even though it still has not ratified the European Code of Social Security it has been found to be in conformity with ILO Convention 102 by the ILO Committee of Experts on the Application of Conventions and Recommendations.

Article 12 Paragraph 3

The Slovak Republic would like to inform the ECSR that there have been several new developments in the system of social security. One of them is the increase of the maternity benefit to 70% of the previous income of the insured person, with the aim to increase the replacement rate to 75% in 2017 to ensure that the maternity benefit gets as close to the previous net wage of the worker as possible.

Another important development is the increase of the minimum wage adopted recently and that is going to be effective from January 1, 2017 – the minimum wage will amount to 435 EUR (405 EUR in 2016, 380 EUR in 2015, 352 EUR in 2014 and 337.70 EUR in 2013).

As of 2016, the childcare benefit was increased from 230 EUR to 280 EUR.

As of 2015, the Slovak Republic has also introduced the institute of the minimal pension in order to ensure a decent standard of living for the elderly who would otherwise be in material need.

Article 12 Paragraph 4

The Slovak Republic would like to state in this regard, as concerns the maintenance of accruing rights, that the fact that the Slovak Republic does not have a bilateral agreement with a certain country does not mean a person from the said country would be left with no pension. It is fully possible for a person who worked in e.g. in Azerbaijan and who then came to the Slovak Republic to have the pension they are eligible to in Azerbaijan being sent to the Slovak Republic. It does not mean that the years of paying social contributions in Azerbaijan are lost – they are just not counted towards e.g. pension in the Slovak Republic.

The Slovak Republic currently has bilateral agreements with the following Council of Europe member states which are not EU members or are not members of the European Economic Area:

- Russian Federation;
- Serbia;
- Ukraine;
- Turkey;
- Bosnia and Herzegovina (covered by a bilateral agreement with countries of the former Yugoslavia);
- Montenegro (covered by a bilateral agreement with countries of the former Yugoslavia);
- Former Yugoslav Republic of Macedonia (covered by a bilateral agreement with countries of the former Yugoslavia);
- Countries of the former Soviet Union;
- Countries of the former Yugoslavia.

The Slovak Republic is currently undergoing negotiations in order to prepare a new bilateral agreement with the following Council of Europe member states:

- The Former Yugoslav Republic of Macedonia;
- Montenegro;
- Russian Federation.

Article 13 Paragraph 1

Regarding the request of the ECSR on how the “suitable work offer” is interpreted it has to be said that the work offered to the recipient of material need by an office of labour, social affairs and family has to take into account the skills and knowledge of the person. It does not automatically mean that if the person does not agree to this work that they will be left without the material need allowances. The office will then invite the person to discuss other work that would be offered them in order to better understand the qualification of the person, etc. However, if the person keeps refusing the offered jobs for no objective reason, the material need benefit can be lowered (while making sure the person is not left without adequate resources).

Regarding the comment of the ECSR to clarify the situation of people who do not have a fixed place of residence in order to apply for material need benefit, the Slovak Republic would like to state that it is possible to apply for the material need benefit at any of the offices of labour, social affairs and

family.

Regarding the level of benefits, it should be mentioned that the benefits listed in the conclusion are all paid from the system of state social assistance. The state social assistance is granted to each person who meets the required criteria, generally speaking, having insufficient income or insufficient means to secure adequate living conditions. Benefits such as the material need allowance, protection allowance, activation allowance, housing allowance and other benefits provided within the system of state social assistance are aimed at helping people who are unable to secure a decent living on their own to make sure that these persons are not left helpless.

The conclusions also state that the maximum amount of supplementary benefits for a single person amounts to 120.87 EUR. This calculation is, however, not correct. The correct number, as a calculation of material need allowance (61.60 EUR), activation allowance (63.07 EUR), housing allowance (55.80 EUR), protection allowance (63.07 EUR) or 34.69 EUR, stands at 243.54 EUR for a single person, not at 120.87 EUR.

It is important to stress that these allowances are meant to be a temporary measure, they are not meant to constitute a person's income for long periods of time, even though the benefits in question are provided during the whole time when the unfavourable situation of the given individual or group. But the persons in question are not supposed to rely solely on these benefits.

It should also be pointed out that since the adoption of conclusions of the ECSR the benefits in question have been increased to the amounts mentioned earlier.

