



16/02/2021

RAP/RCha/SVK/11(2021)

EUROPEAN SOCIAL CHARTER

11th National Report on the implementation of the European
Social Charter

submitted by

THE GOVERNMENT OF THE SLOVAK REPUBLIC

Articles 3, 11, 12, 13, 14, 23 and 30

Report registered by the Secretariat on

16 February 2021

CYCLE 2021

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

The European Social Charter (revised)

The Report of the Slovak Republic

on the implementation of the European Social Charter (revised)

(Conclusions 2021: ratified provisions of Articles 3, 11, 12, 13, 14, 23, and 30
of the Revised Charter)

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Article 3 Paragraph 1

Regarding the question of the ECSR on the general regulatory framework of the OSH policies, this is regulated by several pieces of legislation, especially the Constitution of the Slovak Republic, the Labour Code, Act No. 124/2006 Coll. on Health and Safety at Work, Act No. 125/2006 Coll. on Labour Inspection, Act No. 51/1988 Coll. on Mining and Related Activities, Act No. 392/2006 Coll. on Minimum Security and Health Requirements of Personal Protective Equipment, etc.

In accordance with the above, occupational health and safety is the status of working conditions which eliminate or minimise the effects of dangerous and harmful agents in the working process and working environment on the health of an employee. Labour protection is an integral part of labour-law relations. Labour Law refers to special provisions in the field of occupational health and safety, which regulate in detail obligations of employers and employees in the area of occupational health and safety.

Basic obligations of employers in terms of special provisions:

- improve working conditions and adapt them to his/her employees, taking into consideration the state of scientific and technological knowledge,
- detect dangers and hazards, assess risks and draw up a written document on risk assessment in all activities performed by the employees;

- replace strenuous and monotonous work and work performed in difficult and health damaging or harmful working conditions by suitable working equipment, working procedures, manufacturing procedures and improved work organisation;

- determine safe working procedures;

- draw up in writing, regularly assess and, when necessary, update the concept of an occupational safety and health protection policy containing the basic aims to be achieved in the field of occupational safety and health protection, along with an implementation programme of that concept containing, in particular, the procedure, equipment and methods of its implementation and to regularly evaluate and update the aims when necessary; this shall not apply to employer who employ less than 11 employees;

- draw up and, when necessary, update his/her own list of works and workplaces that are:
 1. prohibited to pregnant women, mothers until the end of the ninth month after delivery and breastfeeding women,
 2. connected with specified risks to pregnant women, mothers until the end of the ninth month after delivery and breastfeeding women,
 3. prohibited to young employees;

- assign employees to jobs respecting their health condition, especially the result of their work health capacity assessment, ability, age, qualification and technical expertise pursuant to legal regulations and other occupational health and safety regulations and avoid their assignment to work disrespecting their health condition, especially the result of their work health capacity assessment, ability, age, qualification and technical expertise pursuant to legal regulations and other occupational health and safety regulations;

- provide rest periods to employees for reasons of occupational safety and health protection;

- not use a remuneration system that would, in the case of increased work performance, result in a threat to the safety or health of employees, in the case of employees who are exposed to a higher accident occurrence rate or other health damage;
- draw up a list of personal protective equipment, provided on the basis of the risk assessment and evaluation of dangers arising from the working procedure and the working environment, provide and maintain it free of charge;
- issue prohibition of smoking at workplaces where work is also performed by non-smokers, and ensure the enforcement of this prohibition, as well as the prohibition against smoking at workplaces;
- take care of the safety and health protection of all persons who, to his/her knowledge, are present at his/her workplaces or his/her premises;
- systematically check and demand observance over legal regulations and other occupational health and safety regulations, principles of safe work, health protection, safe conduct at workplace and safe working procedures;
- regularly, understandably and provably notify each employee:
 1. of legal regulations and other regulations applying to the ensuring of occupational safety and health protection¹⁰, of principles of safe work, health protection at work, safe conduct at the workplace and safe working procedures, and verify the employee's knowledge thereof,
 2. of existing and predictable dangers and hazards whose impacts may cause a health threat and the protection against them,
 3. of the prohibition to enter the premises and dwell in the premises and to perform activities posing a potentially immediate threat to the life or health of an employee.

Regarding the comment of the ECSR on new research in the area of OSH with emphasis on psychosocial factors of risk, the Slovak Republic would like to point out that the regularly amended OSH Strategy of the Slovak Republic includes several measures and goals in this aspect. The relevant institutions of the Slovak Republic (mainly the National Labour Inspectorate, the Ministry of Labour, Social Affairs and Family, the Ministry of Economy, the Ministry of Transport) together with the Slovak Association for OSHP and FP and selected universities are obliged to ensure the presentation of employees in mass media which will be oriented on encouraging the active attitudes of the general public regarding OSHP, including health protection at work and the creation of psychological, physical and social well-being and to ensure that the general public is timely informed of new legal regulations and other regulations for ensuring OSHP, as one of the fundamental priorities of the strategy is the reduction of stress at workplaces through preventative measures aimed at reducing its unfavourable effects on the health of employees and the elimination of chronic diseases, cardiovascular diseases and damages to the musculoskeletal system caused by bad working conditions.

The Ministry of Labour, Social Affairs and Family regularly organizes specialized conferences and seminars, including scientific seminars, at which educational and research institutions such as universities will serve as expert guarantors, even in the international context with the aim to inform the expert and lay public about the outputs of research tasks and their application in practice in relation to the newest OSH trends. The ministry also regularly publishes bulletins with information about the latest outcomes of OSHP related research and

also creates and applies adequate and effective mechanisms of cooperation among the supervisory organs in the area of OSHP and institutions in the area of science, research, education, public health and other areas related to OSHP.

The ministry has also established the Council for Education and Research in the Area of OSHP as a consultative body to the Minister of Labour, Social Affairs and Family of the Slovak Republic; to elaborate its statutes and involve research workplaces, universities and social partners in its activities. Together with this council, the ministry promotes research targeted on new technologies, on changes in the world of labour and new combinations of risk factors, such as demographic changes and the aging of the productive labour force and mental health and stress in the context of OSH.

The goals and objectives of the strategy are periodically reviewed, with its update being currently worked on.

Regarding the question of the ECSR on how employers discharge their obligations in terms of initial assessment of the risks specific to workstations, it has to be said that the employer in the field of occupational safety and health also has an obligation to inform and acquaint its employees. This obligation is also known as regular OSH training of employees. It is regulated in § 7 of Act no. 124/2006 on occupational safety and health. The employer has three options for conducting employee training. He can do so himself, through his own employees or through a contractor. It can only be a natural or legal person who is authorized to do so by the National Labour Inspectorate. The employer may also entrust the training to his employee, e.g. employee safety representative. This employee is elected by the unions, or the employees themselves, if the unions are not established in the company. The employer must regulate in the internal regulation the method of performing health and safety training, as well as the requirements for the professional competence of employees performing training. In addition, the internal directive must specify the frequency of training so that the training takes place at least every two years.

The law also regulates what should be the content of employee training in the field of occupational safety and health. The employer is obliged to regularly, clearly and demonstrably inform employees:

- with legal regulations and other regulations to ensure safety and health at work, with the principles of safe work, principles of health protection at work, principles of safe behaviour at the workplace and with safe working procedures and verify their knowledge;
- with existing and foreseeable hazards and threats, with effects which may affect health and with protection against them;
- about prohibition from entering the premises, staying in the premises and carrying out activities that could directly endanger the life or health of the employee;
- with a list of jobs and workplaces that are prohibited for pregnant women, mothers up to the ninth month after childbirth and breastfeeding women; which are associated with a specific risk for these women or which are prohibited for juvenile workers under the age of 18;
- about the hazards and dangers which may arise at and in connection with the work and the results of the risk assessment;

- on preventive measures and protective measures taken by the employer to ensure safety and health at work and which apply in general to employees and the work performed by them at individual workplaces;
- on measures and procedures in the event of damage to health, including the provision of first aid, as well as on measures and procedures in the event of fire, rescue and evacuation;
- on preventive measures and protective measures proposed and ordered by the relevant labour inspectorate;
- on accidents at work, occupational diseases and other damage to health at work which have occurred at the employer, including the results of the investigation of the causes of their occurrence and on the measures taken and implemented.

Regarding the question of the ECSR on institutions involved in research in OSH, please see above.

Article 3 Paragraph 2

Regarding the question of the ECSR on work-related stress, please see the information in the previous article.

Regarding the comment of the ECSR related to the analysis according to which the specific regulation of most risks is mainly governed by Act No. 355/2007 on protection, support and development of public health, while the health and safety prevention and protection system is governed by Act No. 124/2006, the Slovak Republic would like to state that these acts are interlinked, with other pieces of legislation demonstratively listed in the information on the previous article. When adhering to the requirements stipulated by both acts, all pieces of legislation regulating OSH have to be followed. As far as the occupational risk protection system is concerned, pursuant to article 6 par. 1 letter c) of the Act no. 124/2006 Coll. on safety and health protection at work are among the general obligations of the employer to identify hazards and threats, assess the risk and prepare a written document on risk assessment for all activities performed by employees. Currently, several companies in Slovakia offer various software for risk assessment, which are based on different risk assessment methodologies, such as point method, extended point method, complex method, etc.

According to the National Labour Inspectorate, workplace risks can be assessed according to the following five steps:

- Collection of information;
- Identification of hazards and threats;
- Assessment of the risks arising from the threat (estimating the probability and severity of the consequences and deciding whether the risk is acceptable);
- Planning a process to eliminate or reduce risks. Repetition of risk assessment;
- Documenting the risk assessment.

Regarding the comment of the ECSR on whether the legislation and regulations on occupational health and safety cover the majority of the risks listed in General Introduction to Conclusions XIV-2 (1998) and whether such coverage is specific in that the rules are set out in sufficient detail for them to be applied properly and efficiently, the Slovak Republic would like to state that all pieces of legislation governing OSH are in line with the requirements prescribed

by the EU requirements, as well as the requirements set up by the ILO conventions, including Convention 187 on Promotional Framework for Occupational Safety and Health and the legislation of the Slovak Republic has been found to be in full compliance with the requirements of this instrument.

