March 2022

EUROPEAN SOCIAL CHARTER (REVISED)

European Committee of Social Rights

Conclusions 2021

SLOVENIA

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 Slovenia, which ratified the Revised European Social Charter on 7 May 1999. The deadline for submitting the 20th report was 31 December 2020 and Slovenia submitted it on 16 April 2021.

The Committee recalls that Slovenia 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 2013).

In addition, the Committee recalls that no targeted questions were asked under certain provisions. If the previous conclusion (Conclusions 2013) found the situation to be in conformity, there was no examination of the situation in 2020.

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).

Slovenia has accepted all provisions from the above-mentioned group except Articles 13§1 and 13§4.

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

The conclusions relating to Slovenia concern 15 situations and are as follows:

– 8 conclusions of conformity: Articles 3§1, 11§1, 11§2, 12§2, 12§3, 14§1, 14§2 and 30.

– 3 conclusions of non-conformity: Articles 3§4, 12§1 and 12§4.

In respect of the other 4 situations related to Articles 3§2, 3§3, 11§3 and 23, 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 Slovenia under the Revised Charter.

The next report to be submitted by Slovenia will be a simplified report dealing with the follow up given to decisions on the merits of collective complaints in which the Committee found a violation.

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 Slovenia.

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, pending receipt of the information requested, the Committee concluded that the situation in Slovenia was in conformity with Article 3§1 of the Charter (Conclusion 2013). It will therefore restrict its consideration to the Government's replies 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.

In reply to the targeted question, the report states that the purpose of the Resolution on the National Programme of Health and Safety at Work 2018-2027 is to connect all stakeholders in the system of health and safety at work in order to join forces and cooperate in the achievement of the generally accepted vision in the field of health and safety at work in Slovenia. According to the report, the National Programme of Health and Safety at Work 2018-2027 thus emphasises the need to bear in mind that rapid technological changes are leading to increasingly radical evolutions in the working environment and that automation, robotisation and digitisation are having a significant impact on the organisation of work, working hours, the skills required for the performance of work, working conditions and social dialogue.

The following measures to achieve strategic objectives aimed at the safety and health of workers working in new forms of work and employment are defined in the programme: preparation and implementation of a campaign on health and safety at work for workers working in new forms of work and employment; promotion of lifelong learning regarding health and safety at work, including the promotion of exchange of knowledge and experience between younger and older workers through mentoring and reverse mentoring; dissemination among the general public and experts the findings of the latest research on new forms of work and employment implemented by the ILO, Eurofound, EU-OSHA and other research institutions; promotion of research on the consequences of new forms of work and employment for health and safety at work.

The Committee previously noted that there is a national policy on occupational health and safety (OHS), the objective of which is to foster and preserve a culture of prevention in the field of health and safety at work and asked that the next report provide updated information on the implementation of the National Programme, given its status under Section 4 of Act

No. 43/2011, and of the Programme of Activities in practice (Conclusions 2013). It also asked for information on the activities of the National Network.

With regard to the request for information on the implementation of the National Programme, the Programme of Activities in practice and the activities of the National Network, the report states that the National Programme sets out a number of actions to be implemented in the period 2018-2020. The activities aim to ensure safety at work, ensure health at work, promote a prevention culture in the field of safety and health at work and to take into account the diversity of workers, ensure the safety and health of workers working in new forms of work and employment, promote social dialogue in the field of safety and health at work and other tasks foreseen by the National Programme of Health and Safety at Work 2018-2027. According to the report, for each of the activities, the action plan specifies the providers of measures, the financial resources necessary for their implementation, the deadlines and the way in which the actions are to be monitored. The Committee requests that the next report provide updated information on the implementation of the action plan.

The Committee notes that policy plans and strategies in Slovenia are periodically assessed and reviewed, particularly in the light of changing risks, which should lead to the identification of diseases at earlier stages and promote better recording of occupational diseases.

Organisation of occupational risk prevention

The Committee previously noted the existence of measures for occupational risk prevention at company level including for the assessment of work-related risks and the adoption of preventive measures geared to the nature of risks (Conclusions 2013). It asked that the next report provides information on the implementation of the framework in practice and any measures for occupational risk prevention taken at the level of public authorities. It also asked for information on the duty of the Labour Inspectorate to share, as part of prevention activities (information, education, prevention), knowledge about risks and risk prevention acquired by inspection experience.

The report states that, with the aim to showing employers, through specific examples, the benefits of following good practices in the field of safety and health at work, disseminating information on good practices and promoting their exchange, as well as promoting a healthy work environment via a campaign entitled *Healthy Work Environment*, the Ministry of Labour, Family, Social Affairs and Equal Opportunities organises a national competition for the award Good Practices in Safety and Health at Work every second year. The report also mentions that the web application OiRA was designed to assess risks in individual economic activities.

The report also explains that workers' health has also proven to be a public health problem, particularly in terms of the growth of health absenteeism, presenteeism, disability and the problem of the ageing of the working population. In October 2018, the National Institute of Public Health established "Workers' health", a new area of work aimed at promoting and studying the health of the working population, and the "Promotion of activities to prevent musculoskeletal disorders and psychosocial risks at work" project.

The report adds that the Labour Inspectorate of the Republic of Slovenia performs inspection tasks related to the implementation of laws, regulations, collective agreements and general acts in the fields of safety and health at work, labour relations, minimum wages, the labour market and employment, work and employment of foreigners, workers' participation in management and strikes. According to the report, the Labour Inspectorate also provides professional assistance to employers and workers in relation to the implementation of laws and other regulations, collective agreements and general acts within its competence. The report states that the Labour Inspectorate also cooperates with the media through which knowledge of risks and risk prevention are shared.

Improvement of occupational safety and health

In its previous conclusion, the Committee reiterated its request for information about public authorities in training (qualified professionals), in the design of training modules (how to work, how to minimise risks for oneself or others) and certification schemes, in research (scientific and technical knowledge) on health and safety, as well as in other activities (analysis of sectoral risks, elaborate standards, issue guidelines, publications, seminars, training) (Conclusions 2013). It asked, in particular, for information on the expert institution to be appointed under Section 63 of Act No. 43/2011, and on the respective functions of the Institute for Public Health; the Clinical Institute of Occupational, Traffic and Sports Medicine at the University of Ljubljana Medical Centre; the Association of Safety Engineers; and the Occupational Health and Safety Chamber.

The Committee takes note of the information provided on the number of training sessions held during the reference period, and on the functions of the Health and Safety at Work Council, expert consultative body of the Minister of Labour appointed under Section 63 of Act No. 43/2011; the Clinical Institute of Occupational, Traffic and Sports Medicine at the University of Ljubljana Medical Centre; the Association of Safety Engineers; and the Occupational Health and Safety Chamber.

Consultation with employers' and workers' organisations

The Committee previously asked that the next report provide information on the joint activities set out in Section 15 of Act No. 43/2011 and on the consultation of the works council or the health and safety representative in practice (Conclusions 2013).

The report refers to the Economic and Social Council. However, it does not contain any of the information requested. The Committee therefore reiterates its request.

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 Committee notes, in the first instance, that the Ministry of Labour, Family, Social Affairs and Equal Opportunities (MDDSZ) published the Recommendations of the Ministry of Labour, Family, Social Affairs and Equal Opportunities to ensure safety and health at work in a situation where an epidemic due to the COVID-19 virus has been declared in the Republic of Slovenia. These recommendations apply to all professions and address employers to ensure for their employees, as far as possible, the possibility of teleworking; to adopt an internal security protocol against the spread of the virus; to make sure that workplaces are disinfected and that external suppliers follow precautions when they supply workplaces; and to ask occupational medicine providers to supply, within the context of their competences, specific instructions for ensuring working conditions, complying with all the rules for the prevention of virus infection at work. The recommendations also foresee that depending on the risk assessment, occupational medicine providers may also advise on the interruption of the work process if the reorganisation of work cannot achieve safe working conditions.

The report further states that the National Institute of Public Health drew up instructions and recommendations for the implementation of specific activities to prevent SARS-CoV-2 infection for activities such as sporting activities, transport, hospitality industry and tourism, body care education and training, and service activities. These recommendations and instructions, which referred to risk factors and the use of personal protective equipment (PPE), were published online.

The report also informs that special attention was given to the protection of health professionals and staff, especially those who worked at entry points or worked directly with

infected and ill patients. The report further informs that the enlarged professional colleges, in cooperation with the appointed national coordinators, prepared instructions for reorganising the system of healthcare activities by area (dental healthcare, family medicine, paediatrics, physiotherapy, etc.).

The Committee recalls that during a pandemic, States Parties must take all possible measures as referred to 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.

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 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. In the same vein, the Committee recalls that the Covid-19 crisis does not obviate the requirements set out by its long-standing jurisprudence regarding the implementation of the Charter and the obligation of the States Parties to take measures that allow them to achieve the objectives of the Charter within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources.

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 concludes that the situation in Slovenia is in conformity with Article 3§1 of the Charter.

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 Slovenia.

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 in Slovenia to be in conformity with Article 3§2 of the Charter pending receipt of the requested information (Conclusions 2013). The assessment of the Committee will therefore only concern the information provided by the Government in response to the targeted question.

Content of the regulations on health and safety at work

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.

The report states that there were no new regulatory activities in this field during the reporting period and that the regulation of the evolving and new situations, including digital disconnection, is under discussion with the social partners or under the preparation of proposals.

The Committee takes note of this information and asks the next report to provide any updates to the existing situation. 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 Slovenia 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, the Committee found the situation to be in conformity in this respect but asked for information in the next report on the transposition of Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work. It also asked for information on any existing schedule for implementation of preventive measures geared to the nature of the risks identified during mandatory workplace risk assessment (Conclusions 2013).

