



March 2022

EUROPEAN SOCIAL CHARTER (REVISED)

European Committee of Social Rights

Conclusions 2021

SLOVAK REPUBLIC

This text may be subject to editorial revision.

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter. In respect of national reports, it adopts conclusions; in respect of collective complaints, it adopts decisions.

Information on the Charter, statements of interpretation, and general questions from the Committee, is contained in the General Introduction to all Conclusions.

The following chapter concerns the Slovak Republic, which ratified the Revised European Social Charter on 23 April 2009. The deadline for submitting the 11th report was 31 December 2020 and the Slovak Republic submitted it on 16 February 2021.

The Committee recalls that the Slovak Republic was asked to reply to the specific targeted questions posed under various provisions (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter). The Committee therefore focused specifically on these aspects. It also assessed the replies to all findings of non-conformity or deferral in its previous conclusions (Conclusions 2017).

In addition, the Committee recalls that no targeted questions were asked under certain provisions. If the previous conclusion (Conclusions 2017) found the situation to be in conformity, there was no examination of the situation in 2020.

Comments on the 11th report submitted individually by Forum for Human Rights were registered on 30 June 2021. Comments on the 11th report submitted jointly by the Forum for Human Rights, Validity Foundation, Social Work Advisory Board and SOCIA – Social Reform Foundation report were registered on 1 July 2021. Comments on the 11th report by the Slovak National Centre for Human Rights were registered on 9 July 2021. The reply from the Government to these comments was registered on 10 August 2021.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerned the following provisions of the thematic group II "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3);
- the right to protection of health (Article 11);
- the right to social security (Article 12);
- the right to social and medical assistance (Article 13);
- the right to benefit from social welfare services (Article 14);
- the right of elderly persons to social protection (Article 23);
- the right to protection against poverty and social exclusion (Article 30).

The Slovak Republic has accepted all provisions from the above-mentioned group except Article 13§4.

The reference period was from 1 January 2016 to 31 December 2019.

The conclusions relating to the Slovak Republic concern 15 situations and are as follows:

– 2 conclusions of conformity: Articles 14§1 and 30;

– 7 conclusions of non-conformity: Articles 3§2, 11§1, 11§3, 12§1, 12§4, 13§1 and 23.

In respect of the other 6 situations related to Articles 3§1, 3§3, 11§2, 12§2, 12§3 and 14§2, the Committee needs further information in order to examine the situation.

The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by the Slovak Republic under the Revised Charter.

The next report from the Slovak Republic will deal with the following provisions of the thematic group III "Labour Rights":

- the right to just conditions of work (Article 2);
- the right to a fair remuneration (Article 4);
- the right to organise (Article 5);
- the right to bargain collectively (Article 6);
- the right to information and consultation (Article 21);
- the right to take part in the determination and improvement of the working conditions and working environment (Article 22);
- the right to dignity at work (Article 26);
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28);
- the right to information and consultation in collective redundancy procedures (Article 29).

The deadline for submitting that report was 31 December 2021.

Conclusions and reports are available at www.coe.int/socialcharter.

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee notes that for the purposes of this report, States were asked to reply to the specific targeted questions put to them in relation to Article 3§1 of the Charter, as well as, where applicable, previous conclusions of non-conformity or deferrals (see appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the remit of the thematic group “Health, social security and social protection”).

In its previous conclusion, the Committee found that the situation in the Slovak Republic was not in conformity with Article 3§1 of the Charter on the grounds that it has not been established that:

- there is an adequate occupational health and safety policy;
- occupational risk prevention is organised at company level, work-related risks are assessed and preventive measures geared to the nature of risks are adopted;
- the national policy on health and safety includes training, information, quality assurance and research in a satisfactory manner (Conclusions 2017).

The assessment of the Committee will therefore concern the information provided by the Government in response to the conclusion of non-conformity and to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e., after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

General objective of the policy

In its targeted question, the Committee asked about policy formulation processes and practical arrangements made to identify new or emerging situations that represent a challenge to the right to safe and healthy working conditions, the results of such processes as well as intended future developments.

The Committee previously reiterated its request that the next report provide information on the activities carried out in terms of research, knowledge and communication relating to psychosocial risks (Conclusions 2017). The Committee also requested that the next report should provide more comprehensive information on the content, implementation and results of the national strategy on occupational health and safety, as well as whether the objective of the policy is to foster and preserve a culture of occupational risk prevention. It then requested that the next report indicate whether policies and strategies are periodically reviewed and, if necessary, adapted in the light of changing risks.

In reply to the questions addressed, the report mentions the general regulatory framework of the occupational safety and health (OSH) policies. It remarks that the Labour Law refers to special provisions which regulate in detail the obligations of employers and employees in the field of occupational health and safety. It then details the basic obligations of employers relating to working conditions and the protection of workers’ occupational health and safety.

Regarding the activities carried out in terms of research, knowledge and communication relating to psychosocial risks, the report points out that in the context of the Slovak Republic’s regularly reviewed and updated OSH Strategy, and with the aim of reducing stress in the workplace through preventive measures, the relevant institutions in the Slovak

Republic (mainly the National Labour Inspectorate, the Ministry of Labour, Social Affairs and Family, the Ministry of the Economy, the Ministry of Transport) together with the Slovak Association for OSHP (Occupational Safety and Health Protection) and Fire Protection, and selected universities, are obliged to ensure the presentation of employees in the mass media with the aim of encouraging active attitudes among the general public regarding OSHP.

The report also explains that, with the objective of informing the expert and lay public about the outputs of research tasks and their application in practice in relation to the newest OSH trends, the Ministry of Labour, Social Affairs and Family regularly organises specialised conferences and seminars; regularly publishes bulletins with information about the latest outcomes of OSHP-related research, and also creates and applies mechanisms of cooperation among the supervisory organs and institutions working in the area of science, research, education, public health and other areas related to OSHP. The report also states that, together with the Council for Education and Research in the Area of OSHP, the Ministry promotes research targeted on new technologies, on changes in the world of labour and on new combinations of risk factors, such as demographic changes and the ageing of the productive labour force, and mental health and stress in the context of OSH.

The Committee notes that policy regarding occupational health and safety is defined in the OSH Strategy of the Slovak Republic, which is periodically reviewed. While noting that this policy aims to foster and preserve a culture of prevention in occupational and safety health at the national level, the Committee observes that the report only provides general information and no specific detailed information on the emergence of relatively new risks to health and safety that workers are exposed to in constantly evolving work environments, notably in connection with work-related stress.

The Committee therefore reiterates its request that the next report provide more comprehensive information on the content and implementation of the national policy on occupational health and safety regarding the specific new risks to health and safety, such as those concerning new forms of occupations that involve assumed or accepted exposure to risk, those that involve the intense attention of the worker or an expectation of high performance or increased output or productivity, and those related to new or recurring stress or traumatic situations at work. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 3§1 of the Charter in this respect.

Organisation of occupational risk prevention

The Committee previously concluded that it had not been established that occupational risk prevention is organised at company level, work-related risks are assessed, and preventive measures geared to the nature of risks are adopted (Conclusions 2017). Therefore, the Committee asked that information be provided on what is done at company level in terms of initial assessment of the risks specific to workstations and the adoption of targeted preventive measures in practice, particularly in small and medium-sized enterprises. The report does not provide the information requested. Therefore, the Committee reiterates its request and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 3§1 of the Charter in this respect.

The report states that in accordance with § 7 of Act No. 124/2006, the employer are obliged to inform and acquaint their employees on OSH matters. Employers have three options to conduct employee training: by themselves; using a contractor; and using their own employees. In the first two cases, the trainer must be a natural or legal person authorised to do so by the National Labour Inspectorate. In the event that the trainer is an employee, they should be elected by the unions, or the employees themselves, if there are no unions established in the company. Employers must regulate, in the company's internal regulation, the method of performing health and safety training, as well as the requirements for the

professional competence of employees performing training. In addition, the internal directive must specify the frequency of training so that the training takes place at least every two years.

The report further details the content of the employee training that should be conducted in companies: on regulations to ensure safety and health at work; on existing and foreseeable hazards and threats and protection against them; on prohibition from entering the premises, staying in the premises and carrying out activities that could directly endanger the life or health of the employee; on jobs and workplaces that are prohibited for pregnant women, mothers up to the ninth months after childbirth and breastfeeding women which are associated with a specific risk for these women or which are prohibited for juvenile workers under the age of 18; on hazards and dangers which may arise at and in connection with the work and the results of the risk assessment; on preventive measures and protective measures taken by the employer to ensure safety and health at work; on measures and procedures in the event of damage to health, including the provision of first aid, as well as on measures and procedures in the event of fire, rescue and evacuation; on preventive measures and protective measures proposed and ordered by the relevant labour inspectorate; on accidents at work, occupational diseases and other damage to health at work which have occurred, including the results of the investigation of the causes of their occurrence and on the measures taken and implemented.

Improvement of occupational safety and health

The Committee previously concluded that the situation was not in conformity with the Charter on the grounds that it had not been established that the occupational health and safety policy includes training, information, quality assurance and research in a satisfactory manner (Conclusions 2017). The Committee therefore asked again whether the public authorities are involved in research (scientific and technical knowledge) on occupational health and safety, and in activities (analysis of sectoral risks, elaborate standards, issue guidelines, publications, seminars, training); whether public authorities are involved in training (qualified professionals), in the design of training modules, of training (how to work, how to minimise risks for oneself or others) and certification schemes.

The Committee notes that the report details the basic obligations of employers relating to working conditions and protection of occupational health and safety of the workers, as well as the training activities developed in the field of OSH by the Ministry of Labour, Social Affairs and Family and other public authorities and institutions such as universities and other experts, as well as in workstations. The Committee considers that the situation is in conformity on this point.

Consultation with employers' and workers' organisations

In its previous conclusion the Committee noted that there is genuine co-operation between the authorities and the social partners, both at federal and at company level and considered the situation in conformity with the Charter (Conclusions 2017).

COVID-19

In its targeted question, the Committee asked about the protection of frontline workers, instructions and training, the quantity and the adequacy of personal protective equipment provided to workers, and the effectiveness of these measures within the context of the COVID-19 pandemic.

The report does not reply to the question concerning Covid-19 addressed to the States.

The Committee recalls that during a pandemic, States Parties must take all possible measures as referred to above in the shortest possible time, with the maximum use of

available financial, technical and human resources, and by all appropriate means both national and international in character, including international assistance and cooperation.

The Committee also recalls that general safety rules on training and instructing of workers and on personal protective equipment are still to be applied, given the evolution of the pandemic. The Committee emphasises that the prompt provision of necessary personal protective equipment is particularly necessary in the case of frontline workers.

In line with its Statement on Covid-19 and social rights (March 2021), the Committee recalls that in the context of the Covid-19 crisis, and with a view to mitigating the adverse impact of the crisis and accelerating the post-pandemic social and economic recovery, each State Party must assess whether its existing legal and policy frameworks are adequate to ensure a Charter-compliant response to the challenges presented by Covid-19. Where those frameworks are not adequate, the State must amend them within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources, including through the adoption of any additional measures that are required to ensure that the State is able to comply with its Charter obligations in the face of the social rights risks posed by the Covid-19 crisis.

The Committee points out that, in order to secure the rights set out in Article 3, a response to Covid-19 in terms of national law and practice should involve the immediate introduction of health and safety measures at the workplace such as adequate physical distancing, the use of personal protective equipment, strengthened hygiene and disinfection measures, as well as stricter medical supervision, where appropriate. In this respect, due account should be taken of the fact that certain categories of workers, such as frontline health care workers, social workers, teachers, transport and delivery workers, garbage collection workers, and agro-food processing workers are exposed to heightened risks. States Parties must ensure that their national policies on occupational safety and health, and their health and safety regulations, reflect and address the hazardous agents and the particular psychosocial risks faced by different groups of workers in the Covid-19 context. The Committee also stresses that the situation requires a thorough review of occupational risk prevention at national policy level, as well as at company level, in close consultation with the social partners, as stipulated by Article 3§1 of the Charter. The national legal framework may require amendment, and risk assessments at company level must be adapted to the new circumstances.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 3 - Right to safe and healthy working conditions

Paragraph 2 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 3§2 of the Charter as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”).

The Committee notes that it previously found the situation not to be in conformity on the grounds that it had not been established that there was specific legislation on the main occupational risks, that levels of prevention and protection required by the legislation and regulations in relation to the establishment, alteration and upkeep of workplaces were in line with the level set by international reference standards, that levels of protection against asbestos and ionising radiation were adequate, that self-employed and domestic workers were protected by occupational health and safety regulations and that consultation with employers' and workers' organisations was ensured (Conclusions 2017). The assessment of the Committee will therefore concern the information provided by the Government in response to the conclusion of non-conformity and to the targeted question.