Regarding the comment of the ECSR on whether the legislation and regulations in force satisfy the obligation under Article 3§2 of the Charter, which requires that levels of prevention and protection required by the legislation and regulations in relation to the establishment, alteration and upkeep of workplaces, the Slovak Republic would like to state that in order to ensure safety and health at work, the employer is obliged to:

- take measures, taking into account all circumstances relating to work and in accordance with legislation and other regulations, to ensure safety and health at work,
- improve working conditions and adapt them to employees; take into account changing real and foreseeable circumstances and scientific and technical knowledge achieved,
- identify hazards and threats, assess risk and prepare a written risk assessment document for all activities performed by employees,
- to ensure that workplaces, communications, work equipment, materials, working procedures, production processes, the organization of workplaces and the organization of work do not endanger the safety and health of workers and to provide the necessary maintenance and repairs for that purpose,
- ensure that chemical, physical, biological, psychological and social factors do not endanger the safety and health of workers,
- to eliminate hazards and threats and, if it is not possible according to the achieved scientific and technical knowledge, to take measures to reduce them and to prepare measures for their elimination,
- to replace strenuous and monotonous work and work in difficult and unhealthy or harmful working conditions with suitable working means, working procedures, production procedures and improving the organization of work,
- in areas where dangerous substances are used or stored or technologies and equipment are used which, where failure, may endanger the life and health of a large number of employees, other natural persons and the environment, and in areas where there are special hazards and hazards which they can directly and seriously endanger the lives and health of employees,
 1. take measures to eliminate threats to life and health; if, in the light of scientific and technical knowledge, it is not possible to take measures to limit it,
 2. take the necessary measures to limit the possible consequences of danger to life and health and allow access to the danger area only to essential staff who are properly and demonstrably familiar and have training and equipment in accordance with legislation and other regulations to ensure safety and health at work,
- determine safe working procedures,
- identify and ensure the protective measures to be taken and, if necessary, the protective equipment to be used,
- develop, regularly evaluate and, if necessary, update the concept of occupational safety and health policy containing the fundamental objectives to be achieved in the field of occupational safety and health, and the program for the implementation of this concept, which includes in particular the procedure, means and method of its

implementation ; this does not apply to an employer who employs less than 11 employees and to an employer whose code according to the statistical classification of economic activities is not given in Annex no. 1 of Act no. 124/2006 Coll. on safety and health protection at work, as amended (hereinafter referred to as the "Act"),

- issue internal regulations, rules on safety and health at work and give instructions to ensure safety and health at work,
- draw up and, if necessary, update its own list of jobs and workplaces
 1. prohibited to pregnant women, mothers until the end of the ninth month after childbirth and breastfeeding,
 2. associated with a specific risk for pregnant women, mothers by the end of the ninth month after childbirth and for breastfeeding women,
 3. prohibited to juvenile employees,
- keep and maintain the prescribed documentation, records and records related to safety and health at work, for five years from the date on which the last entry was made in them, unless otherwise provided by the Act on Safety and Health at Work or a special regulation,
- classify employees for work with regard to their state of health and abilities and their age, qualifications and professional competence in accordance with legislation and other regulations to ensure safety and health at work and not allow them to perform work that does not correspond to their state of health, and skills and for which they do not have the age, qualifications and evidence of professional competence under legislation and other regulations to ensure safety and health at work,
- ensure the assessment of the individual physical abilities of the employee in the manual handling of loads,
- ensure the performance of health surveillance, including preventive medical examinations in relation to work, at regular intervals, taking into account the nature of the work and the working conditions at the workplace, as well as if the employee so requests,
- take care to ensure safety and health at work for
 1. employees in separate workplaces,
 2. employees who work alone in the workplace,
 3. specific groups of workers, in particular in relation to specific hazards which particularly affect their safety and health,
- provide employees with breaks at work for reasons of safety and health at work,
- not to use in work where employees are exposed to an increased possibility of injury or other damage to health, such a method of remuneration for work that could result in a threat to the safety or health of employees when increasing work performance.

The employer is obliged to ensure safety and health at work through personal protective equipment

- draw up a list of personal protective equipment provided on the basis of a risk assessment and an assessment of the hazards arising from the work process and the work environment,
- to provide, free of charge, the necessary effective personal protective equipment to employees who require the protection of their life or health and to keep records of their provision,
- maintain personal protective equipment in a usable and functional condition and ensure its proper use.

The employer is obliged free of charge

- provide workers with work clothes and work footwear if they work in an environment in which the clothes or footwear are subject to exceptional wear and tear,
- to provide employees with a drinking regime in accordance with internal regulations, if the protection of their life or health so requires, and to provide the washing, cleaning and disinfecting agents necessary to ensure physical hygiene.

The employer is obliged to ensure that employees of another employer and natural persons who are entrepreneurs and non-employers who will perform work at his workplaces and on his premises receive the necessary information and instructions to ensure safety and health at work applicable to his workplaces, and premises. The employer may agree to perform work with a natural person who is an entrepreneur and is not an employer, only if this natural person demonstrates to him the relevant competence necessary to perform work under legislation and other regulations to ensure safety and health at work.

The employer is obliged to issue a ban on smoking in workplaces where non-smokers also work, and to ensure compliance with this ban, as well as the ban on smoking in the workplace.

The employer is obliged to take care of the safety and health protection of all persons who are with his knowledge at his workplaces or on his premises.

The obligations of employees to ensure safety and health at work and to take the necessary measures do not affect the employer's responsibility for the fulfilment of obligations in the field of safety and health at work.

The costs associated with ensuring safety and health at work must be borne by the employer; these costs may not be passed on to the staff member.

The Act on Safety and Health at Work specifically stipulates the obligations of employers in acquainting and informing employees, in the event of an immediate and serious threat to life and health and in control activities.

The employer is obliged to enable employees or employees' representatives for safety to participate in solving the issue of safety and health at work and to discuss in advance with them issues that may significantly affect safety and health at work.

The employer is obliged to:

- ensure measures to reduce the exposure of workers and the general public to the physical, chemical, biological and other factors of work and the working environment to the lowest achievable level, but at least to the level of the limits laid down by specific regulations,
- ensure for their employees the assessment of medical fitness for work,
- submit to the occupational health service doctor a list of employees who will undergo a preventive medical examination,

- keep the opinions of employees performing risky work for 20 years from the end of work,
- submit proposals to the regional public health office for the classification of work activities into the category of hazardous work,
- notify the regional public health authority of all information related to changes in the health status of employees in relation to work, including those that may pose a threat to public health.

For the purposes of the Regulation of the Government of the Slovak Republic no. 391/2006 Coll. on the minimum safety and health requirements for the workplace (hereinafter the Government Decree) means a place which is intended for the performance of employees' work on the employer's premises, to which the employee has access during the performance of work. A detailed positive and negative definition of the concept of workplace (what is considered a workplace and what is not), as well as the employer's obligations regarding the creation of a safe workplace are set out in a government regulation.

The employer is obliged to ensure that the workplace meets the requirements for safety and health protection, in particular in relation to the purpose of its use. If flammable substances or dusts are present in the workplace, explosion hazard zones must be classified in relation to execution of electrical installations, escape routes, fire detection and extinguishing and ventilation of enclosed spaces.

In workplaces where employees perform long-term work and it is not possible to ensure optimal microclimatic conditions, the employer must ensure at least permissible conditions, except for workplaces requiring special thermal conditions or workplaces where heat or cold cannot be removed from technological processes by technical means, and extremely cold and extremely hot days.

At the time of increased heat load during extremely hot days of the summer period, the employer must provide measures that take into account the specific conditions of individual workplaces. The employer must keep in mind that extremely high temperatures can lead to fatigue and impaired attention, or to a significant reduction in the employee's performance at work, which could also negatively affect occupational safety. The employer may implement some of the technical measures that prevent the penetration of direct sunlight through the windows of operating and administrative areas using blinds or shutters, providing air conditioning, or. increase air circulation by ventilation or fans.

A suitable organizational measure may be the adjustment of working hours, e.g. by postponing the beginning of working hours to earlier morning hours, including a break at work, or reduction of working hours.

Supervision over the observance of suitable conditions at workplaces from the point of view of a suitable temperature is within the competence of the health protection authority, and at the workplaces these conditions are controlled by the relevant regional public health authorities.

Details on lighting requirements at work are set out in the Decree of the Ministry of Health of the Slovak Republic no. 541/2007 Coll., According to § 62 letter q of Act no. 355/2007 Coll. on the protection, promotion and development of public health, as amended. The annexes to this decree specify the requirements for daylighting of the workplace, the

requirements for artificial lighting of the workplace and the requirements for combined lighting of the workplace.

As far as requirements for floors, walls, ceilings of rooms and roofs are concerned, in some cases, there are special requirements for the construction of floors and ceilings. For example, in dusty environments, they need to be easy to wash, without unnecessary crevices and recesses into which dust can settle. This dust can cause an explosive atmosphere after agitation, damage employees' health after inhalation, etc.

Wherever technology requires it, the employer must set up changing rooms. In the simplest cases, there is only a locker in which employees can store their personal belongings after changing into work clothes. In specific cases, changing rooms with so-called hygienic loop (equipped with showers, etc.). This separates the so-called "dirty part of the locker room" of the locker room from the clean part. (This is required, for example, in connection with workplaces with the occurrence of carcinogens, or workplaces for the production of medicines, etc.). On top of that, where required, the employer is obliged to set up first aid room, cleaning rooms, rooms for the maintenance of personal protective equipment, rooms for disabled employees, outdoor workplaces and in each of these premises also provision of drinking water.

The employer's obligation to provide a drinking regime for its employees is set out in Art. 6 para. 3 letter b) of Act no. 124/2006 Coll. on safety and health protection at work and on the amendment of certain laws as amended, which also stipulates the obligation of the employer to regulate the drinking regime by internal regulations. In most cases, access to drinking water from the public water supply network at the place of work is sufficient to ensure a drinking regime for employees. The Decree of the Ministry of Health of the Slovak Republic no. 99/2016 Coll. on details of the protection of health against heat and cold at work lists other requirements.