The report states that the Rules on safety and health in the use of work equipment (Official Gazette of the Republic of Slovenia, No. 101/04) and Health and Safety at Work Act (Official Gazette of the Republic of Slovenia, No. 43/11) cover the provisions of Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work. The report states that the first update of the Rules will include a reference to the Directive.

Protection against hazardous substances and agents

In its previous conclusion, the Committee found the situation to be in conformity in this respect but asked the next report to provide full and updated information on changes in the legislation and regulations which occurred during the reference period. It also asked for information on any measures adopted to incorporate into domestic law the exposure limit of 0.1 fibres per cubic centimetre introduced by Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work (Conclusions 2013).

In response, the report states that safe work with asbestos is regulated by the Rules on the protection of workers from the risks related to exposure to asbestos at work (Official Gazette of the Republic of Slovenia, No. 93/05) and Health and Safety at Work Act (Official Gazette of the Republic of Slovenia, No. 43/11). Article 9 of the Rules provides that the employer must make sure that the concentration of airborne asbestos fibres in the workplace does not exceed 0.1 fibres per cubic centimetre during an eight-hour working time and that it is the employer's obligation to ensure that workers are not exposed to a concentration of airborne asbestos fibres in the workplace higher than 0.1 fibres per cubic centimetre during an eight-hour working time.

The Committee notes in addition that Slovenia 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

Temporary workers

In its previous conclusion, the Committee found the situation to be in conformity in this respect but asked the next report to include specific examples on the way in which temporary workers, interim workers and workers on fixed-term contracts were provided information on hazards, training on safe working methods, medical examination when

rehired or reassigned to new tasks. The Committee also asked for information on whether temporary workers were entitled to representation at work (Conclusions 2013).

The report states that under the Health and Safety at Work Act (Official Gazette of the Republic of Slovenia, No. 43/2011), legal protection applies equally to all persons present in the working process. In order to ensure safe and healthy work to all workers, the Health and Safety at Work Act extends the notion of a worker to all persons involved in the work process on any legal basis. The Health and Safety at Work Act does not distinguish between permanent or fixed-term employment considering the employer's obligations.

Other types of workers

The Committee previously found the situation to be in conformity in this respect but asked the next report to provide information on any restrictions to the implementation of the legislation and regulations in force based on the number of employees (Conclusions 2013).

The report states that the Health and Safety at Work Act considers a self-employed person a person who pursues a gainful or other professional activity as his or her sole and principal occupation but who does not employ or otherwise engage other persons in his or her work process. Self-employed persons are not employers; however, they are responsible for the protection of health and safety of themselves and other persons. The basic obligation of a self-employed person is to assess a risk and if he or she establishes that the risks at their work can lead to accidents, occupational diseases, they must produce a written document and to define measures to ensure health and safety at work. Also, self-employed persons are bound by most of the obligations and measures required of the employer. Health and Safety at Work Act does not, however, apply to the domestic workers.

The Committee takes note of this information. The Committee asks that the next report provides information on the standard of protection applied in respect of domestic workers.

Consultation with employers' and workers' organisations

In its previous conclusion, the Committee asked the next report to provide information on the consultation of the Health and Safety at Work Council in practice, whether its recommendations were binding, and how often it was consulted in practice. The Committee also asked for information on the consultation of the works of Council or the health and safety representative to define levels of prevention and protection in practice (Conclusions 2013).

The report states that the Health and Safety at Work Council is the expert consultative body of the Labour minister. The Council considers and adopts positions and recommendations on the state, strategy and implementation of the uniform policy and on priorities on safety and health at work. The Council's positions and recommendations are not binding on the Ministry of Labour, Family, Social Affairs and Equal Opportunities. The Council consists of recognised experts in their field. The meetings of the Council take place two-three times per year.

The Committee takes note of this information.

Conclusion

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

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 Slovenia.

The Committee recalls that for the purposes of the present report States were asked to reply to targeted questions for Article 3§3 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 deferred its previous conclusion pending receipt of the information/explanations requested (Conclusions 2013).

Assessment of the Committee will therefore concern the information provided by the Government in response to the deferral and to the targeted questions .

Accidents at work and occupational diseases

The Committee previously examined the situation regarding accidents at work and occupational diseases (Conclusions 2013). It deferred its conclusions pending receipt of the information requested concerning: the disparity between the number of fatal accidents indicated in the previous report and the EUROSTAT; statistic figures on occupational diseases; the enforcement of reporting obligations of accidents at work and occupational diseases, the number of non-fatal accidents investigated by the Labour Inspectorate and steps taken to counter potential arrangements between employers and workers and the number of sanctions imposed under Section 76 of Act No. 43/2011 for failure to meet the reporting obligations; steps taken to reduce the high level of fatal accidents. 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 the Occupational Safety and Health Act requires the employer to report to the Labour Inspectorate and fatal accident at work or any accidents at work rendering a worker incapable of work for more than three working days, and any collective accident. According to the report, during the reference period, the number of fatal accidents at work remained stable and below the figures of the previous reference period (15 in 2016, 17 in 2017, 15 in 2018 and 16 in 2019), but there was an increase in the number of non-fatal accidents at work (from 9,169 in 2016 to 10,106 in 2019). Moreover, during the reference period, the Labour Inspectorate was informed of 4 workplace suicides in total (2016-2019).

The EUROSTAT data, although with slightly different figures, confirms the trend concerning the fatal accidents at work (11 in 2016, 16 in 2017, 15 in 2018 and 15 in 2019). According to the same data, the standardised incidence rates of fatal accidents at work during the reference period were 2.23 in 2016, 2.76 in 2017 and 2.18 in 2018. Concerning the first two years of the reference period, those figures are slightly higher than the EU-27 average (2.29 in 2016 and 2.25 in 2017), but slightly below the EU-27 average in 2018 (2.21 in 2018). The

EUROSTAT data also confirms the trend concerning the non-fatal accidents at work during the reference period (although with different figures): from 9,943 in 2016 to 10,858 in 2019. According to the EUROSTAT data, the incidence rates of non-fatal accidents at work during the reference period were below the EU-27 average (in 2016, 1,556.69 in Slovenia and 1772.37 in the EU; in 2017, 1636.72 in Slovenia and 1800.96 in the EU; in 2018, 1567.22 in Slovenia and 1768.93 in the EU).

In reply to the question raised by the Committee in the previous conclusions concerning steps taken to reduce the high level of fatal accidents at work, the report indicates that during the reference period, most of fatal accidents occurred in construction sites. For this reason, the highest number of inspections were carried out by the inspectors on construction sites (25% of the total number of inspections) with a special focus on different risks that cause fatal accidents, such as improper carrying out of work at heights. Inspectors also raise awareness among employers and workers about safe work and pay special attention to the professionalism of coordinators on temporary and mobile construction sites.

With regard to the question raised by the Committee concerning the reporting obligation of occupational accidents, the report indicates that in accordance with the provisions of Occupational Safety and health Act, the employers must immediately report to the Labour Inspectorate any fatal accident at work or any accident at work rendering a worker incapable of work for more than three working days, or any collective accident, dangerous occurrence and identified occupational disease. In 2019, inspectors found that 54 employers did not report an accident at work (46 employers in 2018, 39 employers in 2017 and 36 employers in 2016). On the basis of the established violations, the inspectors issued improvement decisions (8 in 2019, 6 in 2018, 7 in 2017 and 13 in 2016), fines (9 in 2019, 4 in 2018, 8 in 2017 and 5 in 2016), reminders (9 in 2019, 10 in 2018, 7 in 2017 and 5 in 2016) and warnings (13 in 2019, 13 in 2018, 10 in 2017 and 7 in 2016).

The Commitee notes the informatuion provided in the report as to the question concerning the disparity between the number of fatal accidents indicated in the data provided by the authorities in the previous report and the data provided by EUROSTAT, the report explains that the Labour Inspectorate bases its data, including those on fatal accidents at work, on reports by the employers where workers were fatally injured. The Labour Inspectorate is also informed about fatal accidents involving workers by the police, who also examine such accidents, while the Labour Inspectorate is also informed by the media. Thus, the Labour Inspectorate has very precise statistics on accidents at work in which workers were fatally injured. The official rapporteur to EUROSTAT for the Republic of Slovenia is the National Institute of Public Health, which draws its data from the received reports on all injuries at work and not only on the periods of time the workers were unable to work. According to the Occupational Safety and Health Act, the employer is obliged to report only accidents at work due to which a worker was unable to work for more than three working days. According to the report, different data capture could have been the reason for non-harmonised data between Slovenia's Labour Inspectorate and National Institute of Public Health in the past.

As to occupational diseases, the Committee recalls that in the previous conclusion, it found, on the basis of the Labour Inspectorate's Annual Report for 2009, that there was a lack of detection, recognition and reporting of cases of occupational diseases. In reply, the report indicates that in accordance with the Occupational Safety and Health Act, the employer is obliged to report to the Labour Inspectorate all identified occupational diseases. Thus, in 2019, employers reported to the Labour Inspectorate one occupational disease and there was no such report in the previous years of the reporting period.

According to the report, to establish systemic solutions for the identification, validation and notification of occupational diseases, the Ministry of Health began drafting the amendment to the Rules on Occupational Diseases in 2015. The purpose of the amendment is to ensure the rights as defined by the applicable legislation under the Health Care and Health Insurance Act and the proposed amendment defines occupational diseases and work

occasioning the development of such diseases; the procedure for the establishment, confirmation and registration of occupational diseases; access to the system and entry documents to initiate the procedure; and conditions under which the disease is considered an occupational disease. The Rules on the List of Professional Diseases are still applicable until the entry into force of the new regulation.