Content of the regulations on health and safety at work

In its previous conclusion, the Committee asked for information on whether the legislation and regulations on occupational health and safety covered the majority of risks listed in General Introduction to Conclusions XIV-2 (1998) and whether such coverage was specific in that the rules were set out in sufficient detail for them to be applied properly and efficiently (Conclusions 2017).

In response, the report states that occupational health and safety is regulated by the Constitution, the Labour Code, Act on Health and Safety at Work (No. 124/2006), Act on Labour Inspections (No. 125/2006), Act on Mining and Related Activities (No. 51/1988), Act on Minimum Security and Health Requirements of Personal Protective Equipment (No. 392/2006). The Occupational safety and health strategy has as one of its priorities the reduction of stress at workplaces through preventive measures. As for the risks at work, it is for the employer to identify them, assess them and prepare the risk assessment document. The report also states that legislation governing occupational safety and health is in line with the requirements prescribed by the EU regulations, as well as with the requirements prescribed by the ILO conventions, including Convention No. 187 on promotional framework for occupational safety and health.

In its targeted question on Article 3§2, the Committee asked for information on regulations adopted to improve health and safety in evolving new situations such as in the digital and platform economy by, for example, strictly limiting and regulating electronic monitoring of workers, by recognising a right to disconnect, right to be unavailable outside agreed working and standby time, mandatory digital disconnection from the work environment during rest periods. It also requested information on regulations adopted in response to emerging occupational risks.

However, no information is provided in the report on these issues. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 3§2 of the Charter on this point.

The Covid-19 pandemic has changed the way many people work, and many workers now telework or work remotely. Teleworking or remote working may lead to excessive working hours.

The Committee considers that, consistent with States Parties' obligations in terms of Article 3§2, in order to protect the physical and mental health of persons teleworking or working remotely and to ensure the right of every worker to a safe and healthy working environment, it is necessary to enable fully the right of workers to refuse to perform work outside their normal working hours (other than work considered to be overtime and fully recognised accordingly) or while on holiday or on other forms of leave (sometimes referred to as the "right to disconnect").

States Parties should ensure there is a legal right not to be penalised or discriminated against for refusing to undertake work outside normal working hours. States must also ensure that there is a legal right to protection from victimisation for complaining when an employer expressly or implicitly requires work to be carried out outside working hours. States Parties must ensure that employers have a duty to put in place arrangements to limit or discourage unaccounted for out-of-hours work, especially for categories of workers who may feel pressed to overperform (e.g. those during probationary periods or for those on temporary or precarious contracts).

Being connected outside normal working hours also increases the risk of electronic monitoring of workers during such periods, which is facilitated by technical devices and software. This can further blur the boundaries between work and private life and may have implications for the physical and mental health of workers.

Therefore, the Committee considers that States Parties must take measures to limit and regulate the electronic monitoring of workers.

Establishment, alteration and upkeep of workplaces

In its previous conclusion, given the absence of information about the legislation and regulations in relation to the establishment, alteration and upkeep of workplaces in line with the levels set by international reference standards, the Committee concluded that it was not established that levels of prevention and protection required by the legislation and regulations in relation to the establishment, alteration and upkeep of workplaces were in line with the level set by international reference standards and requested full and detailed information on the legislation and regulations, including any amendments thereto adopted during the reference period, which specifically related to that subject (Conclusions 2017).

The report states that the employer has an obligation to take measures to ensure health and safety at work, to improve working conditions, to identify hazards and threats, to provide necessary maintenance and repairs, to ensure that chemical, physical, biological, psychological and social factors do not endanger the safety and health of employees, to eliminate the hazards and threats, to improve the organisation of work, in areas where dangerous substances are used and stored to take measures to eliminate threats to life and health and limit the possible consequences of danger to life and health. If flammable substances or dusts are present in the workplace, the employer must ensure that certain zones are classified in relation to the execution of electrical installations, escape routes, fire detection and extinguishing and ventilation of closed spaces. If employees are exposed to increased heat, the employer may implement measures to prevent the penetration of direct sunlight through the windows, to provide air conditioning, and may also adjust working hours. Lighting requirements are set in the Decree of the Ministry of Health (No. 541/2007). In certain cases there are special requirements for the construction of floors and ceilings. Also, in certain workplaces it is required to set up changing rooms, first-aid rooms, cleaning rooms, rooms for maintenance of personal protective equipment, rooms for disabled employees, outdoor workplaces and the employer must ensure the provision of drinking water (Act on safety and health protection at work, No. 124/2006).

The Committee takes note of this information. It asks the next report to provide information on the specific legislation that sets the rules for the establishment, alteration and upkeep of workplaces.

Protection against hazardous substances and agents

In its previous conclusion, the Committee asked for information on the specific provisions relating to protection against risks of exposure to benzene. As regards asbestos, the Committee requested information on the measures adopted to transpose the exposure limit value of 0.1 fibres per cubic centimetre introduced by Directive 2009/148/EC. With regard to ionising radiation, the Committee requested full and detailed information on changes in legislation and regulations during the reference period and asked whether there were any plans to revise Regulation No. 345/2006 laying down basic requirements for the protection of workers' and citizens' health against ionising radiation in the light of the experience that had been gained. The Committee noted that the criteria and the determination of the exposure limits were prepared by the Ministry of Economy and invited the authorities to comment on this observation. The Committee also asked whether workers were protected up to a level at least equivalent to that set in the Recommendations by the International Commission on Radiological Protection (ICRP Publication No. 103, 2007) (Conclusions 2017).

In response, the report states that benzene belongs to the selected dangerous chemical substances, the sale and use of which is prohibited. Under the Decree of the Ministry of Economy on the issue of the list of selected chemical substances and selected chemical preparations, No. 67/2002 and pursuant to the Act No. 355/2007, the employer is obliged to eliminate the risk of benzene and to substitute benzene with less dangerous substances.

As for asbestos, the report states that the Act No. 355/2007 provides that the removal of material containing asbestos from construction works may only be carried out on the basis of authorisation issued by the public health office or a document from another Member State. An employer whose workers are involved in activities where they might be exposed to asbestos is obliged to provide such measures that eliminate or at least reduce the exposure of workers to asbestos. Government Decree on the protection of workers from risks related to exposure to asbestos at work, No. 253/2006 provides that the limit value is 0.1 fibres per cubic centimetre during eight-hour working time.

Ionising radiation is regulated by the new Act on protection against radiation, No. 87/2018, which amended the Regulation No. 345/2006. This Act regulates the protection of workers against exposure to radiation both in the premises of buildings as well as external exposure. It is stated that the employer is responsible for putting in place measures of protection against radiation. The Act specifies obligations of the employer in relation with the classification of the sources of radiation, monitoring of each workplace in compliance with the EU legislation. The report states that even though the exposure criteria are prepared by the Ministry of Economy, before they are submitted to the Government for their approval, they have to be discussed and approved by the Economic and Social Council, therefore the social partners may agree with the proposal or submit a new one and then it is discussed at the following session of the Economic and Social Council. The report also states that the protection of workers against ionising radiation is in compliance with the standards of the International Commission on Radiological Protection and the relevant EU legislation.

The Committee notes in addition that the Slovak Republic is a member of the European Union and that it has transposed the Council Directive 2013/59/Euratom laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation.

Personal scope of the regulations

The Committee previously noted that it has not been established that self-employed and domestic workers were protected by occupational health and safety regulations and asked

for full and detailed information on the legislation and regulations, including any amendments thereto adopted during the reference period, which specifically related to that subject (Conclusions 2017).

The report states that the protection against radiation legislation applies to all categories of workers.

The Committee notes that this provision includes all types of protection by occupational health and safety regulations for workers. This provision includes all types of protection, not only the protection against ionising radiation as addressed in the report.

In the absence of relevant information on how self-employed and domestic workers are protected by occupational health and safety regulations, the Committee reiterates its conclusion of non-conformity in this respect.

Consultation with employers' and workers' organisations

In its previous conclusion, the Committee noted that it previously (Conclusions 2013) requested information on the participation of workers' organisations in the Co-ordination Council on Occupational Safety and Health, in particular regarding the definition of the risks covered and the levels of prevention and protection. The Committee took note that the criteria and the determination of the exposure limits were prepared by the Ministry of Economy and invited the authorities to comment on this observation. It also asked for full and detailed information on the legislation and regulations, including any amendments thereto adopted during the reference period, which specifically related to the consultation with employers' and workers' organisations (Conclusions 2017).

The report does not provide the requested information on the participation of workers' organisations in the Co-ordination Council on Occupational Safety and Health and on legislation related to the consultation with employers' and workers' organisations. The Committee accordingly reiterates its request and reiterates its conclusion of non-conformity in this respect.

Conclusion

The Committee concludes that the situation in the Slovak Republic is not in conformity with Article 3§2 of the Charter on the grounds that it has not been established that:

- self-employed and domestic workers are protected by occupational health and safety regulations;
- consultation with employers' and workers' organisations is ensured.

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Enforcement of safety and health regulations

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

In its previous conclusion, the Committee found that the situation in Slovak Republic was in conformity with Article 3§3 of the Charter.

The Committee will therefore restrict its consideration to the Government’s replies to the targeted questions.

Accidents at work and occupational diseases

The Committee previously examined the situation regarding accidents at work and occupational diseases and reserved its position in this respect pending receipt of the information requested (Conclusions 2017).

Concerning accidents at work, the Committee asked, in the previous conclusions, for explanation on the extremely low incidence rate for accidents at work in comparison to the EU-27 average and also for information on obligations to report accidents at work and on any measures taken to counter potential under-reporting in practice. The Committee also asked for data for each year of the reference period; data free of territorial or sectorial restriction and not subject to the 20-employee limit. In its targeted question on Article 3§3 with regard to accidents at work and occupational diseases, the Committee asked for information on statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

In reply, the report indicates that, according to the figures provided by the National Labour Inspectorate, the number of fatal accidents at work in 2019 was 31 which is 8 less than in 2018 (39). As far as the accidents at work resulting in a serious injury are concerned, in 2019 there was 57 such accidents which is 19 less than in 2018 (76). The total number of accidents at work was 8,934 in 2019 and 9,829 in 2018. These figures show a downward trend. The report does not provide information on the standardized incidence rates of fatal and non-fatal accidents. The Committee asks that the next report provides information in this respect.

The Committee finds that the EUROSTAT figures confirm the downward trend concerning the number of non-fatal accidents at work causing at least four calendar days of absence (8,598 in 2018 and 8,164 in 2019) and the number of fatal accidents at work (38 in 2018 and 29 in 2019). According to EUROSTAT figures, in 2018, the standardised incidence rate of fatal accidents at work per 100,000 workers was 2.57 and of non-fatal accidents causing four

calendar days of absence was 538. The Committee notes that the standardised rate of incidence of fatal accidents is slightly higher than the average rate in the EU-27 (2.21 in 2018). However, the standardised incidence rate of non-fatal accidents in the Slovak Republic appears to be extremely low (538 in 2018) in comparison to the EU-27 average (1768.93 in 2018). Despite the question raised by the Committee in the previous conclusions (Conclusions 2017), concerning obligations to report accidents at work and on any measures taken to counter potential under-reporting, the report does not provide any explanation in this respect. The Committee reiterates its question.

According to the report, the most frequent occupational fatal accidents in 2019 occurred in the transport sector (45.2% of the total number of fatal accidents). The second most common source of fatal accidents was unprofessional handling of loads, materials, falls of objects, products or materials (16.1% of the total number). Machinery, equipment and animals, or other persons were the third most common source of accidents, amounting to 9.7% of the total number. The most common sources of registered occupational injuries in 2019 were unprofessional handling of loads, materials, as well as falls of objects, products or materials, contact with sharp edges (2,651 cases which represents 29.7% of the total number). The Committee asks for information on targeted measures in order to prevent work accidents tailored according to the sectors and to most frequent causes of accidents as indicated in the national report. The Committee also asks that the next report provides detailed and updated information on the causes of accidents with fatal outcome and on specific measures taken or envisaged in order to prevent/reduce fatality in work accidents.

As to the obligations to report accidents at work and measures taken to counter potential under-reporting in practice, the report explains that according to the provisions of the Act on security and protection of health at work, the employer has an obligation to register the occupational accident which resulted in the incapacity for work of the employee lasting more than three days or in the death of the employee. Labour inspectorate has a legal obligation to investigate fatal accidents and accidents with serious injuries. Based on their analysis, the areas where increased attention of the labour inspection needs to be focused on and where concrete measures need to be taken to remedy the shortcomings are identified. However, the report does not provide information on measures taken or envisaged to counter potential under-reporting of work accidents. The Committee therefore reiterates its request.