Regarding the question of the ECSR on the provisions relating to protection against benzene, the Slovak Republic would like to state that Benzene belongs to the selected dangerous chemical substances, the introduction of which into the market and utilization of which in the Slovak Republic is prohibited or limited - Decree of the Slovak Republic Ministry of Economy No. 67/2002, Coll. on Issuance of the List of Selected Chemical Substances and Selected Chemical Preparations, the Introduction into the Market of which is Restricted or Prohibited. Pursuant to Article 39 of the Act No. 355/2007 Coll., the employer shall eliminate a risk resulting from dangerous chemical factors in this case it is benzene, and to substitute it with such chemical factors or procedures which are not dangerous or are less dangerous for the employees.

As far as the question of the ECSR on the protection against asbestos is concerned, pursuant to Article 41 of the same act, removal of asbestos or asbestos-containing materials from construction works during demolition, maintenance, repair and other activities may only be carried out on the basis of an authorization to remove asbestos or asbestos-containing materials from construction works issued by the public health office or a document from another Member State which serves the same purpose or shows that this is established. The application under paragraph 2 shall also include:

a) documentation describing the activity and the working procedures or technology used for the removal of asbestos or asbestos-containing materials from construction works with data on technical equipment,

b) the name, surname, title and permanent residence address of the person responsible for the operation of the removal of asbestos or asbestos-containing materials from construction sites and proof of his or her secondary or tertiary education,

c) proof of completion of training for work in the removal of asbestos or asbestos-containing materials from the works of employees and the person responsible for the operation of asbestos or asbestos-containing materials from construction works, including training by an educational institution carrying out an accredited training program of at least 10 teaching hours,

d) a medical report on the medical fitness to work of employees and the person responsible for the operation of the removal of asbestos or materials containing asbestos from construction sites; the scope of the medical preventive examination in relation to the work is specified in a special regulation,

e) proof of

1. ensuring the measurement of asbestos according to a special regulation including sampling from the working environment by a professionally qualified person for the purpose of qualitative and quantitative determination of environmental factors and the working environment,

2. disposal of hazardous waste containing asbestos,

3. business license,

4. payment of the administrative fee.

Authorization for the removal of asbestos or asbestos-containing materials from construction works is issued on the basis of documentation describing the activities and working procedures or technology used for the removal of asbestos or asbestos-containing materials from construction works and technical equipment for

a) removal of asbestos or asbestos-containing materials from buildings in building interiors with the creation of a controlled zone using a vacuum system,

b) removal of asbestos or asbestos-containing materials from exterior constructions without any connection to the interiors of buildings in which it is not technically possible to create a controlled zone with a vacuum system,

c) removal of asbestos or asbestos-containing materials from building structures in enclosed spaces up to 10 m³, creating a controlled zone using an industrial vacuum cleaner.

An employer who employs workers in activities in which they may be exposed to asbestos or asbestos-containing materials is obliged to provide, in accordance with a special regulation technical, organizational and other measures that eliminate or reduce the exposure of workers to asbestos or asbestos-containing materials to the lowest possible and achievable level. This special regulation is Government Decree No. 253/2006 Coll. on the protection of workers from the risks related to exposure to asbestos at work. Pursuant to Article 2 par. 3 of this decree, the employer is obliged to ensure that workers are not exposed to dust from asbestos or from asbestos-containing materials with a higher concentration in the working air than the technical guideline value of 0.1 fibers per cm³ in relation to the eight-hour working time.

As far as the question of the ECSR on protection against ionising radiation is concerned, this is regulated by a newly adopted Act No. 87/2018 Coll. on Protection against radiation which amended the Regulation No. 345/2006 mentioned in the conclusions of the ECSR. This act also includes provisions on the protection of workers against exposure to radiation in the premises of buildings and also external exposure.

Before putting the workplace into operation, pursuant to article 55, the employer is obliged to take measures to ensure radiation protection of workers appropriate to the type and

nature of ionizing radiation sources used, estimation of risk and nature of health hazards caused by exposure of workers during normal work activities, expected annual doses and probability and magnitude of potential exposure. The employer is also obliged to ensure continuous supervision to the extent appropriate to the sources of ionizing radiation he uses in the workplace, the method of their use, the amount of possible exposure of workers under normal working conditions and foreseeable deviations from normal operation and taking into account the risk of radiation or radiation accident; continuous supervision at the workplace is provided by a professional representative or a person with direct responsibility. To ensure continuous supervision at the workplace, the employer is obliged to determine an adequate number of persons with direct responsibility who participate in ensuring radiation protection, in particular by supervising that workers at work meet safety, technical and administrative requirements for ensuring radiation protection. In determining the number of persons with direct responsibility, the number of work shifts in the operation and the location and availability of workplaces with radiation sources shall be taken into account; this obligation does not apply to a healthcare provider who performs medical exposure.

The employer at the workplace, with regard to the expected magnitude of exposure under normal working conditions and with the expected deviations from normal working conditions, shall define a protection zone, which is divided into monitored zone, controlled zone, restricted zone.

The employer is also obliged to carry out personal monitoring of a worker determines their personal exposure; personal monitoring is performed by monitoring, measuring and evaluating internal irradiation and external irradiation.

Pursuant to article 76, a natural person - an entrepreneur or a legal person who performs an activity leading to irradiation with a source of ionizing radiation on the basis of a permit or registration, is obliged to

a) ensure that the workplace where it will operate with the ionizing radiation source is designed, built and put into operation in such a way as to enable the safe use of the ionizing radiation source and ensure adequate radiation protection for workers, other employees and persons in and around the workplace,

b) comply with the requirements for safe operation of the workplace with a source of ionizing radiation,

c) terminate the operation of the workplace only after the removal of all radiation sources; if the workplace is contaminated with radionuclides, ensure its decontamination and terminate the operation only after decontamination of the workplace.

The act further specifies obligations of the employer with relation to the classification of the sources of radiation, monitoring of each workplace, etc. in compliance with the relevant EU legislation.

Regarding the comment on the involvement of the social partners in setting up the exposure limits, the Slovak Republic has informed the ILO that even though the exposure criteria are prepared by the Ministry of Economy, before they are submitted to the Government for their approval, they have to be discussed and approved by the Economic and Social Council, therefore the social partners may agree with the proposal or submit a new one and then it is discussed within the following session of the council.

The protection of workers is in compliance with the standards of the International Commission on Radiological Protection and the relevant EU legislation.

Regarding the question on the protection of temporary workers and workers working for several employers, the protection legislation listed above applies to all categories of workers, as e.g. radiation limits are set for each individual person and not for the premises of one employer. If a person reaches an exposure limit while working for one employer, they may not work for another employer if the subsequent work would expose them to further radiation or exposure.

As was mentioned above, the protection is guaranteed to all categories of workers. The Slovak Republic would like to mention that the category domestic workers does not exist in the Slovak Republic.

Article 3 Paragraph 3

Regarding the number of serious occupational accidents resulting in death, in 2019 there were 31 such accidents which is by 8 less than in 2018. As far occupational accidents resulting in a serious injury are concerned, in 2019 there were 57 such accidents which is by 19 less than in 2018. As far as registered occupational injuries are concerned (those not resulting in death and not resulting in serious injury), in 2019 there were 8 934 which is by 895 less than in 2018. This information comes from the National Labour Inspectorate's annual report on occupational accidents.

The Labour Code in Art. § 195 par. 2 defines an accident at work, as a damage to health caused to an employee during performance of work tasks or in direct connection with it, independently of its will, for short-term, sudden and the violent action of external influences. The employer is obliged in accordance with Art. § 17 par. 4 of Act no. 124/2006 Coll. on security and protection of health at work, to register the occupational accident, which resulted in incapacity for work of the employee lasting more than three days or death of the employee, which occurred as a result of an accident at work. Labour inspectorates investigate the causes of an accident at work which has caused death or serious injury, serious causes of industrial accident, technical and organizational causes, occupational diseases and threats of occupational diseases, keeps records of them and, if necessary, investigates the causes, also of other accidents at work. Labour inspectorates have a legal obligation to investigate only serious occupational accidents resulting in deaths and serious accidents with serious injuries. Based on their thorough analysis it is possible to identify those areas where increased attention of labour inspection needs to be focused on and where concrete measures need to be taken to remedy the shortcomings and create the conditions for safe work.

The most important characteristics of accident events are the sources and causes of their occurrence in accordance with the Decree of the Ministry of Labour, Social Affairs and Family of the Slovak Republic no. 500/2006 Coll., laying down the model for the record of a registered accident at work. For statistical purposes injury signs (sources and causes) are divided into main groups and subgroups. Sources are the first basic group of accident signs. The source of the accident is considered to be the object substance, or energy, or a person, a natural element which, by its sudden external action, caused the employee's injury directly or indirectly in case of accidental contact with them, which was an immediate stimulus of an accident.

Main source groups:

- I. Means of transport;
- II. Hoists and conveyors, lifting and transport machinery;
- III. Machines - driving, auxiliary;
- IV. Work or road traffic areas as sources of falls for employees;
- V. Materials, loads, objects;
- VI. Tools, instruments, hand - operated machines and apparatus;
- VII. Industrial pollutants, hot substances and objects, fire and explosives;
- VIII. Boilers, vessels and pipelines under pressure;
- IX. Electricity;
- X. Humans, animals and the elements;
- XI. Other sources.

The most frequent source of occupational accidents resulting in death in 2019 were means of transport, 14 such accidents, which represents 45.2% of the total number of occupational accidents resulting in death. The second most common source was unprofessional handling of loads, materials, falls of objects, products or materials, where 5 cases were recorded, which represents 16.1% of the total number. Machinery, equipment and animals, or other persons were the third most common source, amounting to 3 identical cases recorded, which represents 9.7% of the total number.

The most common source of occupational accidents resulting in serious injury in 2019 were machines - driving, auxiliary, amounting to 15 cases, which represents 26.3% of the total number of these accidents. The second most numerous source were means of transport and work or road traffic areas resulting in falls of workers, where 13 were recorded. Unprofessional handling of loads, materials, as well as falls of objects, products or materials were the source in 8 cases (14.0%).

The most numerous source of registered occupational injuries in 2019 was unprofessional handling of loads, materials, as well as falls of objects, products or materials, contact with sharp edges, in total in 2,651 cases, which represents 29.7% of the total number. The second most numerous source were work or road traffic areas as sources of falls for workers, 2,529 cases which represents 28.3% of the total number. Machines - driving, auxiliary, machining and working were the source in the case of 980 accidents, which represents 11.0% of the total number.