The report also indicates that from 2016 to 2019, the highest proportion of sick leave absences due to the most common work-related musculoskeletal disorders was recorded in mining, manufacturing, water supply, sewage treatment and environmental rehabilitation, healthcare and social care, agriculture, public administration and defence and compulsory social security. In connection with psychosocial risks, the National Institute of Public Health made an analysis of the long-term trend of health absenteeism between 2015 and 2018 owing to mental distress disorders, which shows that absenteeism is on the increase.

The report does not provide any other detailed figures concerning the reported occupational diseases during the reference period. The Committee reiterates its request for information in the previous conclusion on detailed figures on occupational diseases. It considers that if the requested information is not provided in the next report, there will be nothing to establish that accidents at work and occupational diseases are monitored effectively in practice. The Committee further asks for detailed and updated 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. The Committee also asks updated information on the adoption and implementation of the amendment to the Rules on Occupational Diseases which is under preparation by the Ministry of Health.

Activities of the Labour Inspectorate

The Committee previously examined the activities of the Labour Inspectorate and noted the Labour Inspectorate's increasing, yet still relatively low level of activity, the number of fines imposed, and public prosecution initiated in relation to the number of reported infringements(Conclusions 2013). The Committee deferred its conclusions and requested information on the proportion of workers covered by inspection visits in relation to the labour force, and the field of competence, the number of staff, the inspection and sanction powers of the Mining Inspectorate, the Port State Control, the Aviation Safety Authority and the Inspectorate for Protection against Natural and other Disasters, which are invested with inspection powers in occupational health and safety matters, the number of complaints investigated by the Labour Inspectorate; the outcome of initiated criminal proceedings, and whether the Labour Inspectorate may order suspension or interruption of activity in case of immediate threat to the workers' safety and health. The targeted questions 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.

According to the report, the budget of the Labour Inspectorate was increased by 9% between 2016 and 2019. In 2019, the budget of the Inspectorate was 4,605,000 € . As of 31 December 2019, the Labour Inspectorate had 120 employees, including 91 inspectors in the field of safety and health at work, labour relations and social services and 31 inspectors in

the field of safety and health only. It appears from the report that the number of safety and health inspectors did not change between 2016 and 2019.

According to ILO data, the number of inspectors per 10,000 employees was 0.8 in 2016 and 0.9 in 2019 and the number of labour inspection visits per inspector was 199.6 in 2016 and 163.6 in 2019.

The report indicates that in 2016, 6,815 inspections were carried out by the Inspectorate which covered 824,485 employees and 21,286 violations were detected and 4,748 measures have been adopted (2,938 required improvement decisions, 479 payment orders, 782 warnings, 544 minor offence decisions and 5 criminal complaints). In 2019, 5,891 inspections in total were carried out which covered 901,728 employees, while some 14,255 violations were detected and 4,745 measures have been adopted (2,393 required improvement decisions, 591 payment orders, 913 warnings, 848 minor offence decisions and one criminal complaint).

The report also indicates that in accordance with the provisions of the Labour Inspection Act, the Labour Inspectorate can prohibit workers from carrying out work or using means of work until the correction of the irregularity detected by the inspection, if a direct danger to the life of workers is established during the inspection. According to the report, in 2019, the competent inspectors prohibited work in 49 cases due to the directly endangered lives of workers (120 cases in 2018, 32 cases in 2017 and 59 cases in 2016). However, the report does not provide information on the outcome of initiated criminal cases mentioned in the previous report.

The report further indicates that in 2019, the Labour Inspectorate identified a total of 250 violations (309 in 2018, 389 in 2017 and 300 in 2016) concerning the employers' obligations, under the provisions of Employment Relationship Act, to provide a working environment such that none of the workers are subjected to sexual or other harassment of bullying on the part of the employer, a superior or co-workers. An important percentage of these violations concerned the adoption of appropriate measures and informing employees in writing of the measures adopted. During the reference period, employers were advised in particular on the necessary measures to prevent such phenomena, while workers were advised on what to do if they suspected that they could be victims of unequal treatment, harassment or workplace bullying. According to the Occupational Safety and Health Act, employers must adopt measures to prevent, eliminate and control cases of violence, bullying, harassment and other forms of psychological risks which can pose threat to workers' health. According to the report, inspectors found that in 2019, employers did not take appropriate measures in 76 cases (in 2018, 123 cases, in 2017, 214 cases and in 2016, 286 cases).

The report provides information on the activities of the Inspectorate for Protection against Natural and Other Disasters. The Inspectorate is authorised to supervise the implementation of fire protection, rescue and evacuation measures in accordance with the provisions of Occupational Safety and Health Act, according to which the employer must take measures to ensure fire safety and evacuation and, where appropriate, take measures for cooperation with external fire safety services. According to the provisions of Fire Protection Act, the inspectors have the duty and right to enter buildings where production or activity is carried out with fire-hazardous substances, fire-hazardous work and tasks, business and production premises or other premises containing a combustion installation, fuel storage, flue duct or ventilation device. Inspectors can inspect facilities, devices and materials and technical or other documentation relating to the fire safety of the facility and its devices or relating to the duty of employees to implement fire protection regulations; collect notifications and, where appropriate, statements from workers responsible for the implementation of fire protection measures; order the necessary fire protection measures if sufficient fire safety is not provided by construction, technological and organisation measures.

In 2019, the Inspectorate for Protection against Natural and Other Disasters employed 49 inspectors (46 inspectors in 2016, 46 inspectors in 2017, and 48 inspectors in 2018) who

carried out 2633 inspections (2,061 inspections in 2016, 2,606 inspections in 2017 and 2,587 inspections in 2018) and issued 13 minor offence decisions (16 decisions in 2016, 17 decisions in 2017 and 2 decisions in 2018), 17 payment orders (41 orders in 2016, 31 orders 2017 and 24 orders in 2018) and 4,360 warnings (6133 warnings in 2016, 3795 warnings in 2017 and 3728 warnings in 2018).

The Mining Inspection Service is authorised to oversee the implementation of Occupational Safety and Health Act and the safety measures laid down in general legal acts and collective agreements for mining and underground construction works carried out using mining methods. The Mine Inspectorate supervises the implementation of the provisions of the Mining Act governing safety and health in mining and exploitation of mineral resources. In 2019, 3,270 workers were employed in the mining industry and the inspectors carried out 222 inspections (167 inspections in 2018, 280 inspections in 2017 and 258 inspections in 2016) and 57 administrative decisions (49 decisions in 2018; 79 decisions in 2017 and 78 decisions in 2016) and 56 warnings (22 warnings in 2018; 26 warnings in 2017; 28 warnings in 2016) were issued.

The report also indicates that in accordance with the provisions of Occupational Safety and Health Act, the Maritime Inspection Division operating within the Slovenian Maritime Administration is authorised to supervise the implementation of this Act, as well as the safety measures. In the 2016-2019 period, three inspectors performed the inspections in the above-mentioned field and carried out 10 inspections on domestic vessels in 2019 (8 inspections in 2018; 8 inspections in 2017 and 7 inspections in 2016) and no sanctions were issued.

Lastly, in reply to the targetted question raised by the Committee, the report indicates that inspectors have the competence and powers to carry out inspections at the addresses of legal entities and their locations in all sectors of the economy, but not in private premises. For the inspection of private premises, the inspector is obliged to obtain a warrant from the competent court.

The Committee reiterates its request for information in the targeted questions concerning the proportion of workers covered by inspection visits in relation to labour force and the field of competence, the number of staff, the inspection and sanction powers of the Aviation Safety Authority. It also reiterates its request on information on the outcome of initiated criminal proceedings for breach of safety and health regulations. The Committee 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 the practice.

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 takes note of the information contained in the report submitted by Slovenia.

The Committee recalls that for the purposes of the present report States were asked to reply to targeted questions 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"). However, no targeted questions were posed in respect of Article 3§4 of the Charter.

The Committee previously examined Slovenia's framework on occupational health services and, pending receipt of the information requested, deferred its conclusions (Conclusions 2013). The Committee will therefore restrict its consideration to the Government's replies to the previous conclusion of deferral.

In the previous conclusions, the Committee noted that the proportion of occupational physicians per 1,000 workers was 0.14 in 2008 and 2010, and recalled that when accepting Article 3§4 of the Charter, States parties undertake to ensure that all workers have access to occupational health services in all branches of economic activity and in all business enterprises (Conclusions 2013). It reiterated its request for information on strategies or incentives to foster access, especially for workers from small and medium-sized enterprises, to occupational health services. It also asked that the next report provide information on the amendments to Act No. 9/92 on Health Care and Health Insurance which were passed during the previous reference period; the rate of enterprises which have in-house occupational health and safety services, or which share those services with other enterprises; and consequences in case employers, in particular employers from small and medium-sized enterprises, do not comply with legal obligations to have preliminary and periodic medical examinations conducted.

In reply, the report indicates that the Occupational Safety and Health Act stipulates that companies must provide their own personnel to ensure health and safety at work, but if this is not possible, they must engage one of the companies authorised by the Ministry of Labour, Family, Social Affairs and Equal Opportunities to perform professional tasks of providing health and safety at work. The employer must ensure that all health measures related to health and safety at work are implemented by an occupational medicine provider. According to the Health Services Act, employers may organise the provision of primary healthcare service for all their workers in on-site clinics which must provide occupational medicine services. The report adds that the Institute of Occupational, Traffic and Sports Medicine provides medical services within the public health service in the University Medical Center, Ljubljana, and the Celje Primary Health Care Center, while all other clinics of occupational, traffic and sports medicine are provided by private undertakings.

The report states that, mainly through the Health and Safety at Work Portal, the Ministry of Labour offers a range of practical information, publications and online tools that encourage employers to provide safety and health at work to their workers as much as possible.

The report indicates that there are no statistics concerning the rate of enterprises which have in-house occupational health and safety services, or which share those services with other enterprises.