As to occupational diseases, in the previous conclusions, the Committee asked for information on the legal definition of occupational diseases; the mechanism for recognising, reviewing and revising of occupational diseases (or the list of occupational diseases); the incidence rate and the number of recognised and reported occupational diseases during the reference period (broken down by sector or activity and year), including cases of fatal occupational diseases, and the measures taken and/or envisaged to counter insufficiency in the declaration and recognition of cases of occupational diseases; the most frequent occupational diseases during the reference period, as well as preventive measures taken or envisaged (Conclusions 2017).

In reply, the report indicates that an occupational disease is a disease recognised by the relevant medical facility, classified according to the list of occupational diseases, if it occurs for the employee in the performance of his/her duties, or in direct connection with the performance of duties or duties under the conditions set out in the list attached to the Act no. 355/2007 on the protection, promotion and development of public health. According to the report, in 2019, 276 cases of occupational diseases and 3 suspicions of occupational diseases were reported. Safety, technical and organisational causes of occupational diseases are investigated by the locally relevant regional Public Health Authority. The most frequently reported occupational diseases in 2019 were diseases concerning bones, joints, tendons and nerves limbs caused by long-term, excessive, unilateral straining of the upper limbs. The second most common occupational diseases were infectious diseases and parasitic diseases other than tropical infectious diseases and diseases transferable from animals to humans.

The report does not provide information on the incidence rate of reported occupational diseases during the reference period nor on measures taken and/or envisaged to counter insufficiency in the declaration and recognition of cases of occupational diseases, and preventive measures taken or envisaged. The Committee reiterates its request for information in these respects.

Pending receipt of the information requested, the Committee defers its conclusions.

Activities of the Labour Inspectorate

The Committee previously examined the situation regarding activities of the labour inspectorate and, pending receipt of information regarding a number of questions raised in the conclusions, considered, in the light of the number of inspection visits and the proportion of workers covered, that the labour inspectorate was efficient (Conclusions 2017).

The targeted question with regard to the activities of the Labour Inspectorate concern the organisation of the Labour Inspectorate, and the trends in resources allocated to labour inspection services, including human resources; number of health and safety inspection visits by the Labour Inspectorate and the proportion of workers and companies covered by the inspections as well as the number of breaches to health and safety regulations and the nature and type of sanctions; whether inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors.

The report does not provide any information in these respects. The Committee therefore reiterate its targeted questions and considers that if the requested information is not provided in the next report, there will be nothing to establish that the activities of the Labour Inspectorate are effective in practice.

According to ILOSTAT, the number of labour inspectors was 332 in 2017 and 320 in 2018. According to the same data, labour inspection visits per inspector was 172 in 2017 and 214 in 2018. Despite the decrease in the number of labour inspectors from 2017 to 2018, there is an increase in the number of labour inspection visits per year: 57,397 in 2017, 68,620 in 2018 and 71,635 in 2019. This also explains the decrease in the average number of labour inspectors per 10,000 employees from 2017 (1.3) to 2018 (1.2).

The Committee asks that the next report provide detailed and updated information on the number of workplaces that could be selected for labour inspection; on the total number of labour inspectors employed with the National Labour Inspectorate; on the number of inspection visits to workplaces during the year; on the average number of labour inspectors per 10,000 employees and on the annual number of labour inspection visits per inspector. It also requests information on administrative measures that labour inspectors are entitled to take and, for each category, the number of such measures actually taken.

Pending receipt of the information requested, the Committee defers its conclusions.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 3 - Right to safe and healthy working conditions

Paragraph 4 - Occupational health services

The Committee notes that no targeted questions were asked under Article 3§4 of the Charter. As the previous conclusion found the situation in the Slovak Republic to be in conformity with the Charter, there was no examination of the situation in 2021.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by the Slovak Republic. The Committee also takes note of the comments submitted jointly by the Forum for Human Rights, Validity Foundation, Social Work Advisory Board and SOCIA – Social Reform Foundation on 1 July 2021, of the comments submitted individually by Forum for Human Rights on 30 June 2021, and of the comments submitted by the Slovak National Centre for Human Rights on 12 of July 2021, as well as of the comments in response submitted by the Slovak Government on 10 August 2021.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 11§1 of the Charter, as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”).

In its previous conclusion (Conclusions 2017), the Committee the Committee concluded that the situation in the Slovak Republic was not in conformity with Article 11§1 of the Charter on the ground that it has not been established that sufficient measures have been taken to reduce the number of premature deaths. The assessment of the Committee will therefore concern the information provided by the Government in response to the conclusion of non-conformity and to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Measures to ensure the highest possible standard of health

The Committee notes from Eurostat that life expectancy at birth in the Slovak Republic in 2019 (average for both sexes) was 77.8 years (compared to 76.7 years in 2015). It notes that the average life expectancy for both sexes has increased since the previous reference period. However, the life expectancy rate remains lower than in other European countries. For instance life expectancy at birth in the EU-27 was 81.3 in 2019, according to Eurostat data.

The report does not address the Committee’s targeted request for statistical data on life expectancy across the country and different population groups. The Committee notes from the report *Slovakia: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies and the European Commission) that substantial inequalities persist by gender and education level. Women tend to live seven years longer than men, while life expectancy at 30 years of age is 14 years longer for the most educated men compared with the least educated ones (one of the largest gaps in the EU).

The Committee reiterates its request for overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).

The Committee further notes that according to the Eurostat data, the infant mortality rate stood at 5.1 deaths per 1 000 live births in 2019 (5.1 in 2015, 5.4 in 2016, 4.5 in 2017 and 5 in 2018). The EU-27 average in 2019 was 3.4 deaths per 1 000 live births. The Committee asks for information on measures taken to reduce infant mortality.

The Committee notes that according to the World Bank data, maternal mortality decreased from 6 deaths per 100,000 live births in 2015 and 2016, to 5 deaths per 100,000 live births in 2017 (for example, EU average was 6 in 2017).

The Committee further notes that the death rate (number of deaths/1,000 inhabitants) was 9.8 in 2019 (compared to 9.9 in 2015 and 10 in 2018) according to World Bank data.

In its previous conclusion, the Committee took note of worrisome trends concerning the mortality rate from cardiovascular diseases and from cancer (Conclusions 2017). It reiterated its request for information on the measures taken to address the diseases representing the main causes of premature death (it had already been requested in Conclusions 2013). The Committee concluded that the situation was not in conformity with the Charter on the ground that it had not been established that sufficient measures had been taken to reduce the number of premature deaths (Conclusions 2017).

The current report indicates that several programmes have been adopted in order to strengthen the preventive measures and to reduce the risk of premature death, in particular the National Action Plan to Prevent Obesity, the Nutrition Recovery Programme, the National Programme of Health Support and the National Programme of Mental Health. The programmes are focused on influencing the determinants of health, reducing risk factors and increasing public awareness. The Strategic Framework of HealthCare 2014 – 2030 determines the direction of healthcare policies in the medium and long term. The main goals of these programmes remain the long-term improvement of the population's health, the prolongation of average life expectancy and the increase of the quality of life – by eliminating the occurrence of health disorders that reduce the quality of life and augment premature death.

The report indicates that the above-mentioned programmes aim to improve the situation in the following fields: educating and motivating the population to adopt healthy lifestyles, focused in particular on the issue of proper nutrition and optimisation of physical activity; informing the population about the importance of following regular preventive inspections; supporting the most common screening of cancer; raising public awareness of a healthy diet, healthy nutrition and physical activity/physical fitness.

The Committee notes from the report *Slovakia: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies and the European Commission) that the Slovak Republic reports high mortality rates from preventable and treatable causes, suggesting a pressing need to reduce premature deaths through public health and healthcare policies. The same report indicates that only 1% of health expenditure is allocated to prevention, compared with an EU average of 3%. It is estimated that around half of all deaths (50%) in the Slovak Republic can be attributed to behavioural risk factors, including dietary risks, tobacco smoking, alcohol consumption and low physical activity (IHME, 2018). This proportion is far above the 39% EU average.

The Committee notes that according to the information contained in the comments submitted by the Slovak National Centre for Human Rights, the number of deaths from preventable or treatable diseases/conditions per 100,000 inhabitants in the Slovak Republic is alarming. For instance, the number of deaths from avoidable diseases/conditions, persons aged less than 75 years per 100,000 inhabitants in the Slovak Republic is higher by 60% in comparison with the EU average. The same report indicates that the diseases representing the main causes of death remained similar over the years, namely chronic ischemic heart disease and circulatory system diseases, malignant neoplasms of the digestive organs, vascular diseases of a brain, other heart diseases and acute upper respiratory tract infections. The

Committee notes that the Government has not responded to the above comments submitted by the Slovak National Centre for Human Rights.

The Committee takes note of the initiatives and actions aimed at improving the health of the population and reduce the risk factors listed in the report. In the meantime, noting that the situation has not improved, the Committee considers that the situation is not in conformity with Article 11§1 of the Charter on the ground that insufficient measures have been taken to reduce the number of premature deaths. It asks that the next report provide information on the implementation of concrete actions to reduce risk factors and their actual outcome on reducing the number of premature deaths together with statistical data in this field.

Access to healthcare

In a targeted question, the Committee asked for information on sexual and reproductive healthcare services for women and girls (including access to abortion services) and statistical information about early (underage or minor) motherhood.

The report does not provide the requested information in response to the above targeted question. The Committee reiterates its question. The Committee points out that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 11§1 of the Charter on this point.

The Committee takes note of the information provided by the Slovak National Centre for Human Rights which raise concern that planning parenthood, especially access to wide scale of contraceptives and respective information as well as access to infertility treatment remains unsatisfactory. The Centre also states that there is no modern contraceptive method covered by the public health insurance, and all kinds of hormonal and non-hormonal contraceptives are fully paid by the patients. The Centre considers obstacles to planned parenthood to include the following: the cost of hormonal contraception (in 2019 the average cost varied from 10 Eur to 15 Eur per month), the restrictions to prescription such as the mandatory informed consent of a parent or legal guardian of girls younger than 18 years of age and the age of the patient when prescribing hormonal contraception (for example, physicians sometimes refuse to prescribe hormonal contraception to girls younger than 16 years of age). The Committee notes that the Government has not responded to the above comments submitted by the Slovak National Centre for Human Rights.

The Committee asks for information on the measures taken to ensure that women and girls have access to modern contraception, including in rural areas. The Committee further asks clarification on the legal conditions and requirements for a minor in accessing modern contraception and whether the informed consent of the legal representative is required. It also asks for information on the proportion of the cost of contraceptives that is not covered by the State (in cases where the cost is not fully reimbursed by the State).

The Committee asks the next report to provide information on access to abortion. The Committee also asks for information on the costs of abortion and whether they are reimbursed by the State in total or in part.

The Committee notes from the report *Slovakia: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies and the European Commission) that some marginalised populations (such as ethnic minorities and those living in deprived areas) face considerable barriers to accessing care. In principle, Roma people have equal access to health services, but the reality is quite different: lower vaccination coverage, lower consumption of health services and considerably higher mortality rates. More generally, in some districts in southern and eastern Slovakia, poverty is considerably higher than in the rest of the country. These regions have higher proportions of municipalities with poor young people or high levels of in-work poverty. The same report indicates that it is in these areas that health workforce shortages are the highest.

The Committee asks that the next report provide information on any measures taken to improve the access to health of marginalised populations, including Roma and those living in the poorest areas of the country, and to address the health workforce shortages and uneven geographical distribution in general.

The Committee previously asked for information regarding the rules applicable to the management of waiting lists and waiting times as well as statistical data on the actual average waiting times for inpatient/outpatient care as well as for primary care, specialist care and surgeries (Conclusions 2017). The report provides information concerning the waiting lists for selected types of medical operations. It indicates that if the medical condition of a patient requires immediate medical intervention, the intervention will be provided to them without any regard to their position on the waiting list. Each health insurance provider has its own waiting lists for the selected operations, which results in different percentages of patients being put on the list – e.g., the Dôvera Health Insurance company states that less than 0.77% of its insured persons are actually put on the waiting list. The average waiting time for patients on the waiting list is 110 days.

In its previous conclusion, the Committee also asked for information on the share of out-of-pocket payments in total health expenditure and measures taken to reduce them. It also asked to receive information on the share of out-of-pocket expenses attributable to informal payments, the frequency of such payments and whether they are common practice in the Slovak Republic (Conclusions 2017). The Committee points out that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 11§1 of the Charter on this point.