For each of the three categories of accidents there are separate statistical classifications, e.g. according to industry branch, profession of the victim, localization of injury on the body of victim, sex, age, day of the week when the accident occurred, calendar month, geographical distribution and the number of employees working for the given employer.

An occupational disease is a disease recognized by the relevant medical facility, classified according to the list of occupational diseases, if it arose for the employee in the performance of his duties, or in direct connection with the performance of duties or duties and under the conditions set out in the list attached to the Act no. 355/2007 Coll. on the protection, promotion and development of the public health. In 2019, there were in organizations falling within the competence of inspection bodies work 276 reports of occupational diseases and 3 threats of occupational diseases reported. Safety, technical and organizational causes of occupational diseases and threats by profession are investigated by the locally relevant regional Public Health Authority. The most frequently reported occupational disease in 2019 was disease of bones, joints, tendons and nerves limbs from long-term, excessive, unilateral straining of the

upper limbs. The second the most common occupational diseases were infectious diseases and parasitic diseases other than tropical infectious diseases and parasitic diseases and diseases transferable from animals to humans. Disease of bones, joints, muscles, blood vessels and nerves of the limbs caused by working with vibrating equipment was the third most commonly reported occupational disease.

Article 3 Paragraph 4

Regarding the number of persons authorised to provide services of occupational health in the Slovak Republic, it has to be stated that there are separate categories of physicians providing occupational health services – according to the 4 categories of work depending on the related occupational health risks. In total, there are 78 providers of these services for all four categories of jobs and 370 providers for jobs classified as category 1 and 2 in the Slovak Republic. The Slovak Republic would like to state that all workers have access to occupational health services – starting from workers employed in category 1 jobs (no risk of health damage).

The Slovak Republic has submitted updated Strategy of Occupational Safety and Health for 2021 to 2027 to the Government for approval. The updated OSH strategy, and in particular its implementation program, is based, inter alia, on the draft EU Council conclusions on a new strategic framework for EU health and safety (negotiations at the EU Employment, Social Policy, Health and Consumer Affairs Council on 10 December 2019), draft EU Council conclusions - Changing the world of work: reflections on new forms of work and the consequences for the safety and health of workers (adopted at the EPSCO Council on 13 June 2019), as well as from proposals of members of the Coordinating Committee for Safety and Health at Work (advisory body established by the Minister of Labour, Social Affairs and Family of the Slovak Republic).

The primary goal of the OSH strategy is to adopt and enforce effective preventive measures at the level of the state as well as employers in order to create long-term sustainable decent working conditions to maintain a low number of accidents at work, especially fatal accidents and lifelong accidents, with a vision of zero accidents, as well as minimizing the causes of occupational diseases, promoting prevention, strengthening the importance of a culture of occupational safety and spreading health and safety awareness.

Once the new strategy is approved by the Economic and Social Council and then adopted by the Government, the Slovak Republic shall inform the ECSR.

Article 11 Paragraph 1

Regarding the question of the ECSR on the prevention measures aimed at reducing the risks of cardiovascular diseases and cancer, the Slovak Republic would like to inform the committee that in order to strengthen the preventative measures it has adopted several strategies to support the protection of health of its citizens, namely the National Action Plan to Prevent Obesity, the National Programme of Health Support in the Slovak Republic, the National Programme of Mental Health – with the aim of reducing the risk of premature death of citizens. The main goal of these frameworks is the long-term improvement of the health of the citizens of the Slovak Republic. The programs are focused on influencing the determinants of health, reducing risk factors occurring in the population and to increase the awareness of the public.

The documents are based on the "Health for All" policy of the World Health Organization (WHO) enshrined in the Health 2020 policy: European policy framework to support governmental and societal activities for health and health prosperity. They are also implemented with the intentions of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine. An important source for these programmes is The Strategic Framework of Health Care 2014 - 2030, approved by the Government of the Slovak Republic, which in the medium and long term determines the direction of health care politics in Slovakia.

The main goal of the documents remains the long-term improvement of health status of the population of the Slovak Republic, prolongation of average life expectancy and increase of quality of life - by elimination the occurrence of health disorders that reduce the quality of life and premature death.

The above mentioned documents aim to improve the situation by:

- education and motivation of the population in the field of healthy lifestyle, focused in particular on the issue of proper nutrition and optimization of physical activity;
- informing the population about the importance of taking regular preventive measures inspections, increasing the number of people undergoing several preventive tours, consider the possibility of introducing bonuses for clients who regularly undergo preventive inspections;
- creation of educational - intervention programs for the population, which lead to higher awareness of the risk factors that may be affected - these interventions are also plan with regard to specific target groups (age, gender, environment) and at least a basic evaluation of the effectiveness / intervention of these interventions, including in cooperation with healthcare providers;
- support for the most common screening of cancer;
- identification of risk factors for chronic non-communicable diseases in counselling centres - health and intervention according to the client's stratification depending on the results of the investigation - from lifestyle recovery instruction to treatment effectivity control while adhering to recommended principles;
- raising public awareness of healthy diet;
- reducing the existing deficit in the intake of positive nutrients in nutrition while achieving a reduction in nutritional risk factors;
- adopting and enforcing the recommended nutrition values and the recommended food consumption derived from them in accordance with current scientific advice and legislative standards;
- to promote new concepts for the development of all forms of mass caterers among population, especially school meals, in social services facilities, employees in workplaces and also in mass caterers of restaurant type;
- to support and guide primary agricultural production and food production of nutritionally valuable and safe food in accordance with current requirements for healthy nutrition and legislative standards.

Activities leading to the improvement of the current situation (related to the Nutrition Recovery Program of the Population of the Slovak Republic and with the National Program for Obesity Prevention):

- educating the population and promoting the principles of good nutrition, in order to increase general awareness and understanding of the impact of nutrition and the positive effects of prevention interventions in nutrition and diet on human health, including in cooperation with healthcare providers;
- educating the population in order to improve the eating habits of all age groups. Education with a strong focus on the child population will allow to subsequently positively influence the adult population in a more effective way;
- developing health promotion programs targeting different age groups to monitor nutritional habits and improve education and awareness of consumers in the field of proper nutrition;
- economic (through differentiated rates of excise duty and subsidy policy supporting the production of Slovak growers and involvement of retailers or chains), favouring affordability and thus attractiveness and consumption of suitable foods (fruits, vegetables, products from whole grains, milk, fish), financial availability of school meals for all social groups.

In the field of creating a supportive physical, social and cultural environment for activities that increase physical activity and physical fitness of the population, the Slovak Republic aims to achieve this goal by supporting:

- activities of higher territorial units in cooperation with RÚVZ in the Slovak Republic
- organization of festivals, meetings, meetings focusing on physical activity, associated with promotion of physical activity of various kinds and by involving the widest possible public in those activities;
- education of the population about the benefits of healthy physical activity (with a special focus on selected risk groups of the population), also in cooperation with healthcare providers;
- building material and technical conditions to improve the possibilities of increased physical activity of the population;
- creating and improving the existing infrastructure for safe active opportunities, recreational sports, organizational measures, improving prevention of injuries;
- in cooperation with the Ministry of Education, Science, Research and Sports of the Slovak Republic and in cooperation with cities, municipalities and self-governing regions to ensure the expansion and streamlining of the availability of sports facilities, building new facilities for physical activities of all age groups;
- increase of physical activity of the population - specific programs and projects carried out with a focus on increasing physical activity in the population - including tourist and cycling events organized by higher territorial units, sports associations and organizations;
- the use of mass-media and generally respected people to promote a specific daily physical activities and programmes;
- increasing physical activities of seniors in social services facilities, in the form of joint walks in nature, exercises led by a trainer, cultural monuments visits, etc.

Regarding the question of the ECSR on the “waiting lists” for operations, it has to be stated that in accordance with the Decree of the Ministry of Health No. 421/2009, these lists apply only to selected types of medical operations:

- Diseases of the eye and its adnexa requiring implantation of a medical device;
- Circulatory system diseases;

- Musculoskeletal and connective tissue disorders requiring implantation of a medical device;
- Routine radiological examination;
- Congenital defects, deformities and chromosomal anomalies ;
- Thyrotoxicosis – hyperfunction.

Should the medical condition of a patient require immediate medical intervention, the intervention will be provided to them without any regard to their position on the waiting list. Each health insurance company has its own waiting lists for the above mentioned operations, which results in different percentage of patients being put on the list – e.g. the Dôvera Health Insurance company states that less than 0,77% of its insured persons are actually put on the waiting list. The average waiting time for patients on the waiting list is 110 days.

As far as the question on the availability of mental health care is concerned, the Ministry of Health of the Slovak Republic according to Section 45, par. 1, letter a) of the act No. 576/2004 Coll. on health care, services related to the provision of health care developed the Concept of Psychiatric Care. Specialized psychiatric care is provided in outpatient and inpatient medical facilities. The network of these facilities is differentiated to ensure quality and affordable health care to the extent resulting from the health status of the population, the epidemiological situation and the appropriate degree of preventive protection. The starting point for the formation of a network of psychiatric workplaces are the so-called regions of standard psychiatric care, which are created for a geographical area with 100,000 to 150,000 inhabitants. To ensure the provision of psychiatric care at a qualitatively good professional level, it is necessary to develop professional workplaces, professional education and training of specialized workers in the field, as well as the development of scientific and research activities with the introduction of scientific knowledge into clinical practice.

Health care in the specialized field of psychiatry is provided at the following workplaces:

- specialized psychiatric clinics;
- general hospitals (psychiatric wards) of hospital clinics;
- psychiatric ICU, psychiatric aftercare departments;
- specialized hospitals (psychiatric hospitals, drug addiction treatment centres, specialized psychiatric treatment institute);
- psychiatric hospitals;
- psychiatric hospitals;
- home nursing agencies;
- psychiatric workplaces with a special purpose (protective psychiatric treatments, detention facilities, workplaces of forensic expertise and others);
- community psychiatry facilities (community mental health centres, early intervention centres, assertive community teams);
- crisis centres with mobile teams;
- other workplaces (within the scope of other ministries - sheltered workshops, sheltered / supported housing, supported jobs) with a professional guarantee of psychiatry.