The report explains that in cases where employers do not provide preventive health checks to their workers, inspectors, in most cases, order employers to do so through required improvement decisions. They may also institute minor offence proceedings. Accordingly, in 2019, in 1,276 controls, inspectors found that employers did not provide preventive health checks to their workers (these numbers were 1,128 in 2018; 1,273 in 2017 and 1,493 in

2016). On the basis of violations detected, the inspectors issued “required improvement decisions” (700 in 2019; 729 in 2018; 829 in 2017 and 937 in 2016), fines (73 in 2019; 50 in 2018; 55 in 2017 and 57 in 2016), reminders (124 in 2019; 68 in 2018; 68 in 2017 and 82 in 2016) and warnings (231 in 2019; 193 in 2018; 110 in 2017 and 250 in 2016).

In its previous conclusions, the Committee considered that the number of doctors specialised in occupational health was very low (around 135 doctors) compared to the total workforce (1,040,308 in 2007 according to the World Bank data)(see, for instance, Conclusions 2003 and 2007). The report does not provide information on the number of specialists of occupational medicine in Slovenia. Therefore, the Committee requests that the next report provide information in this respect.

In addition, the Committee takes note of the information concerning the practical information, publications and online tools aimed at encouraging the employers to provide safety and health at work, but requests more detailed and updated information on strategies or incentives to foster access, especially for workers from small and medium-sized enterprises, to occupational health services.

The Committee further considers that the number of enterprises providing occupational health services, or who share those services with other enterprises is important for the Committee in the assessment for compliance with Article 3§4 of the Charter. It therefore reiterates its request for information in this respect. Lastly, the Committee requests that the next report provide updates and detailed information on preventive and advisory functions, beyond mere safety at work, of occupational health services.

The Committee considers that the information provided in the report does not allow the Committee to determine that there are efficient occupational health services in Slovenia. It asks that the next report provide explanations on the steps taken to encourage the development of these services.

Conclusion

The Committee concludes that the situation in Slovenia is not in conformity with Article 3§4 of the Charter on the ground that it has not been established that there is a strategy to progressively provide access to occupational health services for all workers in all sectors of the economy.

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 Slovenia.

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, the Committee concluded that the situation in Slovenia was in conformity with Article 11§1 of the Charter (Conclusions 2013). The assessment of the Committee will therefore only concern the information provided by the Government in response 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

In reply to the Committee’s targeted question on statistical data on life expectancy across the country and different population groups, the report indicates that, in 2017, life expectancy at birth was 81.2 years (average), 84 years for women and 78.2 years for men (for example, the EU-27 average stood at 81.3 in 2019).

The report further indicates that life expectancy varies depending on education levels. For example, in 2017 life expectancy in Slovenia was 83.5 years for those with at least higher education and 79 years for those with primary education or less.

Data provided by the report shows that in 2018 the highest female life expectancy at birth was registered in the Osrednjeslovenska region – 84.6 years, which was 2.2 years more than female life expectancy in the Koroška region where it is the lowest. The highest male life expectancy (78.8 years) was in Koroška region and the lowest life expectancy of men was in the Pomurska region (76.3 years). The report states that the differences between regions reflect a number of socio-economic factors (lifestyle, diet, educational structure of the population, etc.) which are reflected differently in individual population groups and geographical areas. The Committee asks for information on any measures taken to address these differences.

Access to healthcare

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

The report indicates that specialists in gynaecology and obstetrics together with their teams, including graduate midwifes, graduate nurses and junior nurses, take care of the sexual and reproductive health of women and girls. These specialists in gynaecology and obstetrics act as selected physicians at the primary level of healthcare and are therefore accessible to women without referral.

The report further states that the implementation of the preventive programme for the protection of sexual and reproductive health includes:

- family planning, contraception counselling and prescription of contraception;
- the prevention and treatment of sexually transmitted infections;
- preventive examinations during pregnancy, postpartum, spontaneous or permitted termination of pregnancy;
- prevention screening for cervical cancer in the framework of the ZORA national screening programme;
- the early detection of breast cancer in women up to 50 years of age;
- preventive visits by community health nursing;
- health education and health promotion (e.g. childbirth and parenthood preparation classes).

The report indicates that, for women who need treatment at secondary and tertiary levels, there are 14 hospitals with gynaecological maternity wards available in Slovenia, of which two tertiary centres also include an intensive care unit for newborn babies. Pregnant women are entitled to 10 preventive examinations and two preventive ultrasound examinations and all necessary curative services. Most services related to pregnancy, childbirth and postnatal periods are covered by compulsory health insurance and are thus free of charge for women. Pregnant women and their partners may also attend free childbirth and parenthood preparation classes.

With regard to access to abortion, the report indicates that termination of pregnancy is possible at the woman's request until the 10th week of pregnancy, and beyond 10 weeks, the termination of the pregnancy must be approved by a special committee.

The Committee asks for information on the costs of abortion and whether they are reimbursed by the State in total or in part.

The Committee asks for information on the measures taken to ensure that women and girls have access to modern contraception. 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 report provides statistical data on stillbirth rate, infant mortality, perinatal mortality and maternal mortality as well as on early motherhood. The report indicates that the birth rate of adolescents is low in Slovenia. In particular, south-eastern Slovenia stands out negatively, where in 2018 this rate was almost four times higher than the national average . Juvenile pregnancies are rare in Slovenia, with adolescent births in teenagers accounting for less than one percent of all childbirths. Abortion rates are also low among teenage girls.

The report also provides information on measures taken to reduce waiting times in 2020 (outside the reference period), including data on additional funds allocated to shorten unacceptable waiting times.

The Committee asks that the next report contain information on the public health expenditure as a share of GDP.

In its previous conclusion, the Committee wished to receive information on whether an invasive medical treatment or intervention is required for changing a person's legal gender (Conclusions 2013).

The report indicates that in Slovenia no treatment, hormonal therapy or essential genital reconstructive surgery are required for changing legal gender. The indication for changing legal gender is drawn up by a psychiatrist or a child psychiatrist and it is not linked to either endocrinology or treatment cycles. However, if expert indications for an operation are given, it is fully covered by compulsory health insurance. The costs of these medical services are covered by the above-mentioned source, in so far as these medical services are justified professionally and based on doctrine , considering the state of health of the insured person

and in accordance with the opinion of the insured person's personal doctor or a referring doctor.

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.

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).

With regard to treating those who are ill, the report indicates that during the first wave of infections in spring 2020, Covid-19 patients were treated at the Clinic for Infectious Diseases of the Ljubljana University Medical Centre. An ordinance on the potential redeployment of healthcare professionals was adopted for the duration of the epidemic. Difficulties in providing staff arose in homes for the elderly, where a high number of cases appeared. Reorganisation measures (regarding staff and space) were introduced to ensure that Covid-19 patients were tested and treated separately from other patients.

During the second wave of the epidemic, there was an increasing need for hospital beds in both general wards and intensive care units. Based on the national strategy, bed capacities for Covid-19 patients were first gradually created in first-line hospitals, then in second-line hospitals and lastly in all regional and other acute hospitals in Slovenia. Due to an increasing

need for nursing staff, in particular in level 3 intensive care units, staff redeployment within hospitals was necessary. The report indicates that the existing intensive care units provided their own doctors and nursing staff, in particular anaesthesia staff for Covid-19 intensive care units. Help was possible at the expense of reducing the extent of regular surgical activities. The report further states that this kind of system is certainly not sustainable in the long run, as staff were working for lengthy periods without a proper break or leave. However, due to a lack of qualified healthcare professionals, a different type of organisation was not possible. It was also impossible to obtain adequately trained staff on short notice, which had to be taken into account when planning needs. The organisation of work in the second wave was complicated in particular due to the large number of infected healthcare professionals.

The report also indicates that a Slovenian Covid-19 hospital was created, which consisted of wards in individual hospitals that were organised by a coordinator at the national level. Funds were provided by the Government for the functioning of the healthcare system and for extra remuneration of healthcare professionals in accordance with the collective agreement. It also provides for further financial incentives for healthcare professionals during the Covid-19 epidemic, as well as additional funding for material costs in healthcare.

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

Pending receipt of the information requested, the Committee concludes that the situation in Slovenia is in conformity with Article 11§1 of the Charter.

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 Slovenia.

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 Slovenia was in conformity with Article 11§2 of the Charter (Conclusions 2013).

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 life-long or ongoing basis, and in schools. It also asked for information about awareness-raising and education with respect to sexual orientation and gender identity (SOGI) and to gender-based violence.

In its previous conclusion, the Committee noted that health education forms part of school curricula and that it continues throughout the period of schooling (Conclusions 2009).

The report indicates that health promotion and education for children and adolescents is carried out in various fields: health promotion and education for future parents; dental health promotion and education, among others. These activities are carried out at the primary health care level on the premises of healthcare centres or educational institutions (e.g., kindergartens, schools) in accordance with the Regulations for the Implementation of Preventive Healthcare at the Primary Level and the guidelines of the National Institute of Public Health. These guidelines include thematic sets: promotion of healthy habits, healthy nutrition and sport, personal hygiene and body postures, psychoactive substances and addictions, growth, mental health, interpersonal relationships and self-esteem, cancer prevention and its early detection, as well as sexual health education.

The Committee reiterates its question about 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 life-long or ongoing basis. It also asks that information be provided on the whole range of activities (concrete and specific campaigns) undertaken by public health services, or other bodies, to promote health and prevent diseases.

With regard to sexual and reproductive health education, the report lists various topics that are covered in this context in schools: information on healthy and safe sex and gender relations; sexual experience; promotion of healthy physical, mental and social development; non-coercive sex and sexual violence; information on risk factors; information on family planning principles; availability of health education materials; information on contraceptive methods; sexual orientation; prevention of health problems that are more common among adolescents, etc.