The Committee notes that the Slovak National Centre for Human Rights in its comments emphasises the lack of investments in healthcare and indicates that according to OECD, Slovak Republic spends much less on health than the EU average, both in absolute terms (EUR 1 600 per person in 2017) and as a share of GDP (6,7%). The Slovak National Centre for Human Rights states that the situation is especially worrying due to the fact, that the Slovak Republic has been regularly decreasing its investments to healthcare since 2016 (as a share of GDP). The Committee asks for updated data on the health expenditure as a share of GDP in the next report.

The National Centre for Human Rights also raises concerns about the low number of medical staff, especially nurses, and its geographical distribution. While the density of physicians is very high in the capital region, it is much lower in most other regions. The Committee asks for statistical data in the next report on the number of doctors and nurses and the geographical distribution of healthcare services across the country.

The Committee refers to its general question as regards the right to protection of health of transgender persons in the general introduction. The Committee recalls that respect for physical and psychological integrity is an integral part of the right to the protection of health guaranteed by Article 11. Article 11 imposes a range of positive and negative obligations, including the obligation of the state to refrain from interfering directly or indirectly with the enjoyment of the right to health. Any kind of unnecessary medical treatment can be considered as contrary to Article 11, if accessing another right is contingent upon undergoing that treatment (*Transgender Europe and ILGA Europe v. Czech Republic*, Complaint No. 117/2015, decision on the merits of 15 May 2018, §§74, 79, 80).

The Committee recalls that state recognition of a person's gender identity is itself a right recognised by international human rights law, including in the jurisprudence of the European Court of Human Rights, and is important to guaranteeing the full enjoyment of all human rights. It also recalls that any medical treatment without free informed consent (subject to strict exceptions) cannot be compatible with physical integrity or with the right to protection of health. Guaranteeing free consent is fundamental to the enjoyment of the right to health, and is integral to autonomy and human dignity and the obligation to protect the right to health (*Transgender Europe and ILGA Europe v. Czech Republic*, op. cit., §§78 and 82).

The Committee invites states to provide information on the access of transgender persons to gender reassignment treatment (both in terms of availability and accessibility). It asks whether legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other medical requirements which could impair their health or physical and psychological integrity. The Committee also invites states to provide information on measures taken to ensure that access to healthcare in general, including sexual and reproductive healthcare, is provided without discrimination on the basis of gender identity.

In a targeted question, the Committee asked for information on measures to ensure informed consent to health-related interventions or treatment (under Article 11§2). The report does not contain any information on this matter. The Committee asks that information be provided in the next report on the measures taken to ensure informed consent to health-related interventions or treatment.

The Committee notes that the Slovak National Centre for Human Rights states that there are two legal regimes governing the informed consent to abortion obtained from girls younger than 18 years of age. It indicates that while the Healthcare Act requires the parents/ legal guardians to give informed consent to abortion carried out on a woman younger than 18 years of age, the Abortion Act is less strict and for girls older than 16 years of age but younger than 18 years of age requires the healthcare facility only to notify parents, respectively legal guardians.

The Committee invites the Government to comment on the above and to provide clarification on the legal framework applicable to informed consent to abortion in case of minors.

Covid-19

In the context of the Covid-19 crisis, the Committee asked the States Parties to evaluate the adequacy of measures taken to limit the spread of virus in the population as well as the measures taken to treat the ill (under Article 11§3).

For the purposes of Article 11§1, the Committee considers information focused on measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel).

The report does not provide information in response to the above targeted question, thus the Committee reiterates its request.

The Committee recalls that during a pandemic, States Parties must take all necessary measures to treat those who fall ill, including ensuring the availability of a sufficient number of hospital beds, intensive care units and equipment. All possible measures must be taken to ensure that an adequate number of healthcare professionals are deployed (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

The Committee recalls that access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and States must ensure that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status are adequately protected by the healthcare measures put in place. Moreover, States must take specific, targeted measures to ensure enjoyment of the right to protection of health of those whose work (whether formal or informal) places them at particular risk of infection (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

During a pandemic, States must take all possible measures as referred to above in the shortest possible time, with the maximum use of financial, technical and human resources, and by all appropriate means both national and international in character, including

international assistance and cooperation (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

The Committee concludes that the situation in the Slovak Republic is not in conformity with Article 11§1 of the Charter on the ground that insufficient measures have been taken to reduce the number of premature deaths.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter with respect to the provisions falling within the thematic group "Health, social security and social protection") as well as previous conclusions of non-conformity or deferrals.

In its previous conclusion, the Committee found that the situation in the Slovak Republic was in conformity with Article 11§2 of the Charter, pending receipt of the information requested (Conclusions 2017).

Education and awareness raising

In its targeted questions, the Committee asked for information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community, on a lifelong or ongoing basis, and in schools.

The report indicates that several strategies, such as the National Action Plan to Prevent Obesity, the National Programme of Health Support, the National Programme of Mental Health, have been adopted to support the protection of the population's health and to raise awareness of the public. According to the report, these documents are based on the "Health for All" policy of the World Health Organisation enshrined in the "Health 2020 policy: European policy framework to support governmental and societal activities for health and health prosperity".

Moreover, the Strategic Framework of Health Care 2014 – 2030, approved by the Government, determines the direction of health care policies in Slovakia. The Committee takes note of the measures and actions mentioned in the report that have been taken to improve eating habits of all age groups and to create a physical, social and cultural environment to increase physical activity of the population.

The Committee has previously noted that new subjects dealing with healthy lifestyles, health protection, physical activities, health care promotion, and information sessions on the negative aspects of smoking and drug abuse, have been introduced in the school curricula.

The report indicates that the state educational programme for primary education (1st level of primary school) defines the general goals of schools as key competencies in the balanced development of pupils' personalities. Partnership and parenthood education at this level of education aims to develop basic knowledge and responsible attitudes in the field, in accordance with current scientific knowledge and ethical standards. The content of education on partnership and parenthood in primary education consists of the following topics: family education; principles of healthy living; negative effects of smoking, alcohol and other drugs on human health and behaviour; equality between women and men; origin and development of the human personality; changes in the child's body during puberty.

In its targeted questions, the Committee also asked for information about awareness and education with respect to sexual orientation and gender identity (SOGI) and to gender-based violence. The report does not contain the information requested. Therefore, the Committee reiterates its request. It points out that, should the necessary information not be provided in

the next report, nothing will enable the Committee to establish that the situation in the Slovak Republic is in conformity with Article 11§2 of the Charter in this respect.

Counselling and screening

In its previous conclusion, the Committee found that the situation in the Slovak Republic was in conformity with Article 11§2 with respect to counselling and screening services available to pregnant women and children (Conclusions 2017). It also asked for confirmation that screening for diseases that constitute the principal causes of premature death was free and carried out in a systematic manner, with concrete examples of such screenings. The Committee reiterates its question.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

The Committee takes note of the information contained in the report submitted by the Slovak Republic. It also takes note of the comments submitted jointly by the Forum for Human Rights, Validity Foundation, Social Work Advisory Board and the Social Reform Foundation (SOCIA), of the comments submitted individually by Forum for Human Rights, and by the Slovak National Centre for Human Rights, and of the comments in response submitted by the Slovak Government.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government’s replies to the targeted questions, namely about healthcare services in prison; community-based mental health services; drug abuse prevention and harm reduction; healthy environment; immunisation and epidemiological monitoring; Covid-19; and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (namely, after 31 December 2021). In other words, the information referred to in the Covid-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In its previous conclusion, the Committee concluded that the situation in the Slovak Republic was not in conformity with Article 11§3 of the Charter on the ground that it had not been established that appropriate measures were taken to ensure a healthy environment (Conclusions 2017) .

Healthcare services in places of detention

In a targeted question, the Committee asked for a general overview of healthcare services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).

The Committee notes that the information requested is not provided. The Committee accordingly reiterates its request for information and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 11§3 of the Charter.

Community-based mental health services

In a targeted question, the Committee asked for information regarding the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. The Committee also asked for statistical information on outreach measures in connection with the mental health assessment of vulnerable populations and on proactive measures adopted to ensure that persons in need of mental healthcare are not neglected.

From the comments submitted by the Forum for Human Rights et al., the Committee notes that the Slovak Republic relies to a large extent on institutional care for persons with

disabilities (including psychiatric hospitals), and that the deinstitutionalisation process is slow, often due to opposition from local and regional authorities. Institutional care receives more funding compared with community-based services, there is no moratorium on new admissions to institutional care, and community-based services, such as personal assistance, are poorly developed. The Committee further notes from the same source that the Slovak Republic lacks sufficient victim support services to help persons with intellectual and psychosocial disabilities living in residential facilities and complaining of having suffered ill-treatment, secure access to justice and rehabilitation.

In response, the Slovak Government provides an outline of the new National Strategy for the Deinstitutionalisation of the System of Social Services and Substitute Care, which has been adopted on 28 April 2021, outside the reference period.

The Committee refers to the latest concluding observations by the Committee on the Rights of Persons with Disabilities (CRPD, 2016), expressing deep concern in relation to the high number of institutionalised persons with disabilities, in particular women with disabilities; about the slow and partial progress of the deinstitutionalisation process; about the ongoing investments from government budgets in institutions; and the lack of provision of full support for persons with disabilities to live independently in their communities.

The Committee notes that the information requested is not provided. Therefore, the Committee reiterates its question and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 11§3 of the Charter.

Consistent with the World Health Organisation (WHO) Comprehensive Mental Health Action Plan 2013-2030, and other relevant standards, the Committee considers that a human rights-compliant approach to mental health requires at a minimum the following elements: a) developing human rights-compliant mental health governance through, inter alia, mental health legislation and strategies that are in line with the Convention on the Rights of Persons with Disabilities and other relevant instruments, best practice and evidence; b) providing mental health in primary care community-based settings, including by replacing long-stay psychiatric hospitals with community-based non-specialised health settings; and c) implementing strategies for promotion and prevention in mental health, including campaigns to reduce stigmatisation, discrimination and human rights violations.

The Committee notes that Article 15§3 of the Charter ordinarily provides an opportunity to examine the process of deinstitutionalization of adults with disabilities. As the Slovak Republic has not ratified that provision, the issue in question falls to be assessed under Article 11§3 of the Charter.

Accordingly, the Committee asks for information as follows:

- the number of fully and/or partially closed institutions, or the reduction in the number of beds in long-stay psychiatric hospitals; if a deinstitutionalisation strategy is in place, what the timeline is for the closure of all institutions;
- the alternatives that have been put in place: the type of community-based services, including access to personal assistance, housing options, and access to mainstream services, including employment and education;
- with regard to housing, to what extent people leaving institutions are able to choose where and with whom they would like to live, and whether they are obliged to access a particular living arrangement to access support;
- data on the number of people living in group housing (small group homes, family-type homes etc.) after leaving institutions, disaggregated by age and impairment.;
- how services are funded, how disability-related costs are funded, and how individuals are assessed for access to different support services and allowances;

- how the quality of community-based services is monitored, and how persons with disabilities and their representative organisations are involved in the delivery, monitoring or evaluation of community-based services.

Drug abuse prevention and harm reduction

In a targeted question, the Committee asked for information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. The Committee also asked for an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the “available, accessible, acceptable and sufficient quality” criteria (WHO’s 3AQ) are respected, subject always to the exigency of informed consent. This rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

The Committee notes that the information requested is not provided. Therefore, the Committee reiterates its request for information and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in the Slovak Republic is in conformity with Article 11§3 of the Charter.

Healthy environment

In a targeted question, the Committee asked for information on the measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as measures taken to address the health problems of the populations affected, and about measures taken to inform the public, including pupils and students, about general and local environmental problems.

Additionally, in its previous conclusions, the Committee asked for updated information on the main legislation and measures taken in the field of environmental protection, namely for the protection of air quality, water safety, noise, as well as in the areas of ionising radiation, asbestos and food safety (Conclusions 2017). It also asked for information on the levels of air pollution, asbestos, as well as on cases of water and food intoxication during the reference period. The Committee concluded that the situation was not in conformity with the Charter on the ground that it had not been established that appropriate measures were taken to ensure a healthy environment.

The report provides an overview of regulations applicable in the field of environmental protection, most of which predate the reference period.

The Committee refers to the Country Report forming part of the Environmental Implementation Review 2019, which highlights a series of problems with regard to the environment: the poor performance on waste management, with low recycling rates and a strong dependence on landfilling; the high level of emissions from the burning of solid fuel in homes and from agriculture, transport and industry; the lack of robust air quality monitoring and air pollution data; inadequate water management policy.