As these benefits are meant to be a supplementary measure, they should not be evaluated as the main source of income, as is listed in the conclusion of the ECSR. They constitute a supplement to the allowances paid from the system of social insurance – e.g. old age pension, disability pension, widow and widower pension, unemployment benefit, sickness benefit, etc.

Next, the Slovak Republic would like to confirm that no length of residence condition applies to resident foreign nationals to be eligible to the benefit in material need and supplementary social assistance allowances on equal footing with Slovak nationals.

Article 13 Paragraph 2

As the Slovak Republic was found to be in conformity with this provision of the charter and the ECSR did not ask additional questions, it has to be stated the situation remains the same – the provision is given full effect to in the Slovak Republic.

Article 13 Paragraph 3

Regarding the question on the distribution of providers of social services it has to be said that the majority of these establishments are situated at least in a district city in order to ensure balanced geographical distribution. A number of these establishments are situated in cities that are not district cities but lie in between two district cities.

As of December 31, 2015, there were 5 421 349 inhabitants and out of this number 47 139 were provided with social services (0.87%). As far as the number of employees in these establishments is concerned, as of December 31, there were 22 062 employees working in these establishments. This number marked an increase when compared with the previous year by 1 653 employees.

The Government has, through the Ministry of Labour, Social Affairs and Family, supported the provision of social services in 2015 by providing the municipalities and self-governing regions with 76 965 831 EUR.

Article 13 Paragraph 4 (NA)

The Slovak Republic has not ratified this provision of the Charter.

Article 14 Paragraph 1

Regarding the question of the ECSR on whether “a foreigner who is not citizen of a State of the European Economic Area and whose rights arising pursuant to this law are guaranteed by an international agreement binding for the Slovak Republic and which was publicized in the Collection of Laws” covers the European Social Charter and, as a consequence, that nationals of other States Parties to the Charter lawfully resident or working regularly in the Slovak Republic have access to social services on equal terms with nationals, the Slovak Republic would like to confirm that the above mentioned provision of the Anti-discrimination law does indeed concern the European Social Charter and nationals residing legally have full access to social services.

Regarding the question on how much is spent on social services in total, the Slovak Republic would like to state that in 2015 the resources spent on the provision of social services amounted to 340 787 046 EUR. Establishments providing social services employed 22 062 employees and 47 139 persons were provided with social services in 2015.

Article 14 Paragraph 2

Regarding the question on what are the requirements for social services providers to be able to provide these services, it has to be said that the requirements are specified in sections 62 to 67 of the law on social services. In short, the future provider of social services has to send an application to the municipality which then either approves or disapproves with the application. The provider has to have adequate qualification for the provision of social services – this regards full university education in the field of provision of social services. The application has to contain all the required information such as name of the provider, business name, type of social service they wish to provide, target group for the social service provided, venue of the provision of the social service, information on available space if the social service is to be provided in an establishment, etc. The relevant sections of the law specify procedural rules in establishing of the social service provider.

The Ministry of Labour, Social Affairs and Family invites representatives of non-governmental organisation representing the recipients of social services to discussions on the future of the services provided and on the possible improvements of the social services provided.

Article 23

Regarding the question of the ECSR on safeguards to prevent arbitrary deprivation of autonomous decision making by elderly persons the Slovak Republic would like to state that it is

not possible to arbitrarily deprive a person of autonomous decision making. In order to do so, there would have to be a consent of a general physician of the person, psychologist and psychiatrist, etc. and the final decision has to be made by a court ruling. It has to be stated that as of July 1, 2016, it is not possible to fully deprive a person of autonomous decision making due to the recodification of the procedural law in the Slovak Republic. It will only be possible to partially reduce autonomous decision making in certain aspects of life, but in order to do so, the process described above applies – it has to be decided by a court decision.

To address the questions of the ECSR, all the benefits from the system of state social assistance listed in the conclusions are cumulative, therefore the elderly persons are able to apply for all the benefits under the scope of state social assistance and if they meet the required criteria, they will be granted all the benefits for which they are eligible.

Even though the level of healthcare allowance, housing allowance, material need allowance and protective allowance are regularly reviewed and increased according to the development of the national economy, only a very small number of persons aged 65 and over are living in poverty, as is stated in the conclusions. The benefits listed in the conclusions form parts of the system of state social assistance and everyone can apply for these (and other – specifically aimed at families, etc.) benefits.