Counselling and screening

In its previous conclusion, the Committee found that the situation in Slovenia was in conformity with Article 11§2 with respect to counselling and screening services available to

pregnant women and children (Conclusions 2013). It asked for updated information on this issue. The Committee reiterates its question.

Regarding specific measures to combat pseudoscience with respect to health issues, the report indicates that Slovenia adopted the Alternative Medicine Act (Official Gazette Nos 94/07 and 87/11) and the "Rules determining complementary and alternative medicine (CAM) systems and methods, and on the procedure for the registration, acknowledgement and supervision of CAM systems and the methods to be introduced in CAM services" (Official Gazette Nos 79/08, 115/08, 101/11 and 74/17). According to the report, complementary and alternative medicine is a service carried out by CAM practitioners in order to improve the health of the service users. The Committee notes that the Ministry of Health plays an important role in obtaining the CAM practice licence, which is an authentic instrument proving the professional qualifications of CAM practitioners for their independent implementation of CAM systems and methods. The licence is granted to the CAM practitioner by the Complementary and Alternative Medicine Practitioners' Chamber for a period of 7 years.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Slovenia is in conformity with Article 11§2 of the Charter.

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 Slovenia.

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 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 its previous conclusion, the Committee concluded that the situation in Slovenia was in conformity with Article 11§3 of the Charter (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 report notes that prisoners benefit from healthcare within the penitentiary system, or in community-based facilities, depending on individual needs. Prison healthcare is provided by regional primary healthcare centres. The report also provides some information about the healthcare complement in prisons, about screening arrangements, as well as about mental healthcare.

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.

The report provides an outline of the National Mental Health Programme 2018-2028, which aims to strengthen mental health, prevent mental health problems, train mental health professionals, bring services closer to users and reduce stigma and discrimination. The Programme envisages the opening of 25 mental health centres for children and adolescents, and as many for adults, among other measures. The Committee asks for information regarding the activities and results achieved under the National Mental Health Programme 2018-2028.

The Committee refers to the Slovenia Health System Review 2021 by the European Observatory on Health Systems and Policies, which notes that mental healthcare is predominantly hospital-based, although the number of psychiatric beds is slowly decreasing, with 18% fewer psychiatric beds in 2019 than in 1990. The same source notes the existence of persistent regional inequalities with respect to access to mental healthcare, as well as a connection between socioeconomic status and mental health problems. Furthermore, the mental health system is characterised by fragmented planning, financing and provision of services, with little collaboration across social, health and other relevant sectors, despite efforts to align them.

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.

In view of the limited scope of the information provided in response to the targeted question, the Committee reiterates the request for information regarding the availability and extent of community-based mental health services, on measures to close down/downsize long-stay psychiatric hospitals and improve mental outreach for vulnerable populations. 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 Slovenia is in conformity with Article 11§3 of the Charter.

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 report notes that activities in this area have been guided by the National Programme on Illicit Drugs 2014-2020, under the supervision of the Ministry of Health. A recent evaluation concluded that implementation of the Programme has been satisfactory, but that challenges remained in terms of improving cross-sectoral coordination and ensuring sustainability. The report provides information on drug consumption from a national survey on the use of tobacco, alcohol and other drugs conducted in 2018. The report further notes that a comprehensive network of 20 Centres for the Prevention and Treatment of Drug Addiction has been established, providing harm reduction and treatment services. The number of newly diagnosed cases of HIV and other infectious diseases remains relatively low. The number of drug-related deaths has increased slightly over the reference period (40 deaths in 2016, 47 in 2017 and 59 in 2018). Lastly, the report provides some information about the preventive measures adopted during the reference period.

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.

The report notes that Slovenia has passed new spatial planning legislation in 2017, in compliance with European Union law on environmental assessment and access to justice. The National Institute for Public Health carries out preventive and monitoring activities, with a focus on vulnerable populations. The implementation of the Strategy for Child and Adolescent Health related to the Environment 2012-2020 is currently underway. The report provides data on the presence of air pollutants that shows positive trends during the reference period. Various activities with a view to rehabilitate excessively polluted air are presented, including for example work to address the problem of lead exposure in the Zgornja Mežiška dolina. The report further presents information on measures related to electromagnetic radiation and drinking water monitoring data, that also show positive trends.

Immunisation and epidemiological monitoring

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 notes that Slovenia participates in international and national vaccine research projects.

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 provides an outline of preventive measures taken to stop the spread of Covid-19, including rules on physical distancing, personal hygiene or isolation, movement restrictions, mask mandates, testing and contact tracing, lockdown, or measures to protect vulnerable populations.

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

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

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 Slovenia.

Risks covered, financing of benefits and personal coverage

As regards the personal coverage of social security risks, the Committee notes from the report that the total average number of insured persons in 2019 was 960,755 (939,149 in 2018); 914,313 in 2017; 891,002 in 2016), of which 749,191 were employed by legal persons, 52,719 employed by private persons, 72,712 self-employed, 4,645 were farmers, 16,745 were unemployed. The Committee recalls that under Article 12§1 of the Charter the social security system must cover a significant percentage of the population for health insurance and family benefits and asks for an updated information of the personal coverage of these risks.

Adequacy of benefits

According to Eurostat, the poverty level, defined as 50% of the median equivalised income stood at €586 per month. 40% of the median equivalised income corresponded to €469 monthly. The minimum wage was € 886 per month in 2019.

In its previous conclusion (Conclusions 2013) the Committee found that the minimum level of sickness benefit was inadequate. It notes from the report that the amount of sickness benefit depends on the basis for the benefit, the reason and duration of the temporary absence from work and the method of evaluation. The basis for the benefit is the average monthly wage and allowances paid in the calendar year preceding the year in which the temporary absence from work occurred, or the average basis for the payment of contributions in the calendar year preceding the year in which the temporary absence from work occurred.

The benefit may not be less than the guaranteed salary and not higher than the salary the insured persons would have received if they had worked, or higher than the basis on which they were insured at the time of absence. From 1 January 2020 the gross minimum wage amounted to € 940.58 (net amounting to about € 700). The minimum amount of sickness benefit is 70% of the above-mentioned net amount to which the allowances are to be added. The Committee notes that in 2019 the minimum wage in Slovenia stood at € 886 gross or €655 net. The Committee estimates that the minimum amount of sickness benefit, calculated on the basis of the minimum wage would amount € 459 in 2019. However, the Committee notes from MISSOC that the benefit may not be less than the amount of the Statutory Reference Amount *(zajamčena plača)* and cannot exceed the gross wage beneficiaries would receive if they were working. The Statutory Reference Amount (SRA) is defined as an "individual amount that provides a worker with material and social security" and is determined annually. From August 2006, the SRA amounts to €237.73 per month (net).

The Committee asks whether the minimum amount of sickness benefit is calculated on the basis of the minimum net wage or on the basis of SRA. In the meantime, the Committee reserves its position on this issue.

In its previous conclusion the Committee found that the minimum level of unemployment benefit was inadequate. It notes from the report that unemployment insurance is regulated by the Labour Market Regulatory Act. The rights under compulsory and voluntary unemployment insurance include: the right to unemployment allowance; the right to have contributions for compulsory social insurance paid; the right to have pension and disability insurance contributions paid one year prior to the fulfilment of the minimal conditions for the right to an old age pension pursuant to the regulations governing pension and disability insurance.

According to the report, with the amendments in 2019 the minimum amount of the benefit was increased to € 530.19. The unemployment benefit for the first three months is paid in an amount of 80% of the base. In the subsequent nine months, unemployment benefit amounts to 60% of the base and in all other subsequent months of eligibility to 50% of the base. The Committee asks what can be understood by the base. The minimum (€ 530.19) and the maximum amount of unemployment benefit (892.50) are set by law. The Committee however notes from MISSOC that the amount of unemployment benefit varies between the minimum of €350 and the maximum of €892.50.

The Committee asks the next report to clarify which of these two amounts is the minimum amount of unemployment benefit below which this allowance cannot fall. In the meantime the Committee reserves its position on this point.

As regards the duration of unemployment benefit, the rights under unemployment insurance may be acquired by unemployed persons insured for at least nine months in the last 24 months prior to their unemployment. The rights under unemployment insurance may be acquired by insured persons who become unemployed through no fault of their own. An unemployed person may claim a cash benefit for the duration of:

- two months for individuals for an insurance period of six to ten months;
- three months for an insurance period of ten months to five years;
- six months for an insurance period of five to 15 years;
- nine months for an insurance period of 15 to 25 years;
- 12 months for an insurance period of over 25 years;
- 19 months for insured persons older than 53 years with an insurance period of more than 25 years;
- 25 months for insured persons older than 58 years with an insurance period of more than 28 years.

In its previous conclusion the Committee considered that as regards the duration of unemployment benefit for the insurance period of ten months to five years, it was too short. The Committee notes that there have been no changes to this situation. Therefore, it reiterates its previous finding of non-conformity on this point.

As regards old age benefit, the Committee refers to its conclusion under Article 23.

The Committee also asks the next report to indicate what are the minimum levels of employment injury benefit and disability benefit.

Conclusion

The Committee concludes that the situation in Slovenia is not in conformity with Article 12§1 of the Charter on the ground that the duration of unemployment benefit for the insurance period of 10 months to five years it too short.

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 Slovenia.

The Committee recalls that Slovenia ratified the European Code of Social Security on 26 February 2004 and has accepted Parts II-VIII and X.

The Committee notes from Resolution CM/ResCSS(2020)16 of the Committee of Ministers on the application of the European Code of Social Security by Slovenia (period from 1 July 2018 to 30 June 2019) that the law and practice in Slovenia continue to give full effect to Parts II-VIII and X of the Code, subject to bringing the grounds for suspension of employment injury benefits in line with Article 68 of the Code.

Conclusion

The Committee concludes that the situation in Slovenia is in conformity with Article 12§2 of the Charter.

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 Slovenia.