The Committee notes that the information requested is not provided and asks for it to be provided in the next report. Meanwhile, the Committee concludes that the situation is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that adequate measures were taken to overcome environmental pollution.

The comments provided by Forum for Human Rights present evidence indicating that many Roma neighbourhoods and settlements lack access to essential public services such as: public water pipelines; public sewerage system, such that sewage is often discharged to nearby surroundings; or waste collection services. Some Roma communities are located within and in proximity to informal landfills, or to large formal landfills. In turn, the lack of water and sanitation has severe health consequences, resulting for instance in increased rates of Hepatitis B.

In response, the Slovak Government provides an overview of policies in the area of social housing, as well as a list of projects aimed at improving housing in marginalised Roma communities, including by improving access to water, to be implemented in the future.

The Committee notes that issues related to adequate housing are ordinarily subject to review under Article 31§1 of the Revised Charter. Nonetheless, the Committee has previously stated that a situation where availability of drinking water is still a problem for a significant proportion of the population is in breach of Article 11§3 Charter (Conclusions 2013, Georgia). The Committee also notes that the Slovak Republic has not ratified Article 31§1 of the Charter. It therefore follows that the issues raised in the comments received by the Committee fall to be considered under Article 11§3 of the Charter.

The Committee requests the next report to supply detailed information on the steps taken to improve access to water, sanitation and waste collection in Roma communities.

Immunisation and epidemiological monitoring

In its previous conclusion, the Committee asked for updated information on the developments concerning the immunisation and epidemiological surveillance during the reference period, including statistical data on the coverage rate of the immunisation (Conclusions 2017). The Committee emphasised that, if this information was not provided in the following report, there would be nothing to establish that the situation was in conformity with the Charter on this point.

The report provides a list of the mandatory and recommended vaccines included in the National Immunisation Programme.

The Committee refers to the State of Health in the European Union's Country Health Profile on the Slovak Republic 2019, noting that child immunisation coverage rates have remained above the 95% target set by WHO, despite the growing influence of anti-vaccine movements in the country. However, influenza vaccination coverage for people above 65 is very low, with only 13% of people in that age group vaccinated in 2016, well below the European Union average of 43% or the WHO target of 75%. Immunisation rates among specific population groups such as the Roma, is lower than the general population.

The Committee notes that the report does not address all issues raised in its request, namely about the developments concerning the immunisation and epidemiological surveillance during the reference period, including statistical data on the coverage rate of the immunisation. Consequently, the Committee reiterates its request for information and meanwhile concludes that the situation is not in conformity with Article 11§3 of the Charter on the ground that it has not been established that efficient immunisation and epidemiological monitoring programmes are in place.

In a targeted question, the Committee asked States Parties to describe the measures taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

The report does not address this question.

Covid-19

The Committee asked States Parties to evaluate the adequacy of measures taken to limit the spread of the Covid-19 virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.).

The report does not address this question.

The Committee recalls that States Parties must take measures to prevent and limit the spread of the virus, including testing and tracing, physical distancing and self-isolation, the provision of adequate masks and disinfectant, as well as the imposition of quarantine and 'lockdown' arrangements. All such measures must be designed and implemented having regard to the current state of scientific knowledge and in accordance with relevant human rights standards (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020). Furthermore, access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status must be adequately protected by the healthcare measures put in place (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

The Committee concludes that the situation in the Slovak Republic is not in conformity with Article 11§3 of the Charter on the grounds that it has not been established that:

- adequate measures were taken to overcome environmental pollution;
- efficient immunisation and epidemiological monitoring programmes are in place.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

Risks covered, financing of benefits and personal coverage

As regards personal coverage of social security risks, the Committee noted in its previous conclusion (Conclusions 2017) that the social security system covers all the traditional risks (medical care, sickness, unemployment, old age, work accidents/occupational diseases, family, maternity, disability and survivors) and is based on collective financing, as it is funded by contributions (employers and employees and the state) and also by the State budget.

The Committee asks the next report to provide updated information regarding the personal coverage of these risks. For health care, it asks what is the percentage of the population covered. For income-replacement benefits, it asks what is the percentage of active population covered.

Adequacy of the benefits

According to Eurostat, the poverty level, defined as 50% of the median equivalised income stood at €338 per month in 2019. 40% of the median equivalised income corresponded to €271 monthly. The minimum wage was € 520.

In its previous conclusion the Committee considered that the minimum level of sickness benefit was inadequate. The Committee notes that the report does not provide any information in this respect. In its previous conclusion the Committee made its assessment on the basis of the replacement rate of 55% and concluded that the minimum level of sickness benefit paid to a worker earning the minimum wage was inadequate as it fell below 40% of the median equivalised income. The Committee notes that in 2019 the amount of sickness benefit paid to a worker earning the minimum wage, calculated at 55% of that wage stood at € 286. The Committee notes that this amount is between 40% and 50% of the median equivalised income. The Committee asks the next report to provide information about the additional benefits, provided to a person in receipt of the minimum level of sickness benefit. In the meantime, it reserves its position as to the adequacy of this benefit.

In its previous conclusion the Committee considered that the minimum level of unemployment benefit was inadequate. The Committee notes from the report that the unemployment benefit is provided per day and at 50% of the daily assessment basis. The Committee asks what is the amount of unemployment benefit paid to a worker earning the minimum wage.

In its previous conclusion the Committee considered that it had not been established that there was a reasonable initial period during which an unemployed person may refuse an unsuitable job offer without losing his/her unemployment benefit. The Committee notes from the report in this regard that each regional office of labour, social affairs and family develops and individual jobseeker's plan according to personal skills and knowledge of the jobseeker. If the office finds a suitable employment for a given candidate and the jobseeker is of the opinion that the job offered does not meet their occupational experience, he/she is obliged to inform the office and cooperate with it in explaining the reason. In this case, the office does not automatically suspend the unemployment benefit. This happens only when the jobseeker refuses the offer without providing adequate reasoning or without any form of cooperation with the office. The Committee reiterates its question whether there is an initial period during which the person concerned may refuse an unsuitable job offer without losing his/her unemployment benefits.

In its conclusion (2013) the Committee noted that only 50% of the sickness benefit is paid if the sickness has been a consequence of alcohol or drug abuse. It considered that linking entitlement to sickness benefit to the nature and origin of sickness is a punitive measure and cannot be justified. It amounts to discrimination in the meaning of Article E (health status). In its previous conclusion (2017) the Committee noted that pursuant to Article 111 paragraph 1 of the Act 461/2003 Coll on Social Insurance, the 50% reduction is applied in case of self-inflicted injury under the influence of alcohol or drugs, while a full sickness benefit is paid if the sickness has been a consequence of alcohol or drug abuse. The Committee asked whether this means that the reduction concerned actually the work accidents insurance and not the sickness insurance, and to provide all relevant information and data in respect of both issues.

In reply, the Committee notes from the report that work accident insurance only applies to accidents that occurred during the performance of work obligations, the 50% reduction due to alcohol does not apply to this insurance. The reduction is applied to the sickness benefit provided to a person if the given person suffered an accident due to alcohol or drug consumption (in other words, the person in question would be given the sickness benefit in full if they had not suffered from an accident due to intoxication – if the reason for the accident was alcohol or drug consumption, the benefit is halved). If the person suffers e.g. from liver cirrhosis due to being an alcoholic and this person undergoes medical treatment (e.g. they are regularly monitored, they have undertaken anti-alcoholic treatment, etc.) sickness benefit is provided in full sum. Therefore the fundamental difference is an accident directly induced by intoxication vs. a long-term disease treated regularly. The Committee considers that this explanation does not change the fact that entitlement to sickness benefit is linked to the nature and origin of sickness. Therefore, the Committee considers that the situation is not in conformity with the Charter as the ground on which sickness benefit can be reduced is discriminatory.

Conclusion

The Committee concludes that the situation in the Slovak Republic is not in conformity with Article 12§1 of the Charter on the ground that the amount of sickness benefit can be reduced on discriminatory grounds.

Article 12 - Right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee recalls that Article 12§2 obliges States to maintain a social security system at a level at least equal to that necessary for ratifying the European Code of Social Security. The Code requires the acceptance of more parts than ILO Convention No. 102 on social security (minimum standards), i.e. at least six of Parts II to X (on the understanding that Part II, Medical care, counts as two parts and Part V, Old-age benefit, counts as three parts).

The Committee notes that the Slovak Republic has not ratified the European Code of Social Security. Therefore, the Committee cannot take into consideration the Committee of Ministers' resolutions on the application of the Code by States which are bound by it, and must make its own assessment.

The Committee notes that the Slovak Republic has ratified ILO Convention No. 102 and accepted Parts II, III, V, VII to X, which cover medical care (II), sickness benefit (III), old-age benefit (V), family benefit (VII), maternity benefit (VIII), invalidity benefit (IX) and survivors' benefit (X). Part III ceased to apply, however, following the ratification by the Slovak Republic of ILO Convention No. 130 on medical care and sickness benefits. The Slovak Republic has also ratified ILO Convention No. 128 on invalidity, old-age and survivors' benefits and accepted Part III thereof (old-age benefit).

The Committee recalls that to assess whether a social security system is maintained at a level at least equal to that which is necessary for ratifying the European Code of Social Security, it assesses the information relating to the branches covered (risks covered), to the personal scope and to the level of the benefits paid.

In this respect, the Committee refers to its previous conclusion on Article 12§1 of the Charter (Conclusions 2017) in which it noted that the social security system covered all the traditional branches (medical care, sickness, unemployment, old age, work accidents and occupational diseases, family, maternity, invalidity and survivors).

The Committee further refers to its conclusion in this evaluation cycle relating to Article 12§1, in which it asks for updated information in the next report for it to be able to assess the adequacy of the personal scope of the system.

With regard to the level of benefits paid, the Committee recalls that it considered the minimum level of old-age pensions to be inadequate (Conclusion 2021 on Article 23). In addition, it did not rule on the adequacy of the following benefits, pending receipt of information: sickness and unemployment benefits (Conclusion 2021 on Article 12§1), family benefits (Conclusion 2019 on Article 16), and invalidity and work accidents/occupational diseases benefits (Conclusion 2017 on Article 12§1).

The Committee also notes that the Committee of Experts on the Application of ILO Conventions and Recommendations adopted a direct request in 2019 (published in 2021) concerning Conventions Nos. 102 and 130, asking the Slovak Government to provide statistical data including on the number of persons covered for sickness, invalidity and survivors' benefits and the total value of family benefits.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 12 - Right to social security

Paragraph 3 - Development of the social security system

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee recalls that States were asked to reply to two targeted questions for Article 12§3 of the Charter as well as, where applicable, the previous conclusions of non-conformity or deferral (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”).

In its previous conclusion, the Committee found that the situation in the Slovak Republic was in conformity with Article 12§3 of the Charter (Conclusions 2017). It will therefore restrict its consideration to the Government’s replies to the two targeted questions, namely:

- social security coverage, and its modalities, provided to persons employed by digital platforms or whose work is managed via such platforms; and
- any impact of the Covid-19 crisis on social security coverage, and any specific measures taken to compensate for or alleviate any possible negative impact.

The Committee wishes to point out that it will take note of the reply to the second question for information purposes only, as it relates to developments that occurred outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Platform workers

The Committee recalls that it has posed a targeted question to all States on social security cover for persons employed or whose work is managed by digital platforms. The emergence of these new forms of employment has had a negative impact on certain rights of these workers, as explained in the General Introduction. In matters of social security, compliance with Article 12§3 of the Charter requires that the existing social security systems be adapted to the specific situation and needs of the workers concerned, in order to guarantee that they enjoy the social benefits included within the scope of Article 12§1. The Committee is keenly aware that there are significant gaps in the social coverage of workers in new forms of employment such as platform workers. It considers that the States Parties are under an obligation to take all the necessary measures to address these shortcomings.

In particular States Parties must take steps to ensure that all workers in new forms of employment have an appropriate legal status (employee, self-employed or other category) and that this status is in line with the actual situation thus avoiding abuse (such as the use of “bogus” or “false” self-employed status to circumvent the applicable social security regulations) and conferring adequate social security rights as guaranteed by Article 12 of the Charter on the platform workers.

The Committee notes that the Government has not provided any information about the social security coverage of digital platform workers. The Committee therefore reiterates its question. It asks for information in the next report on the number of digital platform workers (as a percentage of the total number of workers), their status (employees, self-employed and/or other category), the number/percentage of these workers by status and their social security protection (by status). In the meantime, the Committee reserves its position on this point.