Quality of the provided healthcare focuses on maintaining and improving the patient's subjective assessments of quality of life, psychosocial behaviour, treatment satisfaction, and overall well-being. These self-objective indicators are supplemented by objective indicators of the severity of symptoms, such as the frequency of relapses, length of hospital stay and so-

called cost / benefit analysis. The most important indicator of quality in terms of outcome-process-structure is the outcome of treatment - the results summarize everything that has been achieved:

- from the patient's aspect (e.g. quality of life);
- from a medical aspect (complications, frequency of relapses);
- from the aspect of institution / organization (length of stay, rehospitalisation).

As far as dental health care is concerned, this is provided for in dental clinics. These are intended for the provision of specialized outpatient health care in the field of dentistry by a person with the professional title of dentist. In the dental clinic, in addition to the provision of specialized outpatient health care in the field according to the first sentence, it is also possible to provide specialized outpatient health care:

- a) in the specialized field of paediatric dentistry by a dentist with the professional title of paediatric dentist,
- b) in certified work activity dentoalveolar surgery by a dentist with the professional title of dentist with a certificate in certified work activity dentoalveolar surgery,
- c) in certified work activity of diseases of the mucous membranes of the oral cavity by a dentist with the professional title of dentist with a certificate in certified work activity of diseases of the mucous membranes of the oral cavity,
- d) in certified occupational implantology by a dentist with the professional title of dentist with a certificate in certified occupational implantology,
- e) in certified work activity mucogingival surgery by a dentist with the professional title of dentist with a certificate in certified work activity mucogingival surgery or
- f) in the field of dental hygiene by a person with the professional title of dental hygienist.

Each person is entitled to a free dental preventive screening once per year (children twice per year). Subsequent dental treatment has to be financially covered by the patient, however, each health insurance company covers at least a part of the related costs. The costs are set up by the dentists themselves, as the majority of dental treatment is performed by private dentist clinics.

Article 11 Paragraph 2

Regarding the question of the ECSR on awareness-raising programmes to promote health and prevent diseases, please see the information in the previous article.

Regarding the question on the sexual health as a part of the school curriculum, the state educational program for primary education (1st level of primary school) defines general goals of schools as key competencies in the balanced development of pupils' personalities. It supports a comprehensive approach to the development of pupils' skills to know, act, evaluate and to understand. Education on partnership and parenthood at this level of education is aimed at shaping the basic knowledge and responsible attitudes in the field of partnerships and parenthood in accordance with scientific knowledge and ethical standards.

The content of education on partnership and parenthood in primary education is presented in the framework of language and communication through the subject Slovak Language and literature, in the field of education areas of Nature and Society through the subjects of Science and Homeland Studies and in the area of Man and Values through

compulsory elective subjects, Ethics or Religious Education, but it has a key role especially in Social Science curriculum of Homeland Studies and Natural Sciences - thematic units in the 1st and 2nd year of elementary school and subsequently Natural Science thematic unit People in the 3rd year of the elementary school and Man and his Environment in the 4th year of elementary school and literary education.

The content of education on partnership and parenthood in primary education consists of the following topics:

1. Family education;
2. Principles of healthy living;
3. Negative effects of smoking, alcohol and other drugs on human health and behaviour;
4. Equality between women and men;
5. Origin and development of the human individual;
6. Changes in the child's body during puberty.

Article 11 Paragraph 3

Regarding the question of the ECSR on environmental protection, this is governed by the following legislation:

- Act no. 17/1992 Coll. on the environment as amended by the Act of the National Council of the Slovak Republic no. 127/1994 Coll., Act of the National Council of the Slovak Republic no. 287/1994 Coll., Act no. 171/1998 Coll., Act no. 211/2000 Coll. and Act no. 332/2007 Coll.
- Act no. 205/2004 Coll. on the collection and dissemination of information on the environment and on the amendment of certain laws as amended by Act no. 24/2006 Coll., Act no. 515/2008 Coll., Act no. 4/2010 Coll. , Act No. 39/2013 Coll. and Act no. 239/2017 Coll.
- Act no. 201/2009 Coll. on the state hydrological service and the state meteorological service as amended by Act no. 39/2013 Coll.
- Act no. 3/2010 Coll. on the National Infrastructure for Spatial Information, as amended by Act No. 362/2015 Coll.
- Act no. 74/2020 Coll. amending certain laws within the competence of the Ministry of the Environment of the Slovak Republic in connection with COVID-19
- Act no. 218/2020 Coll., Which supplements Act No. in connection with the disease COVID-19 39/2013 Coll. on Integrated Prevention and Control of Environmental Pollution and on Amendments to Certain Acts, as amended, and amending Act no. 79/2015 Coll. on waste and on the amendment of certain laws as amended
- Decree of the Ministry of the Environment of the Slovak Republic no. 352/2011 Coll., Which implements some provisions of Act no. 3/2010 Coll. on the National Infrastructure for Spatial Information, as amended by Decree No. 12/2017 Coll.
- Decree of the Ministry of the Environment of the Slovak Republic no. 448/2010 Coll., Which implements Act no. 205/2004 Coll. on the collection, storage and dissemination of information on the environment and on the amendment of certain laws, as amended

As far as air protection concerned, its quality is regularly monitored and assessed by the Ministry of the Environment and relevant organizations such as the Slovak Hydrometeorological Institute, on the basis of the following criteria: definition and determination of long-term goals in air protection; air monitoring and evaluation of results; monitoring of long-term trends; rights and obligations of individuals. Various legislative means

are used to protect the air. The Slovak Republic has adopted European Union legislation and various international commitments to ensure that air quality does not deteriorate. At the same time, various measurements are underway, which contribute to the monitoring and subsequent creation of rules for the release of emissions into the air. In order to protect, charges have also been set that the sources of pollution must pay to contribute to air improvement activities.

Sources of pollution are obliged to register and notify the competent authorities by 15 February each year:

- data on the quantities and types of pollutants released into the air for the previous year;
- data on compliance with the specified emission limits determined in accordance with a special regulation;
- calculation of the charge for each major source of air pollution and medium source of air pollution; and
- calculation of the annual fee.

Air protection as protection of the environmental component is enshrined in the Constitution of the Slovak Republic. The basis of the legal regulation of air protection is Act no. 137/2010 Coll. on Air and its implementing regulations. Air protection legislation is based on:

- transposition of European Union directives;
- harmonization with the international obligations of the Slovak Republic arising from the Convention on Long-range Transboundary Air Pollution and its Protocols: in particular the Protocol on Heavy Metals, the Protocol on POPs and the Protocol on the Reduction of Acidification, Eutrophication and their Appendices
- national law.

Air protection is addressed in several lines by providing:

- permissible level of air pollution (air quality requirements);
- permissible level of pollution (by limiting emissions to air directly at the sources of pollution, or by setting a limit value for the pollutant in the product);
- national emission reduction commitments;
- air pollution charges.

Reduction of air pollution is conditioned by stricter legislation on air protection. Act no. 137/2010 Coll. on Air, as amended, defines the basic terms, regulates the obligations of operators, sanctions for their violation, establishes the permissible level of air pollution and the permissible level of air pollution. The Act on Fees determines the fee obligation of resource operators, rates for emissions of selected pollutants and the competent authority.

Regarding the question on water protection, this is regulated by the Act 364/2004 Coll. on Waters, as amended, for surface waters and groundwater. To ensure the protection of water and its sustainable use, the act sets up the so-called environmental objectives for surface water bodies, groundwater bodies, protected areas (areas with surface water intended for the abstraction of drinking water, areas with water intended for bathing, areas with surface water suitable for life and reproduction of native fish species, protected areas of natural water

accumulation, protection zones of water resources, reference sites, sensitive areas , vulnerable areas, protected areas and their protection zones).

Regarding the comments of the ECSR that smoking is not banned in government facilities, cafés, pubs and bars, public transport, the Slovak Republic would like to state that smoking is banned in these premises in accordance with the Act 377/2004 Coll. on the protection of non-smokers.

Regarding the question of the ECSR on immunisation, the Slovak Republic has developed the so-called National Immunisation Programme as early as 1960 and it is regularly updated. The immunization program is a program whose goal is to reduce or eliminate the incidence of infectious diseases by consistently providing immunization, especially in the paediatric population. Its implementation includes a number of activities, the most important of which are vaccination, monitoring vaccination, assessment of the immune status of the population, monitoring the incidence of diseases that can be prevented by vaccination (clinical, laboratory and epidemiological diagnosis of diseases) and monitoring the circulation of pathogens in the population, in the outdoor environment. Consistent implementation of the Immunization Program succeeded in eliminating polio and neonatal tetanus in the Slovak Republic as early as 1960. Tetanus disease has not been reported in children and adolescents since the 1960s. The last disease of diphtheria was reported in 1980, the last disease of measles in 1998, and in other diseases of the immunization program, the morbidity is very low. The announcement of the certification of polio eradication in the Euroregion in June 2002 also confirmed the eradication of this disease in Slovakia.

There are several types of vaccination available in the Slovak Republic:

Obligatory vaccination

- Regular compulsory vaccination of persons who have reached a certain age (poliomyelitis, diphtheria, tetanus, pertussis, viral hepatitis B, against hemophilic invasive infections, against morbels, rubella, parotitis and pneumococcal invasive diseases);
- Mandatory vaccination of persons at increased risk of selected diseases (against tuberculosis, viral hepatitis B, tetanus, rabies, influenza, pneumococcal invasive infections, viral hepatitis A and meningococcal infections);
- Mandatory vaccination of persons who are professionally exposed to an increased risk of selected diseases (against tuberculosis, viral hepatitis B, rabies, influenza, tick-borne encephalitis and viral hepatitis A);
- Mandatory emergency vaccination (carried out by order of the relevant regional public health authority or the authority if required by an emergency epidemiological event)

Recommended vaccination

- Recommended vaccination of persons at increased risk of selected diseases if the doctor decides (against influenza, pneumococcal invasive infections, viral hepatitis B, viral hepatitis A, meningococcal infections, haemophilic infections, or in persons with transplantation);
- Recommended vaccination of persons who are professionally exposed to an increased risk of selected diseases (against rabies, tick-borne encephalitis, viral hepatitis A, influenza, viral hepatitis B)

Other types of vaccination

- Vaccination of persons traveling abroad and abroad (carried out in accordance with international conventions and according to the current epidemiological situation in the countries to or from which the person travels);
- Vaccination of persons at own request (performed after assessment of the suitability of vaccination by the attending physician).