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 Slovenia was in conformity with Article 12§3 of the Charter (Conclusions 2013). 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.

In its report, the Government states that while platform work has recently started to appear in Slovenia in some forms (e.g. bicycle delivery services), it remains of limited scope. No particular legislation has been introduced for platform work yet. The legal status of platform workers has not been defined under current labour laws and platforms are often operating in a legal grey area. However, the Slovenian authorities are aware that the lack of a clear legal and employment status for platform workers may be the reason why they have very little job security. In 2018, the Ministry of Labour, Family, Social Affairs and Equal Opportunities co-financed a joint project by three Slovenian universities on "Multidisciplinary analysis of precarious work: legal, economic, social and healthcare aspects" (MAPA). The project's main aim is to provide a comprehensive multidisciplinary insight into the situation as regards precarious work in Slovenia and to make proposals for limiting its negative impact on individuals and society as a whole. Special attention was paid to platform work. The

research was completed in 2020 (outside the reference period) and the Labour Ministry is now examining the project's findings and recommendations.

The Committee takes note of this information, which is useful but does not give it a full picture of the social security coverage of digital platform workers. 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). The Committee also requests information on the main findings and recommendations of the MAPA project report relating to digital platform workers, and on the measures which the authorities have taken or are planning to take in response to these recommendations.

Covid-19

In response to the second question, the Government states that it very quickly prepared strategic measures and took immediate action to help the population and the economy. Accordingly, seven aid packages – including a number of social security measures – were adopted in 2020. In this context, Slovenia adopted a law during the first wave of the Covid-19 pandemic setting out measures for tackling the health crisis and mitigating its consequences for the public and the economy. The measures included:

- providing assistance to workers and employers through a subsidised wage scheme (with the state paying 80% of employee wages) and waiving social security contributions for workers who were temporarily laid off or unable to perform their duties owing to the pandemic;
- waiving social security contributions for the self-employed, farmers and religious workers and granting them a monthly basic income on the basis of a reduced income claim;
- paying one-off solidarity bonuses to certain vulnerable groups, for example to recipients of financial social assistance or income support, students, recipients of parental allowances, foster families, war veterans and the war-disabled, people with disabilities, pensioners;
- increasing child benefit rates for large families;
- automatic (monthly) extension of existing entitlements (e.g. child benefits, reduced rates in pre-schools).

The Law introducing intervention measures to assist in mitigating the consequences of the second wave of the Covid-19 pandemic, which entered into force on 31 December 2020, was the last package of measures adopted by the National Assembly in 2020. In addition to providing help for the economy and healthcare sector, this law included extra financial support measures for the most vulnerable.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Slovenia is in conformity with Article 12§3 of the Charter.

Article 12 - Right to social security

Paragraph 4 - Social security of persons moving between States

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

Equality of treatment and retention of accrued benefits (Article 12§4a)

Equal treatment

The Committee recalls that the guarantee of equal treatment within the meaning of Article 12§4 requires States Parties to remove all forms of discrimination against nationals of other States Parties from their social security legislation (Conclusions XIII-4 (1996), Statement of Interpretation on Article 12§4). Both direct and indirect discrimination should be eliminated. National legislation cannot reserve a social security benefit to nationals only or impose extra or more restrictive conditions on foreigners. Nor may national legislation stipulate eligibility criteria for social security benefits which, although they apply without reference to nationality, are harder for foreigners to comply with than nationals, and therefore affect them to a greater degree. However, pursuant to the Charter's Appendix legislation may require the completion of a period of residence for non-contributory benefits. In this respect, Article 12§4a requires that any such prescribed period of residence be reasonable. The Committee considers that the right to equal treatment covers both equal access to the social security system and equal conditions for entitlement to social security benefits.

In its Conclusion 2009 on Article 12§4, Slovenia, the Committee considered that the situation was not in conformity with the Charter as several benefits (pension and disability insurance, parental allowance and partial payment for lost income) were subject to a nationality condition and therefore not available for nationals of States Parties which were not covered by community regulations. The Committee notes from the report that compulsory pension and disability insurance in Slovenia is uniform for all insured persons and does not presuppose the condition of citizenship. According to the applicable legislation under the ZPIZ-2, rights in relation to old age, disability and death are guaranteed under equal conditions to citizens of the Republic of Slovenia and foreign nationals on the basis of work, paid contributions to pension and disability insurance and in accordance with the principles of reciprocity and solidarity.

In the area of healthcare, foreigners are, as a rule, covered by compulsory health insurance if they are employed, self-employed or unemployed. This means that their rights of access to healthcare are equal to the rights of nationals. The conditions for acquisition of a right to compensation for temporary absence from work (sickness allowance) are also linked to the payment of contributions to compulsory health insurance, and therefore do not differ depending on whether the person is a Slovenian national or not. Foreigners employed in the territory of Slovenia are included in compulsory unemployment insurance. The conditions for acquisition of the right to unemployment benefits are linked to the length of time during which insurance contributions were paid.

The Committee thus considers that equal access to the social security system is guaranteed. It asks whether entitlement for social security benefits (e.g. non-contributory) requires the completion of a period of residence.

As regards equal treatment in respect of family benefits, the Committee recalls that the purpose of child benefits is to compensate the costs of maintenance, care and education of children. Such costs primarily occur in the State where the child actually resides.

The Committee further recalls that child benefits are covered by different provisions of the Charter, and in particular by Article 12§1 and Article 16 of the Charter. Under Article 12§1 States Parties have an obligation to establish and maintain a social security system including a family benefits branch. Under Article 16 States Parties are required to ensure the

economic protection of the family by appropriate means. The primary means should be child benefits provided as part of social security, available either universally or subject to a means-test. States Parties have a unilateral obligation to pay child benefits in respect of all children resident in their territory on an equal footing, whether they are nationals or have moved from another State Party.

The Committee is aware that States Parties that are also EU Member States, on the basis of the EU legislation on coordination of the social security system are obliged to apply coordination rules which to a large extent prescribe exportability of child benefits and family allowances. When the situation is covered by the Charter, and the EU legislation does not apply, the Committee has regard to its interpretation according to which the payment of child benefits to all residing children, as a starting point, is a unilateral obligation for all States Parties. The Committee decides no longer to examine the issue of exportability of child benefits under Article 12§4a.

Under Article 12§4a of the Charter the Committee will only examine whether child benefits are paid to children, having moved from another State Party, on an equal footing with nationals, thus ensuring equal treatment of all resident children. Under Article 16 the Committee will examine equal treatment of families as regards access to family benefits and whether the legislation imposes length of residence requirement on families for entitlement to child benefit.

The Committee notes from the report in this respect that foreigners are entitled to child benefit if they have temporary or permanent residence in Slovenia and actually reside in Slovenia, irrespective of whether Slovenia has a bilateral agreement with the country of origin or not. Therefore, the Committee considers that the situation is in conformity with the Charter on this point.

Right to retain accrued rights

The Committee recalls that old age benefit, disability benefit, survivor's benefit and occupational accident or disease benefit acquired under the legislation of one State according to the eligibility criteria laid down under national legislation should be maintained (exported) irrespective of whether the beneficiary moves between the territories.

In its previous conclusion (Conclusions 2013) the Committee considered that it had not been established that the retention of accrued benefits is guaranteed to nationals of all other States Parties. The Committee notes from the report in this regard that foreigners who fulfil the conditions for being granted a pension under Slovenian legislation are entitled to payment of a pension abroad if they emigrate permanently.Foreigners who come from non-EU countries with which Slovenia has no bilateral agreement and are included in compulsory pension and disability insurance in Slovenia, acquire the right to a pension under the same conditions as other insured persons. They may exercise the right to an old-age pension from the Slovenian state at the age of 65 if they have completed a minimum of 15 years of insurance, and they may also exercise the right to a disability pension if they fulfil the conditions for this. The Committee asks whether old age benefit, survivor's benefit and disability benefit are exported to persons having moved to a different State.

Maintenance of accruing rights

Under Article 12§4b there should be no disadvantage in terms of accrual of rights for persons who move to another State for employment in instances in which they have not completed the period of employment or insurance necessary under national legislation to confer entitlement and determine the amount of certain benefits. Implementation of the right to maintenance of accruing rights requires, where necessary, the accumulation of employment or insurance periods completed in another territory for the purposes of the opening, calculation and payment of benefits. In the case of long-term benefits, the pro–rata approach should also be employed.

States may choose between the following means in order to ensure maintenance of accruing rights: bilateral or multilateral agreement or, unilateral, legislative or administrative measures. States that have ratified the European Convention on Social Security are presumed to have made sufficient efforts to guarantee the retention of accruing rights.

According to the report, foreigners who have completed their pension qualifying periods in a country with which Slovenia has no bilateral agreement, do not have the right to aggregation of insurance periods. If such a person fails to fulfil the minimum conditions for acquisition of the right to a pension as stipulated by national legislation in Slovenia, they do not acquire the right to a pension.

The Committee notes in this respect that the agreements with North Macedonia, Serbia, Bosnia and Herzegovina and Montenegro provide for the possibility of aggregation of insurance periods in the two Contracting States, if this is necessary to satisfy the conditions for acquisition of a right to certain social security benefits. The agreements also provide for the possibility that posted workers in the country where they work may continue, for up to 24 months, to be subject to the legislation of the other country where they are employed or where their employer is established. Agreements with the successor states of the former Yugoslavia also contain different types of reciprocal healthcare measures applicable to insured persons and their family members.

The Committee observes that the aggregation of insurance periods is not ensured for nationals of those States Parties with which no relevant bilateral agreements have been concluded. Therefore, the Committee considers that the situation is not in conformity with the Charter in this respect.

Conclusion

The Committee concludes that the situation in Slovenia is not in conformity with Article 12§4 of the Charter on the ground that the maintenance of accruing rights is not ensured.