Covid-19

The Government has not provided any information about the impact of the Covid-19 crisis on social security coverage.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 12 - Right to social security

Paragraph 4 - Social security of persons moving between States

The Committee notes that the Slovak Republic does not provide any information concerning this provision. Therefore, the Committee reiterates its previous finding of non-conformity.

Conclusion

The Committee concludes that the situation in the Slovak Republic is not in conformity with Article 12§4 of the Charter on the ground that it has not been established that the right to maintenance of accruing rights is guaranteed to nationals of all other States Parties.

Article 13 - Right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

The Committee takes note of the information contained in the report submitted by the Slovak Republic. It also takes note of the information submitted by the Forum for Human Rights, the NGO Coalition and the Slovak National Centre for Human Rights.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore it will focus on the Government’s replies to the targeted questions, namely about measures taken to ensure that the right to social and medical assistance is ensured and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

The previous conclusion considered that the situation in the Slovak Republic was not in conformity with Article 13§1 of the Charter on the ground that the level of social assistance paid to a single person without resources is not adequate. It will therefore focus its consideration to the Government’s replies to the targeted questions, as well as to the developments concerning the previous non-conformity and the questions asked in the former conclusions.

General legal framework, types of benefits and eligibility criteria

The Committee takes note of the developments during the reference period. A new piece of legislation that is being developed concerns a new type of housing allowance. The aim of this legislation, according to the report, is to ensure availability and adequate quality of social housing for people at risk of poverty or social exclusion. This allowance shall constitute a new form of social assistance and is in the approval process, in accordance with the new State Housing Policy of the Slovak Republic. The new housing allowance will be cumulative with the already existing housing allowance, so a single person is going to be able to apply for both of the allowances. Moreover, as of 1 May 2018 a new Act was adopted on Social Economy. It governs the social economy sector and introduces measures to increase employability of persons at risk of poverty. The report highlights that it is important to support these persons with allowances, but it is equally important to motivate them to try to solve their unfavourable situation.

Another group of newly introduced measures is represented by non-legislative steps taken to support persons in material need. For example, within the framework of the new Operational Programme of Food and Basic Material Assistance, the persons who are in material need are provided with “food packages”, which contain basic groceries on a regular basis. The Ministry of Labour, Social Affairs and Family has also recently introduced another individual measure to support persons in especially negative social situations.

Levels of benefits

To assess the situation during the reference period, the Committee takes into account that only some of the required figures on benefits are provided in the report. It asks for the next

report to provide information on the level of benefits. The Committee therefore based its assessment on the information published in the MISSOC and Eurostat database:

- Basic benefit: the Committee notes from MISSOC (data of 31 December 2019) that the “Material Need Benefit” is calculated based on the claimant’s income. The monthly amount of “Material Need Benefit” level for single persons stood at € 66.30 per month for individual.
- Additional benefits: according to MISSOC, all persons in need receive the so-called material need assistance. It includes the material need benefit and four allowances (protecting allowance, activation allowance, housing allowance and child allowance). The protecting allowance is only paid in certain cases (pensioners, people with disabilities, ill, pregnant women or parents of a child up to one year of age). The activation allowance can be paid at two levels (in 2019, €135.70 per month for those with an income at minimum wage level or lower and €67.90 per month for those who do not work or seek for a job. Housing allowance was €55.80 per month for a person living alone. The report also refers to a one-off assistance, intended to partially cover the extraordinary expenses of members of a household in material need. It is used mainly to provide the necessary clothing, linen, footwear, necessary household equipment, special medical expenses or school supplies. This type of assistance may be granted once up to the amount of the proven actual expenses, up to a maximum of three times the amount of the subsistence minimum for one adult person. Therefore, a single person aged 35 who is unemployed with no dependents and follows back-to-work programme would receive as maximum “Material Need Assistance” €191.40 per month, which equals to €66.30 for material need benefit, plus €57.20 for housing allowance, plus €67.90 for the activation allowance if following a back-to work programme.
- Medical assistance: there is no updated specific information in this respect in the report. According to MISSOC, health care services are available to all persons with permanent residence in the Slovak Republic, also to recipients of the Material Need Assistance without any restriction.
- Poverty threshold estimated at 50% of the median equivalised income and calculated on the basis of Eurostat at-risk-of-poverty threshold): it amounted to €338 in 2019.

The Committee asked in 2017 what was the average amount of one-off assistance and under what conditions it is granted and whether it is cumulative with other social assistance benefits. The report explains that it is calculated on the basis of actual expenses, but is up to a maximum of three times the amount of the subsistence minimum for one adult person. The report further refers to a new individual measure introduced to support persons in especially negative social situations, with a benefit of up to €800 for a single person. The Committee asks the next report to explain whether this is an additional benefit to the one-off assistance, and under which conditions and to whom can be granted.

However, in the light of all the data, the Committee notes that the combined level of basic and supplementary benefits available to a single person without resources is not adequate as the total amount that can be obtained falls below the poverty threshold. Therefore, the situation is not in conformity with the Charter.

Right of appeal and legal aid

The Committee notes that no targeted questions were asked as regards the right of appeal and legal aid. The Committee had previously asked in its 2017 Conclusions to provide updated information as regards right of appeal and legal aid. The report contains no information in this respect. The Committee reiterates its question and if this information is not provided in the next report, there will be nothing to establish that the situation is conformity with the Charter.

Personal scope

The specific questions asked in relation to the personal scope of Article 13§1 in this cycle refer only to the foreign nationals unlawfully present in the territory.

The Committee recalls that persons in an irregular situation must have a legally recognised right to the satisfaction of basic human material need (food, clothing, shelter) in situations of emergency to cope with an urgent and serious state of need. It likewise is for the States to ensure that this right is made effective also in practice (European Federation of National Organisations working with the Homeless (FEANTSA) v. the Netherlands, Complaint No. 86/2012, decision on the merits of 2 July 2014, §187). The Committee asked in tis 2017 Conclusions whether the legislation and practice comply with these requirements.

The report simply states that an asylum seeker or those foreigners who have any type of legal stay can apply for all social assistance benefits. However, this does not reply to the question whether foreign nationals unlawfully present have access to basic needs. The Committee reiterates its question. If this information is not provided in the next report, there will be nothing to establish that the situation is conformity with the Charter.

Medical and social assistance during the Covid-19 pandemic

The report does not contain specific information about the measures taken related to Article 13 during the Covid-19 pandemic. It refers to the fact that, due to the Covid-19 pandemic, the risks of poverty and social exclusion are even more pronounced and endanger more groups of the population. With reference to the Program Statement of the Government of the Slovak Republic for the period 2020-2024, the Government will in particular support the employment of vulnerable groups in the coming period, development of social economy and creation of social enterprises, employment of the long-term unemployed through the remuneration of supported employment agencies and the creation of a system of the inter-labour market, the diversity of jobs in activation work in order to increase their added value in order to support the development of qualified skills, increasing the help in material need, improving employment opportunities for persons with severe disabilities. Attention is also paid to regional mitigation differences. The Committee asks the next report to produce further information on social assistance and specific measures taken during the Covid-19 pandemic.

Conclusion

The Committee concludes that the situation in the Slovak Republic is not in conformity with Article 13§1 of the Charter on the ground that the level of social assistance paid to a single person without resources is not adequate.

Article 13 - Right to social and medical assistance

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

The Committee notes that no targeted questions were asked under this provision. As the previous conclusion found the situation to be in conformity there was no examination of the situation in the current cycle.

Article 13 - Right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

The Committee notes that no targeted questions were asked under this provision. As the previous conclusion found the situation to be in conformity there was no examination of the situation in the current cycle.

Article 14 - Right to benefit from social welfare services

Paragraph 1 - Promotion or provision of social services

The Committee takes note of the information contained in the report submitted by the Slovak Republic. It also notes the comments submitted by the Slovak National Centre for Human Rights.

The Committee recalls that Article 14§1 guarantees the right to benefit from general social welfare services. It notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government’s replies to the targeted questions, namely how and to what extent the operation of social services was maintained during the COVID-19 crisis and whether specific measures were taken in view of possible similar crises arising in the future. The Committee wishes to point out that it will take note of the information provided in reply to the question relating to COVID-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the COVID-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In the previous conclusion (Conclusions 2017) the Committee found the situation to be in conformity with the Charter. The legislative framework has not changed, as confirmed by the further detailed description, provided by the report, of the organization of social services and, in particular on the remedies in case of discrimination and infringements of human rights within the provision of social services. The report confirms that provision of social services is considered an administrative act and as such it is subject to review within the administrative procedure in accordance with Act No. 162/2015 Coll. on Administrative Judicial Procedure. Furthermore, the report submits that the process of deinstitutionalisation of social services in Slovakia is ongoing, in accordance with the Strategy of Deinstitutionalisation of the System of Social Services and Alternative Care and the National Action Plan on the Transition from Institutional to Community care in the system of social services for the years 2016 – 2020. It states that as in 2021, outside the reference period, new provisions of the Social Services Act on the information system entered into force and that the Strategy is currently being updated, which will reflect the current state of the deinstitutionalisation process in the Slovak Republic, and new binding measures will take into account the need for more active implementation of the UN Convention on the Rights of Persons with a Disabilities. The Committee will assess the amended organisation of the social services in the next evaluation cycle and thus asks the next report to provide all relevant information in this respect.

The report does not reply to the Committee’s targeted questions as regards the provision of social services during the COVID 19 pandemic nor, in particular, does contain information on any specific measures taken in anticipation of possible crises of such type reoccurring.

Conclusion

The Committee concludes that the situation in the Slovak Republic is in conformity with Article 14§1 of the Charter.

Article 14 - Right to benefit from social welfare services

Paragraph 2 - Public participation in the establishment and maintenance of social services

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee recalls that Article 14§2 requires States Parties to provide support for voluntary associations seeking to establish social welfare services. The “individuals and voluntary or other organisations” referred to in paragraph 2 include the voluntary sector (non-governmental organisations and other associations), private individuals, and private firms.

The Committee further notes that for the purposes of the current examination, States were asked to reply to the specific targeted questions posed to States in relation to this provision (questions included in the appendix to the letter of 3 June 2020, in which the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the scope of the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals. States were therefore requested to provide information on user involvement in social services (“co-production”), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels, as well as in the design and delivery of services in practice. Co-production is understood here to mean that social services work together with users of the services on the basis of fundamental principles, such as equality, diversity, accessibility and reciprocity.

In its previous conclusion (Conclusions 2017), the Committee found the situation to be in conformity with the Charter. It acknowledges the information provided in reply to its previous question (see Conclusions 2017) on the system of implementation of quality assessment conditions on the part of social service providers and the mechanism of quality assessment by the Ministry of Labour, Social Affairs and Family, confirming that the situation remains in conformity with the Charter.

The report does not, however, reply to the targeted question on user participation in social services. The Committee reiterates its question and calls for comprehensive information to be provided in the next report, in particular, on how the user participation is encouraged in legislation and other decision-making processes, and whether any practical measures to support it, including budgetary ones, have been adopted or envisaged.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 23 - Right of the elderly to social protection

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee also takes note of the information submitted by the Forum for Human Rights, the NGO Coalition and the Slovak National Centre for Human Rights submitted respectively on 30 June and 1 and 9 July 2021 and the response of the Government to these comments submitted on 10 August 2021.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government’s replies to the targeted questions, namely about measures taken to ensure that the social and economic rights of older persons are respected and Covid-19 and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (namely, after 31 December 2019). In other words, the information referred to in the Covid-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

The previous conclusion was one of non-conformity on the grounds that it had not been established that the existing capacities in residential care were sufficient to match the demand of older people (Conclusions 2017).

Autonomy, inclusion and active citizenship

Legislative framework

The Committee recalls that Article 23 of the Charter requires State Parties to undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular to enable older persons to remain full members of society for as long as possible. The expression “full members of society” used in Article 23 requires that older persons must suffer no ostracism on account of their age. The right to take part in society’s various fields of activity should be ensured to everyone active or retired, living in an institution or not.

The Committee takes due account of contemporaneous definitions of ageism which refer to the stereotypes, prejudices and discrimination directed towards other or oneself based on age (see for example WHO report on Ageism, 2021, p. XIX) As the World Health Organisation has noted, “... ageism has serious and far-reaching consequences for people’s health, well-being and human rights“(WHO report on Ageism, 2021, p. XVI).

The Covid-19 crisis has exposed and exacerbated a lack of equal treatment of older persons. This has included in the healthcare context, where there have been instances of rationing of scarce resources (e.g. ventilators) based on stereotyped perceptions of quality of life, vulnerability and decline in old age.