Article 12 Paragraph 1

Regarding the question on unemployment benefit, it is not clear what the ECSR means by “period during which a jobseeker may refuse to take up an offer of a job on the ground that it does not meet his/her occupational requirements or experience without risking a suspension/end to his/her unemployment benefits”. Each regional office of labour, social affairs and family develops and individual jobseeker’s plan according to personal skills and knowledge of the jobseeker: If the office finds a suitable employment for a given candidate and the jobseeker is of the opinion that the job offered does not meet their occupational experience, they are obliged to inform the office and cooperate with it in explaining the reasoning. In this case, the office does not automatically suspend the unemployment benefit. This happens only when the jobseeker refuses the offer without providing adequate reasoning or without any form of cooperation with the office.

The unemployment benefit is provided per day and is 50 % of the daily assessment basis. The daily assessment basis (DAB) for determining the amount of unemployment benefit is the quotient of the sum of the assessment bases from which the insured paid the unemployment insurance premiums completed during the decisive period, and the number of days of the decisive period. The decisive period for determining the daily assessment basis is the period of two years preceding the day on which commenced the unemployment benefit entitlement - $50\% \times \text{DAB} \times \text{number of days per month}$.

Regarding the question on sickness insurance, the ECSR asks whether the 50% reduction is applied in case of self-inflicted injury under the influence of alcohol or drugs, while a full sickness benefit is paid if the sickness has been a consequence of alcohol or drug abuse. The Committee asks to clarify whether this means that the reduction concerns actually the work accidents insurance and not the sickness insurance. Work accident insurance only applies to accidents that occurred during the performance of work obligations, the 50% reduction due to alcohol does not apply to this insurance. The reduction is applied to the sickness benefit provided to a person if the given person suffered an accident due to alcohol or drug consumption (in other words, the person in question would be given the sickness benefit in full if they didn’t suffer from an accident due to intoxication – if the reason for the accident was alcohol or drug consumption, the benefit is halved). For the second question, if a person suffers e.g. from liver cirrhosis due to being an alcoholic and this person undergoes medical treatment (e.g. they are regularly monitored, they have undertaken anti-alcoholic treatment, etc.) and even then their condition results in them being incapable for work and being granted sickness benefit, this is provided in full sum. Therefore the fundamental difference is an accident directly induced by intoxication vs. a long-term disease treated regularly.

Article 12 Paragraph 2

No questions asked.

Article 12 Paragraph 3

No questions asked.

Article 13 Paragraph 1

Regarding the question of the ECSR on the level of the one-off assistance, it has to be stated that it is intended to partially cover the extraordinary expenses of members of a household that provides assistance in material need. It is used mainly to provide the necessary clothing, linen, footwear, necessary household equipment (beds, tables, chairs, refrigerator, stove, heater, fuel, washing machine, duvet, bed linen, ordinary kitchen utensils), special medical expenses or school supplies. It is fully cumulative with other benefits provided from the system of social assistance. This type of assistance may be granted once up to the amount of the proven actual expenses, up to a maximum of three times the amount of the subsistence minimum for one adult natural person.

If a foreigner resides within the territory of the Slovak Republic as an asylum seeker or if they have any type of legalised stay, they can apply for all benefits from the state social assistance.

Regarding the question of the ECSR on the level of social assistance for a single person, the most important development is that recently the Slovak Republic has started to amend the legislation which sets the amount of these benefits to make them higher and it also introduced new allowances. For example, as of July 1, 2018, the level of activation allowance has been increased by 100% (63-132 EUR) making it twice as high than it previously was for the targeted group of persons.

The category of single persons also includes single older persons, who are especially at a higher risk of poverty. To support them, the Slovak Republic has in 2016 introduced the so-called minimum pension as a guaranteed way to provide older persons with adequate resources. Taking into account several proposals of the social partners, it was further increased as of January 1, 2019, to ensure that older persons, especially those who are living on their own, have adequate resources for a decent standard of living.

Another piece of legislation that is currently being developed is a law on a new type of housing allowance. The aim of this act is to ensure availability and adequate quality of social housing for people at risk of poverty or social exclusion. This allowance shall constitute a new form of social assistance and is in the approval process, in accordance with the new State Housing Policy of the Slovak Republic. The new housing allowance shall be fully cumulative with the already existing housing allowance, so a single person is going to be able to apply for both of them.

As of May 1, 2018, the Slovak Republic has adopted a new Act on Social Economy which governs the social economy sector and introduces measures to increase employability of persons at risk of poverty. The Slovak Republic believes that it is very important to support these persons with financial resources, but it is equally important to motivate them to try to solve their unfavourable situation. The aim of the material need assistance is to motivate persons to find suitable employment, increase the overall income of their household and lower

the risk of poverty. This can be achieved mainly by supporting active labour market participation, which is why the Slovak Republic has adopted this new act.

Another group of newly introduced measures is represented by non-legislative steps taken to support persons in material need. For example, within the framework of the new Operational Programme of Food and Basic Material Assistance, the persons who are in material need are provided with the so-called “food packages” which contain basic groceries on a regular basis.

The Ministry of Labour, Social Affairs and Family has recently introduced another individual measure to support persons in especially negative social situation in the form of an individual financial grant amounting to 800 EUR for a single person, for which these persons can apply.

Article 13 Paragraph 2

No questions asked.

Article 13 Paragraph 3

Regarding the free of charge services offering advice to make those concerned fully aware of their entitlement to social and medical assistance and how they can exercise those rights, these are offered free of charge by each office of labour, social affairs and family in each district city in accordance with Article 24 b) and d) and Article 28 of the Act No. 448/2008 on Social Services. In this respect, the Slovak Republic has increased the number of employees in these offices to 34 052 in 2018 (the latest figure).

Article 14 Paragraph 1

Regarding the question of the ECSR on the remedies in case of discrimination and infringements of human rights within the provision of social services, the Slovak Republic would like to state that provision of social services is considered an administrative act and as such it is subject to review within the administrative procedure. If a person is of the opinion that social services provided to them violate their human rights or if the person feels discriminated, they are able to submit a complaint in accordance with Act No. 9/2010 Coll. on Complaints, Act No.71/1967 Coll. on Administrative Procedure and Act No. 448/2008 Coll. on Social Services. This right is granted to all persons whom any type of social service is provided to. Should the person in question feel their problem has not been solved by means made available by the legislation mentioned above, they are able to submit a claim to the administrative court within the administrative judicial review procedure in accordance with Act No. 162/2015 Coll. on Administrative Judicial Procedure.

As far as general overview is concerned, since 2009, social services in the Slovak Republic are provided in accordance with the Act No. 448/2008 Coll. on Social Services and on amendments and supplements to Act No. 455/1991 Coll. on Trade Licensing, as amended (Trade Licensing Act), as amended (hereinafter simply the Act on Social Services). The Social Services Act regulates the legal terms and conditions of provision of social services aimed at supporting social inclusion and accommodating the social needs of people in unfavourable social situation. Social services under the Act on Social Services shall be provided by means of professional, service and other activities the provider is obliged to provide or arrange if clearly

specified. Professional activities, such as social counselling, social rehabilitation, stimulation of comprehensive development of children with health disabilities, as well as other activities may also be provided independently on the basis of accreditation under the conditions stipulated by the Social Services Act. Social services are public services and are provided without making profit, but the law also allows the provision of social services within a trade or business, i.e. based on profit.

The Social Services Act divides social services into several groups, depending on the nature of the unfavourable social situation or the target group, namely social services of crisis intervention, social services to support families with children, social services to address the unfavourable social situation due to severe health disability, ill health or due to reaching pension age, social services using telecommunication technologies, and support services.

For the provision of social services with the character of long-term care, provided to individuals in need of assistance of another person, the Social Services Act regulates health and social assessment activities determining the dependence of the individual on social services. The Social Services Act regulates the provision of health care in the range of nursing care in selected social service facilities directly by nurses, as employees of such facilities and also stipulates the possibility of providing social services in an institutional care facility. A separate part of the Act regulates the financing of private providers of social services (hereinafter simply the provider) subject to statutory conditions and also the financing of private providers of selected types of social services at the local level from the state budget, by means of funds allocated from the Ministry of Labour, Social Affairs and Family's budget section. With regard to financing, private providers are divided into two groups, depending on whether they are non-profit or businesses entities, since it is not possible to support profit-seeking providers by public funding. The Social Services Act regulates the supervision over compliance with this Act and other generally binding legal regulations in the provision of social services.

With effect from 1 January 2021, this Act also introduces an information system for social services, in which data will be collected in such a way that they are up-to-date, verifiable and relevant to the needs of the survey factual situation in the field of social services, improving the process of medium-term planning for the development of social services and their related co-financing, both at the level of self-government and the state. In an effort to ensure the continuity and effectiveness of the social services provided, the ministry devotes itself to the process of deinstitutionalisation of social services in Slovakia, in accordance with the Strategy of Deinstitutionalisation of the System of Social Services and Alternative Care and the National Action Plan on the Transition from Institutional to Community care in the system of social services for the years 2016 - 2020.

The Strategy is currently being updated, which will reflect the current state of the deinstitutionalisation process in the Slovak Republic, and new binding measures will take into account the need for more active implementation of the UN Convention on the Rights of Persons with a Disabilities.

Article 14 Paragraph 2

Regarding the question on supervisory systems to ensure quality of services provided, please see the information provided in the previous provision. The Act on Social Services introduced the obligation of the provider of social services to meet the conditions of the quality of the provided social service according to Annex No. 2 letter a) of this act, which sets out in

detail the criteria, standards and indicators of the quality of social services provided, divided into four areas (respect for fundamental human rights and freedoms, procedural conditions, personnel conditions, operating conditions). The introduction, fulfilment and evaluation of the quality conditions of the provided social service is one of the basic tools for increasing the quality of life of recipients of social services, their social inclusion and professional provision of social services with strengthening the human rights dimension and orientation to the needs and preferences of the recipient.