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 Slovenia.

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 report does not indicate any changes to the organisation of the social services. The Committee acknowledges information provided in reply to its previous question (see Conclusions 2013) on the number of users of social welfare services by employee or user-employee ratio, confirming that the situation remains in conformity with the Charter.

In reply to the Committee’s targeted questions, the report provides that in the initial wave of the COVID-19 epidemic in spring 2020, social welfare services providers acted in accordance with the recommendations for infection control issued by the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry of Health or the National Institute of Public Health respectively. After the end of the first wave, the Ministry of Labour, Family, Social Affairs and Equal Opportunities urged service providers to present their experience and good practices during the epidemic in a questionnaire, which served to assist in the preparation of the Covid-19 infection control plan as the epidemic continued. The Minister responsible for Social Affairs appointed a working group to prepare the COVID-19 Plan in the case of a second wave. The Working Group analysed initial actions, experiences and best practices and developed protocols that formed an integral part of the plan for the containment of COVID-19 in the second, autumn wave of infections. The plan brought together and adapted recommendations according to a one-stop shop principle and developed tailored protocols for all social services. The protocols contain detailed instructions for the operation of service providers during the COVID-19 epidemic in nursing homes and other institutions providing social welfare services. In the area of social welfare programmes, the programme providers were invited to further strengthen the advisory work with users. Throughout the epidemic, the programmes had to be available to users during office hours. The programme providers contacted users through field work, telephone, mail, video calls, organised online workshops, trainings, activities for users and, above all, maintained contacts with existing users and supported them. Setup programmes (women’s shelters, safe houses, shelters, communes, residential group care in the area of mental health, etc.) were carried out unchanged. Furthermore, projects were developed to help the most vulnerable groups of the population in addressing needs related to the COVID-19 epidemic and to mitigate its consequences. The report does not contain information on any specific measures taken in anticipation of possible crises of such nature reoccurring.

Conclusion

The Committee concludes that the situation in Slovenia 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 Slovenia.

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 2013), 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 2013) on the criteria used to withdraw licences of legal and natural persons providing social services outside the public service network and concerning the way in which public authorities ensure that privately run social services are effective and equally accessible to all, confirming that the situation remains in conformity with the Charter.

In response to the targeted questions, the report states that the 2007 Social Assistance Act regulates the implementation of social welfare services and conditions for user participation in these services . The Act stipulates, among other things, that social welfare institutions and other legal and natural persons providing social services in accordance with the Act may together form a community. Communities perform primarily the following functions:

- coordination of activities and participation in social protection policy development;
- participation in defining conditions for carrying out activities;
- performing common tasks and fulfilling the interests of service providers in a particular field.

In Slovenia, there are currently two such communities: 1) The Community of Social Institutions of Slovenia working in the field of institutional care of the elderly and the protection of special categories of the adult population, provided by the homes for the elderly and specialised social care institutions for adults, which also includes private service providers; and 2) the Association of Social Work Centres of Slovenia, in which private service providers are not involved, since certain social welfare services are provided only within the framework of the public network.

In addition to certain forms of cooperation between social security service providers defined in the Social Assistance Act, there are other forms of cooperation between non-governmental organisations, such as the Centre for Information Services, Cooperation and Development of Non-Governmental Organisations, which is a network of non-governmental organisations, comprising more than 600 different associations and organisations working in the field of social protection and volunteering.

The Committee asks whether user participation includes participation in decision-making, and whether there are any practical measures, including budgetary ones, to support it, have been adopted or envisaged.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Slovenia is in conformity with Article 14§2 of the Charter.

Article 23 - Right of the elderly to social protection

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

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 deferred (Conclusions 2013).

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.

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

The Committee previously noted that the Principle of Equal Treatment Act (2004) prohibited discrimination on grounds of age (Conclusions 2013).

The Committee previously asked for information on the legal framework related to assisted decision making for older persons, and, in particular, whether there are safeguards to prevent the arbitrary deprivation of autonomous decision making by older persons (Conclusions 2013). According to the report the Family Code (Official Gazette of the Republic of Slovenia, Nos 15/17, 21/18 – ZNOrg, 22/19, 67/19 – ZMatR-C and 200/20 – ZOOMTVI) defines guardianship of adults as a specific form of protection of adults who are unable to take care of themselves, their rights and interests. According to Article 239 of the Family Code, the purpose of guardianship for adults is to manage their affairs, arrange healthcare and provide training for independent life. The current rules allow the court to determine the extent of guardianship in the light of the circumstances of a particular case. According to the Family Code, in the decision on placing a person under guardianship the court defines the scope of the guardian's obligations and rights, which means that the court places the person under guardianship only in those areas where this is actually necessary to protect their rights and interests.

In appointing a guardian a social work centre or court takes the wishes of the individual concerned into account.

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).

The Committee asks whether there is provision for assisted decision making.

The report states that during the reference period the Strategy on Long Lived Society was adopted.

The strategy focuses mainly on measures on quality ageing, focusing on four subject areas; the labour market and education, independent, healthy and safe life for all generations , inclusion in society and creating an environment for activities throughout life . On the basis of the Strategy, action plans are planned to be drawn up with concrete proposals for solutions to implement the outlined orientations. The preparation of the action plans has been suspended by the pandemic. The Committee asks then next report to provide updated information on the implementation of the strategy.

Prevention of abuse of older persons

The report states that in the area of prevention of violence against older persons, the Ministry of Labour, Family, Social Affairs and Equal Opportunities also co-funded one programme amounting to €50,000.00 in 2020.

The Committee asks for updated 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 way 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 its 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.

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 requested information on the Longterm care Act (Conclusions 2013).

According to the report in 2019, proposal for a Long term care and Long term care insurance bill was prepared and put out for public consultation. The bill represents a conceptual shift from meeting needs to maintaining and improving physical and mental health for persons of all ages.

The report states (under Article 11) that Slovenia currently has no uniform system of long term care. Instead, many different pieces of legislation include rules governing long term care. Persons who need assistance may choose between home support services and institution based services. Home services may be provided by formal providers or informal carers. The majority of informal care is provided within the family and by friends. A person may apply for an assistance allowance on the grounds that they are providing care to a person in need. Slovenia is aware that eligible persons with comparable needs do not always have access to comparable rights as a result of differences in legal bases, entry mechanisms and assessment criteria. Therefore the abovementioned bill (Long term Care and Long term Insuance Bill) seeks to to harmonise the legislation governing rights to long-term care, to determine the scope of the range of services, and to devise a comprehensive, universally accessible, geographically and financially sustainable system of long term care.

Further the bill seeks to enable persons to live at home with appropriate assistance for as long as possible when they so wish.

The Committee asks to receive further information on the proposed legislation once it has been adopted.

The report states that the Social Affairs Inspection Service, which operates within the Labour Inspectorate, also monitors the implementation of social welfare activities and services for older persons. The Social Assistance Act provides for institutional care, home help in the form of social care, and home care services. In connection with the provision of the above-mentioned services, the inspection service also supervises the performance of the municipalities. In the 2016-2019 period, the inspection service carried out 141 inspections of institutional care, 13 inspections of home help in the form of social care, 9 inspections of home care service provision and 82 inspections of the performance of municipalities related to the provision of those services.

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 as well as information on the costs of such services. It also asks 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

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 Committee previously noted that the Ministry of Health was preparing a National programme of medical treatment for patients with dementia and asked to be informed of all the relevant developments in this respect (Conclusions 2013).

The report states that in 2016, the S*trategy for Dementia Management in Slovenia up to 2020* was adopted. The main objectives of the Strategy were early diagnosis of the disease, access to treatment and treatment with anti-dementia medicines, and establishing coordinated support for persons with dementia, their families and caregivers. The Ministry of Health is preparing a national S*trategy for Dementia Management in Slovenia up to 2030.*

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

The Committee recalls 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 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.

Adequate resources

When assessing adequacy of resources of older persons under Article 23, the Committee takes into account all social protection measures guaranteed to older persons and aimed at maintaining 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 will then be compared with median equivalised income. The Committee will also take into consideration relevant indicators relating to at-risk-of-poverty rates for persons aged 65 and over.

The Committee previously deferred its conclusion on the adequacy of resources (Conclusions 2013).

The report states amendments to legislation in 2017 introduced a new guaranteed minimum old-age pension. Legislation provides that an insured person who has acquired the right to an old-age pension and who has completed the prescribed number of years of pensionable service (40 years) is guaranteed a pension in the amount of €500. Insured persons having shorter qualifying periods but more than 15 years are entitled to a minimum pension of €223.23 per month.

The basic minimum income was €392.75 per month in 2019, persons whose pension falls below this level will be entitled to supplementary allowances/income support.

According to the report in 2014, amendments to the Exercise of rights from public funds Act were adopted which somewhat loosened the financial conditions for receiving income

support. The primary purpose of the income support was to improve the financial situation of older people.

In addition to income support older persons may be entitled to financial social assistance.

The report states that the maximum amount of income support for a single person in 2019 was €591.20.

According to the report in 2019, out of all persons below the at-risk-of-poverty threshold there were 90,000 pensioners (representing 18.2% of all pensioners). The Committee notes that this is a relatively high proportion.

The poverty threshold, defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value, was estimated at €586 in 2019. The Committee notes that the guaranteed minimum pensions and the basic minimum income fall below the poverty threshold. However it notes that persons in receipt of these maybe entitled income support and financial social assistance. It asks the next report to provide updated information on benefits and assistance available to older persons with low or no income and no assets, and information on the percentage of persons having an income falling below 40% of the median equivalised income as well as on measures taken to address their situation.

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.