Equal treatment calls for an approach based on the equal recognition of the value of older persons’ lives in all the areas addressed by the Charter.

Article 23 of the Charter requires the existence of an adequate legal framework for combating age discrimination in a range of areas beyond employment, namely in access to goods, facilities and services, such as insurance and banking products, allocation of

resources and facilities. Discrimination against older persons in terms of social rights enjoyment, is also contrary to Article E.

The overall emphasis in the Charter on using social rights to underpin personal autonomy and respect the dignity of older persons and their right to flourish in the community requires a commitment to identifying and eliminating ageist attitudes and those laws, policies and other measures which reflect or reinforce ageism. The Committee considers that States Parties, in addition to adopting comprehensive legislation prohibiting discrimination on grounds of age, must take a wide range of measures to combat ageism in society. Such measures should include reviewing (and as necessary amending) legislation and policy for discrimination on grounds of age, adopting action plans to ensure the equality of older persons, promoting positive attitudes towards ageing through activities such as society-wide awareness campaigns, and promoting inter generational solidarity.

Article 23 further requires that States parties provide for a procedure of assisted decision making.

The Committee previously requested updated information on the legislation prohibiting discrimination on grounds of age (Conclusions 2017). The report provides no information in this respect, therefore the Committee repeats its request for information. The Committee considers that if this information is not provided in the next report there will be nothing to establish that the situation is in conformity with the Charter.

According to the report there have been development in the legislation on capacity. Previously persons could only be declared totally incapable, as of 2016 a person maybe declared partially incapable. The total deprivation of capacity is not possible. A legal representative is normally a family member. The Committee also notes the information submitted by the Slovak National Centre for Human Rights. In addition it notes from the comments submitted by the Forum for Human Rights that the Ministry of Justice has being working on a proposal for the reform of the guardianship system. The Committee asks to be informed of the outcome of this work and whether it has included consideration of establishing an asisted decision making procedure.

The Committee recalls that there should be a national legal framework related to assisted decision making for older persons guaranteeing their right to make decisions for themselves. Older persons must not be assumed to be incapable of making their own decisions just because they have a particular medical condition or disability.

States Parties must take measures to replace regimes of substituted decision-making by supported decision-making, which respects the person's autonomy, will and preferences. These may be formal or informal.

Older persons may need assistance to express their will and preferences, therefore all possible ways of communicating, including words, pictures and signs, should be used before concluding that they cannot make the particular decision on their own.

In this connection, the national legal framework must provide appropriate safeguards to prevent the arbitrary deprivation of autonomous decision making by older persons. It must be ensured that any person acting on behalf of older persons interferes to the least possible degree with their wishes and rights (Statement of Interpretation 2013).

Prevention of abuse of older persons

The Committee previously asked to be informed on the implementation of all initiatives taken to prevent abuse of older persons as well as on any legislative measures that may have been taken or are envisaged in this field (Conclusions 2017). The report provides no information in this resepect. The Slovak National Centre for Human Rights refers in this respect to the National Programme for Active Ageing 2014-2020.

The Committee asks for information to be provided in the next report, on measures taken to combat abuse of older persons such as measures to raise awareness of the need to eradicate older abuse and neglect, (beyond the institutional care context), and any legislative or other measures. It also asks whether data has been collected which would indicate the prevalence of older abuse.

Independent living and long term care

The Committee asks whether steps have been taken to move away from the institutionalisation of older persons and adopt a long term care and support in the community model. The Committee recalls that Article 23 provides that measures should be taken to enable older persons to lead independent lives in their familiar surroundings therefore it considers that older persons requiring long term care should be able to choose their living arrangements. In particular, this requires states to make adequate provision for independent living, including housing suited to their needs and state of health, as well as the necessary resources and supports needed to make independent living possible.

Institutionalisation is a form of segregation, often resulting in a loss of autonomy, choice and independence. The Covid-19 pandemic has put the spotlight on the shortcomings of institutionalised care. The Committee refers in this respect to its Statement on Covid-19 and social rights (adopted March 2021) where it stated that enabling older persons to remain in their familiar surroundings as required by Article 23 of the Charter has become even more important in view of the heightened risk of contagion in the congregated settings of nursing homes and other long-term institutional and residential facilities and to the human rights-based argument for investment in the community to give reality to the right to community living is now added a public health argument in favour of moving away from residential institutions as an answer to long term care needs.

According to the report the National Priorities for the Development of Social Services for the years 2015-2020 (National Priorities) and the Deinstitutionalisation Strategy of Social Services and Alternate Care have sought to develop diverse community based care services. The National Priorities aim to provide services in the home and community, away from institutions.

The Committee notes from the comments submitted by the Forum for Human Rights that although the Government is committed the deinstitutionalisation progress is slow and partial and despite efforts the total number of facilities, their capacity and clients are increasing.

The Committee asks the next report to provide updated information on the progress made in providing care in the community, it asks in particular how many older persons reside in institutions -residential care and trends in the area.

Services and facilities

The Committee previously asked whether the supply of services to the elderly matched the demand (Conclusions 2017) and warned that in the absence of a reply in the next report, there will be nothing to prove that the situation is in conformity on this point. In reply the report states that 34, 202 older persons were in receipt of social service facilities of whom 45% were highly dependent. Information is provided on occupancy and waiting times for admission to care homes, but not on waiting times for other services. The Committee repeats its request for this information.

According to the Slovak National Centre for Human Rights that during the period under review there was an emphasis on providing social services in the community.

The Committee in its previous conclusion (Conclusions 2017) requested information about the complaints mechanism for complaining about services.

According to the report If a person is of the opinion that social services provided to them violate their rights or if the person feels discriminated against, they may make a complaint in

accordance with Act No. 9/2010 Coll. on Complaints, Act No.71/1967 Coll. on Administrative Procedure and Act No. 448/2008 Coll. on Social Services. This right is granted to all persons whom any type of social service is provided to. Should the person in question feel their problem has not been solved by means made available by the legislation mentioned above, they are able to submit a claim to the administrative court within the administrative judicial review procedure in accordance with Act No. 162/2015 Coll. on Administrative Judicial Procedure.

The Committee asks the next report to provide updated information on the range of services and facilities available to older persons, including long term care, in particular those enabling them to remain active members of their community and to remain in their home. It also asks for information on the costs of such services, whether there is an adequate supply of care services, including long term care services and whether there are waiting lists for services. The Committee asks what support is available for informal carers.

The Committee notes that many services (and information about services) are increasingly accessible online. Digitalisation provides opportunities for older persons. However older persons may have more limited access to the internet than other groups and may lack the necessary skills to use it. Therefore, the Committee asks what measures have been taken to improve the digital skills of older persons, ensure the accessibility of digital services for older persons and ensure non digital services are maintained.

Housing

In its previous conclusion (Conclusions 2017), the Committee asked for more information on whether the supply of adequate housing was sufficient.

According to the report information gained from the last census indicated that there is a sufficient supply of apartments for all inhabitants. More detailed information will be available in 2021.

According to the Slovak National Centre for Human Rights the measures available to support housing developments are often unavailable to older persons. It further states that there is a shortage of social housing and there are waiting times of up to one year in certain cities.

The Committee asks the next report to provide information on how the needs of older persons are taken into account in national or local housing policies and strategies as well as information on the supply of sheltered/supported housing and the range of accommodation options for older persons.

Health care

The report states that in 2018 new guidelines on palliative care were issued, in order to ensure that the provision of palliative was in line with recent best practice.

The Committee asks that the next report provide information on healthcare programmes specifically designed for older persons.

The Committee notes that the pandemic has had devastating effects on older persons' rights, in particular their right to protection of health (Article 11 of the Charter), with consequences in many cases for their rights to autonomy and to make their own decisions and life-choices, their right to continue to live in the community with adequate and resilient supports to enable them to do so, as well as their right to equal treatment in terms of Article E when it comes to the allocation of health care services including life-saving treatments (e.g., triage and ventilators). Whether still living independently or not, many older persons have had their services removed or drastically reduced. This has served to heighten the risk of isolation, loneliness, hunger and lack of ready access to medication.

Further the Covid-19 crisis has exposed examples of a lack of equal treatment of older persons, too much space was allowed for implicit judgments about the 'quality of life' or 'worth' of lives of older persons when setting the boundaries for triage policies.

The Committee asks whether decisions around the allocation of medical resources may be made solely on the basis of age and asks whether triage protocols have been developed and followed to ensure that such decisions are based on medical needs and the best scientific evidence available.

Institutional care

The Committee previously concluded that the situation was not in conformity with the Charter on the grounds that it has not been established that the existing capacities in residential care were sufficient to match the demand of older people (Conclusions 2017).

According to the report the occupancy rate of social service care centres for older persons stood at 94-95%. Data from 2018 indicated that 50% of applicants had to wait more than 60 days for admission to a care home for older persons. However the data also revealed that a substantial number of applicants submit an application to more than one care home and while they are still listed as being waiting list for care home, they may have already been granted admission to another care home.

The Committee refers to its statement above on the importance of moving away from institutional care and towards care in the community.

The Committee considers that the overall emphasis in the Charter on personal autonomy and respect for the dignity of older persons results in a pressing need to re-invest in community-based supports as an alternative to institutions. Where, in the transition period, institutionalisation is unavoidable, Article 23 requires that living conditions and care be adequate and that the following basic rights are respected: the right to autonomy, the right to privacy, the right to personal dignity, the right to participate in decisions concerning the living conditions in the institution, the protection of property, the right to maintain personal contact (including through internet access) with persons close to the older person and the right to complain about treatment and care in institutions. This also applies in the Covid-19 context.

Due to the specific Covid-19 related risks and needs in nursing homes, States Parties must urgently allocate sufficient additional financial means towards them, organise and resource necessary personal protective equipment and ensure that nursing homes have at their disposal sufficient additional qualified staff in terms of qualified health and social workers and other staff in order to be able to adequately respond to Covid-19 and to ensure that the above mentioned rights of older people in nursing homes are fully respected

The Committee previously requested information about inspections of institutions; whether there are any plans to establish an independent body with the authority to visit homes (Conclusions 2017).

The report states that the Ministry of Labour, Social Affairs and Family is responsible for supervising the compliance with the Social Services Act (including the manner of its implementation, in particular with regard to respect for fundamental human rights and freedoms) and regulations adopted pursuant to it. The Committee infers from this that there is no independent inspection mechanism. The Committee asks for confirmation that its understanding is correct. The Committee recalls that it has stated that all institutions should be subject to an independent inspection regime.

Adequate resources

When assessing the adequacy of the resources of older persons under Article 23, the Committee takes into account all social protection measures guaranteed to older persons and aimed at maintaining an income level allowing them to lead a decent life and participate actively in public, social and cultural life. In particular, the Committee examines pensions,

contributory or non-contributory, and other complementary cash benefits available to older persons. These resources are then compared with median equivalised income. It also takes into consideration relevant indicators relating to at-risk-of-poverty rates for persons aged 65 and over.

The report confirms that the minimum old-age benefit (first pillar) corresponds to 136% of the subsistence minimum, when the beneficiary has at least 30 qualified years of insurance.

According to the report the subsistence minimum since 2020 (outside the reference period) for a single person is €214.83 per month (significantly less than in 2015). According to MISSOC it was €210, 20 in 2019. Therefore the Committee notes the minimum old age benefit (with 30 years qualifying period) amounted to approximately EUR 285,87 in 2019. The poverty threshold estimated at 50% of the median equivalised income and calculated on the basis of Eurostat at-risk-of-poverty threshold) amounted to €338 in 2019. Therefore the minimum old age benefit falls well below this.

The Committee noted from its previous conclusions (Conclusions 2013, 2107) that the Slovak social security system also guarantees support for persons in situations of hardship; a material needs allowance (comprising two parts: a lump sum and a one-off payment), a basic (or single base) benefit, a health care allowance, a housing allowance and a protection allowance. The Committee asked for updated information to be provided on these (Conclusions 2017).

The report provides information on the levels of these benefits for 2020 (outside the reference period) according to MISSOC Basic (data of 31 December 2019) that the “Material Need Benefit” is calculated based on the claimant’s income. The monthly amount of “Material Need Benefit” level for single persons stood at € 66.30 per month for individual.

In addition persons in receipt of material need benefits will receive a protection allowance (€67.90) and housing allowance (€55.80 in 2019).

However the Committee understands that persons will only be entitled to receive material need benefit and its associated allowances if they have an income below the subsistence level, so persons in receipt of the minimum old age pension would not be eligible.

The Committee finds that the situation is not in conformity on the grounds that the level of the minimum old age pension is not adequate. Further it notes the amount of social assistance (Material need benefit and associated allowances) is not sufficient where the person has no other resources.