In an effort to set up and harmonize the system of implementation of quality assessment conditions on the part of social service providers and the mechanism of quality assessment by the Ministry of Labour, Social Affairs and Family of the Slovak Republic, the Ministry in cooperation with the Institute for Labour and Family Research prepared a methodological document for social service providers aimed at supporting them in the implementation of quality conditions into their practice and a methodological document for the process of evaluating the quality conditions of the social services provided.

The setting up of the system for evaluating quality conditions is supported by the National Project Quality of Social Services. The aim of the project is to support the social inclusion of vulnerable target groups (people who depend on social services) through the provision of quality social services. The operational goal of the national project is to support the introduction of the quality of social services through methodological support of social service providers in the implementation of quality conditions, and also through the introduction of a system for evaluating the conditions of quality of social services. The Project is implemented by the Implementation Agency of the Ministry of Labour, Social Affairs and Family of the Slovak Republic.

The Implementation Agency of the Ministry of Labour, Social Affairs and Family of the Slovak Republic implements the national project Quality of Social Services from June 2019 to May 2023, the aim of which is to prepare and professionally support social service providers for quality social services according to Act 448/2008 Coll. on social services, in accordance with Annex 2. The operational goal of the national project is to support the introduction of the quality of social services through methodological support of social service providers in the implementation of quality conditions and at the same time through the introduction of a system for evaluating the quality conditions of social services.

Within the project, professional seminars focused on the implementation of quality conditions into the practice of social service providers are held in the period starting from October 2019. In 2019, a total of 16 seminars took place. A total of 32 seminars were planned for 2020. This goal could not be met 100%, as we were forced to suspend the organization of professional seminars in order to prevent the spread of COVID-19. In total, however, we managed to hold 22 seminars in 2020, of which 6 were organized through IT platforms. The evaluation system is covered in the form of pilot evaluations and evaluations for proper performance. In 2020, despite COVID-19, 9 pilot evaluations were partially implemented and 7 were closed. 4 regular evaluations were developed and one was completed. For the year 2021, 33 professional seminars, 17 pilot evaluations and 6 regular evaluations are planned.

Article 23

Regarding the question on the deprivation of the elderly of their right to take decisions autonomously, the Slovak Republic would like to inform the committee that there has been a

new development in this regard. Previously, as is mentioned in the conclusions, a person could be declared incapable by a court ruling. As of 2016, declaring a person incapable is possible only partially, in accordance with Article 231 of the Act No. 161/2015 Coll. the Code of Civil Non-Dispute Procedure (partial incapability only for specified legal acts). If an elderly person is ruled partially incapable, its legal representative is usually a member of their family or a person designated by the court. The court shall appoint a close person or another person from the family environment of the person concerned as the legal guardian, who is competent to perform legal acts in full, who is presumed to act in accordance with the interests of the person concerned and agrees with the appointment.

As far as the level of the benefits is concerned, below are the current levels.

Material need allowance:

- EUR 67.80 per month for individuals,
- EUR 129.00 per month in the case of an individual with a child or with a maximum of four children,
- EUR 117.80 per month in the case of a couple without children,
- EUR 176.40 per month in the case of a couple with a child or a maximum of four children,
- EUR 188.40 per month for individuals with more than four children,
- EUR 237.70 per month for a couple with more than four children.

Protection allowance:

- EUR 69.40 per month for an elderly person.

Housing allowance:

- EUR 58.50 per month for a single person;
- EUR 93.40 per month if more than one person lives in the given household.

Subsistence minimum since 2020 for a single person is EUR 214.83 per month.

Regarding the minimum old-age pension, 30 years of the qualifying period represent the value of the minimum pension amounting to 1.36 multiple of the amount of the subsistence level (in 2015 it was 269.50 Euro per month, as the conclusions state – therefore the ECSR’s assumptions are correct). This means, that the minimum amount of financial resources an elderly person has, is at least the minimum wage plus the above-mentioned benefits. Each municipality and self-governing regions has separate means of supporting the elderly persons having permanent residence within this territorial unit’s region.

Regarding the question on the overview and complaints procedure as far as the provision of social services is concerned, please see the information provided in Article 14.

The National Priorities for the Development of Social Services for the years 2015 - 2020 (hereinafter referred to as the “National Priorities ”) represent a tool of state policy for the direction and presentation of initial systemic interests, tasks and support measures of the Government of the Slovak Republic in the field of social services – these are developed in accordance within the competence of the Ministry of Labour, Social Affairs and Family of the Slovak Republic, as the central body of the Slovak state administration in the provision of social services provided by § 79 par. 1 letter a) of Act no. 448/2008 Coll. on social services and the System Deinstitutionalisation Strategy of Social Services and Alternative Care in the Slovak

Republic. National priorities respond to the current challenges of social assistance to citizens, including development in particular diverse community-based care services, including the need for modernization of social services. At the same time, they confirm the main mission of social services, which is the support for the integration of people into society, social cohesion, the shift to services provided at the community level and the development of their employment potential and employability.

National priorities reflect the current situation of providing social services in the Slovak Republic, in particular the lack of capacity of social services provided in the natural (home and community) environment of citizens, the need for security sustainability of the financing of social services and the development of their quality. They are based on needs identified in the national and European context, with an emphasis on accessibility and accessibility of social services and their long-term financial sustainability and efficiency.

National priorities are the result of the cooperation of all important actors. Wider working group that prepared the document were composed of representatives of the municipalities, self-governing regions, organizations representing beneficiaries and providers of social services, the scientific and research sector was also represented. In its preparation, a SWOT analysis of the situation in social services was prepared, which, among other things, identified the need for several fundamental changes in the field of social services, in particular in the field of social services dependency assessment, the process of transition from institutional to social services community care, in the field of financing social services and the development of new community services.

As of December 31, 2018, there were 5,450,421 inhabitants in the Slovak Republic, of which 55,994 (53,027) were recipients (1.0%) of services were provided in 1,372 selected types of social services facilities established by the municipality, higher territorial unit or non-public provider. Social services were provided mainly in 1,194 (1,262) facilities conditioned by dependence on the assistance of another person – care centre for the elderly, social services home, specialized facility, supported facility housing, rehabilitation centre, care service facility. In 2018, within social services facilities in the Slovak Republic together in all monitored types, there were 51,908 total places, of which year-round care was provided within 44,406 places (86%). Out of the total number of 55,994 recipients in the monitored social services facilities, 34,202 persons of retirement age (61%), 25,009 persons were cared for in bed (45%) and 8,889 persons had limited legal capacity (16%).

The State Housing Policy Concept to 2020 (hereinafter the “concept”) was approved by the resolution of the Government of the Slovak Republic no. 13 of January 7, 2015, and it expresses objectives of the state for the area of housing policy and tools for their achievement and formulates the competence of the state, municipalities, higher territorial units, the private sector and the citizen in providing housing. According to data from the last Census of Population, Housing and Dwellings (hereinafter "SODB"), within the territory of the Slovak Republic there are 1,994,897 dwellings, of which 1,776,698 are permanently inhabited (89.1%). Among the inhabited dwellings, flats reached the highest number and share (764 100, i.e. 43%) followed by family houses (744 203, i.e. 41.9%).

From the point of view of the ownership structure, the dominant number of flats (up to 90.5% inhabited apartments) is owned by private individuals. The share of apartments in the rental regime represents only less than 6%, while ownership of the public sector (cities and municipalities) represented 3% of flats and according to expert estimates another 3% of flats

are owned by private individuals which are then rented on the open market. The remaining share of dwellings representing about 3.5% flats are owned by housing associates. As a result, the majority of persons are direct owners of the flat or apartment they live in – the same applies for the elderly (unless they live in a care centre). That means there is sufficient amount of flats for all inhabitants. More detailed information will be available in 2021, as in March, there will be another Census of Population, Housing and Dwellings.

In February 2018, the Ministry of Health of the Slovak Republic in accordance with § 45 par. 1 letter b) of Act 576/2004 Coll. on Health Care, Health Care Services issued a standard procedure called “Comprehensive Nursing Management of the Patient in Palliative Care” in order to modernise the provision of this type of medical care by introducing the latest trends in this care to palliative care providers. Also see information provided under Article concerning the Concept of Psychiatric Care, which also applies to the elderly.

The Ministry of Labour, Social Affairs and Family of the Slovak Republic (hereinafter referred to as the “Ministry”) supervises compliance with the Act on Social Services and generally binding legal regulations pursuant to

§ 98 par. 1 of the Act on Social Services, letter

a) in the provision of social services and the manner of its implementation, in particular with regard to respect for fundamental human rights and freedoms;

b) when concluding contracts for the provision of social services;

c) in compliance with the obligations under the contract for the provision of social services;

(d) in carrying out the professional activities for which accreditation has been granted.

§ 98 par. 2 of the Social Services Act

Supervision over the provision of social services is also considered to be the supervision of compliance with this Act and generally binding legal regulations in the performance of activities that have the character of professional, service or other activities under § 16 to 18 or a set of these activities for remuneration and which a person performs without registration to the register of social service providers kept by the relevant higher territorial unit.

According to the National Priorities of the Development of Social Services 2015 – 2020, in 2015 the occupancy of public social services care centres for the elderly stood at 94 – 95%. Nevertheless, since 2016, the demand for this type of services has been continuously rising. According to the findings of the Supreme Audit Office of the Slovak Republic in 2018, as far as the capacity of the social service providers established by the self-governing regions is concerned, the 50% of applicants had to wait more than 60 days for admission to a care home for the elderly. Nevertheless, the office states that a substantial number of applicants submit an application to more than one care home and while they are still listed in a waiting list for care home A, in fact they may already be granted admission to care home B.

Article 30

Regarding the question on the approach towards combatting poverty and social inclusion, the Slovak Republic would like to state that it does have a coordinated approach in this area. Reducing poverty and social exclusion is one of the long-term priorities of public policies in Slovakia. This agenda is present in legal regulations and conceptual and strategic documents of the Slovak Republic. Slovakia commits itself to commitments in the field of

protection of human, economic, social and cultural rights, as defined in a number of international agreements and conventions, and defines a set of relevant principles, objectives and instruments.

The National Framework Strategy (NFS) for the Promotion of Social Inclusion and the Fight against Poverty is a document of a strategic nature, which systematizes approaches to tackling poverty and social exclusion and develops them under a single framework, in relation to the objectives of the Europe 2020 strategy of the European Union, together with a commitment to the common values and commitments that flow from this membership. It also follows up on another important strategic document, Agenda 2030 for Sustainable Development, adopted by UN member states in 2015, which calls on states to work together a coordinated approach to addressing a number of global challenges, including poverty reduction and social inclusion.