However, as the conclusions are for the elderly persons, it has to be stated that these benefits are cumulative with allowances paid under the system of social insurance (pensions – old age, widow pensions, widower pension, invalidity pension), as each person who has worked has social insurance. As a result, it should be realised that an elderly person has at least one type of pension and on top of that they are able to apply for all the benefits under the system of state social assistance, and all these benefits are cumulative. Therefore, the number of persons aged 65 and over living in poverty is low.

Regarding the question on the protection of the elderly, it has to be stated there are a number of initiatives and programmes focused on the protection of the elderly people. The most comprehensive one is the National Programme of Active Ageing which also contains measures aimed at the protection of the rights of the elderly persons, support of their active personal and civil independence, participation of the elderly on the decision making related to aspects of life directly related to them, prevention of maltreatment and abuse of the elderly (through close cooperation between the Ministry of Labour, Social Affairs and Family and individual municipalities and organisations of the elderly).

Regarding the question of the ECSR on the possible outcome of a complaint submitted it has to be said the municipality under which the social services provider formally belongs will examine the complaint and based on the result of this examination will take appropriate steps to remedy the situation. Should the situation be of serious nature, the municipality may withdraw the registration of the social service provider.

Regarding the question on the adequate supply of social services, please see the information on Article 13/3 above. Regarding the outcome of the “National Priorities of Social Services Development for the period of 2009 – 2013” study, it has to be stated the study has a follow up in “National Priorities of Social Services Development for the period of 2015 – 2020”. The studies attempt to identify the way in which social services could be improved. More specific aims of the studies are as follows:

- Deinstitutionalise the social services;
- Promote the principle of integrated long-term social and health care;
- Introduce a system of evaluation of the social services provided;

- Improve the development of social services available for persons in segregated locations with concentrated poverty.

Regarding the housing question, it has to be stated that the Slovak Republic has adopted an additional strategy to support housing in the Slovak Republic. This new strategy is the State Housing Policy Concept to 2020.

The State Housing Policy Concept to 2020 (hereinafter “the Concept”) as a framework document of the State for housing contains comprehensive objectives of the State for the housing policy, defines means of achievement and lays down the responsibilities of citizens, the State, municipalities, regional municipal units and the private sector for housing provision.

The Concept is direct follow-up of the documents adopted in the area of the state housing policy and energy performance of buildings and takes into account the current level of society development and reflects the current conditions of housing development. The document is also based on fundamental international documents in the area of housing (e. g. manifestos of the United Nations Organisation such as Vancouver Declaration 1976, Global Housing Strategy 1988, Istanbul Habitat Agenda 1996, Ministerial Declaration on Social and Economic Challenges in Distressed Urban Areas (2006) of the United Nations Economic Commission for Europe (hereinafter “UNECE”), Strategy for Sustainable Housing and Land Management in the ECE region for the period 2014-2020), as well as strategic aims formulated at the level of the European Union (hereinafter “EU”). Although the area of housing is not one of the areas harmonised by the EU legislation, regulations in different areas directly influence the formation of housing policy and the fulfilment of their objectives, thus it was necessary to take them into consideration in the preparation of this document. The authors took into account among others the rules for public procurement, provision of state aid, regulations on construction products and materials, energy policy, as well as various strategies, guidelines and recommendations in the social area and many other areas. The preparation and updates of the state housing policy concept falls within the authority of the Ministry of Transport, Construction and Regional Development of the Slovak Republic (hereinafter “MTCRD SR”), which as the central body of state administration by this Concept outlines basic directions of the state housing policy, taking into account the general terms of socio-economic, institutional and technical development in the country with the aim to ensure the achievement of the respective objectives in this area.

Housing is one of the basic human needs which shall be satisfied at a level corresponding to the overall level of socio-economic development of society. The housing quality and affordability are often perceived as the living standard evaluation indicators of society.

In market economy the responsibility for acquiring of one’s housing is passed on to the individual citizen. The housing accessibility is thus directly proportional to the individual’s economic. The State’s essential role is to create stable market environment allowing the households to procure a dwelling adequate to their income and supporting the labour force mobility with the use of existing housing stock without excessive pressure on housing construction.

In every society there are groups of population, unable to procure an adequate housing themselves due to the commercial character of a dwelling. Therefore it is necessary to create suitable conditions particularly for housing of disadvantaged groups of population. The housing needs of these groups cannot be satisfied without interventions of the State and other actors in the housing market.