According to the Slovak National Centre for Human Rights based on Eurostat data the rate of older person at risk of poverty (set at 60% of the median equivalized income) has increased from 5.7% in 2016 to 8.7% in 2019. It also refers to a survey it carried out in cooperation with the Forum for helping older people on poverty among older people. 46.18% of the respondents claimed their income was not sufficient to cover their monthly costs.

The Committee asks for the Government’s comments on this.

Covid-19

The Committee asked a targeted question on measures taken to protect the health and well-being of older persons in the context of a pandemic crisis such as Covid-19. No information was submitted on measures taken to protect older person from Covid-19.

The Committee notes the information provided by the Slovak National Centre for Human Rights on measures taken to protect the health and well being of older persons during the pandemic such as special shopping hours for older persons, pensions could be paid into the bank account of a person other than the beneficiary or were delivered to their homes. In addition visits to institutions were restricted or suspended. Non- residential social services were suspended.

The Committee refers to the section on older persons in its statement on Covid-19 and Social Rights (March 2021) (and to sections cited above). It recalls Article 23 requires that older persons and their organisations be consulted on policies and measures that concern them directly, including on ad hoc measures taken with regard to the current crisis. Planning for the recovery after the pandemic must take into account the views and specific needs of older persons and be firmly based on the evidence and experience gathered in the pandemic so far.

Conclusion

The Committee concludes that the situation in the Slovak Republic is not in conformity with Article 23 of the Charter on the grounds that:

- the level of the minimum old age pension is inadequate;
- the amount of social assistance is inadequate where the person has no other resources.

Article 30 - Right to be protected against poverty and social exclusion

The Committee takes note of the information contained in the report submitted by the Slovak Republic.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions related to this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter with respect to the provisions falling within the thematic group "Health, social security and social protection") as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government's replies to the targeted questions, namely about measures (legal, practical and proactive, including some concerning supervision and inspection) taken to ensure that no person falls below the poverty threshold, during or after the Covid-19 crisis, the impact of these measures and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 which relates to developments outside the reference period (namely, after 31 December 2019) for information purposes only. In other words, the information referred to in this section – "Poverty and social exclusion in times of the Covid-19 crisis" – will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In its previous conclusion, the Committee found out that the situation in the Slovak Republic was not in conformity with Article 30 of the Charter on the ground that there was no adequate overall and coordinated approach to combat poverty and social exclusion (Conclusions 2017).

Measuring poverty and social exclusion

The Committee recalls that, under Article 30, States Parties must provide detailed information on how they measure poverty and social exclusion. The main indicator used by the Committee to measure poverty is the relative poverty rate. This corresponds to the percentage of people living under the poverty threshold, which is set at 60% of the equivalised median income.

The Committee notes that the report provides statistics on poverty, based on Eurostat figures. It notes that the at-risk-of-poverty rate (cut-off point: 60% of the median equivalised income after social transfers) decreased during the reference period, from 12.7% in 2016 to 11.9% in 2019 (the rate in the EU-28 reached 17.3% in 2016 and 16.8% in 2019). Moreover, it observes that there was practically no difference in the at-risk-of-poverty rate (after social transfers) between sexes (around 0.1% in 2016-2018 and less than 0.5% in 2019).

The Committee also notes that the unemployed (aged 16 to 64) are a particularly vulnerable group: at least half of all the unemployed in Slovakia were at risk of poverty in 2017-2019 (48% in 2016, 49.5% in 2017, 51.2% in 2018 and 57% in 2019). It observes that these figures were higher than the EU-28 average during the same period (48% in 2017, 48.7% in 2018 and 48.6% in 2019). However, the at-risk-of-poverty rate of the employed (aged 16 to 64) decreased during the reference period (6.5% in 2016 and 4.4% in 2019); by contrast, these figures were much lower than the EU-28 average (9.6% in 2016 and 9.2% in 2019).

The at-risk-of-poverty rate (cut-off point: 60% of the median equivalised income after social transfers) among persons over 65 increased, from 5.7% in 2016 to 8.7% in 2019. Nevertheless, the Committee observes that it is almost two times lower than the EU-28 average (14.5% and 16.5% respectively) and that this rate is among the lowest in the EU. As

regards children (younger than 16), the at-risk-of-poverty rate did not change significantly during the reference period (20.1% in 2016, 19.9% in 2018 and 20.5% in 2019).

Comparing at-risk-of-poverty rates before and after social transfers, the Committee also notes that the impact of social benefits increased during the reference period (from 5.7% in 2016 to 7.3% in 2019).

Concerning the risk of poverty and social exclusion (AROPE), which according to Eurostat methodology, corresponds to the sum of the persons who are (1) at risk of poverty; and/or (2) face severe material deprivation; and/or (3) live in a household with very low work intensity, the Committee observes that 18.1% of the population was at risk of poverty and social exclusion in 2016, 16.3% in both 2017 and 2018, and 16.4% in 2019. The Committee notes that the risk of poverty and social exclusion decreased during the reference period and that these figures were significantly lower than the EU-28 average, which reached 23.5% in 2016 and 21.4% in 2019 respectively.

As regards children (younger than 16), the risk of poverty and social exclusion also decreased during the reference period, from 24.8% in 2016 to 21.4% in 2019 (compared to 26.3% in 2012). The Committee notes that although this figure is below the EU-28 average (25.9% and 23.1% respectively), every fourth child faces a risk of poverty and social exclusion.

The Committee notes that most indicators measuring poverty and income inequalities are low, falling well below the EU-28 average and following a downward trend. However, the differences in at-risk-of-poverty rates were wider when the population was classified according to their activity status (the unemployed and the employed), although there were also below the EU-28 average.

Approach to combating poverty and social exclusion

In its previous conclusion, the Committee found out that the situation in Slovakia was not in conformity with Article 30 of the Charter on the ground that there was no adequate overall and coordinated approach to combat poverty and social exclusion. It noted that the report did not contain any particular indication of how the Government pursued an overall and coordinated approach to combating poverty and social exclusion and asked for information on the existence of coordination mechanisms for these measures, including at delivery level (Conclusions 2017).

In reply, the report states that the Government pursues a coordinated approach to combating poverty and social exclusion which combines universal strategic measures with specific measures targeted at particular groups. Reducing poverty and social exclusion is one of the long-term priorities of public policies, and this agenda is reflected in legal regulations and conceptual and strategic documents. In particular, the report indicates that the national target of reducing poverty and social exclusion is to “move at least 170,000 people away from the risk of poverty or social exclusion by 2020”. In this context, the Committee has previously noted (see above) that the rate of exposure to the risk of poverty or social exclusion, as well as the at-risk-of-poverty rate, had fallen during the reference period, and continues to show a downward trend which is below the EU-28 average.

The report indicates that the National Framework Strategy for the Promotion of Social Inclusion and the Fight against Poverty is the main strategic document in this area. It systematises approaches to tackling poverty and social exclusion. It places them within a unified framework which prioritises structural policies and reforms that support sustainable development and economic growth, employment growth and improving the quality of life. In addition, it sets out the measures needed to achieve the objectives of the “Europe 2020” strategy.

The first National Framework Strategy was prepared and approved by the government in 2015. It reflected the situation in the fight against poverty and social exclusion. In 2017, the

Strategy was updated to include some additional key areas for the implementation of social inclusion and anti-poverty measures, such as supporting the integration of the long-term unemployed, promoting youth employment, supporting increased targeting in the social benefit system, supporting the integration of marginalised Roma communities, etc. The Committee takes note of the various documents listed in the report targeting specific vulnerable groups (Roma, the elderly, persons with disabilities, children, etc.).

The Committee notes from the European Semester Country Report – Slovakia 2020, that income inequality and the proportion of people at risk of poverty or social exclusion remain low, but some groups and regions are particularly vulnerable. In particular, the country report stresses that certain groups are in a particularly vulnerable position, including children from socially disadvantaged families, Roma, single-parent families, and persons with disabilities. Moreover, according to that report, a large proportion of the Roma population lives in poverty and/or in poor housing conditions. The Committee asks that information on the specific measures undertaken to remedy this situation be provided in the next report. In the meantime, it reserves its position on this point.

In its previous conclusion, the Committee asked for detailed data demonstrating that the budgetary resources allocated to combating poverty and social exclusion were sufficient in view of the scale of the problem at hand. The report does not contain any data on this issue. However, the Committee notes from Eurostat, that overall [government expenditure on social protection as a share of GDP](#) remained virtually unchanged during the reference period (18.4% in 2016, 18.2% in 2017 and 18% in 2018). Moreover, the Committee notes from the report of the Ministry of Finance (24 January 2019) on "[Value for Money: Review of expenditure on groups at risk of poverty or social exclusion](#)" which states that "public spending on the social inclusion of people at risk of poverty and of social exclusion in 2018 amounted to € 2,611 million, which is approximately 2.9% of GDP and 7.1% of total public expenditure. Around 10% of that was covered by EU funds and co-funding."

The Committee also refers to its conclusions of non-conformity regarding other relevant provisions of the Charter for an assessment of conformity with Article 30 (see Conclusions 2013 and the Statement of interpretation on Article 30). It refers in particular to:

- Article 10§4 and its conclusion that it has not been established that equal treatment with respect to access to training and retraining for the long-term unemployed persons is guaranteed to nationals of other States Parties (Conclusions 2020);
- Article 13§1 and its conclusion that the level of social assistance paid to a single person without resources is not adequate (Conclusions 2021),
- Article 16 and one of its findings that the protection of Roma families with respect to housing, including in terms of eviction conditions, is inadequate (Conclusions 2019).

On the basis of all information at its disposal and notably the very low level of poverty rates, the Committee considers that the situation is in conformity with Article 30. However, the Committee asks what specific measures have been taken to combat poverty and social exclusion among migrants, the unemployed, the Roma and other vulnerable groups.

Monitoring and evaluation

In its previous conclusion, the Committee noted that the report did not specify how measures to combat poverty and social exclusion were monitored and evaluated, and requested comprehensive information on such mechanisms in all sectors and areas of the fight against poverty and social exclusion.

In response, the report indicates that the monitoring and evaluation process within the National Framework Strategy for the Promotion of Social Inclusion and the Fight against Poverty consists of two interdependent strands: the setting of adequate indicators and their monitoring. The report explains the process of monitoring the measures to promote social

inclusion and fight poverty at EU level. It states that the indicators of poverty and social exclusion have also been identified at national level and are linked to the specific sets of measures outlined in the national policy and concept documents.

According to the report, the monitoring of measures promoting social inclusion and fight poverty [in the narrow sense] covers the following five areas: (1) preventing poverty through inclusive labour markets, adequate and sustainable social protection and access to high-quality, accessible and sustainable services; (2) breaking the intergenerational transmission of poverty – tackling child poverty; (3) active inclusion – tackling working age poverty; (4) tackling poverty in old age; (5) social inclusion of groups at risk and tackling discrimination.

The Committee notes the various indicators used to monitor social exclusion and poverty at the national level (e.g. income, marginalised labour market status, situation of children and young people, regional aspects of social exclusion and deprivation, living conditions related to housing or basic needs, debt issues, etc.).

The report also indicates that the institutional framework for evaluating and resourcing is mainly defined by the activities of the Centre of Scientific and Technical Information of the Slovak Republic, the Central Office of Labour, Social Affairs and Family and the Statistical Office of the Slovak Republic. In addition, the process of monitoring and evaluating social inclusion and anti-poverty indicators is carried out by the Ministry of Labour and Social Affairs which regularly publishes a report on the social situation in the Slovak Population (analyses of developments in key areas, including the analysis of poverty and social exclusion) and a report on gender equality (analysis of aspects of social exclusion from a gender equality perspective).

The Committee requests that the next report provide information on how individuals, research institutes and voluntary organisations are involved in evaluating measures to combat poverty and social exclusion.

Poverty and social exclusion in times of the Covid-19 crisis

The report states that the Covid-19 pandemic has made the risks of poverty and social exclusion even more pronounced, threatening more groups of the population. The country has now begun to update the text of the National Framework Strategy for the Promotion of Social Inclusion and the Fight against Poverty in response to emerging challenges, including those related to the coronavirus pandemic and its consequences. In the context of the Government's 2020-2024 Programme Statement, the Government plans to support the employment of vulnerable groups, encourage the development of the social economy, the creation of social enterprises, and the employment of the long-term unemployed by increasing material assistance and improving employment opportunities for persons with severe disabilities. Attention is also given to the mitigation of regional disparities.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in the Slovak Republic is in conformity with Article 30 of the Charter.