The first NFS was prepared and approved by the Government of the Slovak Republic in 2015. It reflected on the situation and individual current challenges and needs in the fight against poverty and social exclusion. Subsequently, in 2017, its updated version replaced the original one. Following the development of the situation in the area, two additional amendments were added updating key areas for the implementation of social inclusion and anti-poverty policy measures, namely support for the integration of the long-term unemployed and support for increasing addressability in the system social transfers, which replaced the area of social transfer system reform, and levy on vulnerable groups. At present, also in view of the new challenges arising, in particular, from the European Pillar of Social Rights, the Program Statement of the Government of the Slovak Republic for the years 2020-2024 and the preparation of a new programming period for the use of the European Structural and Investment Funds in 2021-2027, as well as in relation to the objectives of the National Reform Program of the Slovak Republic 2020 and specific recommendations of the Council of Slovakia, including reflecting on the challenges in the current fight against the coronavirus pandemic and its consequences, the country proceeded again to update the wording of the NFS.

The NFS refers to the commitments made and continues in the development of strategic approaches and policies in relation to solving social problems of exclusion and poverty. At the same time, it subscribes to three socio-political paradigms that are currently the starting point for a progressive approach to social inclusion and the fight against poverty, based on respect for human rights, the emphasis on a productive function social policy and its activating potential. These three perspectives as well as the same opportunities and access to the labour market, fair working conditions and social protection and promoting inclusion will frame action to combat poverty and social exclusion beyond 2020.

Social inclusion processes touch on various aspects of promoting participation of vulnerable groups in the life of society. This reflects the diversity of resources and forms of poverty and social exclusion. The Slovak Republic supports social inclusion and the fight against poverty and social exclusion in several strategic and conceptual documents. These are documents that address this issue either explicitly or indirectly, covering some of the dimensions of social inclusion. Documents are divided into three categories:

- top-level strategic documents, in which the main ambitions, goals are defined. In the case of the Slovak Republic, this is the NFS, which is the main strategic document of the Government of the Slovak Republic focused on structural policies and reforms supporting sustainable development and economic growth, employment growth and

improving the quality of life. It identifies measures necessary to meet the objectives of the Europe 2020 strategy, also reflects the results of the European Semester - specific recommendations of the Council for the Slovak Republic, the European Pillar of Social Rights. It also includes the National Strategy for the Protection and Support of Human Rights in the Slovak Republic and its Priority V. - systemic measures to prevent and remove obstacles to achieve genuine equality and a dignified life for all sections of the population;

- national level documents that focus directly on social issues of integration, but are processed comprehensively and multisectorally. NFS belongs here;
- documents targeting specific vulnerable groups and / or partial areas of social inclusion. These are documents such as the Strategy of the Slovak Republic for the Integration of Roma into the Year 2020, Strategy for the Deinstitutionalisation ("DI") of Social Services and Alternative Care in the Slovak Republic, Lifelong Learning Strategy, National Active Aging Program for the years 2014–2020, National Program for the Development of Living Conditions of Persons with Disabilities for the years 2014–2020, The Concept of Ensuring Judicial Enforcement of Decisions in Social Protection Facilities for Children and Social Guardianship for the years 2016 – 2020, the National Priorities for the Development of Social Services for 2015-2020 and other.

The national goal of poverty reduction and social exclusion is to “move out at least 170 thousand people out of the risk of poverty or social exclusion by 2020 ”. The rate of poverty risk or social exclusion in Slovakia is below the EU average - in 2019 it reached the level of 16.4%, while the average value for the whole EU in 2018 represented 21.8%. At the aggregated level, the share persons at risk of poverty or social exclusion from 2015 to 2018 had a declining rate tendency, which highlighted in 2017 (16.3%). In 2018, the value of the indicator remained the same (16.3%). In 2019, 16.4% were at risk of poverty or social exclusion.

Although the Slovak Republic belongs to the EU MS, which in terms of the degree of poverty or social exclusion are below the European average for a long time, poverty and social exclusion belong to social problems that deserve constant attention. This is also because several groups face significantly more frequent social risks and the accumulation of disadvantages, and in addition, they are more likely to be vulnerable to transmission from generation to generation. Due to the coronavirus COVID-19 pandemic, the risks of poverty and social exclusion are even more pronounced and endanger, in particular, more groups of the population.

With reference to the Program Statement of the Government of the Slovak Republic for the period 2020-2024, the Government will in particular support the employment of vulnerable groups in the coming period, development of social economy and creation of social enterprises, employment of the long-term unemployed through the remuneration of supported employment agencies and the creation of a system of the inter-labour market, the diversity of jobs in activation work in order to increase their added value in order to support the development of qualified skills, increasing the help in material need, improving employment opportunities for persons with severe disabilities. Attention is also paid to regional mitigation differences.

The key measures of social inclusion and anti-poverty policies are formulated by the NFS in the following areas:

- Promoting the integration of the long-term unemployed;

- Support for increasing targeted and individualized provision of public employment services and increasing the efficiency and effectiveness of active labour market measures;
- Promoting the employment of young people;
- Promoting work-life balance;
- Promoting access to quality services;
- Support for the integration of marginalized Roma communities;
- Support for increasing addressability in the system of social transfers;
- Supporting the solution of food and material deprivation (provision of food, diet and material assistance for the most deprived persons).

One of the preconditions for the successful fulfilment of the set priorities and goals is appropriate setting up of monitoring and evaluation mechanisms. These are an important resource information on the conditions that are the subject of policy interventions as well as the effects that implemented interventions bring. Monitoring and evaluation within the NFS can be divided into two areas that are interdependent: setting adequate indicators and setting their monitoring and evaluation processes. The Slovak Republic has developed specific instruments in both areas. Monitoring the fulfilment of the main goal, to which the NFS is committed "to reduce the number of persons at risk of poverty and social exclusion by 170,000 ", is currently supported by the existence of an extensive portfolio of indicators, which are monitored in all EU MS covering individual dimensions of poverty and social exclusion and in many they also allow for a deeper analysis of the context. In the Slovak Republic, they are supplemented by the so-called national indicators of poverty and social exclusion - tertiary indicators that define individual MS on at the national level, taking into account its own specificities. The third set of indicators consists of indicators linked to specific sets of measures as defined in the individual strategic and conceptual documents mentioned above. The NFS follows up on these documents.

Integrated monitoring of social indicators at a more general level was also supported by adopting a Joint Assessment Framework, which supports monitoring and evaluation of structural reforms in EU MS related to the guidelines for employment policies, in order to strengthen knowledge-based policy-making. Although this analytical tool is mainly used for communication between the MS and the EC (where it occurs to identify key employment challenges and areas of potential risk), but its structure and indicators covering individual areas are also an important source of information for specific analyses of the social situation at the national level. Uniform evaluation so far covers twelve policy areas, each of which relates in some way to support social inclusion and the fight against poverty. Monitoring the promotion of social inclusion and the fight against poverty in the narrow sense covers the following five areas: prevention of poverty through inclusive labour markets, adequate and sustainable social protection and access to high quality, accessible and sustainable services; breaking intergenerational transmission of poverty - combating child poverty; active inclusion – fight with poverty in working age; combating poverty in old age; social inclusion of groups facing special risks and anti-discrimination.

Primary and secondary indicators of social inclusion, common across the EU, were supplemented by tertiary indicators - national indicators – in the Slovak Republic. The task of national indicators is to broaden the thematic and methodological scope of existing portfolios in order to capture country-specific forms of poverty and social poverty exclusion, profile of vulnerable groups, etc. Indicators are divided into four groups according to the target group. They work with income, marginalized labour market status, the situation of children and young people, regional aspects of social exclusion and deprivation, living conditions associated with

problems in the area of housing or expenditure on basic needs. These are areas that are important for identifying the wider context of the problems of poverty and social exclusion and which are covered by indicators whose values may highlight the need for policy intervention. In particular children's living conditions, the labour market situation and regional disparities have long been an object of increased attention by public policies.

The NFS identified key actions for social inclusion policies in eight areas. Support for increasing targeted and individualized provision of public employment services and increasing the efficiency and effectiveness of active labour market measures represents a challenging and complex issue in terms of monitoring. Effects of reorganization, reduction of information asymmetry between supply and demand for work can be assessed using standard "output" indicators such as the rate of registered unemployment, participation at active labour market measures, etc. Raising the effectiveness and efficiency of active measures results in adoption of amendments to the relevant legislation. Support for the employment of young people is implemented through several tools. The National Plan for the Implementation of the Youth Guarantee in the Slovak Republic, which in detail elaborates reforms and steps in the field of support of youth employment, sets out also indicators that relate to planned reforms and initiatives and are used for monitoring the progress achieved. These indicators relate to structural reforms, specifically their non-financial aspect and the planned initiatives and the financial aspect of the Guarantees. The institutional framework for evaluation and provision of resources is formed especially through the activities of the Centre of Scientific and Technical Information of the Slovak Republic, the Central Office of Labour, Social Affairs and Family and the Statistical Office of the Slovak Republic.

The area of promoting work-life balance is largely covered at the EU level - by indicators surveyed for all EU countries. It concerns indicators included in the Single Assessment Framework that affect important aspects opportunities for reconciling work and family life - whether it is the rate of utilization of existing facilities, the effects of missing pre-school childcare services care or the impact of the presence of young children on employment.

The remaining indicators include indicators of the development of social services in the Slovak Republic and indicators for the integration of marginalised Roma communities. The process of monitoring and evaluation of indicators of social inclusion and combating poverty is ensured in the Slovak Republic mainly in the form of the Report on the Social Situation of the Slovak Population, which is regularly published by the Ministry of Labour and Social Affairs of the Slovak Republic. The report contains analyses of developments in key areas falling within its scope, including the analysis of poverty and social exclusion. Another important tool for monitoring and evaluating policies, as well as a resource information in the field of social inclusion is also the Report on Gender Equality, which is annually prepared by the Ministry of Labour and Social Affairs of the Slovak Republic and it evaluates the area of social inclusion from the perspective of equality between women and men.