According to the report homes for older persons received recommendations and instructions from the two competent ministries (the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities) for the management and containment of Covid-19 infections in the first wave of infections, which, together with the later developed protocols, are still in force. At the time of Covid-19 infection, the most important tasks were prevention of infection and prevention of transmission of infection, and consistent implementation of instructions by the two competent ministries.

Difficulties were experiences in implementing the recommendations and instructions in old care homes which proved inadequate to ensure safe care in homes for older person in the event of a pandemic. These homes face spatial challenges of how to ensure proper distancing and isolation.

The establishment of zones (in particular red zones, requiring an adequate capacity for the accommodation or isolation of Covid-19 positive persons who do not need hospital treatment) was very difficult or practically impossible to provide in some homes, and therefore other suitable solutions were found. Homes for the elderly have been understaffed for a long time, which became more obvious in the period of infection. Currently, the issue of understaffing in homes for the elderly fighting the infection is being solved by the redeployment of staff from healthcare institutions and other homes for the elderly, as well as by financing additional care home staff for basic and social care jobs from the national budget,.

In April 2020, under the Act Determining the Intervention Measures to Contain the Covid-19 Epidemic and Mitigate its Consequences for Citizens and the Economy (the ZIUZEOP) a solidarity bonus was granted to pensioners whose pensions are below €700. A total of €62.1 million was paid to 287,380 recipients.

Other legislation (ZIUPOPDVE) adopted at the end of December 2020 provided that pensioners receiving pensions below €714 again received a solidarity bonus, as they did in the first wave of the Covid-19 epidemic.

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

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

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

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

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 that the situation in Slovenia was in conformity with Article 30 of the Charter, pending receipt of the information requested (Conclusions 2013).

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 observes that the at-risk-of-poverty rate (cut-off point: 60% of the median equivalised income after social transfers) was low and had decreased during the reference period, from 13.9% in 2016 to 12% in 2019 (the rate in the EU-28 was 17.3% in 2016 and 16.8% in 2019). The report states that, in 2019, there were around 243,000 persons living with an income below the at-risk-of-poverty threshold which is 37,000 fewer than in 2016. The Committee also observes that the difference in the at-risk-of-poverty rate (after social transfers) between the sexes had decreased during the reference period (from 2.7% in 2016 to 2.1% in 2019).

The at-risk-of-poverty rate of the unemployed (aged 16 to 64) decreased very slightly during the reference period, from 44.7% in 2016 to 43.6% in 2019. The Committee however observes that these figures were lower than the EU-28 averages (48.7% in 2016 and 48.6% in 2019). The at-risk-of-poverty rate of the employed (aged 16 to 64) also declined during the reference period (6.1% in 2016 and 4.5% in 2019); these figures were also well below the EU-28 averages (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 slightly increased during the reference period, from 17.6% in 2016 to 18.6% in 2019 (compared to 20.9% in 2011). The Committee notes that these figures were slightly above the EU-28 averages (14.5% and 16.5% respectively). As regards

children (younger than 16), the at-risk-of-poverty rate decreased over the reference period, from 11.9% in 2016 to 10.5% in 2019.

Comparing at-risk-of-poverty rates before and after social transfers, the Committee also notes that the impact of social benefits remained stable during the reference period (at around 10-11%).

Concerning the risk of poverty and social exclusion (AROPE), which according to Eurostat methodology (see also Conclusions 2013 in this respect), 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 18.4% of the population was at risk of poverty and social exclusion in 2016, 17.1% in 2017, 16.2% in 2018 and 14.4% in 2019 (this rate in the EU-28 was 23.5% in 2016 and 21.4% in 2019).

As regards children (younger than 16), the risk of poverty and social exclusion decreased during the reference period, from 14.9% in 2016 to 11.7% in 2019. The Committee observes that this rate was well below the average in the EU-28 (25.9% and 23.1% respectively).

The Committee notes that the indicators measuring poverty are low, falling well below the EU averages. In particular, it notes that the share of people at risk of poverty and social exclusion has decreased although it remains high among olderly people. Moreover, the Committee observes that both the at-risk-of-poverty or social exclusion rates as well as monetary poverty for children are well below the EU average.

Approach to combating poverty and social exclusion

The report indicates that the reorganisation of social work centres began in October 2018 in accordance with the amendments to the Social Security Act (ZSV) adopted in 2017. This was with a view to offering more extensive social services, supported by the automated calculation of child and family-related allowances and benefits. The reorganisation involved a change in a social activation project as part of an integrated approach to the social activation of persons. Social activation is directed at all those in need of assistance, support and empowerment to move closer to the labour market. The report indicates that accessible, diverse and high-quality social activation projects were selected by means of a public invitation to tender. These projects sought to develop social skills and competences, enhance functional and professional skills, and to promote personal development and empowerment. The Committee notes that the social activation system and social activation programmes address the persistent problem of long-term unemployment and long-term dependence on social benefits.

In its previous conclusion, the Committee asked that detailed information be provided in the next report about the measures taken in favour of other categories of vulnerable people, such as mentally ill persons, substance addicts and homeless persons (Conclusions 2013). In response, the report indicates that the National Social Protection Programme 2013-2020 provides a network of public services in the field of social security programmes designed to prevent and address the social problems of specific vulnerable groups, as well as to complement social security services and measures. These programmes are implemented on the basis of, among other things, the guidelines published in the public invitations to tender for their (co)funding; they are tailored to the characteristics and needs of targeted groups. The Committee takes note of the drug dependence programmes aimed at users of illicit drug and people experiencing social distress as a result of alcoholism or other addictions; specialised psychosocial support programmes; programmes for homeless people, people with mental disabilities and other vulnerable groups, including victims of violence, children and adolescents with development problems, socially excluded elderly people, persons with disabilities and the Roma.

The report indicates that the basic amount of the minimum income increased during the reference period and reached €392.45 in 2019. According to the report, this led to an

increase in the amount of ordinary and extraordinary financial social assistance. The Committee takes note of the increase in the gross minimum wage during the reference period (from €790.73 in 2016 to €886.63 in 2019). The Committee also notes that, according to the report, the Act amending the Minimum Wage Act (Official Gazette No. 83/18), with effect from 1 January 2020 (outside the reference period), exempts from the definition of the minimum wage all allowances provided for in laws, regulations and collective agreements (seniority bonus, allowance for difficult working conditions, etc.), performance bonus and business efficiency allowances agreed in collective labour agreements or employment contracts.

In reply to the Committee's question as to the amount of resources allocated to fighting poverty and social exclusion, the report indicates that, in 2018, Slovenia allocated 22% of GDP to social protection (€10,092 billion, compared to €9,398 billion in 2016). As regards the various allowances, the report states that, as of 1 January 2019, all family-related austerity measures were abolished (after six years): the paternity and parental allowance are back to 100% of the person's average salary for the last 12 months (previously it was 90%); the large family allowance is once again a universal entitlement and can be granted to all large families regardless of their income (previously it was limited to a certain income threshold); the maternity allowance is not limited and the parental allowance is 2.5 times the average salary (previously it was twice the average wage). The Committee notes from the report that, as of 1 July 2019, child benefits, state scholarships, childcare allowance, large family allowance, birth allowance and parental allowance were increased. According to the report, all these measures have strengthened the social status of families with children.

The Committee notes from the European Semester Country Report – Slovenia 2019, that inequality in Slovenia is low and the share of people at risk of poverty and social exclusion has decreased, although it remains high for older people. The report stresses that, in 2017, the number of people at risk of poverty and social exclusion fell for the third consecutive year.

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 31§1 and its conclusion that measures in place to reduce the number of homeless persons were inadequate in quantitative terms (Conclusions 2015).

On the basis of all information at its disposal and notably the low level of poverty rates, the Committee considers that the situation remains in conformity with Article 30.

Monitoring and evaluation

In its previous conclusion, the Committee asked for information on the system for assessing and monitoring measures to combat poverty and social exclusion, as well as information, including practical examples, on how individuals and voluntary associations take part in assessing measures to combat poverty (Conclusions 2013).

In response, the report indicates that the Social Protection Institute (on behalf of the Ministry of Labour, Family, Social Affairs and Equal Opportunities) prepares annual reports on the implementation and compliance with the objectives of the Resolution on the National Social Assistance Programme 2013-2020 (Official Gazette No. 39/13). The report provides an overview of the country's economic, demographic and macroeconomic situation, as well as the situation in the labour market and other factors affecting the social situation of the population. The Committee notes that the main part of the annual report is a presentation of the achievement of the key objectives of the Resolution, such as, reducing the risk of poverty and increasing the social inclusion of disadvantaged and vulnerable groups, or improving accessibility and diversity of services, and other forms of assistance. This report also includes information about the implementation of national and regional plans in the field of social assistance.

The Social Protection Institute also prepares annual reports on the social situation at national level. The purpose of these reports is to provide a comprehensive overview of the changes in the situation over the two years preceding publication.

The Institute for Economic Analysis and Development prepares annual development reports that assess progress in the priority areas of the National Development Strategy 2030 and provide recommendations for more effective policy implementation. One of the five pillars of the Strategy is an inclusive, healthy, safe and responsible society, which includes offering the population a healthy and active life, an inclusive labour market, quality jobs and a decent life for all.

In addition, the report indicates that the Council for Children and the Family (a permanent expert advisory body) monitors the effectiveness of policies to reduce poverty and social exclusion.

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

The report outlines the specific measures taken in 2020 to mitigate the potentially negative effects of the Covid-19 crisis on poverty and social exclusion. The Committee refers to its conclusion on Article 12§3 (Conclusions 2021) for a detailed description.

In addition, the report indicates that in June 2020, the Ministry of Labour, Family, Social Affairs and Equal Opportunities issued a public invitation to tender for co-financing projects to help the most vulnerable people in addressing the needs related to the Covid-19 epidemic and mitigate its effects.

Conclusion

The Committee concludes that the situation in Slovenia is in conformity with Article 30 of the Charter.