The Concept does not consider housing separately but rather as the basic element of sustainable development. Such comprehensive approach is expressed by the concept of sustainable housing

which uses an integrated approach to the housing policy. Such approach 2 comprises a wide range of activities leading to the achievement of sustainable housing development and is based on the implementation of three basic pillars of sustainability: environmental, economic and social. The objectives and priorities of the housing policy are defined along these lines.

The global objective of state housing policy is the gradual increase of the overall housing standard to make housing affordable for population and allow each household to procure adequate housing. In this respect it is necessary to create a framework for involvement of all housing development process entities in resolving partial issues to create preconditions for the participation of all decision-making level and strengthening the partnership among the public, private and non-governmental sectors at both horizontal and vertical level while respecting sustainable development principles: energy and economic efficiency and social solidarity.

From the qualitative perspective the primary task of all affected actors remains to improve the technical condition and architectural design of existing housing stock and with use of existing instruments to contribute to its lifespan extension, increasing its safety and usability and decreasing its energy consumption. . From the quantitative perspective the main objective is to increase the accessibility of housing taking into account its affordability.

On the accessibility of the specialised health services for the elderly it has to be said that once the general health care physician recommends an elderly person to receive specialised geriatric care, this person will be provided the required care in a specialised centre specialised by the physician. The health care provided in these specialised institutions is provided from the compulsory public health insurance, therefore the elderly do not pay additional price for these services.

Regarding the comment of the ECSR that any inspection system regarding the standards of care and services provided in institutions and residential facilities should be entirely independent of the body managing the facility, it should be stated that inspection services in the Slovak Republic are independent of the body managing the facility, as is already mentioned in the report – e.g. specific inspection body for issues related to hygiene (regional Office of Public Health Care – belonging under the Ministry of Health) or the quality of meals provided (State Veterinary and Food Administration – belonging under the Ministry Agriculture and Rural Development).

Article 30

Regarding the question on methodology used to measure poverty and social exclusion it has to be said that monitoring and methodology is realised in the context of the Open Method of Coordination which is created at the EU level for unified coordination of social policies in combating poverty and social exclusion. Poverty and social exclusion measurement is carried out on the basis of harmonised statistical system EU SILC. In 2014, there were 18.4% of the whole population at the risk of poverty (EU 28 average – 24.4%) which marks a decrease when compared with 2013 (19.8%).

Regarding the statement of the ECSR that the measures related to the Europe 2020 strategy fall out of the reference period it should be stated that in order to meet the goals set up by the Europe 2020 strategy, the Slovak Republic has updated the relevant strategy documents, e.g. national projects supported by the resources from the Operational Programme Human Resources - http://www.upsvar.sk/europsky-socialny-fond/narodne-projekty-v-programovom-obdobi-2014-2020.html?page_id=521401 and also the National Social Situation report (created annually). In this respect, please also see information provided in this report to Article 13/1.

Article 16 2nd and 3rd ground

Regarding the second of non-conformity that associations representing families are not consulted when family policies are drawn up, the Slovak Republic would like to inform the ECSR that associations representing the families are in fact directly involved in the family policies creation process through each legislation process in which they are able to send their proposals when a new policy or legislation is created. They can also present their viewpoints on the proposed policies and instruments through the Economic and Social Council by also sending their proposals to the social partners who have to approve each new piece of legislation and policy before it is actually approved by the Government. Without their consent, the proposed legislation and policies cannot be adopted.

Regarding the third ground of nonconformity in which the ECSR claims that mediations services do not exist in the Slovak Republic it has to be said that mediation services in fact do exist in the Slovak Republic. The respective legislative framework for general mediation is the Act No. 420/2004 Coll. on Mediation and for the mediation in family issues the Act No. 305/2005 Coll. on Social and Legal Protection of Children and Social Guardianship which in its section 11 specifies that authorities of the social and legal protection of children and social guardianship (e.g. Offices of Labour, Social Affairs and Family) provide mediation to families which find themselves in a difficult situation which they cannot solve on their own. It has to be stated that Offices of Labour, Social Affairs and Family are situated in each district city and therefore their accessibility fully ensured. Mediation services are provided to the recipients free of charge as is the same with other services provided by the offices.